Evaluation of Domestic Victims of Human Trafficking Demonstration Projects

Final Report from the First Cohort of Projects | OPRE Report 2017-57 | August 2017

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Overview

To improve services for domestic victims of human trafficking, the Family and Youth Services Bureau (FYSB) within the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services, awarded three cooperative agreements in 2014 to implement demonstration projects. In 2015, FYSB awarded cooperative agreements to three additional demonstration projects. The intent of the demonstration program is to enhance organizational and community capacity to identify domestic victims of human trafficking and deliver comprehensive case management and trauma-informed, culturally relevant services through a system of referrals and the formation of community partnerships.

This report documents the experiences of the first cohort of projects (awarded in 2014) that implemented 2-year demonstration projects in Maricopa and Pima Counties, Arizona; New York City; and Salt Lake City, Utah. ACF's Office of Planning, Research and Evaluation (OPRE), in collaboration with FYSB, oversaw a cross-site evaluation of these demonstration projects conducted by RTI International. The purposes of the cross-site process evaluation are to inform ACF's efforts to improve services for domestic trafficking survivors, enhance performance measurement, and guide future evaluation. Key questions pertain to the approaches used to foster partnerships, enhance community response, expand access to services, and provide coordinated case management; survivors' experiences with the program; and costs of program components. Data presented were gathered through in-person and telephone interviews with project directors, case managers, and three key partners from each project; case narrative interviews with case managers; a review of project materials and documents; cost questionnaires and interviews; observation of project partnership meetings; and project-reported information on training events, and clients served and services provided. Throughout the evaluation, the evaluation team worked closely with OPRE, FYSB, and the training and technical assistance provider, the Runaway and Homeless Youth Training and Technical Assistance Center (RHYTTAC), to ensure coordination and alignment of the programmatic and evaluation processes.

Key findings

- **Projects undertook a variety of activities and collaborated with numerous partners to develop and expand organizational and community capacity to identify and serve trafficking victims.** Through community and organizational needs assessments, projects identified target populations, resources, service gaps, and partners. Projects improved their organization's practices related to identifying trafficking victims and providing direct assistance. Through the provision of training and information distribution, projects raised awareness about domestic human trafficking and enhanced other organizations' capacity to identify, serve, and refer trafficking victims. Projects engaged a myriad of formal and informal partners to participate in project workgroups, facilitate referrals, and provide case management and other direct services.
- **Projects' diverse backgrounds, target populations, and partners shaped implementation of unique configurations and service models across projects.** Projects were: a runaway and homeless youth organization, a refugee and immigrant organization, and a court-based services program. These illustrated three distinct

examples of how projects organized and collaborated with community partners to provide comprehensive services to trafficking victims.

- **A total of 341 clients participated in case management services.** Of clients reported to have been trafficked, 95% were sex trafficked and 25% were labor trafficked. The varied characteristics of clients reflect the diversity of projects' service models and referral sources.
- **Projects met many clients' needs, however lack of appropriate, accessible services and individual-level client factors were key barriers to service engagement and delivery.** Projects and partners provided crisis intervention, safety planning, emotional support, legal services, victim advocacy, transportation, and life skills to nearly all clients who needed it. Some services were difficult to provide, for instance substance abuse treatment, dental health, employment, education, financial assistance, and housing. Some clients were not ready or willing to access some services.

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1. Introduction

Background

Domestic human trafficking involves both forced labor and sexual exploitation of minors and adults, of citizens and lawful permanent residents, and of men and women. The extent of human trafficking in the United States is unknown. However, the best available research shows that vulnerable populations are enormously over-represented among domestic trafficking victims. These populations include children in the child welfare and juvenile justice systems; runaway and homeless youth; victims of intimate partner violence; lesbian, gay, bi-sexual, transgender, and queer (LGBTQ) individuals; and low-wage workers (Clawson, Dutch, Salomon, & Grace, 2009; Fong & Berger Cardoso, 2010; Gragg, Petta, Bernstein, Eisen, & Quinn, 2007; Hammer, Finkelhor, & Sedlak, 2002; U.S. Department of State, 2016). The trauma victims experience can be pervasive and long-lasting, and survivors' needs for services and support can be extensive.

Domestic Human Trafficking Defined

- Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; **OR**
- Labor trafficking, consisting of recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, or debt bondage, **IN WHICH**
- The victim is a U.S. citizen or lawful permanent resident.

(Source: TVPA, 2000)

In 2000, the U.S. government passed the Trafficking Victims Protection Act of 2000 (TVPA) (subsequently reauthorized in 2003, 2005, 2008, and 2013), establishing human trafficking as a federal crime and methods of protecting survivors and victims, prosecuting traffickers, and preventing human trafficking. The Justice for Victims of Trafficking Act of 2015 amended the TVPA to make available grant funds for domestic victims of human trafficking. The *Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States* (FSAP)[1], released in 2014, defines the role of each federal agency in these efforts.

Domestic Victims of Human Trafficking Demonstration Projects

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services, awarded three cooperative agreements[2] in 2014 to implement demonstration projects to improve services for trafficking survivors. FYSB awarded three additional cooperative agreements in 2015. The intent of the demonstration program is to improve organizational and community capacity to deliver

[1] Available here: https://www.ovc.gov/pubs/FederalHumanTraffickingStrategicPlan.pdf

[2] As defined in the OMB Uniform Guidance §200.24, a cooperative agreement, "is distinguished from a grant in that it provides for substantial involvement between the Federal awarding agency or pass-through entity and the non-Federal entity in carrying out the activity contemplated by the Federal award." See the Code of Federal Regulations available here: https://www.ecfr.gov/cgi-bin/text-idx?SID=46104990e1c2a6428d3e417781304a9f&mc=true&node=pt2.1.200&rgn=div5#se2.1.200_124

trauma-informed, culturally relevant services for domestic victims of severe forms of human trafficking through coordinated case management, a system of referrals, and the formation of community partnerships. FYSB selected organizations for the demonstration awards that were part of broad service provider coalitions and served populations vulnerable to trafficking, but were outside of the realm of domestic human trafficking services. This approach allowed FYSB to examine if and how organizations that had not traditionally served domestic victims of human trafficking could build capacity to serve this population.

The specific objectives of the first demonstration cooperative agreements that began October 2014 and ended September 2016 were as follows:

- Assess and build capacity to better identify and serve domestic victims of severe forms of human trafficking[3].
- Foster collaborations and partnerships to enhance community response to human trafficking.
- Promote effective, culturally appropriate, trauma-informed services that improve the short- and long-term health, safety, and well-being of victims of severe forms of human trafficking.
- Develop networks to expand access to services.
- Identify service needs for domestic victims of severe forms of human trafficking and improve access to services and benefits for which they are eligible.

Process Evaluation

In 2014, ACF's Office of Planning, Research and Evaluation (OPRE) awarded RTI International a contract to conduct a cross-site process evaluation of the first cohort of domestic human trafficking demonstration projects[4] and to develop evaluation design options for evaluation of future domestic victims of human trafficking (DVHT) programs. Subsequently, RTI planned and is implementing a process evaluation with a second cohort of three demonstration projects awarded 2-year cooperative agreements in 2015.

Evaluation Purposes

- Describe the processes projects use to build and sustain organizational and community capacity to identify survivors and deliver comprehensive, trauma-informed, culturally relevant services through coordinated case management, a system of referrals, and the formation of community partnerships.
- Inform ACF on its efforts to improve services for domestic victims of human trafficking.
- Guide future evaluation and performance measurement.

[3] For the purposes of this report, "severe forms of human trafficking" is synonymous with "human trafficking."

[4] Throughout this report, we use the term "project" to refer to the three cooperative agreement awardees and their projects.

The cross-site process evaluation of the first cohort of demonstration projects was designed to detect practice strategies for identifying and engaging domestic trafficking victims in service delivery, coordinating comprehensive services across the range of needed providers, and tailoring services to individuals who have experienced severe and long-term trauma. The evaluation's guiding research questions, presented in **Exhibit 1**, align with the demonstration project objectives.

Final Report

This report documents the experiences of three cooperative agreement awardees that implemented DVHT demonstration projects from October 2014 through September 2016 in Maricopa and Pima and Counties, Arizona; New York City; and Salt Lake City, Utah to improve services to domestic victims of human trafficking in their communities. Chapter 2 provides a brief description of the three projects, and Chapter 3 details the evaluation's methods. Chapters 4, 5, and 6 present evaluation findings pertaining to how projects expanded community capacity to identify and respond to domestic trafficking victims, the characteristics and experiences of survivors served by the projects, how projects provided comprehensive victim services, and the cost of case management. Chapter 7 provides a summary of overall lessons learned and considerations for future programs.

Exhibit 1. Evaluation Questions for Cohort 1

Domain	Evaluation Questions
Community Capacity and Partnership Expansion	• To what extent does the grantee utilize the community needs assessment to ensure that the right partners are involved, appropriate services are available and accessible, and resources are allocated appropriately? • How has the grantee contributed to expanded community capacity? • How has the grantee conducted community outreach to engage diverse partners? • What networks and service linkages have been created to provide assistance to victims of trafficking? What is the nature and quality of the collaborations that were formed among providers of assistance to victims? • What are the key factors that facilitated or impeded the collaboration and coordination of services? • What is necessary for these collaborations to form? What is necessary to sustain the collaborations? • How does collaboration among the providers of victim services influence referral mechanisms? What aspects of coordination among providers influence successful referrals? • What information can be shared across agencies? What are the protocols for release of information? What do service providers and clients think is appropriate to share?

(continued)

Exhibit 1 Evaluation Questions for Cohort 1 (continued)

Domain	Evaluation Questions
Comprehensive Victim-Centered Services	• What does the case management component look like? What is the program model? • How do providers utilize screening tools and assessments in their case management protocols? To what extent are case management services victim-centered? • What services are provided and what do they look like? How are services delivered? To what extent are services comprehensive? • What are the gaps in service availability? • To what extent is service delivery trauma-informed? • To what extent is service delivery developmentally appropriate? • To what extent are victims of trafficking who are otherwise ineligible for federally funded services provided with needed services? • What have been service providers' experiences with the program? What do they see as working well? What do they see as not working? • What are the costs associated with the case management component? What are the costs associated with ensuring that victims receive the services that are needed and available? • What are the costs associated with providing needed services that would otherwise be unavailable in the community?
Survivor Characteristics and Experiences	• What are the characteristics of the clients served through the program? What were their trafficking experiences? How were they identified as trafficking victims? To what extent have clients previously interacted with human services programs or the child welfare system? • What types of supports do clients most want? To what extent do clients access the services that best meet their needs? What needs are difficult to meet? • To what extent do clients make progress toward their individual goals? • To what extent do clients make progress toward appropriate short-term indicators of health, safety, and well-being?

2. Demonstration Projects

The three cooperative agreement awardees that comprised the first cohort of demonstration projects in 2014 were Tumbleweed Center for Youth Development in Arizona; Edwin Gould Services for Children and Families, STEPS to End Family Violence, in New York; and the Refugee and Immigrant Center of the Asian Association of Utah. The following provides a brief overview of the three demonstration projects.

Arizona Partnership to End Domestic Trafficking (APEDT)

The Arizona Partnership to End Domestic Trafficking (APEDT) was led by the Tumbleweed Center for Youth Development (Tumbleweed), a community-based organization that serves homeless and runaway youth located in Phoenix, AZ. The APEDT targeted homeless young people in Maricopa and Pima counties to identify trafficking victims[5]. Five agencies formally partnered with Tumbleweed to carry out the APEDT: Phoenix Dream Center, Our Family Services, Training and Resources United to Stop Trafficking (TRUST), Arizona Legal Women and Youth Services (ALWAYS), and Arizona State University's (ASU) Office of Sex Trafficking Intervention Research (STIR). TRUST and ASU STIR provided training and technical assistance to area service providers and the broader community on behalf of the APEDT; ALWAYS offered legal services; and Tumbleweed, Phoenix Dream Center, and Our Family Services served as points of entry for APEDT clients and provided case management, advocacy, and other direct services to trafficking victims. All three organizations used the same trafficking assessment tool, developed for the project; however, they each provided case management and delivered direct services in accordance with their organization's practices and approaches.

State	Project Name	Project
Arizona	Arizona Partnership to End Domestic Trafficking (APEDT)	Tumbleweed
New York	Achieving Coordinated Cross-System Expansion of Services (ACCESS)	STEPS to End Family Violence, a program of Edwin Gould Services for Children and Families (STEPS)
Utah	Collaborative Responses to Empower Survivors of Trafficking (CREST)	Refugee and Immigrant Center - Asian Association of Utah (RIC-AAU)

Achieving Coordinated Cross-System Expansion of Services (ACCESS)

The Achieving Coordinated Cross-System Expansion of Services (ACCESS) project was led by STEPS to End Family Violence (STEPS), a program of Edwin Gould Services for Children and Families based in Brooklyn, New York. STEPS provides trauma-informed counseling and advocacy services to survivors of domestic violence and gender-based violence in several settings. STEPS leveraged its ongoing work with court-involved and incarcerated survivors to

[5] Beginning here, the term "trafficking victims" is used in place of the lengthier term "domestic victims of severe forms of human trafficking". It should be noted, however, that individuals who have experienced human trafficking may not identify as a victim of trafficking. Some individuals may identify instead as a survivor trafficking; while others may not identify as either a victim or a survivor of trafficking.

serve victims of domestic human trafficking through the ACCESS project. Key program partners included Legal Aid Society, Center for Court Innovation, Midtown Community Court, New York Asian Women's Center, and the Harlem Community Academic Partnership. Most clients served by ACCESS were mandated to services through New York's Human Trafficking Intervention Court program at Midtown Community Court, although individuals who were not court-referred were eligible for services provided by ACCESS. Clients received individual and group counseling following the Women's Independence, Safety, and Empowerment (WISE) curriculum, crisis management, and referrals and advocacy to address individual needs.

Collaborative Responses to Empower Survivors of Trafficking (CREST)

The Refugee and Immigrant Center of the Asian Association of Utah (RIC-AAU), located in Salt Lake City, led the Collaborative Responses to Empower Survivors of Trafficking (CREST). CREST represented a new effort to serve trafficking victims in Utah. CREST developed several formal and informal partnerships; the RIC-AAU implemented MOUs with 15 organizations but collaborated with many more. Some of the central partners were Volunteers of America Utah, the Utah Domestic Violence Coalition, 4th Street Clinic, and the Utah Office of the Attorney General. RIC-AAU also served as a key partner in the Utah Trafficking in Persons Task Force. Clients' first interaction with CREST services was often through the CREST case manager's outreach work, either with 4th Street Clinic's mobile van or RIC-AAU's drop-in center created to reach female survivors of sex trafficking. CREST used training and technical assistance strategies to work with rural domestic violence organizations throughout the state to identify and serve trafficking victims. These organizations became "Regional Trafficking in Persons Liaisons," thus expanding the capacity of organizations in rural parts of the state to address human trafficking.

3. Evaluation Design

Evaluation Design Development

The evaluation team conducted several activities to inform the evaluation design:

- reviewed publications, evaluations, and other documentation related to domestic human trafficking; service models for vulnerable populations and related evaluations; performance measurement for victim services; and collaboration among service sectors;
- reviewed the project funding opportunity announcement, project applications, and when available, data forms;
- made telephone calls to project staff to gather information about implementation status and their plans for case management and advocacy, service delivery, data tracking, and performance measurement reporting; and
- obtained input from projects, OPRE and FYSB staff, and select members of the evaluation's expert panel, which includes practitioners, experienced trafficking researchers, and evaluation professionals, assembled to serve in an advisory capacity during the evaluation.

RTI's recent participatory process evaluation of services to minor victims of human trafficking sponsored by the National Institute of Justice (NIJ) (Gibbs, Hardison Walters, Lutnick, Miller, & Kluckman, 2014) served as a foundation for the evaluation design for the first cohort of demonstration projects. To ensure responsiveness and specificity to ACF's DVHT evaluation, RTI selected measures and modified data collection instruments used in the NIJ-sponsored process evaluation to directly address ACF's evaluation questions and the objectives of the demonstration project. The evaluation also built on the only other two evaluations of comprehensive services for victims of human trafficking (Caliber, 2007; Clawson et al., 2009) and was influenced by other human services program evaluations (Lee, Kolomer, & Thomsen, 2012; Lutnick, Harris, Lorvick, Cheng, Wenger, Bourgois, & Kral, 2014; Riger & Staggs, 2011; Rush, 2014; Saunders, Evans, & Joshi, 2005).

Data Sources

The evaluation team used a mixed-methods approach that included qualitative and quantitative components. Data collection included program-collected data on clients served and services provided, training logs, interviews with project staff and partners, case narrative interviews with case managers, cost and labor questionnaires, observation of project partnership meetings, and review of project documents and materials.

Client and Services Program Data

Demonstration projects[6] recorded information about the clients they served through the DVHT project-funded case management, the types of direct services that clients were provided, and barriers to service provision using two forms: *Client Status at Intake* **(Appendix A)** and *Client Service Needs and Service Provision* (**Appendix B**). **Exhibit 2** displays the domains and dimensions of these two forms. Nine case managers from five organizations (Tumbleweed [AZ], Phoenix Dream Center [AZ], and Our Family Services [AZ]; STEPS [NY]; and RIC-AAU [UT]), across the three demonstration projects completed the forms based on their knowledge of and work with clients, as well as information recorded in their organization's client database or clients' case files. Forms were not completed by clients. Projects shared completed forms with the evaluation team every 2 months from March 2015 through September 2016 via a secure file transfer protocol (FTP) web portal. Forms included a program-created unique identifier for each client, but no personally identifiable information.

Exhibit 2. Client and Services Program Data Elements

Domain	Dimensions	Program Data
Client Status at Intake Form		
Survivor characteristics and experiences	Demographics	• Age • Citizenship status • Gender identity • Sexual orientation • Race/ethnicity
Survivor characteristics and experiences	Status at intake	• Living situation • Primary language • Public benefits • Education • Employment • Physical, sexual, dental, and mental health issues • Alcohol and substance use • Children
Survivor characteristics and experiences	System involvement	• Case worker in other service systems (child welfare, mental health, domestic violence, homeless services)

(continued)

[6] *A note about demonstration project and awardee agency names used in this report:* Generally, the demonstration projects' names and respective states—APEDT (AZ), ACCESS (NY), and CREST (UT)—are used throughout the report when referring to work completed by the demonstration project, even when describing case management-related services provided solely by the awardee agencies STEPS (NY) and RIC-AAU (UT). However, in Chapter 6, distinctions are made between three organizations that provided case management to APEDT (AZ) clients—Tumbleweed (AZ), Phoenix Dream Center (AZ), and Our Family Services (AZ)—when reporting findings related to the delivery of case management and other services.

Exhibit 2. Client and Services Program Data Elements (continued)

Domain	Dimensions	Program Data
Survivor characteristics and experiences	Trafficking	• Type of trafficking (sex, labor, both) • Current trafficking • Age at first trafficking Force/fraud/coercion conditions • Resources exchanged • Type of industry (for labor trafficking only)
Survivor characteristics and experiences	Service needs	• Client- and program-identified needs
Survivor characteristics and experiences	Program entry	• Referral date, referral source • Intake date • Court mandated to services
Survivor characteristics and experiences	Engagement	• Reopened cases
Client Service Needs and Service Provision Form		
Survivor characteristics and experiences	Ongoing service needs and service receipt	• Client- and program-identified needs • Services received
Survivor characteristics and experiences	Engagement	• Date case closed, reason for case closing • Last contact date • Length of program engagement (derived)
Comprehensive victim services	Case management and services delivered	• Number of client/case manager contacts during 2-month reporting period and mode of contact (face to face, phone/text) • Number of case manager interactions with other service providers on client's behalf • Services provided and provider agency (project, partner, other)
Comprehensive victim services	Barriers to service delivery	• Reason why service needed was not received by client
Comprehensive victim services	Referrals	• Referrals made to Office of Refugee and Resettlement and Office of Victims of Crime programs

To ensure data quality, the evaluation team provided training to project staff on the client and services forms and consulted with projects soon after receiving data to clarify any inconsistent data and obtain any missing data items. However, it is important to note the limitations of the client and services data. As described above, the data are based on case managers' knowledge of and work with clients and information documented in clients' case files or in their organization's client database; the data reflect only that which clients shared with case managers (or intake and other staff) and may reflect case managers' perceptions. The

individuals served by the three demonstration projects were neither a random nor a representative sample of individuals who have experienced trafficking; therefore, these data are not generalizable to the larger population of trafficking victims.

Training Logs

Projects collected data on the trainings they conducted for agencies, professionals, and others to document how they were expanding community capacity and conducting community outreach to engage diverse partners. Project staff recorded the training dates, training topic, number of attendees, and attendees' service sectors (e.g., law enforcement, health care workers, and domestic violence services) in a training log **(Appendix C)**. Projects shared their training logs with the evaluation team every 2 months from March 2015 through September 2016.

Project Staff and Partner Interviews

The evaluation team conducted in-person interviews with key project staff (project directors and case managers) and a representative from three key partner organizations during two site visits conducted in summer 2015 and summer 2016. Interview topics included collaboration and coordination of services; information sharing; community outreach and training; implementation challenges; and service provision, including screening and assessment, case management services, referrals, service availability, and service delivery strategies. Additionally, the evaluation team conducted telephone calls with each project director approximately every 3 months (beginning after the first site visit) to document ongoing project developments, changes, challenges, and accomplishments, and to clarify information obtained during site visits, if necessary. Project staff and partner interview guides are provided in **Appendix D**.

Case Narrative Interviews

Thirty case narratives were compiled through interviews with nine case managers across the three demonstration projects. Case narratives provide an opportunity to gain a deeper understanding of individual clients' backgrounds, service engagement, and progress toward their short-term goals without directly interviewing them. This approach maintains client confidentiality and avoids the need for victims to recount their experiences, which could be traumatizing for them. The evaluation team requested that projects select a diverse sample of client cases that staff knew well for case narratives, including sex and labor trafficking victims; minors and adults; LGBTQ clients; clients whose case managers regarded as successful; and cases that presented exceptional challenges to service provision. Interviews were conducted during site visits and by telephone using a semi-structured interview guide. Case narratives did not include any information that could be used to identify the client; case managers used pseudonyms when describing clients, and if any information was inadvertently shared (e.g., the client's first name) during an interview, the information was not recorded in the evaluation team's notes. The case narrative guide is in **Appendix E**.

Cost

The cost evaluation aimed to provide an understanding of the value of the resources used to provide services to clients of the DVHT demonstration projects, specifically, comprehensive case management. Cost data were collected using a standardized yet flexible activity-based costing method, originally developed at RTI to assess substance abuse treatment costs, and since tailored to other settings as far ranging as employee assistance programs and programs providing multiple services to people experiencing homelessness (Zarkin et al., 2004, Anderson et al., 1998; French et al., 1998; Norton, 1998; Fuehrlein et al., 2014).

The evaluation team adapted the Substance Abuse Services Cost Analysis Program (SASCAP) instrument to fit the context in which the DVHT projects operated, including modifying the activity categories to capture the specific components of case management and administrative support activities. Cost data was collected from two demonstration projects, Tumbleweed (AZ) and RIC-AAU (UT). ACCESS (NY) was not included because their case management model was considerably different from that used by the other two projects. Furthermore, cost data was not collected from partner organizations, therefore, findings from the cost study do not reflect costs associated with case management provided by APEDT (AZ) partners Phoenix Dream Center (AZ) and Our Family Services (AZ). The instrument was reviewed by both the APEDT (AZ) and CREST (UT) project directors before it was finalized. Project directors completed the cost instrument with assistance from financial staff at their respective organizations.

The cost instrument contained two modules: cost and labor (both located in **Appendix F**). The cost module captured annual cost information for each DVHT project over a 12-month period (CREST [UT] completed the questionnaire for January through December 2015, and APEDT [AZ] completed the questionnaire for March 2015 through April 2016). Specifically, the cost instrument collected annual costs for regular paid employees and contracted employees, as well as annual costs for contracted services, building space, depreciation, supplies and materials, miscellaneous resources, and overhead expenses. It also collected the value of any volunteer or in-kind labor that may be used to provide services at the program and true market value of any building space that may be subsidized or used free of charge. The labor module collected staff time allocation across four components of case management activities and four program and administrative activities. The labor module also collected average weekly number of sessions, average session lengths, average number of clients receiving a service per session or per week, and staff wages.

Observation

Evaluation team members attended a partner or stakeholder meeting during one or both site visits to each project to observe the number and type of staff and partners in attendance, the level and type of partner engagement, collaboration efforts, strategies used to engage partners and foster collaboration, indications of a shared vision, and challenges to

collaboration and partnership. Observations were recorded on a standardized observation form (**Appendix G**).

Document Review

The evaluation team requested and reviewed various documents and materials from demonstration projects including

- demonstration program proposals
- community and organizational needs assessments
- semi-annual progress reports
- memoranda of understanding (MOUs)
- referral protocols
- partner/stakeholder meeting minutes
- release-of-information forms, client consent forms
- case management protocols and forms
- screening and assessment tools
- materials describing services (e.g., groups, classes, and trainings)

The documents provided additional information on key program elements, informed the refinement of interview questions, and informed and contextualized findings from the site visits. In addition, the evaluation team reviewed information shared by projects during two Peer Exchange Meetings, in Salt Lake City, Utah in October 2015 and in Washington, DC in August 2016.

Data Analysis

Analyses were guided by the evaluation's goals. Data are presented in a comparative format for all demonstration projects.

Quantitative Data

Analysis was performed on the program-collected client data extracted from the *Client Status at Intake* (**Appendix A**) and *Client Service Needs and Service Provision* (**Appendix B**). The evaluation team entered the data received every 2 months into a database. The data were reviewed for completeness and projects were asked to provide all missing data items or forms. "Other, specify" responses were reviewed and evaluated to determine if they fit into an existing category or required a new category. The analysis performed was descriptive in nature and consisted of frequencies and comparisons between the projects. The quantitative analysis for

this paper was generated using SAS software, Version 9.4 of the SAS System for Windows. Copyright © 2017 SAS Institute Inc.[7]

Qualitative Data

The evaluation team's qualitative analysis approach applied well-established methods (Miles & Huberman, 1994; MacQueen, McLellan, Kay, & Milstein, 1998). First, the evaluation team developed a set of deductive codes[8] and sub-codes based on the evaluation questions. For example, the evaluation team created the code "Partnership Facilitators and Barriers" to represent the evaluation questions related to factors that facilitated or hindered partnerships. Then, the evaluation team applied the deductive evaluation codes to the qualitative data using NVivo Software (NVivo). Throughout the coding process, the evaluation team developed inductive codes[9] as themes emerged from the data that were not captured by an existing code. For example, the code "building trust" was created to capture descriptions of strategies used by case managers to build rapport and trust with clients. After the qualitative data was coded, the evaluation team generated code reports for each evaluation question and inductive code. The evaluation team reviewed the code reports to identify patterns across and within demonstration projects and developed written code report summaries describing these syntheses of patterns and themes. The summaries served as a foundation for the qualitative findings presented in this report.

Cost Data

To estimate the average total cost per hour and per unit (i.e., per session or per consumer) for specific case management components, we used information provided by the DVHT projects on the total costs incurred in a 12-month period in 2015 and/or 2016 (depending on each site's fiscal year calendar) and the labor allocation of staff time across specified services and program activities (**Exhibit 3** provides a complete list of program activities with detailed definitions). We asked sites to provide cost estimates that related specifically to their DVHT project and activities. Weekly labor costs for the case management services listed in Exhibit 3 were calculated by proportioning administrative activity costs and non-labor costs across the hours assigned to the four case management service activities. Each case management service activity was divided by the hours assigned to the activities to get the hourly labor cost. For example, if a program spent 20% of its total reported case management service hours on outreach, then 20% of the total non-labor and indirect labor costs would be allocated to outreach. From the weekly costs, hourly costs could be calculated based on the

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[8] Deductive codes are typically created prior to qualitative coding and are based on a pre-determined topic of interest or theory. In the case of this evaluation, the team used the evaluation questions to guide the development of the deductive codes.

[9] Inductive codes are typically developed during qualitative coding to capture emerging themes and patterns within the data. In the case of this evaluation, the team created inductive codes based on themes in the data that were not explicitly reflected in the evaluation questions, but were related to the overall goals of the evaluation.

reported time spent in a typical week on case management services. In a similar manner, the annual costs of non-labor resources were divided by 52 (weeks in the year) and by the total labor hours per week for an hourly non-labor cost.

Exhibit 3. Activities and Definitions[10]

Activity	Definition
Components of Case Management Client outreach	Includes all efforts to engage potential clients before they are officially "enrolled" in the program, which can include riding in medical vans; conducting street-based outreach activities; providing drop-in services; or performing other activities in which staff are meeting, engaging, and building rapport with potential clients
Intake	Includes any time with clients to conduct intake, which may include intake, initial screening, and initial assessment
Direct interaction with a client	Includes any one-on-one staff/client contact in which staff are providing case management or other direct services to clients; other direct services can include activities such as assisting a client to access local services (e.g., medical care) or providing one-on-one support (e.g., crisis intervention)
Indirect interaction on behalf of clients	Includes any work to support one or more clients that does not involve direct interaction, which may include, for example, researching anorexia treatment for a client with an eating disorder or exploring local substance abuse treatment options for multiple clients; included in this component is paperwork for clients, such as completing case notes
Administrative and Other Support Activities Program administration	Activities that support case management, including providing organizational leadership; overseeing, training, and supervising case managers; creating case management–related plans, protocols, or other project-related forms; and any other program administration activities that support case management.
Staff training/professional development	Includes time spend receiving case management–related training and professional development, including internal training provided by the organization, external training, and other professional development activities
Community/partner training	Includes any time that staff spend developing and conducting community or partner training on domestic human trafficking topics
Data collection/reporting	Includes any time that staff spend on program data collection/reporting, such as maintaining case management file notes or completing the DVHT project evaluation case management–related data collection forms.

[10] The activities and definitions are specific to the sites' DVHT programs. For example, sites estimated the amount of time required to conduct client outreach, intake, and direct interaction with or indirect interaction on behalf of clients enrolled in their DVHT program. Sites also served other individuals not enrolled in their DVHT program and the costs of those programs were not included in the DVHT cost estimates.

Collaboration with FYSB and RHYTTAC

Throughout the evaluation, OPRE, FYSB, RTI, and the training and technical assistance provider, Runaway and Homeless Youth Training and Technical Assistance Center (RHYTTAC), met quarterly to share information and ensure coordination and alignment of the evaluation, program, and technical assistance activities.

4. How Did Projects Expand Community Capacity to Respond to Domestic Victims of Human Trafficking?

One of the aims of the DVHT demonstration program was to build, expand, and sustain organizational and community capacity to deliver trauma-informed, culturally relevant services for trafficking victims. Demonstration projects accomplished this through assessing community resources and needs, conducting training and outreach, and collaborating with partner organizations.

Community capacity to identify domestic trafficking victims and respond to their needs varied greatly across the three demonstration project sites.

- ACCESS (NY) staff and partners reported a robust existing network of resources, services, and anti-trafficking coalitions. ACCESS (NY) staff reported that, because of the widespread resources in New York City, it was challenging to determine their project's "fit" and to ensure that they were not duplicating services.
- APEDT (AZ) staff and partners felt that their community capacity was moderate. They reported that significant progress had been made in recent years with respect to the proliferation of trafficking-specific trainings, anti-trafficking legislation, and an increase in community awareness of the issue in Arizona.
- CREST (UT) staff and partners described very limited capacity and a lack of awareness of human trafficking throughout Utah. At the same time, the CREST (UT) project awardee, RIC-AAU (UT), had received several additional federal awards to serve trafficking victims and coordinate services in their community. During the demonstration program period, CREST (UT) staff expressed that community capacity to serve victims in Utah had grown substantially.

Community Needs Assessment

The DVHT program specified a community needs assessment as a first step in the process of expanding community capacity. The community needs assessment included victim services plans, identification of existing community gaps in services, establishment of expanded partnership networks, procedures for providing direct victim assistance, and case management protocols.

APEDT (AZ) and CREST (UT) completed the community needs assessment using information collected through surveys, interviews, and focus groups from organizations and individuals in their communities doing work relevant to trafficking, such as faith-based community leaders, direct service providers, victim advocacy representatives, law enforcement, and local government. Respondents were typically asked about their own work in this area, what their priority areas were in relation to trafficking, and what types of resources would be the most impactful. Both projects described their information-gathering activities as

"exploratory" and "not methodologically rigorous." ACCESS (NY) did not complete a community needs assessment.

Overall, APEDT (AZ) and CREST (UT) felt that conducting the community needs assessment was a worthwhile endeavor which helped the projects to identify new trafficking populations in need of services, including males, runaway and homeless youth, and LGBTQ individuals; identify available and lacking community resources, which subsequently informed their decisions around allocation of program resources; and reinforce project strategies. Both projects indicated that the community needs assessment findings confirmed what they were doing well, such as focusing on housing and making trainings accessible and impactful, and provided information on the strengths and weaknesses of current training efforts. Additionally, one of the projects reported that the community needs assessment was useful in identifying new partner organizations (this project gathered information on over 100 potential partners).

Projects shared suggestions on improving the community needs assessment component:

- **Require the community needs assessment earlier in the program period.** One project suggested that the assessment should be due earlier in the program cycle so that it could better inform project implementation.
- **Provide technical assistance for the process.** One project expressed an interest in receiving technical assistance and dialogue from ACF on the assessment process.
- **Require a third party to conduct the community needs assessment.** One project suggested that third party researchers should carry out the entire assessment to ensure a rigorous research component.

Training

As a strategy for expanding their community's capacity, projects and their partners developed and conducted a variety of trainings. They trained numerous professionals during the project period, as shown in **Exhibit 4**.[11] Trainings were often developed and conducted collaboratively with existing community partners, which enabled projects to reach more people.

Exhibit 4. Trainings Conducted by Demonstration Projects

Demonstration Project	Professionals Trained
APEDT (AZ)	1,573
ACCESS (NY)	3,448
CREST (UT)	684

All demonstration projects conducted in-person trainings for local organizations (partners or other entities) and professionals such as social services employees, law enforcement, medical students and providers, educators, child protective services, first responders, and foster parents. Training topics usually included an overview of human trafficking, local human trafficking statistics and issues, "red flags" or indications that someone might be a trafficking victim, information on providing trauma-informed care, local services for trafficking victims, state laws related to human trafficking, and contact information and resources. Trainings were often tailored to the specific needs of certain audiences. ACCESS (NY)

[11] Most of the ACCESS (NY) trainings were conducted by their partner organizations. The ACCESS (NY) partners were not specifically funded to provide training, but did so on behalf of the project. The APEDT (AZ) and CREST (UT) projects conducted community trainings with their DVHT project funding.

partner, Legal Aid Society, conducted trainings specifically on court-involved trafficking victims who are facing prosecution and special issues, such as vacating convictions. APEDT (AZ) offered a "Trafficking 101" training and an advanced human trafficking training that included a survivor panel. Similarly, CREST (UT) conducted introductory human trafficking trainings for various agencies, organizations, and groups in the community. These trainings included information about human trafficking in the U.S. more broadly, as well as available data on human trafficking in Utah and Salt Lake City.

All three projects collaborated with partners to co-lead or independently conduct trainings. APEDT (AZ) subcontracted with ASU STIR (AZ) to conduct or co-lead trainings, some of which were designed for specific audiences (e.g., training for medical students on providing health care to trafficking victims). ACCESS (NY) conducted many trainings via their partnerships developed through their local task force, Anti-Trafficking Service Providers in New York City. CREST (UT) staff conducted most of their trainings, and co-led some trainings with law enforcement partners to help build understanding between local law enforcement and service providers on issues related to sex trafficking victims.

> *"What was most effective is that we went and trained and we talked and then we got buy-in in our community."*
>
> Demonstration project director

Project staff shared successes related to training. Across projects, trainings were described as important and useful components of the projects. Specifically, trainings helped do the following:

- **Raise awareness about human trafficking:** Demonstration project staff reported that trainings helped raise consciousness about human trafficking and the different local resources available to victims. This was particularly true in Utah where communitywide awareness of human trafficking was reported to be comparatively lower at the beginning of the project than the other two project settings.
- **Engage partners:** Demonstration projects noted that trainings helped build partnerships. Some project staff said that face-to-face trainings helped "put a face to a name" and helped staff feel more comfortable referring clients to partner services (and vice versa). APEDT (AZ) staff indicated that trainings were more useful for partnership building than more formal approaches, such as developing MOUs. CREST (UT) staff explained that trainings were particularly helpful in engaging and developing positive relationships with local law enforcement. Additionally, through their partnership with the Utah Domestic Violence Council (UDVC), CREST (UT) project staff were invited to train as part of UDVC's 40-hour Core Advocacy Training throughout the state.
- **Build capacity of local organizations:** All demonstration projects used trainings to build capacity among local organizations. CREST (UT) and APEDT (AZ) trained community-based organizations to better identify, serve, and provide referrals to trafficking victims. CREST (UT) used training and technical assistance strategies to train rural domestic violence organizations to serve as "Regional Trafficking in

Persons Liaisons." ACCESS (NY) partners provided trainings specifically on legal options for trafficking victims facing prosecution.

Outreach

In addition to conducting community trainings, demonstration projects made efforts to increase community capacity and publicize their programs through a variety of other outreach strategies. The following is a summary of other outreach activities implemented by projects:

- **Task forces and coalitions:** All three demonstration projects were involved in local or state-level task forces or coalitions. Through their local task force (Anti-Trafficking Service Providers in New York City), STEPS' (NY) staff networked with other organizations and shared information about their capabilities and services. ACCESS (NY) staff reported that their participation in the East Harlem Human Services Consortium influenced the consortium's decision to take on human trafficking as a key area of focus. APEDT (AZ) staff sat on the state-level human trafficking task force, the Governor's Task Force on Human Trafficking, and collaborated with other task force members to coordinate services for victims across the state. During the evaluation, APEDT (AZ) reported that the task force was developing a statewide protocol to serve trafficking victims, and APEDT (AZ) staff provided input into its development. Additionally, APEDT (AZ) staff participated in the City of Phoenix Trafficking Task Force and the Tucson Human Trafficking Task Force. CREST (UT) staff also sat on their state-level task force, the Utah Trafficking in Persons (TIP) Task Force, and led the task force's victim services subcommittee. In this role, CREST (UT) collaborated with other stakeholders to shape and coordinate human trafficking services across Utah.
- **Informational tables at local events:** APEDT (AZ) set up informational tables at events to build connections within communities where they lacked a strong presence. For example, to extend their reach to the LGBTQ population, they set up tables at LGBTQ parades and events. The project provided information about their organization's services and offered handouts, such as sunscreen, lip balm, and stress balls inscribed with the National Human Trafficking Hotline number. CREST (UT) hosted a table at community events held by other community-based organizations, such as at a film screening and a homeless youth forum.
- **Statewide summit and toolkit:** APEDT (AZ) held two statewide sex trafficking summits for providers during the project period, in June 2015 and June 2016. As part of the 2016 summit, APEDT (AZ) developed a "Sex Trafficking Toolkit" as a resource guide for summit attendees. The toolkit included basic information about trafficking, strategies for client engagement, and trauma-informed care; a list of vetted resources for addressing a variety of client needs; and games and content for use in trainings. A project stakeholder described the toolkit as a "one-stop shop" for responders. APEDT (AZ) uses the toolkit at community outreach events and informational tables.

Partnerships

Partnerships and Service Linkages

Partner organizations played a key role in all three demonstration projects. In addition to assisting with trainings as previously described, partners' roles involved providing direct client services and bi-directional referrals, participating in the project's workgroup, and connecting projects to additional partners. Demonstration projects collaborated formally and informally with partners who participated at varying levels in the demonstration projects. Formal partners received project funding (through a subcontract with the project organization) to do specific work for the project or signed on to an MOU with the project organization. Informal partners did not receive project funds nor signed on to an MOU, but they collaborated with the demonstration project in other ways, such as referring clients or receiving clients for specialized services. The following describes the different roles that partners played across the demonstration projects:

- **Provided direct comprehensive case management services:** APEDT (AZ) partners, Our Family Services (AZ) and Phoenix Dream Center (AZ), provided case management services to trafficking victims.[12]
- **Engaged in bi-directional referrals**: All projects engaged in what one termed a "bi-directional" referral process, with projects both making and receiving referrals among their partner networks. Partners connected trafficking victims to demonstration projects and provided services to them. Client needs varied greatly, from housing assistance to tattoo removal, and projects felt that it took a "village" of partners to meet these various needs.
- **Participated in a project workgroup:** APEDT (AZ) and ACCESS (NY) projects ran workgroup meetings with their formal partners. The purpose of these meetings was to discuss shared goals, provide updates, develop strategies to increase capacity to identify and serve trafficking victims, connect partners to other local agencies, and confer about a variety of local or state-level issues related to domestic human trafficking (e.g., policies, events, changes in service availability).
- **Connected projects to additional partners:** CREST (UT)'s partner, Utah Domestic Violence Coalition, helped CREST (UT) connect with rural domestic violence agencies to participate in the Regional Trafficking in Persons Liaisons component of the project.

[12] Several project partners offered case management services to individuals eligible for their services (e.g., New York Asian Women's Center [ACCESS (NY)], South Valley Services [CREST (UT)]), however, APEDT (AZ)'s two project partners, Our Family Services (AZ) and Phoenix Dream Center (AZ), were the only partner organizations across the demonstration projects that received DVHT program funds (via a subcontract with the awardee organization, Tumbleweed [AZ]) and participated in the evaluation's collection of data clients served, services provided, and barriers to services.

The Legal Aid Society, a key partner in the ACCESS (NY) demonstration project.[13]

Referrals between Partners

Referrals to and from partner organizations were an important component of comprehensive service delivery. Client referrals were made to demonstration projects for assessment and case management; referrals out were typically made when clients presented with needs that could not be met by the project organization due to a lack of capabilities, resources, language skills, etc. Projects used the following mechanisms for making and tracking referrals (referrals from a client service perspective are discussed in Chapter 6):

> *"I credit [the DVHT project] a lot because I think they've done a good job of building community around [referrals]...now, most of my staff can just say off the top of our head, 'Okay, send them here and here and here.'"*
>
> Demonstration project partner

- **Referral mechanisms:** Demonstration projects trained partner organizations to identify potential trafficking victims and refer them to demonstration project services for further assessment. Partners in law enforcement and the justice system (state attorney generals' offices) had institutionalized referral procedures to connect trafficking victims to services. Other partners' referral processes were more informal; partners simply tried to connect victims or potential victims to demonstration project services. All demonstration projects had long-standing referral relationships with at least some existing partners to refer clients to services. For example, ACCESS (NY) had existing referral procedures to refer clients to the New York Asian Women's Center (for clients of Asian descent) and Legal Aid Society (for clients in need of additional legal support). During the project period, CREST

[13] Permission was obtained for the use of the photographs in this report.

(UT) and APEDT (AZ) developed MOUs to outline referral mechanisms with some key partners.

- **Tracking referrals:** Demonstration projects varied in their approach to tracking referrals. Typically, they did not have a formal system in place for determining whether a client followed up on referral made on their behalf. However, all projects indicated that they followed up with clients informally to ask if the service was received and why or why not. Tumbleweed (AZ) used an internal database to track referrals made. This allowed all Tumbleweed (AZ) staff who worked with clients to know what referrals were made on behalf of which clients; however, other APEDT (AZ) partners did not have access to this database.

Partnership Strategies

Demonstration project staff and partners described strategies for collaboration. The following are the most common partnership strategies reported across projects:

- **Develop trust and strong personal relationships:** All demonstration project and partner staff emphasized that strong relationships were a fundamental element of collaboration. Among the partners interviewed, nearly all relayed the importance of the demonstration project directors' roles in collaboration and relationship-building efforts. When asked to describe what was working in their partnerships, most partners explained that demonstration project directors were "amazing," "helpful," and kept partners engaged. Some partners also expressed the importance of knowing and trusting the project case managers because they felt more comfortable sending potential clients to case managers that they felt would do a good job and provide appropriate care.

> *"[With our partners], I think we just have built a relationship with each other in the community…. You know, like we're supports, we're colleagues, but we're friends, and we laugh. I think we also are our filters sometimes in the sense that when something's happening within our community we can say like, 'What's your gut on this?'"*
>
> Project director

- **Use existing partnerships:** All demonstration projects built on some preexisting partnerships during the project period. ACCESS (NY) partners were largely in place prior to the project, because STEPS (NY) had a history of working closely with the ACCESS (NY) partner organizations to serve trafficking victims. For APEDT (AZ), most partnerships existed prior to the project; Tumbleweed (AZ) had worked with Our Family Services (AZ) and ASU STIR (AZ) on a survey of runaway homeless youth, and referred clients to ALWAYS (AZ) for legal services. RIC-AAU (UT) had existing partnerships with local organizations to serve refugee and immigrant clients, but they developed many new relationships through networking and community outreach to serve trafficking victims. Existing partnerships provided a foundation for demonstration projects' work and allowed them to "hit the ground running."

- **Engage in ongoing communication:** All demonstration projects indicated the importance of ongoing communication with partners. The APEDT (AZ) and ACCESS (NY) workgroups met monthly or bimonthly through the 2-year project. They reported that regular partner meetings were essential to staying aware of one another's new initiatives, checking in on systems and processes, and facilitating information sharing. These meetings also provided an opportunity to make shared decisions on issues affecting all partners. Although CREST (UT) did not conduct official group meetings with their partners, staff often met with project partners one-on-one or through the Utah TIP Task Force's victim services subcommittee. Outside of these meetings, all projects and partners reported the value of ongoing communication with partners via e-mail and phone.
- **Develop MOUs with formal partners:** Project staff noted that MOUs were essential with formal partners who were subcontractors or with whom they had specific referral mechanisms or information sharing agreements. However, two project directors shared that they initially spent a great deal of time setting up MOUs with many partner organizations, but later realized that implementing MOUs was not necessary for effective collaboration with all partners.
- **Develop partnerships with organizations from diverse sectors and with different target populations:** Several projects cited the value of collaborating with partners who have a different core audience or client base to complement one another and collectively expand their reach. An example of this is CREST (UT)'s collaboration with the Utah Office of the Attorney General, which brought together the social services and law enforcement sectors and allowed the project to successfully spread their message to a new audience that might otherwise be less receptive to working with social services. Similarly, Tumbleweed (AZ) staff relayed the value of their collaboration with a faith-based partner, Phoenix Dream Center (AZ), and STEPS (NY) referred clients of Asian descent to the New York Asian Women's Center.
- **Share a common goal:** Demonstration project and partner staff explained the importance of having shared goals to help focus collaboration efforts. Shared goals helped projects and partners think through the "bigger picture" in their community, as well as discuss resources for client service provision and ensure that work was not being duplicated. One partner explained, "It is a treat to be able to come together and focus on one part of the served population."
- **Understand partners' work:** Several demonstration project and partner staff relayed that it was important to understand the services that each provided to be able to knowledgeably refer clients. Some staff discussed the importance of "vetting" partner service

> *"In order to sell your product, you have to know your product. I think that's extremely important, to know what you're talking about. So, I research resources and meet with directors. Doing this I have found that cultivating a personal relationship, so if we send a client somewhere, we know where they're going, where we're sending our [clients], and we know what kind of help they're going to get."*
>
> Case manager

organizations to ensure that they provided trauma-informed and appropriate care. Some staff talked about the value of understanding others' services to be able to fully describe service options to clients.

- **Engage a "champion" at each partner organization:** Some demonstration project staff indicated that one key to successful collaboration was engaging a partner organization's "champion" or "point person" to help increase buy-in and have internal knowledge of the local human trafficking resources and services. Likewise, some project staff members indicated that some of their partnerships may have been less successful because there was no internal "champion" for trafficking victim services.
- **Support partnerships through funding:** Some partner staff relayed that their funding was an important factor in participating in the demonstration project activities, such as holding workgroup meetings or hiring a case manager. Likewise, some partner staff indicated that they would have had a stronger role or could have done more work for the partnership if they had received more funding.

Volunteers of America (VOA) (UT) youth drop-in center in Salt Lake City, Utah. VOA (UT) provided runaway and homeless youth outreach and services as part of the CREST (UT) demonstration project.

Partnership Challenges

Projects also expressed a few challenges that they felt impeded the collaboration process.

- **Limited funding to support partnership activities:** Two demonstration projects indicated that inadequate funding for partners restricted the amount of work they could request of their partners. Likewise, one partner staff relayed that their limited

funding decreased their ability to participate in collaboration activities and limited the number of T clients they could serve.

- **Geographic distance:** CREST (UT), APEDT (AZ), and some of their partners noted that geographic distance between partners and the project organizations created challenges because there were fewer opportunities to collaborate and connect in-person.
- **Some funded partners were unable to meet their goals:** Two projects felt that one of their funded partners (that received project funds as a subcontractor) was unable to fulfill their original intended role and fully meet their original goals as specified in the projects' proposals. However, the projects thought that each of the partners contributed positively to the project nonetheless.
- **Coordinating simultaneous services for clients:** One partner discussed challenges around multiple organizations serving the same client simultaneously. For example, one partner explained that once a client was staying in their shelter, the client fell under their organizational rules and confidentiality policies. Staff members at other organizations also working with this client often wanted to be closely involved and dictate what services the client would receive, but the partner felt that this was inappropriate. The partner expressed that although partnership requires close collaboration and open communication, certain boundaries between agencies were required.
- **Finding time:** One demonstration project noted that they had difficulty finding time to meet and collaborate because of busy schedules and high volume of work among project staff and partners.

> *"The only thing that hinders our partnership is our own workloads. Everyone in this group is completely someone I trust, I respect, I love, I admire their philosophy, their approach to their work, their enthusiasm, all of that. It's a great group."*
>
> Demonstration project partner

- **Partnering with law enforcement:** One demonstration project noted that while they have a strong partnership with law enforcement, differences in perspectives creates challenges—law enforcement personnel come with a criminal justice perspective and the project staff bring a victim services perspective. This project staff explained that the difference in perspectives was not "debilitating," but challenging.

Policy and Practice Changes

All projects attributed some changes in policy and practice—ranging from the organizational level to the larger community and state level—to the DVHT demonstration project. The following is a summary of policy and practice changes that projects attributed to the project activities:

- **Organizational:** All three demonstration projects relayed that the project helped formalize their practices to better identify and serve trafficked victims. ADEPT staff

explained that, at Tumbleweed (AZ), staff shifted their practices to be more comprehensive in case management and to prioritize person-centered, trauma-informed care. The project cited an expanded understanding, at an organizational level, of what victim needs look like and how critical coordination of services is to meeting these diverse needs. ACCESS (NY) staff explained that the project provided an opportunity to formalize their emphasis on anti-trafficking work and publicize their capacity to serve survivors not involved with the courts. Although most clients served under the DVHT demonstration project were directed to them via the courts, ACCESS (NY) also served non–justice-involved individuals and expressed interest in expanding their work in this area. CREST (UT) staff noted that the project helped them solidify their services for human trafficking victims and delineate how these services differed from their refugee and immigrant services.

- **Community:** One demonstration site reported making some impacts on community-level policy and practice. CREST (UT) project staff felt that the many trainings they conducted with local law enforcement personnel resulted in a significant change in attitude toward human trafficking among those who participated. Notably, the project reported that law enforcement personnel were increasingly viewing trafficking survivors as victims rather than criminals. These trainings also helped raise awareness of Utah's new safe harbor law for minor victims of trafficking, which was enacted in March 2016.[14]

> *"There is a shift happening within some law enforcement agencies. In a situation where they would traditionally be picking someone up on a prostitution charge, they're now trying to take another look and ask, 'Is there trafficking here?'"*
>
> Project director

- **State:** On a statewide level, APEDT (AZ) staff explained that they worked with the Governor's Task Force on Human Trafficking to develop a statewide protocol for serving trafficking victims. This protocol was incomplete at the time of the evaluation data collection.

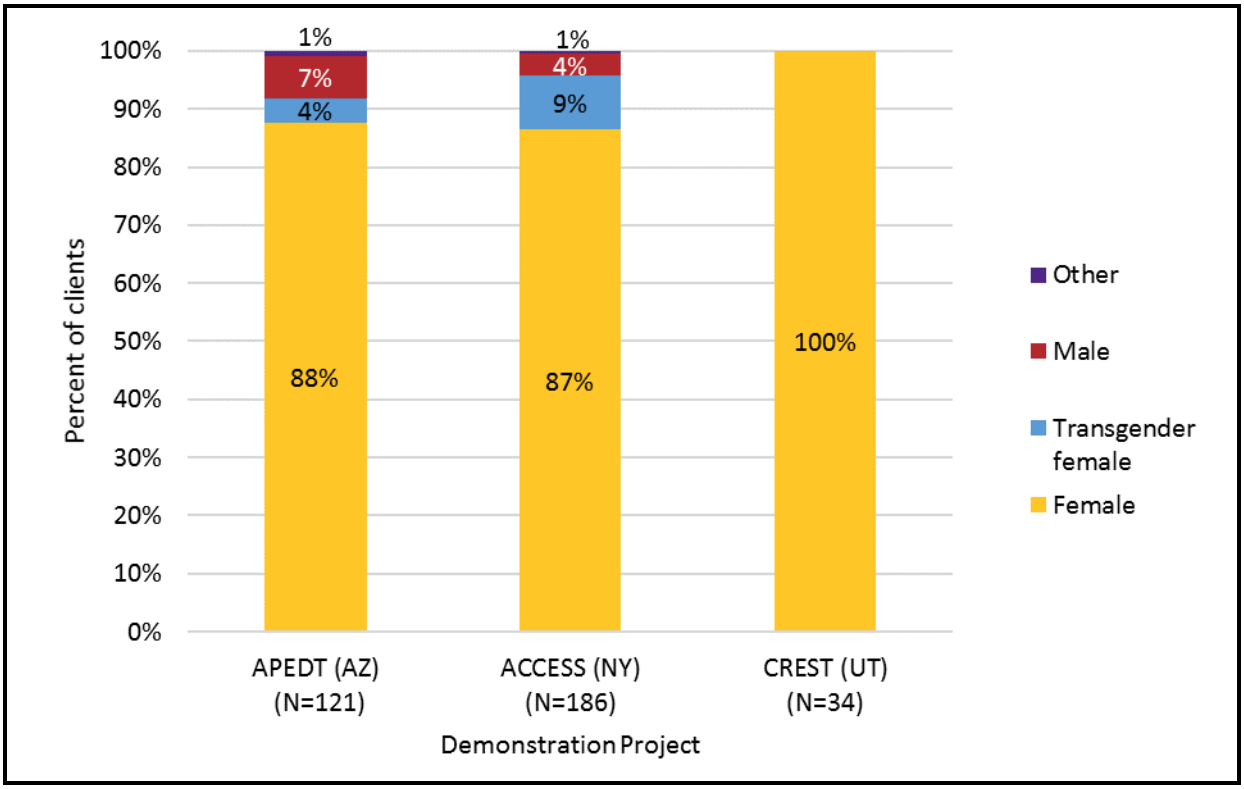
[14] Utah's H.B. 206 Human Trafficking Safe Harbor Amendments legislation is available at https://le.utah.gov/~2016/bills/static/HB0206.html

5. What Were the Characteristics and Experiences of Survivors Served by Projects?

Demographics

A total of 341 clients across the three demonstration projects (APEDT [AZ], 121; ACCESS [NY], 186; CREST [UT], 34) engaged in case management services.[15] As shown in **Exhibit 5**, over 87% of clients served were female, with CREST (UT) serving only females.

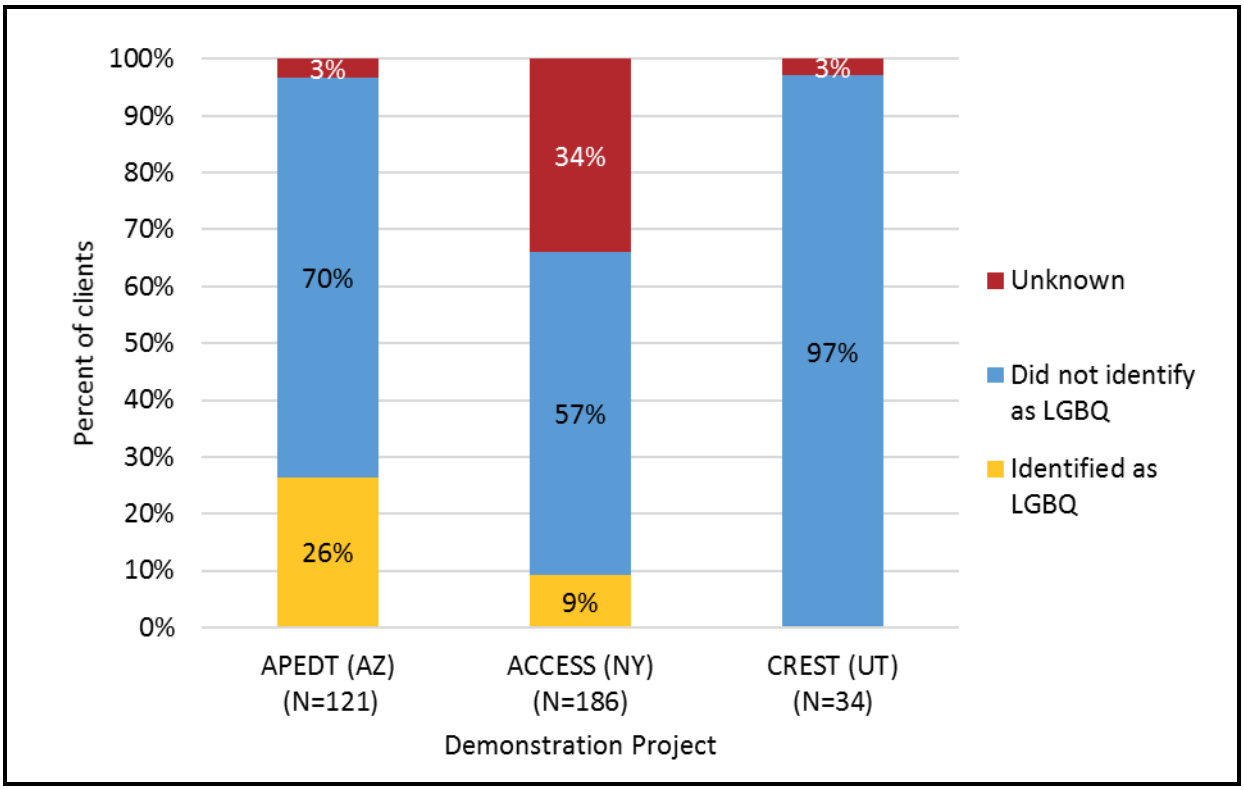
Exhibit 5. Gender of Clients Served



[15] It was possible for an individual to be counted as multiple clients if their case was closed but then reopened. The count of 341 clients is comprised of 328 unique individuals (APEDT [AZ], 117; ACCESS [NY], 180; CREST [UT], 31).

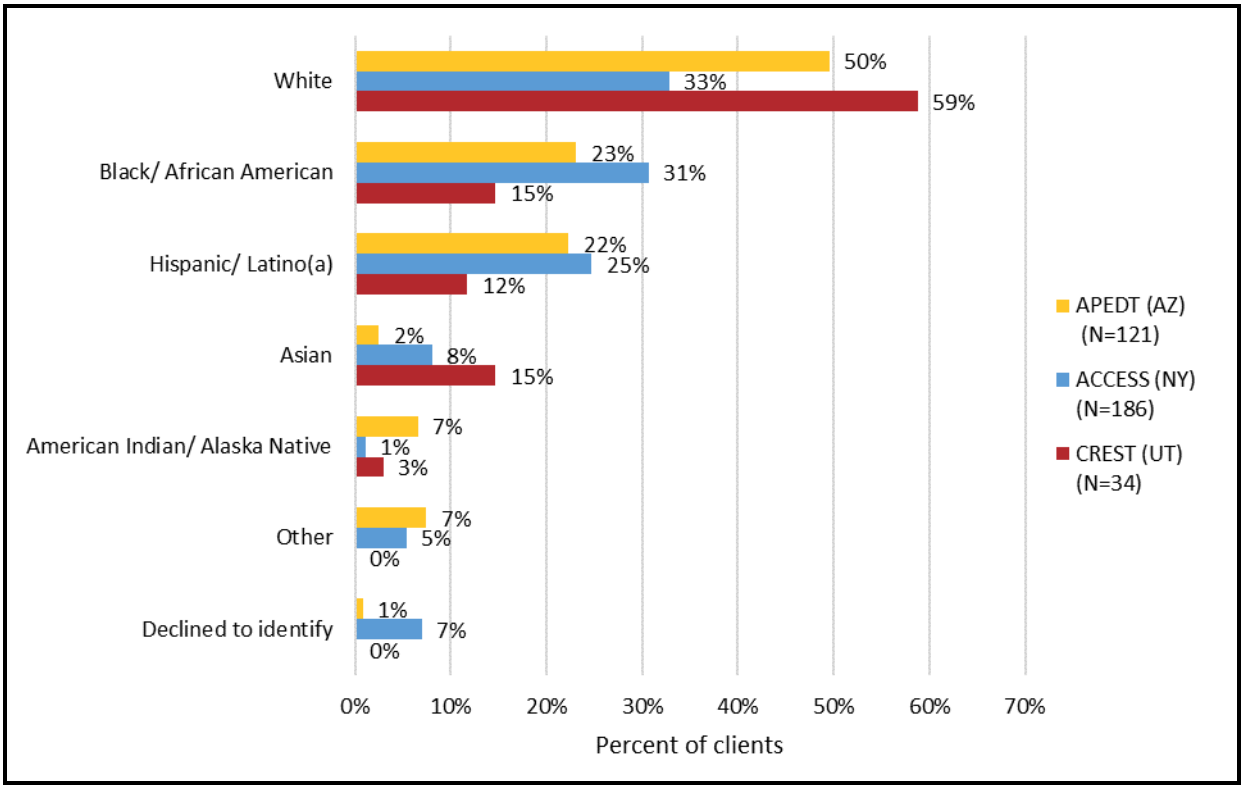
Across all projects, over 14% identified as LGBQ, with over a quarter of the clients served by APEDT (AZ) identifying as LGBQ (see **Exhibit 6**).

Exhibit 6. Sexual Orientation of Clients Served



The largest race/ethnicity group served was white, both overall (41%) and for each individual project (**Exhibit 7**). About a quarter of the clients served were Black/African American or Hispanic/Latino, respectively, with percentages ranging from 12% to 31% at individual sites.

Exhibit 7. Race/Ethnicity of Clients Served



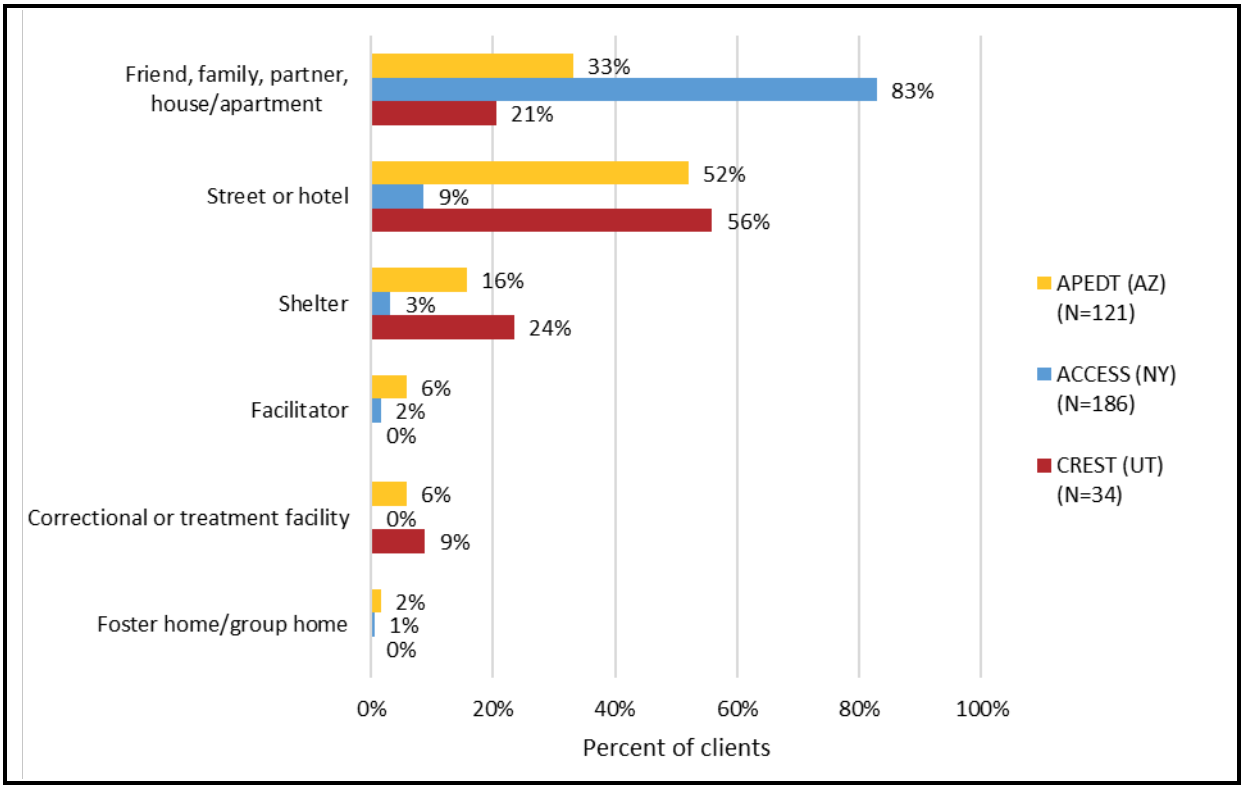
The ages of clients served ranged from 13 to 71 years. The median age of all clients was 26 years (APEDT [AZ], 23 years; ACCESS [NY], 28 years; CREST [UT], 39.5 years). Most (88%) of clients were U.S. citizens, and another 9% were legal permanent residents. English was the primary language of the vast majority of clients (90%).

Status at Intake

Among the females in the sample, 38% were known to have children, ranging from 29% (ACCESS [NY]) to 56% (CREST [UT]).

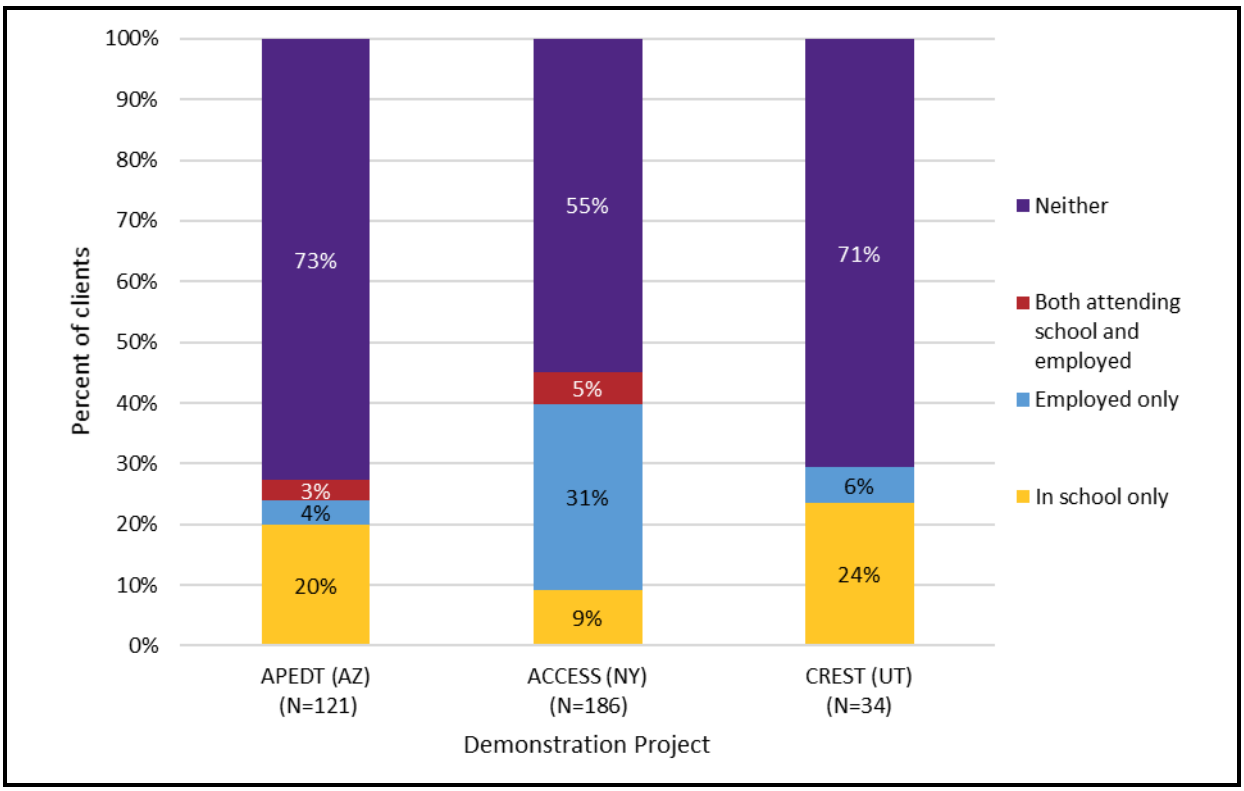
Clients lived in a variety of situations during the month before intake, as shown in **Exhibit 8**. For both APEDT (AZ) and CREST (UT), over half reported living on the street, couch surfing, being homeless, living in a public place, or living in a hotel (52% and 56%, respectively) in the 30 days prior to intake. The majority (83%) of ACCESS (NY) clients and one-third (33%) of APEDT (AZ) clients resided in a house or apartment, with a partner, family or friends.

Exhibit 8. Living Situation at Intake



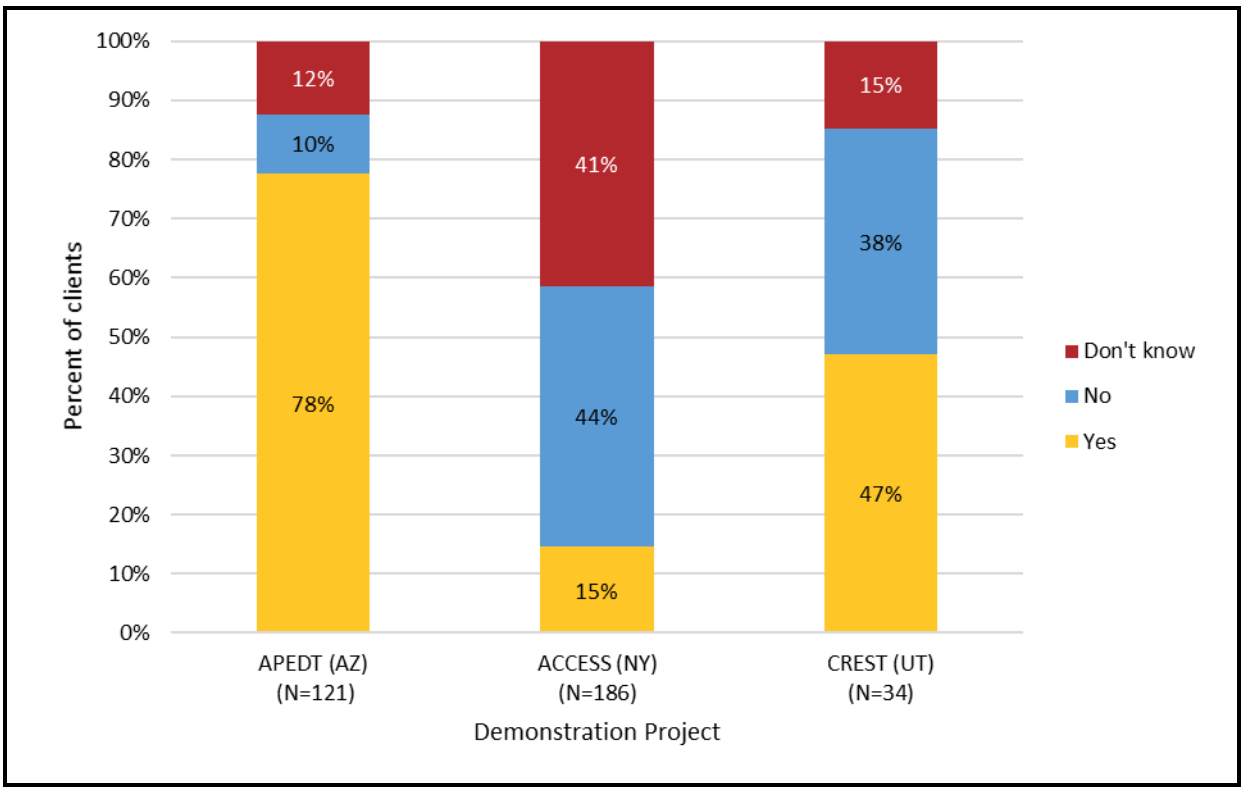
Across the programs, most clients were neither enrolled in school nor working, as shown in **Exhibit 9**. However, 36% of ACCESS (NY) clients were working and about a quarter of APEDT (AZ) (23%) and CREST (UT) (24%) clients were in school.

Exhibit 9. School Enrollment and Employment Status at Intake



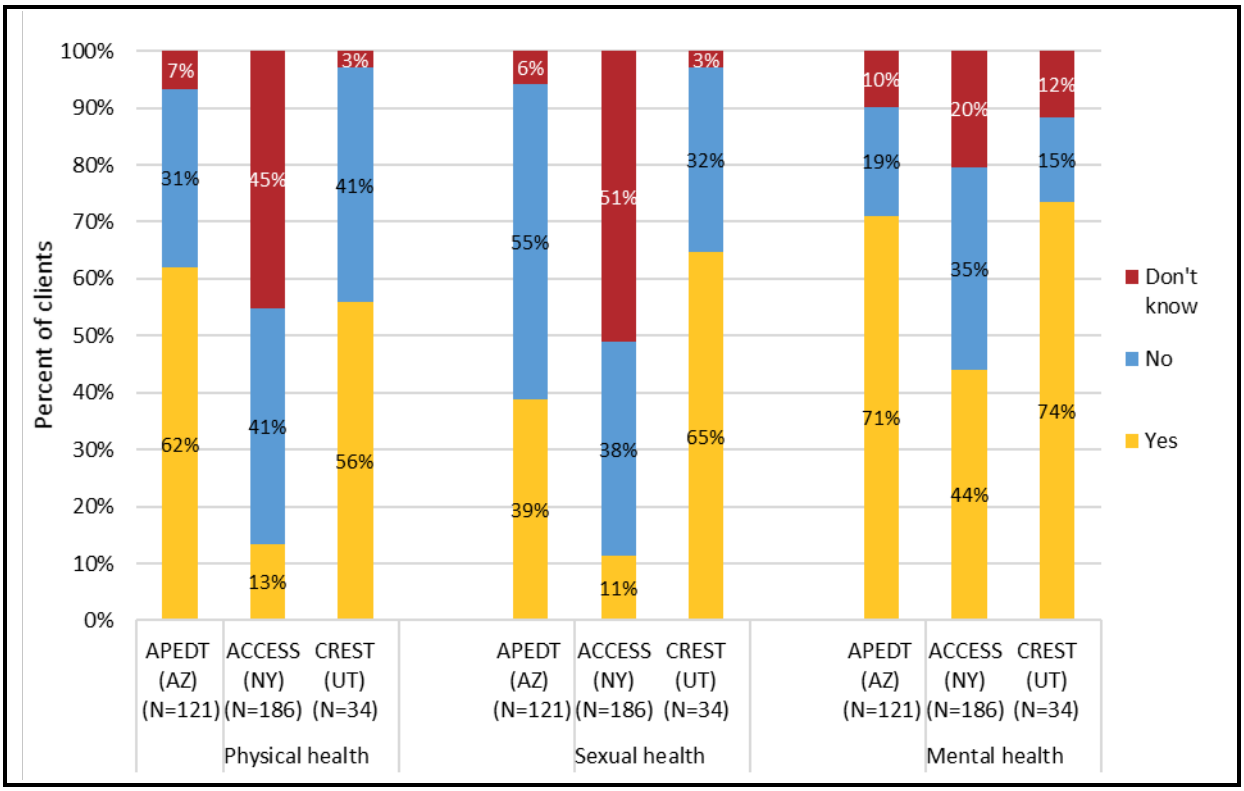
The percentage of clients who had received public benefits at the time of intake varied across projects (**Exhibit 10**)**:** 78% of APEDT (AZ) clients, 47% of CREST (UT) clients, and 15% of ACCESS (NY) clients received some type of public benefits.

Exhibit 10. Public Benefits Enrollment at Intake



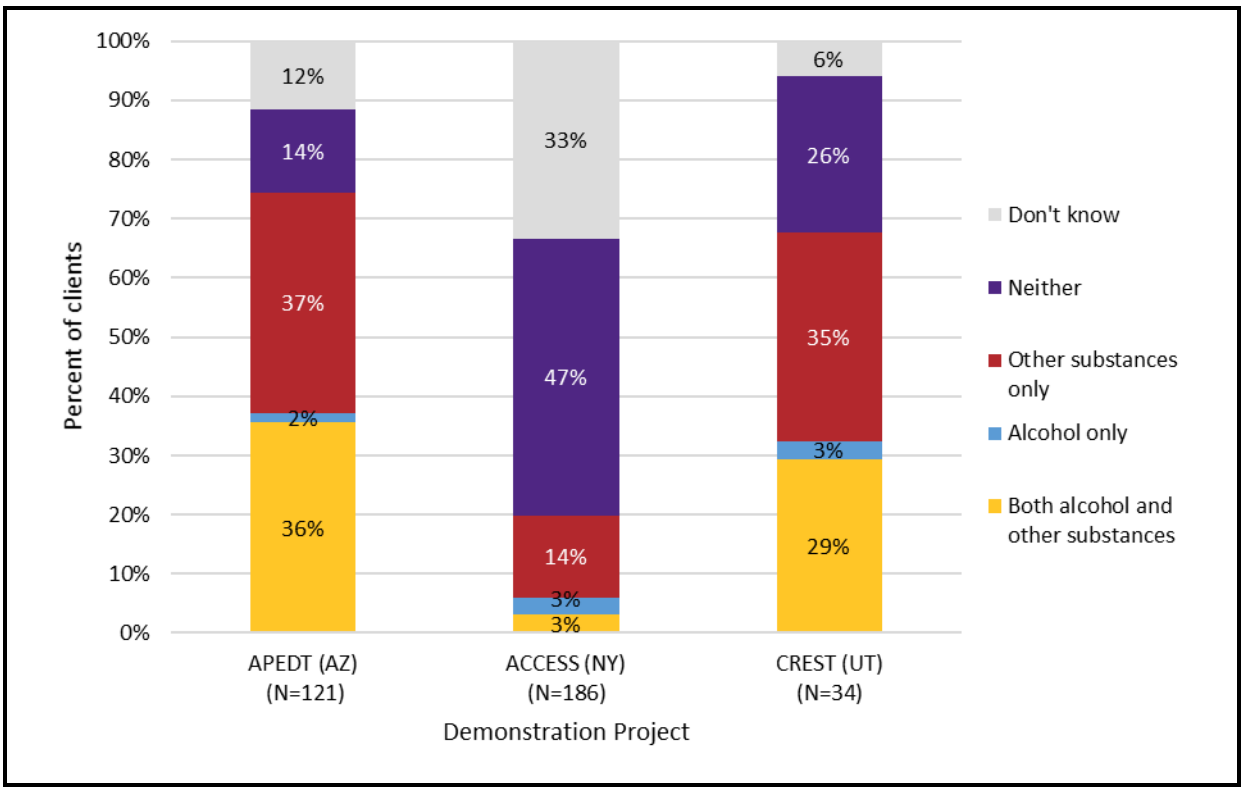
Clients served by all projects had health issues, including those related to physical (35%), sexual (26%) and mental health (57%) (**Exhibit 11**). Prevalence of current health issues varied across projects, with more than half of APEDT (AZ) (62%) and CREST (UT) (56%) clients suffering from current physical health issues. Almost two-thirds of CREST (UT) clients (65%) had current sexual health issues. More than 70% of clients at APEDT (AZ) and CREST (UT) had current mental health issues (71% and 74% respectively). Information on health issues was most likely to be unknown for ACCESS (NY) clients, probably due to the brief time available for intake assessments.

Exhibit 11. Presence of Current Health Issues at Intake



Over two-thirds of APEDT (AZ) (75%) and CREST (UT) (67%) clients were using alcohol and/or other substances (**Exhibit 12**). Information on substance use was unknown for a third (33%) of ACCESS (NY) clients and almost half (47%) indicated no substance use.

Exhibit 12. Substance Use Status at Intake



Client involvement with other service delivery systems varied greatly among projects (**Exhibit 13**). Most APEDT (AZ) clients (60%) and CREST (UT) clients (82%) were involved with at least one service system; homeless programs/shelters had the highest indicated involvement. While only 12% of clients at ACCESS (NY) were reported to be involved with at least one system, 94% were court mandated to participate in services.

Exhibit 13. Social Service Systems Involvement at Intake

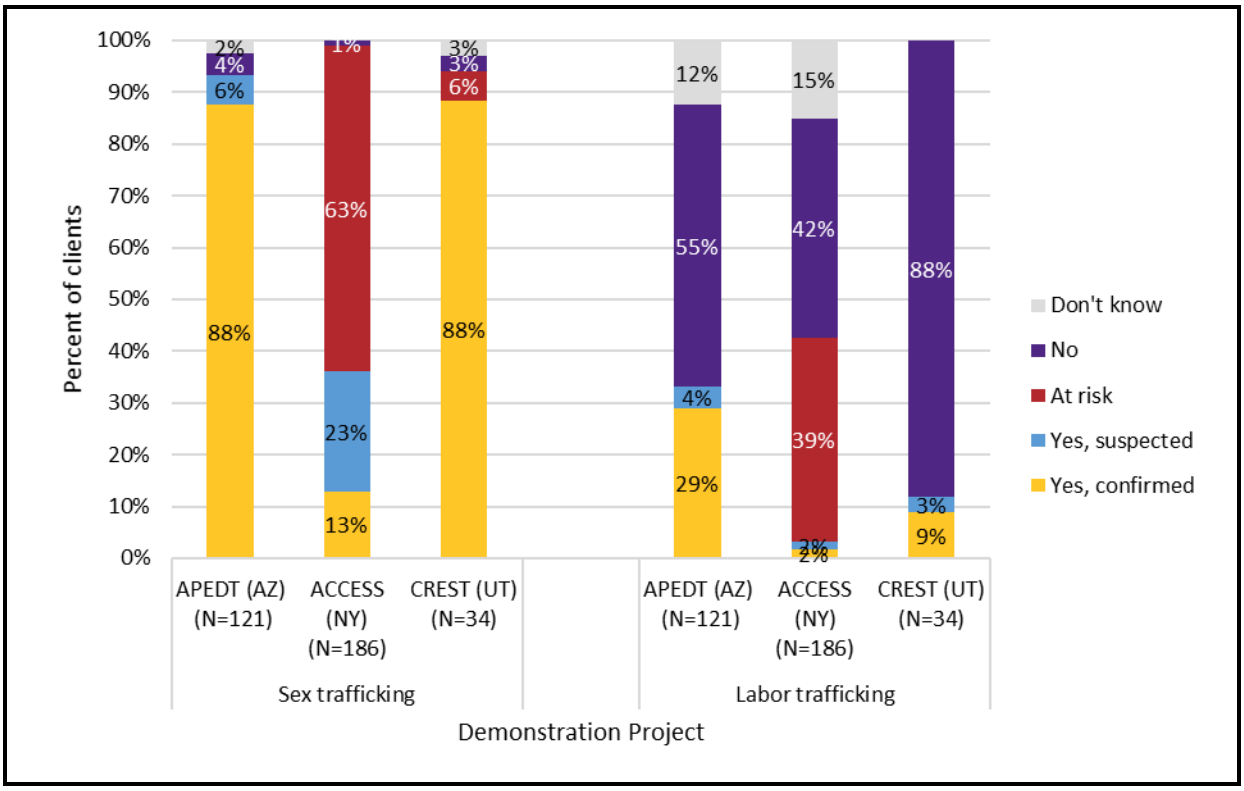
	Percentage of Clients Involved in System		
System	**APEDT (AZ) (N=121)**	**ACCESS (NY) (N=186)**	**CREST (UT) (N=34)**
Child welfare	14	3	3
Mental health	19	4	35
Domestic violence	2	2	21
Homeless program/shelter	42	5	59
Other human service agency	8	6	53
Court/probation*	5	3	26
Community health clinic/hospital*	0	1	15
No systems	40	88	18
One system	39	7	38
More than one system	21	5	44
Court mandated to participate in services	3	94	6

*Not asked of everyone, answers written in as “other.”

Trafficking

Across all programs, 47% of clients served were confirmed as having ever been sex trafficked, with both APEDT (AZ) and CREST (UT) having 88% of clients confirmed as ever having been sex trafficked (**Exhibit 14**). Fewer clients (12%) were confirmed as having been labor trafficked, with percentages ranging from 2% (ACCESS [NY]) to 29% (APEDT [AZ]). Most (86%) of the ACCESS (NY) clients were not reported as either being confirmed sex and/or labor trafficked, but were reported as being at risk of sex trafficking (63%) or labor trafficking (39%) Most ACCESS (NY) clients (94%) entered the program via a court mandate from the Human Trafficking Intervention Court (HTIC)[16] at Midtown Community Court. Note that additional data in this section are based on confirmed cases only.

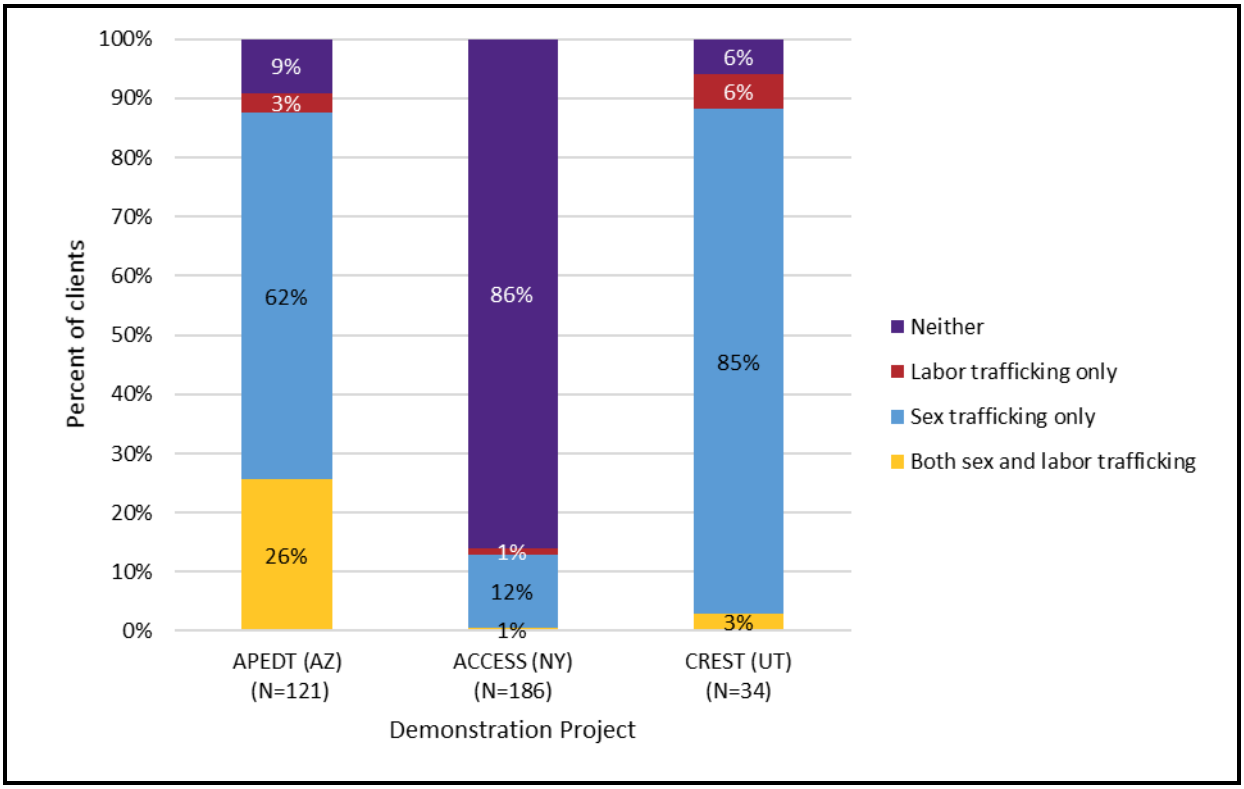
Exhibit 14. Trafficking Status at Intake



[16] Individuals charged with prostitution or related offenses in New York may be served by the HTIC. The HTIC is a specialized court designed to link defendants to supportive services so they may escape their trafficking. Participants who comply with mandated services may receive non-criminal dispositions, dismissal of their case, and/or their record vacated.

As shown in **Exhibit 15**, the percentage of clients confirmed as either sex and/or labor trafficked ranged from 14% at ACCESS (NY) to over 90% at APEDT (AZ) and CREST (UT) (91% and 94%, respectively). APEDT (AZ) had the largest percentage of labor trafficked clients with 29% of clients reporting labor trafficking. Neither of the other two projects had more than 10% of clients reporting labor trafficking (2% at ACCESS [NY] and 9% at CREST [UT]).

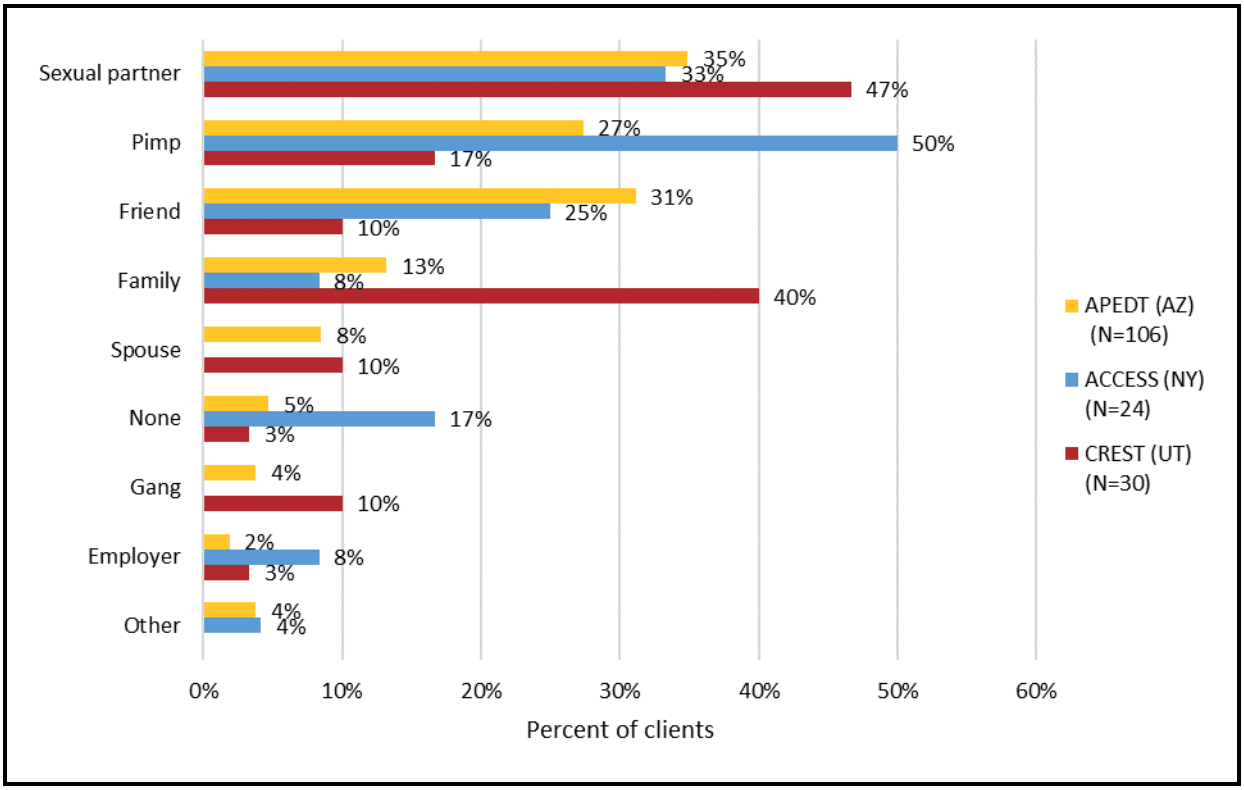
Exhibit 15. Confirmed Type of Trafficking at Intake



Overall, less than a quarter of clients were currently being sex trafficked, ranging from 13% of APEDT (AZ) clients to 50% of CREST (UT) clients. At all sites, the median age at first sex trafficking was 17 years.

Sex trades were facilitated within different types of relationships, or arranged by the client themselves (**Exhibit 16**). Note that clients and program staff may also choose different descriptions for the same kind of relationship[17]. The most commonly reported relationship among APEDT (AZ) and CREST (UT) clients and their sex trafficker[18] was sexual partner (35% and 47%, respectively), while case managers described half of ACCESS (NY) sex traffickers as a pimp. Friends (31% at APEDT [AZ]) and family (40% at CREST [UT]) were also commonly reported as sex traffickers.

Exhibit 16. Sex Traffickers of Clients Confirmed

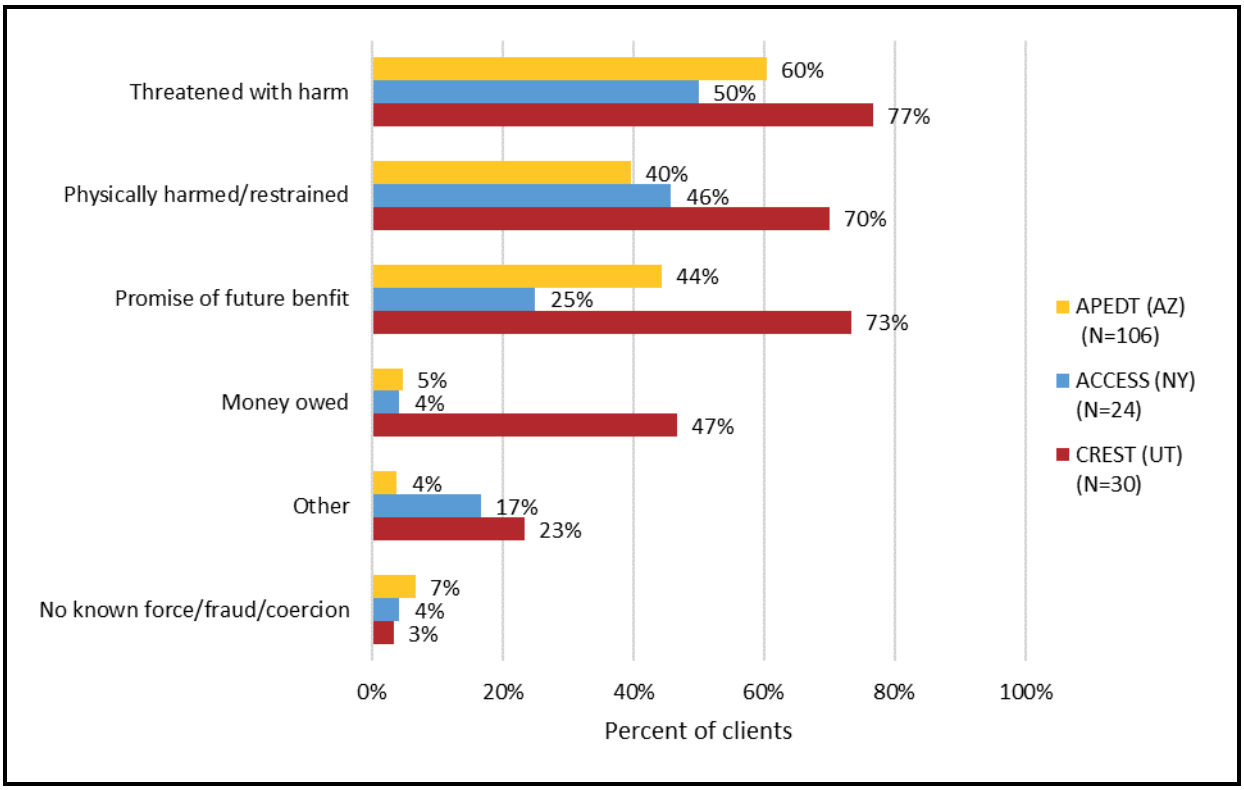


[17] As described previously in the Methods section of this report, the information about clients' characteristics, trafficking experiences, and service needs was collected from case managers. Case managers completed evaluation forms based on their knowledge of and work with clients and information documented in clients' case files or their organization's client database. Therefore, data reflect only that which clients shared with case managers (or intake and other staff) and may reflect case managers' perceptions.

[18] Whether force, fraud, or coercion is present, we are using the term trafficker because it is the term most commonly used, however we recognize that it may not the term chosen by clients or service providers.

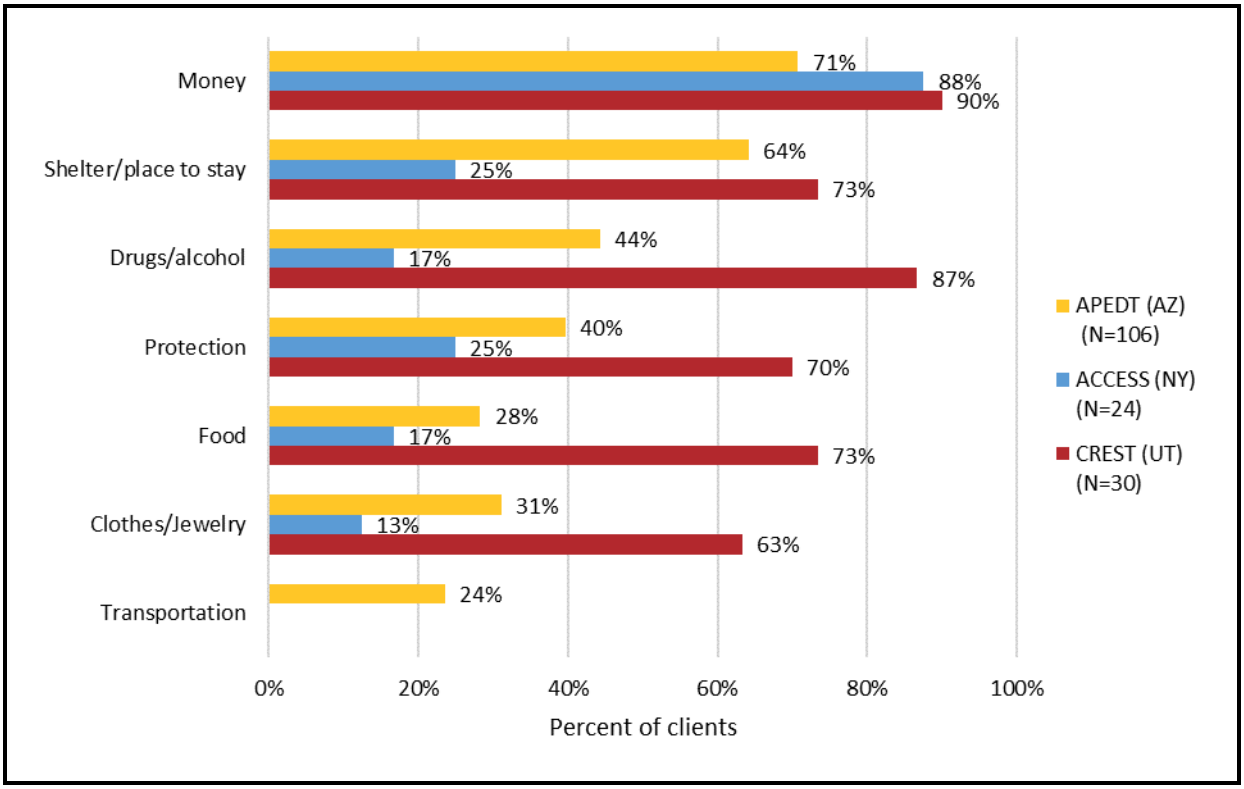
Staff each of the three programs indicated a high percentage of clients reported being threatened with harm (50% at ACCESS [NY], 60% at APEDT [AZ], and 77% at CREST [UT]) (**Exhibit 17**). Staff at CREST (UT) also indicated most clients were physically harmed or restrained (70%) or promised a future benefit (73%).

Exhibit 17. Sex Trafficking Force, Fraud, and Coercion



The most common item reported as being exchanged for sex was money (ranging from 71% at APEDT [AZ] to 90% at CREST [UT]) (**Exhibit 18**). APEDT (AZ) and CREST (UT) staff also reported clients had received shelter (64% and 73%, respectively), drugs and/or alcohol (44% and 87%, respectively), or protection (40% and 70%, respectively). Food (73%) and clothes or jewelry (63%) were also reported for a majority of CREST (UT) clients.

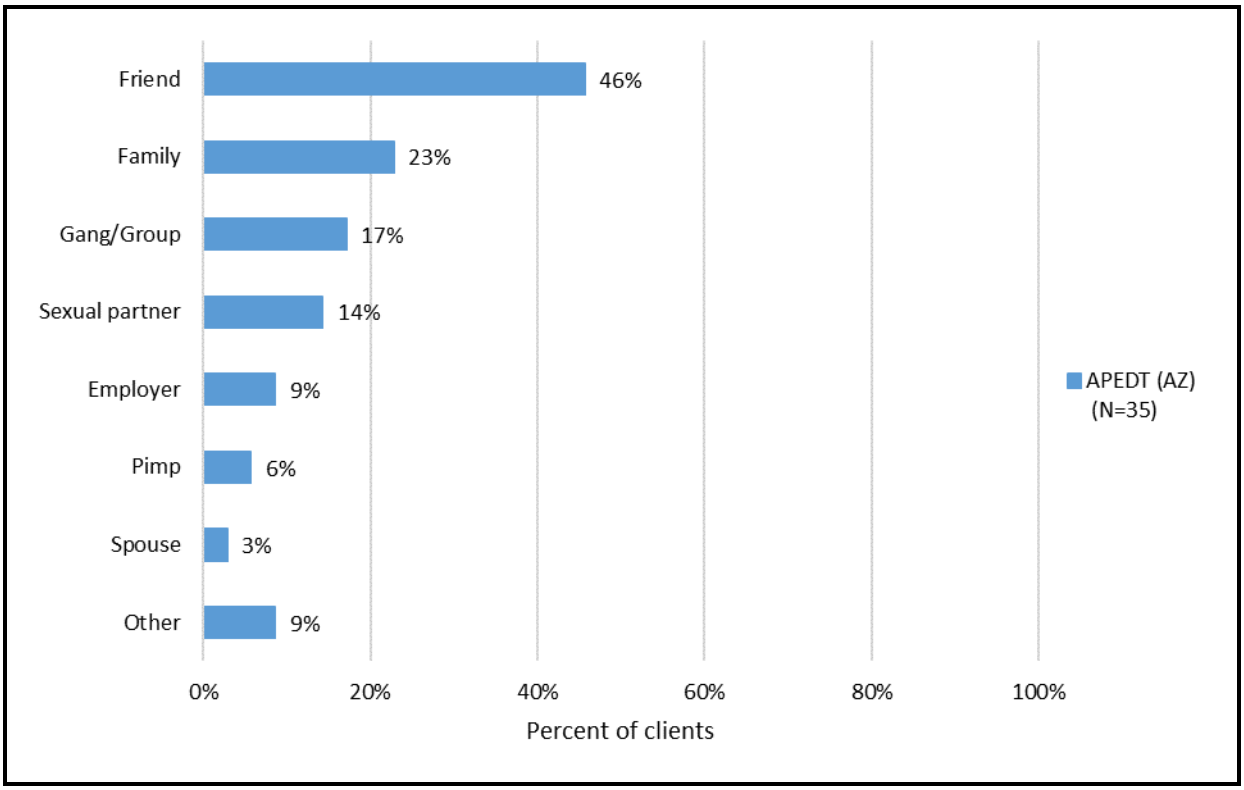
Exhibit 18. Sex Trafficking Transactions



A total of 41 clients were confirmed as having been labor trafficked. The majority (85%) of these were APEDT (AZ) clients. Because so few labor trafficked clients were reported by the other programs, information presented in the rest of this section includes only confirmed labor trafficked clients at APEDT (AZ). Only 11% of these 35 clients were currently being trafficked, and the mean age at first labor trafficking was 17.

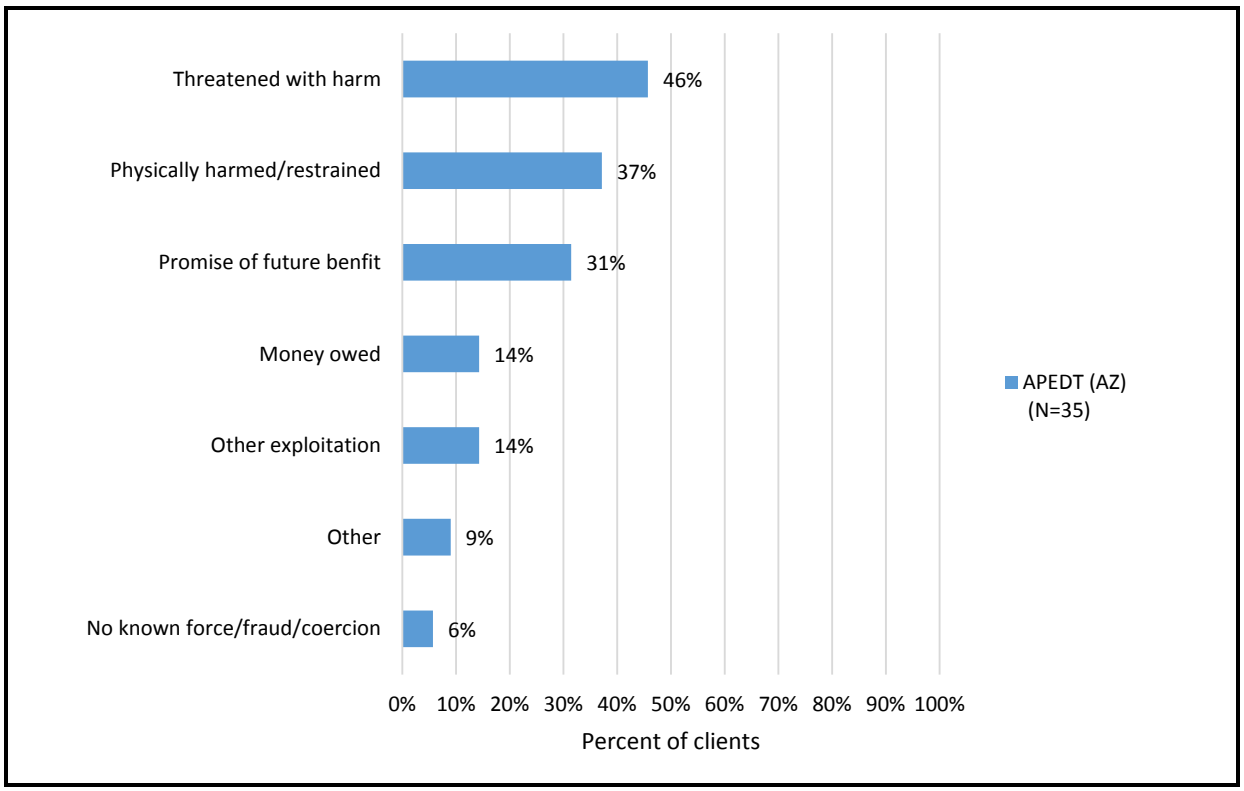
The most commonly reported labor traffickers were friends (46%) and family (23%) (**Exhibit 19**).

Exhibit 19. Labor Traffickers



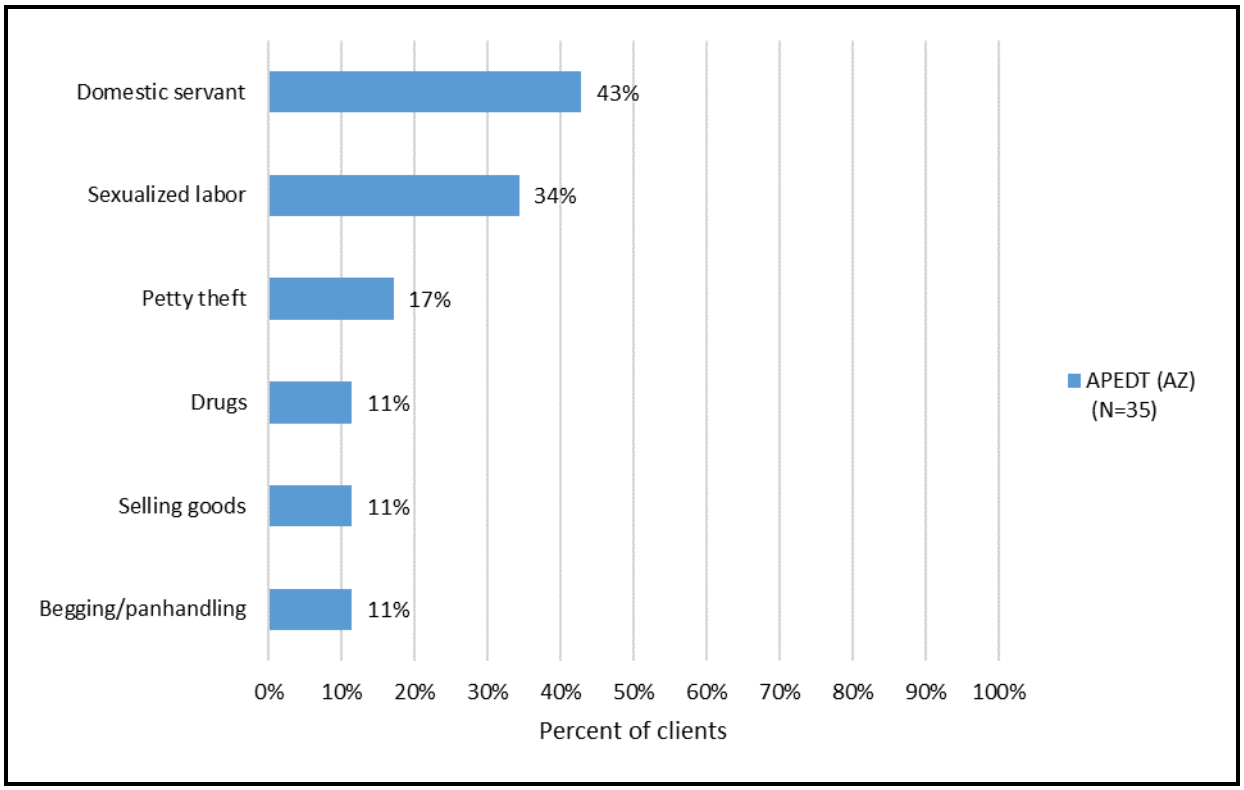
Staff at APEDT (AZ) reported that clients were coerced into labor trafficking by the threat of harm (46%), physically harmed or restrained (37%), or promise of a future benefit (31%) (**Exhibit 20**).

Exhibit 20. Labor Trafficking Force, Fraud, and Coercion



The two most commonly cited types of labor trafficking were domestic servant (43%) and sexualized labor[19] (34%) (**Exhibit 21**).

Exhibit 21. Labor Trafficking Industry



Service Needs at Intake

Projects documented clients' needs at intake. These needs could have been identified by the client, case manager, or both. Some of these needs were similar across sites, while others were very different, as shown in **Exhibit 22.** At each of the three demonstration project sites, a majority of clients needed emotional support, life skills training, mental/behavioral health services, and safety planning. Sizeable numbers of clients at each program also needed transportation and crisis intervention. In addition, at least 95% of APEDT (AZ) clients needed housing advocacy and personal items, while more than half needed medical services, social services advocacy, housing financial assistance, substance abuse services, education, and reproductive/sexual health services. ACCESS (NY) clients also had a higher need for legal advocacy and victim advocacy but reported needing fewer other services than clients at the two other sites. In addition to these needs, most CREST (UT) clients also needed housing

[19] Sexualized labor includes work such as escort services and stripping.

advocacy, personal items, social service advocacy, medical services, housing financial assistance, substance abuse services, and reproductive/sexual health services.

Exhibit 22. Client Service Needs at Intake

Area of Need	Percentage of Clients with This Need at Intake (identified by client, program, or both)			
	APEDT (AZ) (N=121)	ACCESS (NY) (N=186)	CREST (UT) (N=34)	Total (N=341)
Emotional Support	98	89	88	92
Life Skills Training	91	81	59	82
Mental/ Behavioral Health	82	82	79	82
Safety Planning	71	81	79	77
Transportation	93	46	82	66
Legal Advocacy	50	85	21	66
Crisis Intervention	45	79	59	65
Housing Advocacy	96	26	91	57
Victim Advocacy	37	72	24	55
Medical Health	78	23	68	47
Personal Items	95	7	65	44
Social Service Advocacy	69	24	65	44
Housing Financial Assistance	66	22	59	41
Employment Services	30	45	50	40
Education	61	26	26	39
Substance Abuse Services	72	9	76	38
Reproductive/Sexual Health	55	18	59	35
Financial Assistance	41	18	50	30
Dental Health	41	11	29	23
Family reunification	35	6	21	18
Child Care	15	6	12	10
Interpreter/ Translator	7	3	6	5

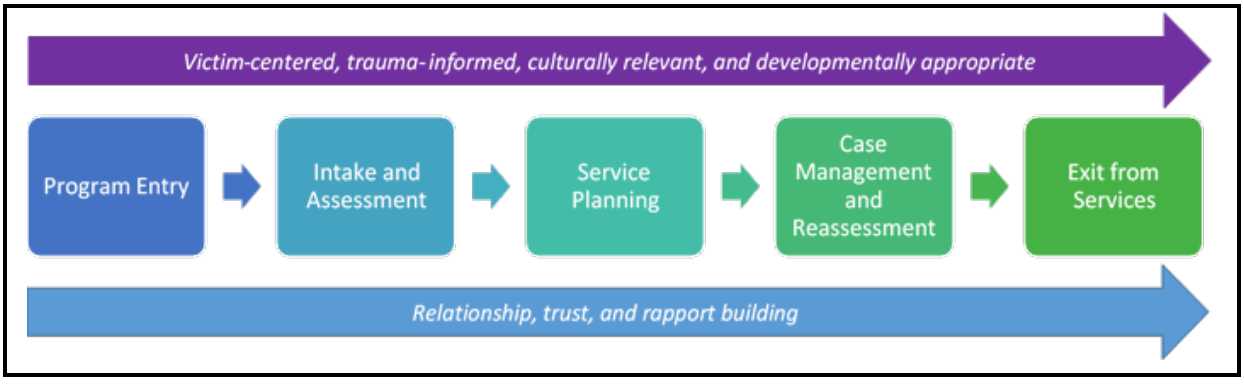
6. How Did Projects Provide Comprehensive Victim Services?

DVHT demonstration projects primarily provided comprehensive victim services through case management. Case management is a collaborative process of intake and assessment, planning, services coordination, and advocacy for options and services to meet the needs of an individual (Case Management Society of America). The projects' case management models varied widely in terms of how clients entered the program, intake and assessment approaches, amount of time and extent to which a client engaged in the program, activities that were included in case management, and internal and external resources offered to and received by clients.

Both APEDT (AZ) and CREST (UT) proactively offered case management to all project clients. The ACCESS (NY) project primarily provided court-mandated counseling sessions but they offered advocacy and support to clients who chose to remain engaged with STEPS (NY) after completing their mandate.

Although case management approaches differed across projects (and project and partner organizations), nearly all organizations' case management began at program entry and included intake and assessment; some type of service planning or goal setting; one-on-one case management meetings or communication; assistance locating and accessing services; and ongoing reassessment of needs (**Exhibit 23**). Case managers consistently reiterated the importance of building relationships, rapport, and trust continuously throughout the service delivery process, as well as using victim-centered, trauma-informed, culturally appropriate, and developmentally appropriate approaches and practices.

Exhibit 23. Typical Flow of Case Management Services

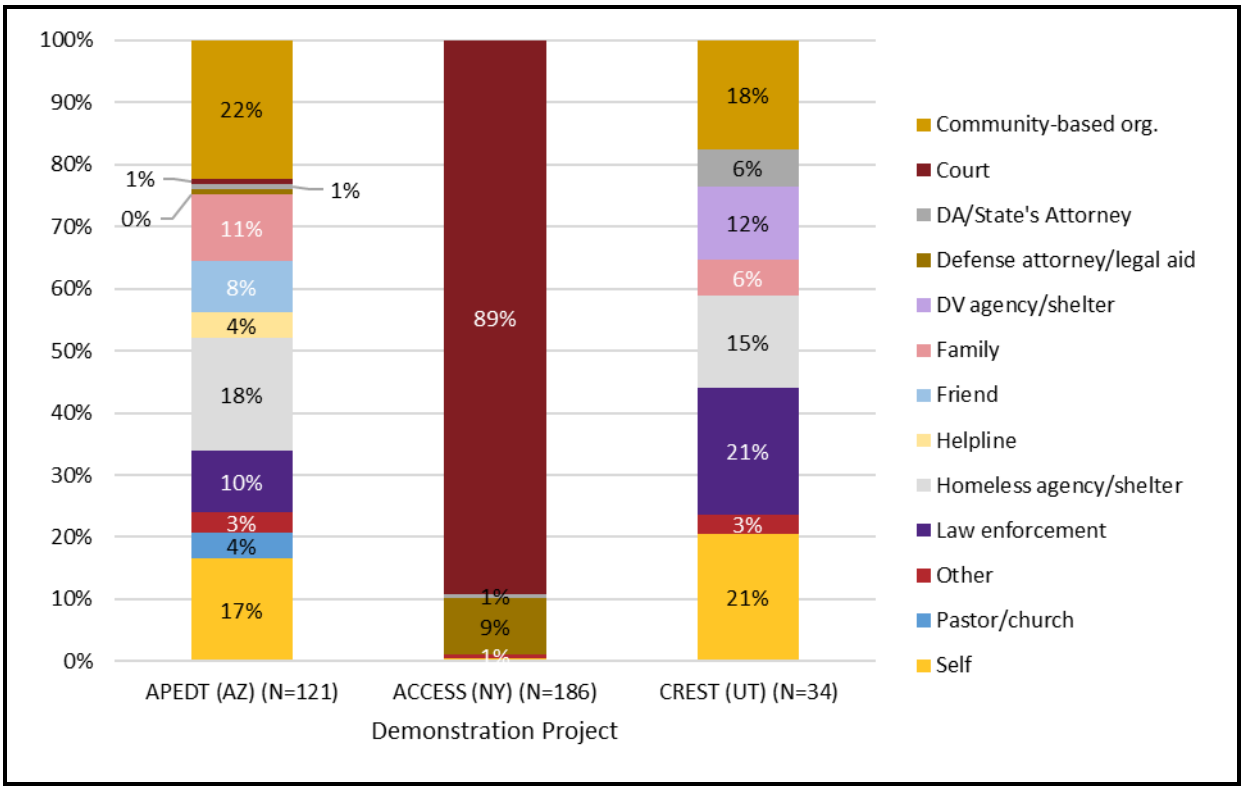


Program Entry

Clients typically entered DVHT projects through other program services, such as emergency shelters and drop-in centers; client outreach efforts, such as street outreach; or referrals from partners, other community-based organizations, community court, law enforcement, or others.

- **Emergency shelters and drop-in centers:** All three APEDT (AZ) service organizations (Tumbleweed [AZ], Phoenix Dream Center [AZ], and Our Family Services [AZ]) provided emergency shelter as part of their broader service menu during the program period. Many clients entered the DVHT project through these emergency shelters or drop-in centers. CREST (UT) used DVHT project funds to open a drop-in center midway through their cooperative agreement. The drop-in center was opened as a strategy for engaging commercial sex workers as a way to identify victims of sex trafficking, a population CREST (UT) staff noted were often criminalized and overlooked by other providers. The drop-in center was strategically located in a property owned by RIC-AAU (UT) that was on the "track." The center opened several afternoons a week to provide triage case management, connection to services, warmth during the winter, basic needs items (e.g., hygiene kits, clothing, hot beverages, and snacks), and introduction to CREST (UT) services. It often was co-staffed by a medical professional from CREST (UT)'s partner, Fourth Street Clinic, to take care of any basic or minor medical needs (e.g., caring for minor wounds).
- **Street outreach:** Phoenix Dream Center (AZ) staff conducted street outreach to engage with potential clients. Outreach teams visited target neighborhoods late at night to distribute cards with contact information for the Center and other resources. CREST (UT) staff also conducted street outreach; the DVHT case manager accompanied a mobile medical unit that made rounds several evenings a week in areas of Salt Lake City where homeless or vulnerable individuals resided.
- **Word-of-mouth:** APEDT (AZ) and CREST (UT) project staff noted that some clients heard about programs through word-of-mouth from other clients.
- **Referrals:** Demonstration projects received referrals from domestic violence shelters, homeless agencies and shelters, other community-based organizations, law enforcement, state attorney generals, friends or family, pastors or church staff, helplines, and through self-referral. As **Exhibit 24** shows, ACCESS (NY) received the majority (89%) of their referrals through the Midtown Community Court, while APEDT (AZ) and CREST (UT) received referrals from a wider range of sources. About one-fifth of CREST (UT)'s referrals came from law enforcement (21%), self-referral (21%), and community-based organizations (18%). Over half of APEDT (AZ)'s referrals came from three sources: community-based organizations (22%), homeless agency/shelter (18%), and self-referral (17%).

Exhibit 24. Referral Sources to Demonstration Projects



Intake and Assessment

All demonstration projects began service delivery[20] with an intake and assessment process. Typically, the intake meeting was a scheduled appointment with the client; however, in some instances staff conducted intake and assessment immediately when they entered the program. Clients met one-on-one with a staff member or a case manager. The various approaches to intake and assessment included the following:

- **Two-phased intake:** Tumbleweed (AZ) and Our Family Services (AZ) clients typically went through an initial intake and screening process upon entering one of the organizations' drop-in centers or shelters. During the initial screening process, those clients who were identified as a trafficking victim or as a potential trafficking victim received an additional assessment from a case manager, the APEDT (AZ)-developed trafficking assessment tool.
- **Intake upon program entry:** CREST (UT) scheduled intake appointments with clients who were ready and willing to receive services. Intake appointments were conducted by the human trafficking case manager. ACCESS (NY) clients' first of five

[20] While most services included some form of intake and assessment, street outreach, crisis intervention, and drop-in center services were offered without a formal intake and assessment.

court-mandated sessions included completing intake and assessment tools and discussing the group session program. This session was a one-on-one meeting with an ACCESS (NY) counselor and usually occurred by appointment, but sometimes happened immediately after a client's court trial.

- **Pre-screening and orientation period:** Phoenix Dream Center (AZ) staff conducted a pre-screening with potential clients to assess if the person was a trafficking victim and met the requirements of the residential program (e.g., was not currently using substances, had not been convicted of a sexual offense). After the pre-screening, individuals who were determined to be eligible for the program were invited to begin a 2-week orientation period to learn more about the program and determine if the program was a good fit for them. Following the orientation, clients received an in-depth one-on-one intake and assessment with a case manager who administered the APEDT (AZ) assessment tool, as well as the Dream Center (AZ)'s assessment form.

All demonstration projects used standardized intake and assessment tools.[21] Some tools were used with all clients served by the agencies while others were developed specifically to assess trafficking victims. CREST (UT) developed intake and needs assessment tools to use with all human trafficking clients (domestic and foreign-born); CREST (UT) also used the Arizona Self-Sufficiency Matrix. Tumbleweed (AZ) developed an assessment tool for the project (with partner input), which they and their DVHT partners, Our Family Services (AZ) and Phoenix Dream Center (AZ), used in their intake and assessment processes. ACCESS (NY) also developed an anti-trafficking screening and assessment tool for their clients.

Across projects, intake and assessment tools typically collected the following client information:

- demographic information;
- background and history;
- how the client was referred to the program;
- trafficking experiences;
- immediate situation and needs (e.g., safety, emergency housing, food, transportation, medical issues, child care, chemical dependence); and
- long-term needs (e.g., education, employment, long-term housing).

Demonstration project staff described several strategies for intake and assessment, including developing rapport, using trauma-informed approaches, and understanding that victims of trafficking might not identify as such.

[21] Projects used intake and assessment tools in their practice with clients. The evaluation data collection instruments, the Client Status at Intake (Appendix A) and the Client Service Needs and Service Provision (Appendix B), were completed separately by case managers, for evaluation purposes only, with information gathered through projects' standard intake, assessment, and case management processes and practices.

- **Developing rapport before intake and assessment:** Before using intake and assessment tools, case managers (or other staff) often first engaged a client by developing rapport, and asking them more generally about their situation. This initial discussion often identified a client's immediate needs, such as obtaining emergency housing. Once a client's immediate needs were met, staff used the intake and assessment tools.
- **Using trauma-informed approaches:** Staff and case managers felt that the intake and assessment forms should be conducted with a trauma-informed approach (for example, be completed through conversation with the client rather than reading items off a list to the client). Most staff indicated that they did not ask direct questions about a client's experience with human trafficking up front. Rather, staff used other questions to gauge a client's situation, such as "Are you safe where you live right now?" or "Are you free to come and go as you please?" Staff indicated that in this way, a client's human trafficking experiences come out over time. Some case managers noted that they let clients know that they did not have to answer any questions that they did not feel comfortable answering.

> *"Our approach to this work is to practice explicitly from a trauma- informed, anti-oppressive stance, and because of this approach, we know that when we're engaging at intake with someone, the tenets of trauma-informed practice encourage us to be conversational and encourage us to follow the lead of the person that we are in conversation with - to really center the conversation on them and follow the direction that they want to take. Because of our adherence to this approach, it doesn't always follow the order of the intake or the screening tool."*
>
> Project director

- **Understanding that trafficking victims might not identify as "victims":** Staff perceived that most victims did not know what "trafficking" is and do not identify as "victims of human trafficking" or as a "victim" at all. Staff felt that it was important to use other terminology and language[22] that was familiar or used by clients themselves to help identify and connect with individuals who could benefit from their DVHT project.

Service Planning

Directly following intake and needs assessment, case managers worked with clients to develop a client service plan (service plans were not a key component of ACCESS' (NY) approach, although ACCESS staff discussed goals and obstacles

> *"[The service plan] gives a more thorough picture to [clients], and helps them really see like what resources they have out there to help them and what strengths they already have that are helping them with those things."*
>
> Case manager

[22] For example, rather than asking a client if they were a victim of human trafficking, questions such as, "Did the person you told me about pressure you into doing anything you did not want to do?" (adapted from Vera Institute of Justice, 2014) or "Can you come and go as you please?" could be used in conversations with clients about their potential trafficking situation.

with clients and provided support to address them as much as possible). Case managers used findings from the intake and assessment process to inform these plans. Additionally, the plans were shaped by one-on-one discussions with clients about their goals, desires, and priorities. Service plans included some or all of the following components: short- and long-term goals set by the client, a timeline for achieving each goal, potential resources, the client's strengths, potential barriers and ways to address those barriers, and steps needed to achieve each goal. Case managers often helped guide goal-setting by discussing potential issues that a client might need to address (e.g., education, mental health issues), but goals were ultimately established by the clients.

Each service organization varied somewhat in their timing and approach to developing service plans:

- Tumbleweed (AZ) and CREST (UT) had standardized service plans that they developed with each client during one of the first case management meetings.
- Our Family Services (AZ) was transitioning from traditional service plans to using "therapeutic life plans" in case management across their agency (for trafficking victims and other clients). The approach to "therapeutic life plans" included visually mapping out a client's goals, timeline, resources, barriers, ways to address or overcome barriers, and each client's strengths.
- Phoenix Dream Center (AZ) used a "needs and services" plan in which clients and case managers developed the needs, objective plan, timeframe, person responsible for implementation, and method of evaluating progress for specific areas of need (mental and physical health, spiritual development, psycho-social behavioral, legal, and long-term goals). Additionally, the "Where Hope Lives" pillar program included specific preset goals and activities for each "pillar" (or phase) of the program.

Case managers and other staff noted some strategies for developing service plans, including helping clients develop skills, establishing doable goals with immediate outcomes, and providing ideas but empowering the clients to be in charge of their own service plans.

- **Helping clients develop skills:** Case managers explained that service plans should include appropriate ways to teach clients new skills and facilitate clients' progress toward self-sufficiency relative to a client's capabilities and resources. For example, a case manager might meet a client's immediate need (e.g., provide a food card) but subsequently help the client to learn how to meet the need independently (e.g., apply for food stamps, create a food budget, and/or go grocery shopping).

> *"If you want someone to get a job and they don't check 'job' off in their box of needs you're probably missing the mark in their service plan. Because you can tell them to get a job all day long but if they don't want a job, we need to look at what's going on with why you don't want a job, where you plan on being able to meet your basic needs if you're not going to get income or, or maybe their education is more important, so we need to make sure that we're aware of that and how we leverage that."*
>
> Project director

- **Establishing short-term, doable goals:** Case managers explained that experiencing a small success can help clients feel energized, remain engaged, and take on additional goals. One way case managers engaged clients and showed them "success" was to help them establish goals that were achievable in the short-term and had immediate outcomes.
- **Providing ideas but encouraging clients to be in control:** Case managers helped facilitate clients' goal-setting by discussing potential needs in multiple areas of the client's life, providing feedback, and connecting clients to resources that can help them achieve their goals. However, staff reiterated that clients should ultimately develop and decide upon the goals that are important to them. Staff felt that clients were more successful and motivated to work toward goals that were personally important to them (rather than goals that the case manager thought were most important). Some case managers explained that this was challenging to do, particularly if they disagreed with what their clients wanted. However, they strongly felt that this approach to client empowerment was an important strategy in providing victim-centered, trauma-informed care.

A case manager wears a "We are not things" bracelet in solidarity with her survivor clients.

Case Management and Reassessment

Demonstration projects provided comprehensive, individualized case management services that varied in terms of standardization and activities or individual or group counseling with options for clients to have one-on-one support. APEDT (AZ) and CREST (UT) demonstration projects' case management components typically involved ongoing one-on-one meetings with clients after service plans had been established. Both demonstration projects used case management approaches and models that they used before the demonstration project, but increased the intensity of case management and provided additional resources to clients.

Across the APEDT (AZ) and CREST (UT) demonstration projects, the service organizations that provided case management had several similarities with some key differences.

- Tumbleweed (AZ), Our Family Services (AZ), and CREST (UT)'s case management meetings were not formulaic nor did they have set standards or "check boxes." Case management appointments typically included an informal check-in to review the client's service plan and changes in their needs, and determine the next STEPS (NY) needed to access services. Sometimes case management meetings focused on a single immediate client need (e.g., helping the client access housing), and sometimes multiple issues were addressed. Case managers also used one-on-one time with clients to assist them with various errands and activities, such as accompanying them to attend different appointments, sign up for benefits, go grocery shopping, tour housing options, attend court hearings, or perform other tasks. Case managers often provided client advocacy during these errands and activities, such as helping clients fill out forms, understand language and processes, and ask questions of other service providers.
- Phoenix Dream Center (AZ) used a more formalized case management model than Tumbleweed (AZ), Our Family Services (AZ), and CREST (UT). The Phoenix Dream Center (AZ)'s program included an orientation and four "pillars" (or phases): (1) Relearning Positive Choices, (2) Adjusting to Supervision and Accountability, (3) Development and Planning, and (4) Return to Community. Each pillar had set guidelines that specified conditions of the pillar, such as specific activities that needed to be completed before moving to the next pillar, conditions for specific activities (e.g., phone privileges, visitations, supervision), the amount of time each client should be in each pillar, and milestones for the program overall. Each pillar lasted at least 60 days, although clients could apply to "fast-track" the program with approval from Dream Center (AZ) staff.

The courtyard of Phoenix Dream Center (AZ)'s residential program, where the fourth floor is devoted to the "Where Hope Lives" program.

The ACCESS (NY) demonstration project provided individual or group counseling (depending on the clients' preferences) through the Women's Independence, Safety, and Empowerment (WISE) curriculum. Most ACCESS (NY) clients were court-mandated to receive the five-session WISE program through their participation in the HTIC at Midtown Community Court. Every client met one-on-one with a WISE counselor for the first session and then decided whether they would continue the program in a group or one-on-one format. Clients in the group program met for 90-minute sessions twice a week. Individual sessions were scheduled once a week for 45 minutes.

While the individual sessions facilitated the provision of individualized support, one-on-one support for clients who attended group sessions was also offered. ACCESS (NY) staff characterized their one-on-one work differently than the traditional definition of "case management." Rather than "case management," ACCESS (NY) staff explained that they provided therapy and counseling, which included crisis intervention and life skills assistance, but they helped clients to meet other needs (e.g., employment) through referrals and advocacy. ACCESS (NY) staff liaised with their partner, Legal Aid Society, to address each client's legal needs related to prostitution and sometimes other charges. **Exhibit 25** displays the five-session model and the focus of each session.

Exhibit 25. WISE 5-Session Program Model

Session	Topics Covered
1	Orientation and Group Purpose, Naming/Stereotypes
2	Safety, Coping, and Self-Nurturing
3	Trauma and Coping
4	Self-Awareness, Feeling Identification and Closing
5	Individual After Care Planning

Client Contacts and Length of Service Engagement

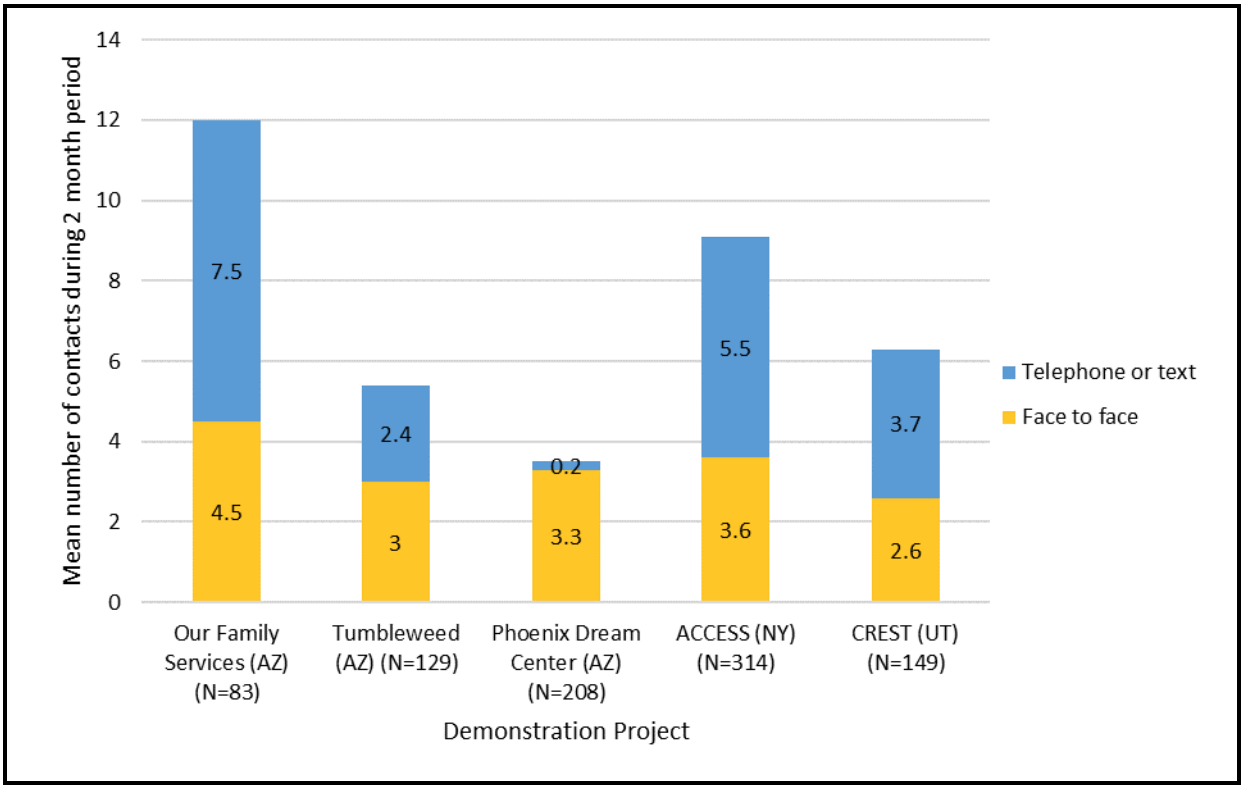
The extent to which case managers engaged and communicated with clients, how they communicated with clients, and the length of time that clients were engaged in services varied across organizations.

- **Number of client contacts:** As shown in **Exhibit 26**, over a 2-month period, case managers were in contact with clients[23] from an average of 3.5 times (Phoenix Dream Center [AZ]) to an average of 12 times (Our Family Services [AZ]). Case managers described that their communication with active clients ranged from daily check-ins to talking a couple of times a month, but that they tried to communicate

[23] The average number of contacts includes reports on all clients whose case management 'case' was open, including those who had disengaged from the program and were not in touch with their case manager. Phoenix Dream Center (AZ)'s average may only represent one-on-one case management meetings and not all client-staff contacts that occurred in the residential program.

with their active clients at least once a week. Case managers explained that many clients, particularly those who did not have stable housing or were dealing with substance abuse issues, would "fall off the radar" for periods at a time.

Exhibit 26. Average Number of Client Contacts during 2-Month Reporting Periods

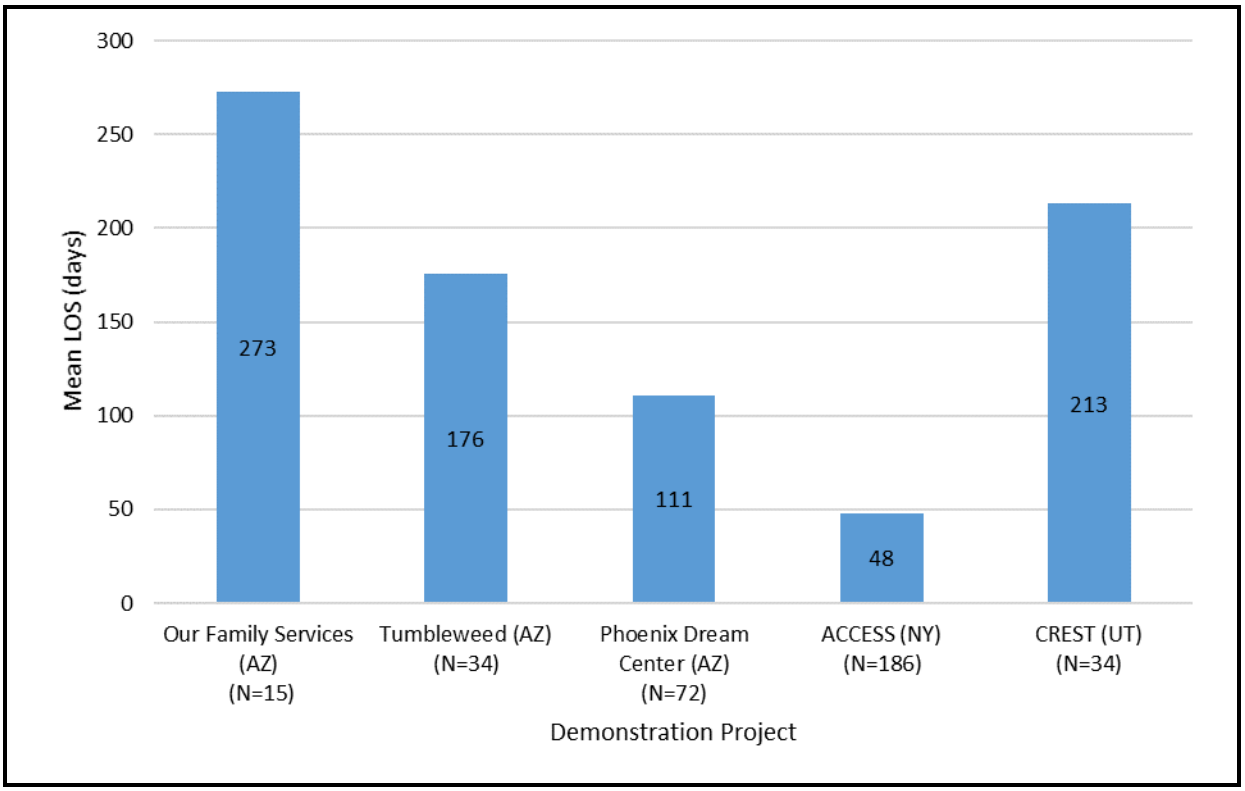


- **Mode of client contacts:** Staff at Our Family Services (AZ), ACCESS (NY), and CREST (UT) made these contacts via telephone or text over half of the time. Phoenix Dream Center (AZ) staff rarely made contacts via telephone or text (likely because clients lived on-site). Tumbleweed (AZ) staff were more often in face-to-face contact with clients (3 times every 2 months, on average), although they also were in regular telephone or text contact (on average, 2.4 times per 2-month period).[24] Case managers described that they also used social media, such as Facebook messaging, to communicate with clients.

[24] The number of telephone/text contacts for a 2-month period ranged from 0 (for all five service organizations) to 50 (ACCESS [NY]). The upper range of contacts by telephone/text for Phoenix Dream Center (AZ), Our Family Services (AZ), Tumbleweed (AZ), and CREST (UT) was 6, 24, 17, and 22, respectively. For face to face contacts, the range was 0 (for all five service organizations) to 20 (Phoenix Dream Center [AZ] and CREST [UT]). The highest number of face to face contacts in a 2-month period for Our Family Services (AZ), Tumbleweed (AZ), and ACCESS (NY), was 15, 16, and 15, respectively.

- **Length of engagement in services:** The length of time clients engaged in case management services[25] ranged from 7 to 39 weeks. As shown in **Exhibit 27**, Our Family Services (AZ) had the highest average number of days a client was engaged in services (273 days/39 weeks), followed by CREST (UT) (213 days/30 weeks), Tumbleweed (AZ) (176 days/25 weeks), Phoenix Dream Center (AZ) (111/16 weeks), and ACCESS (NY) (48 days/7 weeks).

Exhibit 27. Average Length of Services (in Days)



  - Our Family Services (AZ), CREST (UT), and Tumbleweed (AZ) offered ongoing services in which clients could come and go as needed, depending on their desire to be engaged and individual needs. For these reasons, clients' length of engagement with these organizations was longer than clients' length of engagement in the other two programs. Also, staff indicated that some clients received services (e.g., crisis management, drop-in services) from these three organizations before formally enrolling in the program.

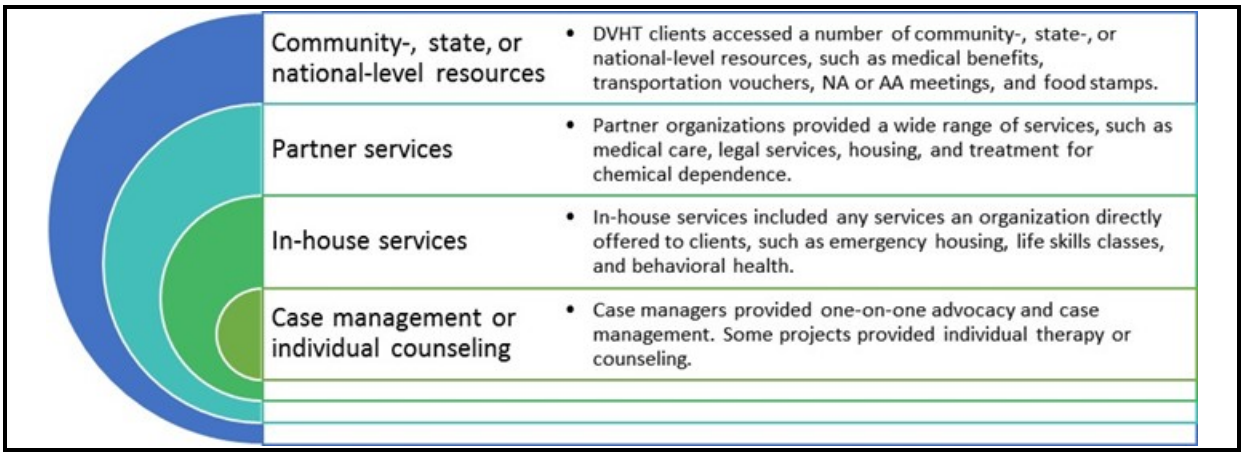
[25] Length of service was calculated using intake date and the date the client's case was closed. If the client's case was open at the end of data collection (September 30, 2016), then that date was used; however, some clients may have continued to receive services after data collection ended.

- Phoenix Dream Center's (AZ) pillar system was largely standardized, although some clients stayed in the program for much longer than the 16-week average.
- Even though ACCESS (NY) offered clients individualized support and advocacy beyond the standard five counseling sessions, most clients did not continue participating in services.

Service Delivery

Across all demonstration projects, a key aspect of comprehensive service delivery was assisting clients to locate and access needed services and resources. Case managers connected clients to services provided in-house within their organizations and referred clients to external services. As depicted in **Exhibit 28**, clients accessed services on multiple levels, including one-on-one services with case managers or other staff, organizational in-house services, services provided by each project's network of partners, and additional services and resources through community-, state-, or national-level sources.

Exhibit 28. Available Services at Different Levels



Demonstration projects were tasked with providing coordinated case management and a variety of direct services, including housing assistance (e.g., advocacy, financial assistance, emergency shelter, transitional, and long-term housing); safety planning; interpreter or translation services; victim advocacy and information about victims' rights; personal items to meet basic needs; legal advocacy and services; behavioral, medical, sexual, and dental health services; literacy and education assistance; life skills training; job training and employment assistance; child care; family reunification; and substance abuse services.

Exhibit 29 indicates the types of services[26] that were typically offered in-house and externally (at partner or other organizations). Most demonstration projects' in-house services

[26] **Exhibit 30** includes descriptions of each of the service categories.

included housing advocacy, safety planning, financial assistance, social service advocacy/services, education and employment services, life skills, emotional support, crisis intervention, and family reunification. Several services were mostly offered externally from partner or other community-based organizations, such as interpreter/translator services; legal advocacy and services; medical, reproductive, dental, and behavioral health services; substance abuse services; and child care. Some services were provided through a mix of both in-house and external services, such as transitional and long-term housing, victim advocacy, transportation, and personal items. APEDT (AZ) service organizations provided emergency shelter, but the ACCESS (NY) and CREST (UT) projects did not.

Exhibit 29. In-House and Partner Services Offered to Clients

	APEDT (AZ)				
	Tumbleweed (AZ)	**Dream Center (AZ)**	**Our Family Services (AZ)**	**ACCESS (NY)**	**CREST (UT)**
Service	●*=In-house service;* ○*=external service (from partner or other organization)*				
Housing advocacy	●	●	●	●	●
Housing financial assistance	●	●	●	●○	●
Emergency shelter	●	●	●	○	○
Housing (transitional and long-term)	●○	●○	●○	○	○
Safety planning	●	●	●	●	●
Interpreter/translator	○	○	○	○	●
Legal Advocacy and Services	○	○	○	○	○
Victim advocacy	●○	●○	●○	●○	●○
Transportation	●○	●○	●○	●○	●○
Personal items	●○	●○	●○	●○	●○
Financial assistance	●	●	●	○	●
Social service advocacy/services	●	●	●	●	●
Education	●	●	●	○	●
Employment services	●	●	●	●○	●○
Medical services	○	○	○	○	○
Reproductive/sexual health services	○	○	○	○	○
Dental health	○	○	○	○	○
Mental/behavioral health services	○	●○	●○	●○	●
Substance abuse services	○	●○	●	○	●○
Life skills	●	●	●	●	●
Family reunification	●	●	●○	○	●○
Child care	○	●○	○	○	○
Emotional support	●	●	●	●	●
Crisis intervention	●	●	●	●	●

Client Referrals to Services

Demonstration project staff referred clients to formal and informal community partners and resources using a variety of approaches, including warm handoffs, co-locating of partner services, written referrals, and information referrals. Project staff provided referrals to clients via the following approaches:

- **Warm handoffs.** Case management staff often provided a "warm handoff" to the referred organization in which they would help connect the client to services, either by physically going with them to the referred organization or by facilitating a call between the client and the referred organization.

> *"I like to sit with my client and call numbers and try to get them appointments set up because I don't feel comfortable just handing off a number. I understand how frustrating it can be to have to call these numbers and wait and so I think going through that experience with them kind of provides some support in it. It would be easier for us to just pass them off and say, 'Here's a number, here's a contact,' but I think when we actually sit with them and try and get through that with them it provides extra support and someone that might be on the verge of doing it or not doing it—like drug treatment or GED program—being there with them and encouraging them and sitting through that frustration of signing up or calling provides that extra push."*
>
> Case manager

- **Co-locating of partner services.** Some partner organizations provided services at the demonstration project agency. For example, health care providers and legal partners would go to the project organization or another specified location regularly to be available to clients. Project staff and partners felt that this "co-location" of partner services reduced barriers for clients to access services. STEPS (NY) and Legal Aid Society provided many of their direct client services at Midtown Community Court, which serves as a hub for several on-site services including job training, and mental health and drug treatment. A CREST (UT) partner that provided medical care was co-located at their drop-in center during certain hours. APEDT (AZ)'s legal aid partner, ALWAYS (AZ), scheduled monthly times to provide services on-site at all three of the project's client service organizations.
- **Written referrals.** Case managers provided clients with written referrals that clients could take with them to a partner organization. The partner organization would receive the written referral and honor the need for a service without requiring that the client provide proof of need for the service.
- **Information referrals.** Sometimes staff gave clients the phone number and location of a service and expected them to access the services on their own.

The CREST (UT) drop-in center provides a place for potential clients to talk with a case manager and access services.

Demonstration project staff described some strategies for maximizing referral success:

- **Vet referral organizations:** Several project staff noted that they vetted each agency before referring a client to their services. Staff explained that they contacted or toured agencies to better understand the services offered and assess the extent to which agencies could provide trauma-informed care to trafficking survivors.
- **Prepare clients for referred services:** Some project staff indicated that they prepared clients for services to which they were referred. For example, some staff said that they discussed the expectations of the other agency, e.g., when to go, required forms, information that would be solicited, confidentiality policies, and to whom they would be connected.

Information Sharing between Partner Organizations

Projects and many of their partner organizations often shared information with one another. Client confidentiality was paramount to project staff; all demonstration projects obtained client consent before sharing any information. The following is a summary of common themes related to information sharing that project staff and partners discussed:

- **Releases of information:** Across all demonstration projects, staff reiterated the importance of client consent as a key part of sharing information. Demonstration projects and their partners did not share information with one another unless the client had signed a release of information. Project and partner staff explained that the type of information shared generally pertained to basic information (e.g., type of services needed), checking up on clients who had missed appointments, or to confirm that a client had received services. Project and partner staff explained that organizations often set up MOUs that outlined information sharing protocols and practices.

- **Client confidentiality:** Several project and partner staff indicated that they took measures to be vigilant about client wishes related to information sharing and client confidentiality. Partners who provided legal aid explained that they were especially careful about sharing information between service organizations and lawyers—noting that they did not want to breach client-lawyer confidentiality—and that some clients might want to share personal information with their case managers that they would not want to share with their lawyer. Some project and partner staff explained that they took special care to talk to clients about confidentiality and the extent to which a client would want a case manager to share their trafficking "story" with outside service providers. These staff noted that they wanted to offer clients the option to avoid retelling their trafficking story to other service partners, but also wanted to empower clients to be in control of their own information. Some partners explained that they asked clients sign an information release for specific people (e.g., a case manager) rather than a blanket release for an organization.

Services Needed and Received by Clients

Program data on clients served and services provided reveal that clients' service needs greatly varied across demonstration projects and service organizations. Across projects, the most commonly cited need was emotional support and the least commonly cited need was translator services. Most clients obtained needed services, but the extent to which projects were able to meet clients' needs varied across projects.

Exhibit 30 presents, for each type of service, the percentage of reporting periods in which case managers from each project reported that their clients needed the service and, of those, the percentage of reporting periods in which the need was not met.[27]

[27] Information on whether the client needed each service was reported for a 2-month period when the client's case was open. The percentages shown in the table are for all reporting periods, representing 121, 186 and 34 clients respectively. The number of 2-month reporting periods for each client ranges from 1-10 at APEDT (AZ), 1-9 at ACCESS (NY) and 1-12 at CREST (UT). In **Exhibit 30**, the second percentage is based on only those reporting periods where the service was needed, not the entire population. For example, housing advocacy services were needed in 32% of ACCESS (NY) clients reporting periods (101 reporting periods). Of those 101 reporting periods where the service was needed, the service was not reported as received 44% of the time (44 reporting periods). If not reported as received, services were either reported as not received (for various reasons) and/or the status of service receipt was reported to be unknown.

Exhibit 30. Services Needed and Not Reported as Received

Service	Definition	Reporting periods in which the service was needed (Reporting periods in which the service was needed but not reported as received) APEDT (AZ) (N=420)	ACCESS (NY) (N=314)	CREST (UT) (N=149)
Housing advocacy	Assistance to locate and place client in housing. Includes (but is not limited to) emergency and transitional shelter, group or independent living options.	74% (5%)	32% (44%)	64% (10%)
Housing financial assistance	Assistance with expenditures for client's rent, shelter stay, hotel/motel stay, or other housing expenses.	57% (5%)	20% (76%)	29% (5%)
Safety planning	Services provided and activities surrounding client protection and safety planning	52% (9%)	92% (1%)	51% (7%)
Crisis intervention	Interventions and services provided to a client currently in crisis	31% (2%)	91% (1%)	35% (4%)
Emotional support	Emotional support and informal counseling provided to a client by organization staff or volunteers who are not mental health providers; Includes informal counseling and peer support	88% (3%)	91% (1%)	84% (3%)
Financial assistance	All types of money given to the client including phone and gift cards (excludes housing expenses covered in Housing Financial Assistance)	36% (12%)	23% (79%)	31% (5%)
Interpreter/ translator	Interpreter or translator is used to assess service needs and/or provide services to a client	1% (0%)	2% (0%)	6% (12%)
Legal Advocacy and Services	Services provided to address legal needs, including information from or representation by civil attorneys and prosecutors.	36% (3%)	88% (1%)	26% (3%)
Victim advocacy	Information and support provided to help client understand and exercise his or her rights as a victim of crime within the criminal justice process	30% (6%)	78% (4%)	20% (7%)
Transportation	Services provided to a client related to transportation to ensure clients have access to services and other activities; Includes but not limited to metro, subway, bus	87% (1%)	60% (2%)	54% (1%)
Personal items	Material goods or support to obtain goods including but not limited to food, clothing, toiletries	82% (1%)	8% (32%)	43% (0%)

(continued)

Exhibit 30. Services Needed and Not Reported as Received (continued)

Service	Definition	Reporting periods in which the service was needed (Reporting periods in which the service was needed but not reported as received)		
		APEDT (AZ) (N=420)	ACCESS (NY) (N=314)	CREST (UT) (N=149)
Social service advocacy /services	Services provided to a client to address social service needs and to inform clients of available benefits and services	56% (9%)	34% (34%)	34% (6%)
Education	Provision of services related to client education; Includes but not limited to literacy, GED assistance, school enrollment	55% (13%)	29% (68%)	17% (8%)
Employment services	Activities and services related to assistance with obtaining employment; Includes but not limited to employment assistance, job training, vocational services	36% (28%)	49% (68%)	16% (9%)
Medical services	Services provided related to client's medical health	58% (2%)	36% (46%)	48% (3%)
Dental health	Services provided related to the care of the client's teeth	25% (16%)	14% (56%)	16% (26%)
Reproductive/sexual health services	Services provided related to client's reproductive and/or sexual health; Includes but not limited to HIV testing, STI screening and treatment, pregnancy testing, prenatal services	45% (5%)	29% (57%)	21% (3%)
Mental/behavioral health services	Services provided by a licensed mental health provider; Includes assessment and treatment	71% (17%)	80% (3%)	56% (6%)
Substance abuse services	Services related to treatment of substance and/or alcohol abuse; Includes assessment and treatment. Can also include support groups for substance and/or alcohol abuse recovery.	56% (16%)	12% (32%)	48% (13%)
Life skills	Services to help clients achieve self-sufficiency; Includes but not limited to managing personal finances, self-care	75% (10%)	90% (2%)	29% (12%)
Family reunification	Activities and services to support a client to reunify with his or her family members	30% (8%)	5% (65%)	11% (7%)
Child care	Supervision of a client's child by your organization or another organization or individual	14% (10%)	6% (25%)	7% (0%)

Although the most and least needed services varied across programs, some patterns emerged. For example, project staff reported that across all reporting periods, emotional support (84% to 91%), transportation (54% to 87%), and safety planning (51% to 92%) were needed. Interpreter/translator services (1% to 6%), child care (6% to 14%), and dental health care (14% to 25%) were needed less frequently. **Exhibit 31** presents the top five client service needs by demonstration project.

Exhibit 31. Top Five Service Needs of Clients Served by Each Demonstration Project

Percentage refers to percentage of 2-month reporting periods in which the service was needed

APEDT (AZ)	ACCESS (NY)	CREST (UT)
• Emotional/moral support (88%) • Transportation (87%) • Personal items (82%) • Life skills training (75%) • Housing advocacy (74%)	• Safety planning (92%) • Crisis intervention (91%), • Emotional/moral support (91%) • Life skills training (90%) • Legal advocacy and services (88%)	• Emotional/moral support (84%) • Housing advocacy (64%) • Mental/behavioral health (56%) • Transportation (54%) • Safety planning (51%)

Most clients received most of the services they needed. However, some services were more challenging for clients to obtain (or for case managers to provide) than others. **Exhibit 32** presents the five service needs that were most frequently reported by case managers to be needed but not obtained by clients. There were some similarities across demonstration projects. For example, two projects faced challenges in providing services related to employment, dental health care, substance abuse treatment, and education.

Exhibit 32. Top Five Service Needs of Clients Not Met by Demonstration Projects

Percentage refers to percentage of 2-month reporting periods in which the service was needed but not reported as received

APEDT (AZ)	ACCESS (NY)	CREST (UT)
• Employment services (28%) • Dental health (16%) • Mental/behavioral health (17%) • Substance abuse services (16%) • Education (13%)	• Financial assistance (79%) • Housing financial assistance (76%) • Education (68%) • Employment services (68%) • Family reunification (65%)	• Dental health (26%) • Substance abuse services (13%) • Life skills (12%) • Interpreter/translator (12%) • Housing advocacy (10%)

Client access to services was generally higher in the APEDT (AZ) and CREST (UT) demonstration projects than in the ACCESS (NY) demonstration project. This may have been due to the service settings at APEDT (AZ) and CREST (UT) and the case management they provided, which was more intense and provided for a longer duration than the ACCESS (NY)

model. The ACCESS (NY) service model was short-term (five sessions), counseling focused, and delivered in a group setting; ACCESS (NY) counselors provided critical services including safety planning, crisis intervention, emotional support, life skills, and victim advocacy, but did not always (and may have not been able to) provide comprehensive case management. The community court setting served as a center for connecting justice-involved individuals to services. Therefore, ACCESS (NY) clients may have accessed services through the community court or sought services from organizations outside of the court setting that ACCESS (NY) counselors were unaware of and that were not captured by the evaluation.

Barriers to Service Delivery

The three most common barriers to services were: appropriate services were unavailable; services were available but not accessible; and some clients were not interested, willing, or ready to access services.

- **Appropriate services were unavailable:** Unavailability of appropriate services was a challenge particularly for ACCESS (NY) clients. ACCESS (NY) staff frequently indicated that appropriate services were unavailable to their clients. The following are the percentages of 2-month reporting periods in which a service was reported to be unavailable: financial assistance (51%), housing financial assistance (25%), personal items (24%), child care (15%), and family reunification (12%). Gaps in appropriate services were less of a barrier as reported by APEDT (AZ) and CREST (UT) case managers. Financial assistance (5%) and dental health care (9%), were the most frequently reported unavailable services by APEDT (AZ) and CREST (UT) case managers, respectively. Staff described that available resources were not always trauma-informed, high-quality, or safe (e.g., housing) and some resources were situated in areas where clients had been trafficked or areas known for trafficking.
- **Services were available but inaccessible:** Inaccessibility was also reported to be a barrier to some services. The following are the percentages of 2-month reporting periods in which a service was most frequently reported to be available but inaccessible by each project. The services were most frequently reported to be available but inaccessible to ACCESS (NY) clients were family reunification (29%) and housing advocacy (11%). APEDT (AZ) case managers indicated in 9% of the 2-month reporting periods that child care assistance was inaccessible to clients who needed it. CREST (UT) staff reported employment services were inaccessible to clients who needed them in 5% of reporting periods. Staff described that accessing services sometimes involved navigating convoluted systems (e.g., publicly funded housing, medical insurance, other benefits).
- **Some clients were not interested, willing, or ready to access services:** Clients were not always ready or willing to access some services they needed, particularly those related to substance abuse, employment, and mental/behavioral health.
    - **Substance abuse services:** The service category most frequently reported by case managers to be a need that clients were not ready or willing to access was

substance/alcohol abuse services (APEDT (AZ), 16%; ACCESS (NY), 22%; CREST (UT), 15%). Case managers explained that often clients used alcohol or drugs to cope with ongoing abuse and that traffickers often exploited victims who were chemically dependent. Project staff noted that clients with substance abuse issues often had difficulty consistently engaging in ongoing case management, showing up for appointments, and making progress toward long-term goals and self-sufficiency. Thus, case managers emphasized the importance of helping these clients access detox and treatment. However, they explained, clients dealing with substance abuse issues often needed time to become ready to address their potential addiction and change their behavior. Case managers said that they tried to focus on what clients did want to change or use harm reduction approaches to encourage their clients to make small changes (if they were not ready to engage in treatment). Demonstration projects worked with clients who were actively using substances; they tried to help them become stable, and in particular, obtain safe housing. Some service organizations (Dream Center [AZ]) and partners (some domestic violence shelters) did not provide services to clients who were using substances.

- **Employment:** APEDT (AZ) and ACCESS (NY) staff reported relatively frequently that clients who needed employment were not ready or willing to access employment services (APEDT (AZ), 21%; ACCESS (NY), 37%). Case managers explained that many clients found themselves in their trafficking situations, at least in part, because they lacked employment opportunities and were living in poverty. They relayed that good-paying jobs were key to helping protect their clients from potential trafficking situations and to ensure long-term self-sufficiency. Staff relayed that one issue was that clients usually did not have strong employment or educational backgrounds and were qualified only for entry-level minimum-wage jobs. Although clients could participate in employment programs, such as vocational or state-sponsored employment programs, there were few job opportunities with a livable wage for which they were qualified. Some clients may not have been interested in employment services for this reason.

  > *"Getting a job [is important]. And not just a job, but real job training. And not just job training for low level service sector work that feels awful and is equally degrading. I mean, [supporting] people while they're learning a skill, a trade, or while they're returning to school."*
  >
  > Demonstration project partner

- **Mental/behavioral health:** APEDT (AZ) and CREST (UT) case managers reported that some clients who needed mental or behavioral health services were not ready or willing to access services (APEDT (AZ), 14%; CREST (UT), 8%). Case managers believed that the stigma associated with mental/behavioral health services affected some clients' willingness to access services.

Interviews with project directors, case managers, and partners helped elucidate the findings regarding unavailable and inaccessible services. The following is a summary of the main

themes pertaining to unavailable and inaccessible services from interviews with staff and partners across the three projects:

- **Housing:** Project staff and partners from all three projects emphasized that clients' need for affordable, safe, and desirable long-term housing far outweighed the availability. Two projects reported that they could provide emergency housing (either internally or through a partner), but that transitional and independent housing was limited.[28] Two demonstration projects described that affordable housing in their cities was in areas with higher crime rates and that these areas were frequented by traffickers and drug dealers, putting their vulnerable clients at risk of becoming trafficked or using substances. Another consistent issue with housing was cost; project staff explained that the high cost of housing made it a challenging service to sustain.
- **Detox and treatment for substance abuse:** Demonstration project staff described that specific substance abuse services (e.g., detox and residential treatment programs) were often challenging for clients to access because of waiting lists or lack of funding. One case manager said that several of her clients went through a detox program, but because there was no "next step" or other program when they left detox, they returned to their previous behaviors.
- **Dental services:** Several staff from all three projects indicated that affordable dental services were challenging to provide to clients. Few sliding-scale or free dental services were available in demonstration projects' communities. Case managers or other staff often had to use emergency funds for clients' dental care or work with specific dental offices to get more affordable rates.
- **Child care:** APEDT (AZ) and ACCESS (NY) staff noted that high-quality and low-cost child care was limited and challenging to access. Likewise, services data showed that availability and accessibility were barriers to child care.

Exit from Services

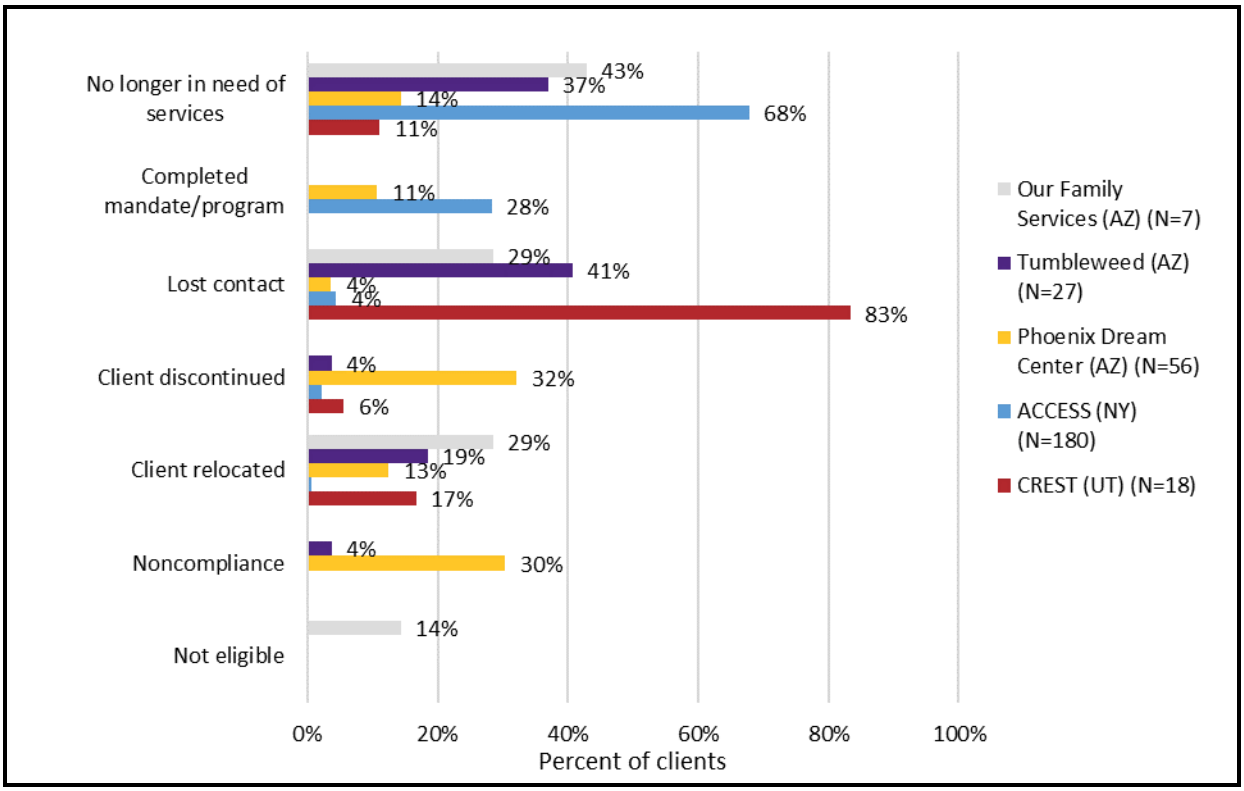
The reasons for clients exiting services and for case managers closing clients' cases varied across projects. **Exhibit 33** shows the reasons for which staff closed a case (more than one reason could be given).

- Our Family Services (AZ), Tumbleweed (AZ), and CREST (UT) staff often closed cases because a client relocated, lost contact, or was no longer in need of services. Case managers explained that many clients were transient and did not have stable housing or consistent phones. Several of their clients were also able to transition out of their programs because they no longer needed services.

[28] Data on clients' service needs and service delivery included two housing service categories: housing financial assistance and housing advocacy. Data on type of housing needed and provided (e.g., emergency shelter, transitional housing) were not collected.

- ACCESS (NY) staff almost always closed client cases because clients no longer needed services or had completed their court mandate.
- The most frequently reported reasons for closing cases reported by Phoenix Dream Center (AZ) staff were that clients chose to discontinue services, clients did not comply with the program rules, and clients no longer needed services. Dream Center (AZ) staff explained that the program was not a good match for all clients, because there were several rules and standards that clients had to follow in the program. Thus, clients left the program on their own or were dismissed from the program because of non-compliance with the program's guidelines. Dream Center (AZ) staff also relayed that they often connected exiting clients with services that they believed would better suit them.

Exhibit 33. Reasons for Case Closing



Case Management Strategies

Demonstration projects used various strategies and techniques to provide victim-centered, trauma-informed, culturally relevant, and developmentally appropriate case management services to trafficking victims.

Victim-Centered

Demonstration project staff and partners described the following key strategies they used to create services that were victim-centered and focused on each victim's individual needs and situations: focus on immediate needs first, tailor services to each client, and provide choices.

- **Focus on immediate needs first:** Case managers explained that trafficking victims needed to get into a stable situation before they engaged them in comprehensive case management services. Clients' common immediate needs included housing, urgent medical issues, fleeing their human trafficking situation, leaving a domestic violence situation, or obtaining treatment for chemical dependence. Sometimes case managers or other staff provided these services to clients before they were officially enrolled in the program. Case managers explained that once clients' basic needs were met and had established stability, they could engage in longer-term case management goals and activities, such as obtaining counseling, benefits, and long-term housing; and working toward educational, employment, and recovery goals.
- **Tailor services to each client:** Case managers explained that clients' service plans, goals, and case management activities were unique and guided by the clients' interests, needs, strengths, and willingness to act. Case managers repeatedly noted that they tried to "meet clients where they are at," which meant making a conscious effort to provide the kinds of services and support that clients wanted and were ready to act on. For example, a case manager noted that many clients needed behavioral health services, but were not ready or willing to obtain this type of services. Our Family Services (AZ) case managers were transitioning into therapeutic life planning, which is a tool that maps out a client's specific situation, goals, and strengths to help the client see a visual picture of their plan. Even though Phoenix Dream Center (AZ)'s case management model was more standardized than the other service organizations, Dream Center (AZ) case managers explained that clients could work through the program at their own pace and set their own specific goals and objectives.

  > *"Her main motivating factor seems to be her son. Getting custody is the big push for her, so when she's feeling down I remind her, "What's the ultimate goal here? What was it like for you not having a mom? Imagine his life without you." Also, just crisis planning – getting her more active in her life. Of course, employment is a big factor, setting her up with different places in her area."*
  >
  > Case manager (from case narrative)

- **Provide choices:** Case managers felt strongly that clients should be empowered to make their own choices, particularly in light of their trafficking experiences in which their independence may have been limited, but also as a means of providing victim-centered care. Clients were often given minor choices (e.g., Which supermarket would you like to go to? What arts and crafts project would you like to do?), and more important choices, such as choosing between long-term housing options.

A quilt made by survivors hangs in the STEPS (NY) office.

Trauma-Informed

Across demonstration projects, case managers offered strategies for providing trauma-informed care: build relationships and rapport, develop trust through honesty and reliability, use motivational interviewing, empower clients, learn about and understand trauma, avoid triggers, and maximize safety.

- **Build relationships and rapport:** Case managers explained that because trafficking victims often experience severe trauma,

> *"The needs are multifaceted. Sometimes you just need to wait and let them build some rapport and you realize that they're not going to tell you right away necessarily every single little thing that they need help with or they're not going to necessarily be willing to stop certain behaviors like drug abuse."*
>
> Case manager

building relationships and rapport were central to successful case management. To build relationships and rapport, case managers took time to get to know clients before delving into assessments or other case management activities.

- **Develop trust through honesty and reliability:** Case managers repeatedly pointed out that trafficking victims may have more issues trusting them than other clients because they had experienced extensive deceit in their lives by their traffickers. To help build trust, case managers underscored the importance of being upfront and honest with clients, and, in particular, refraining from promising any services or goods that they could not deliver. Some case managers also explained that they showed clients forms or their computer screens as they filled out client information as a way to increase transparency. Case managers across demonstration projects relayed the importance of offering consistency in their case management. For example, they felt that it was important to always show up for a client's appointments, follow through with promises, and consistently be available to communicate.

- **Use motivational interviewing:** Many case managers mentioned that they used motivational interviewing, a counseling technique intended to help the client make their own decisions. Motivational interviewing involves using open-ended questions to help clients talk through their personal motivations for behavior change, reflect and explore their motivations, set goals, and think through options and resources to help them achieve those goals.

> *"I try to allow my clients to, to inform me of what kind of care they think they might need. In my experience, I know that it's probably not the choice that I would've suggested, but I have to allow them to make their own decisions and be supportive of that. It's their lesson, not mine, and whatever map they choose to take."*
>
> Demonstration project case manager

- **Empower clients:** Most staff across the demonstration projects explained that a key part of trauma-informed case management was providing services with a client empowerment approach. Many case managers felt strongly about the notion that they were not "saving" their clients, but empowering them to make their own goals, decisions, and actions to move toward self-sufficiency. One project staff explained that it was important to remember that trafficked individuals take action to get help (versus being "rescued"). Some case managers noted that they shared information with their clients to increase their understanding of their legal rights.

- **Learn about and understand trauma:** Many case managers underscored that a central key to providing trauma-informed care to clients was understanding how trauma permeates one's life. Case managers explained that this background knowledge helped them be more patient and empathetic with their clients and understand how and why clients often used substances or other self-harming behaviors to cope with trauma.

- **Avoid triggers:** Several case managers described that they took measures not to "trigger" or "re-traumatize" their clients. Case managers emphasized the importance of allowing clients to tell their own stories, in their own words, and on their own time; and of refraining from asking clients questions about their experiences just because they were curious. Case managers also explained that when they learned about settings and situations that might trigger a client, they tried to avoid those settings and situations with that client (e.g., avoid a specific area of town that their client has indicated may be triggering).

> *"I would say that the biggest thing that I think we do here is that safety is our number one concern. So when we have clients in the center, we're always thinking through are they safe, are we safe, is the center safe, like is everybody safe here."*
>
> Demonstration project partner

- **Maximize safety.** Case managers pointed out that maximizing client safety was a consistent priority throughout service delivery. Case managers provided safety in their activities with clients (e.g., avoided activities or locations that could potentially trigger a client, provided private and secure spaces to talk), developed safety plans with clients, and made efforts to ensure safety in clients' housing.

Culturally Relevant

Project staff described strategies for ensuring culturally relevant case management: provide translation and interpreter services, train staff in cultural competence, hire staff with backgrounds reflective of their clients, use a culturally competent assessment, refer clients to culturally specific services, and understand the culture of sex trafficking.

- **Provide translation and interpreter services.** Across all demonstration projects, staff noted the importance of providing translation and interpreter services for their clients who had a preferred language other than English. Some demonstration project service organizations offered in-house translation services, while others used a language hotline or paid for interpreter services.
- **Train staff in cultural competence.** Across demonstration projects, several staff noted that the case manager onboarding training included "cultural competence" or "cultural humility" components as a way of better preparing case managers to provide culturally relevant services.
- **Hire staff with backgrounds reflective of clients.** Two service organizations relayed that they intentionally hired case managers who were trafficking survivors as part of an effort to provide culturally relevant services to their clients.
- **Use a culturally competent assessment.** One demonstration project was developing a "culturally competent assessment" in which they intended to ask each client about cultural factors, such as family, spirituality and faith. (They had begun using the assessment at the time it was discussed with the evaluation team.)

- **Refer clients to culturally specific services.** One demonstration project's counselors (i.e., case managers) noted that they referred some individuals to organizations equipped to serve individuals of specific ethnicities and cultures.
- **Understand the culture of sex trafficking.** One DVHT demonstration project staff felt that an important component of offering culturally relevant services was understanding the culture of sex trafficking. This staff person suggested that case managers should receive training so they understand how individuals get trafficked, the manipulation and control used by the traffickers, and how victims are "taught to view people who are not in the life."

Developmentally Appropriate

DVHT project staff described strategies for providing developmentally appropriate services: assess clients' capabilities, understand trauma's effect on brain development, and separate youth and adult services.

- **Assess clients' capabilities.** Case managers explained that they try to assess and understand a client's history, including any learning, developmental, or other types of disabilities, as well as their current abilities, such as level of literacy. Case managers then try to provide services that are sensitive to a client's abilities or ensure that a client has help with certain tasks, such as reading and filling out forms.

> *"We try to kind of figure out what are they actually capable of doing before we try to push a bunch of things on them that they might not really be capable of…. what they're able to do and maybe what they're not quite ready or even capable of doing."*
>
> Case manager

- **Understand trauma's effect on brain development.** One project director noted the importance of understanding how trauma can affect cognitive development. They noted that several of their young adult clients seemed to be at the cognitive level of adolescents. This project director also explained that many clients never had the opportunity to learn basic life skills because they grew up in trafficking situations. They felt that case managers should be aware of developmental delays in both cognitive development and acquisition of life skills.
- **Separate youth and adult services.** For organizations that provided both youth and adult services, staff explained the importance of splitting services by age, e.g., having separate youth- and adult-centered services, and not "intermixing" the two.

Other Case Management Strategies

Demonstration project staff offered additional methods for meeting the needs of trafficking survivors: provide a family-like environment, provide positive and humanizing experiences and activities, and offer food whenever possible.

- **Provide a family-like environment.** Phoenix Dream Center (AZ) staff felt that their residential program provided a "family-like" atmosphere and support system. They felt that having a strong support system was a key component of recovery and the main reason that clients were successful in their program. Tumbleweed (AZ) staff noted that they offered support groups[29] to help clients develop friend circles and support systems. CREST (UT) held several group activities (such as a holiday party) to help foster support systems among clients.
- **Provide positive and humanizing experiences and activities.** Across all demonstration projects, staff explained that they tried to offer some services that provided a break from the weight of discussing human trafficking or severe trauma. Demonstration projects provided activities, such as arts and crafts, holiday get-togethers, group outings, and community-donated hair and nail services. Staff expressed the importance of clients being able to engage in these types of "humanizing" and positive activities because so much of their recovery was hard and focused on their past trauma.
- **Offer food.** Demonstration project staff expressed the importance of offering food to clients throughout programming. Some staff noted that clients often came to appointments or services hungry and therefore needed to have sustenance to focus on accessing services or other case management activities. Some staff felt that having food available helps engender a familial setting and warmth and care. Some staff also relayed that food insecurity was a key issue for their clients.

Case Management Challenges

> *"They come with so much trauma, so many issues. They can tend to just be difficult to work with. Not all of them but I would say like 80% of them are tougher than your other like sort of average homeless kid that hasn't been a victim of trafficking. They come with just more trauma, more issues."*
>
> Case manager

Project staff described the challenges they encountered providing case management and other direct services to trafficking victims. Across demonstration projects, key challenges noted were the complexity of each client's situation and the level of support required, balancing guidance and empowerment, bringing clients in to services, retaining clients, maintaining case management staff, serving clients still vulnerable to their trafficker, locating and connecting clients to appropriate services, and providing services to clients who were mandated to participate.

[29] Tumbleweed offered Sex Trafficking Awareness and Recovery (STAR) groups to both minor and adult victims of trafficking at five locations across Maricopa County.

- **Meeting clients' complex needs:** Staff reported that many clients, in addition to having experienced trafficking victimization, had experienced other trauma in the past, and had mental and behavioral health problems and substance abuse issues. Many clients had "fallen through the cracks," and their needs had gone long ignored (e.g., some had not received medical or dental care for many years). Several staff also indicated that their clients lacked strong support systems, such as reliable family and friends. In fact, in many cases, they had experienced abuse at the hands of family members or people who they believed were trustworthy. Staff felt that, because of these commonly intersecting issues, trafficking victims had more complex and challenging needs than their typical clients and required more persistence, patience, and time from service providers. Some staff also noted that many clients lacked basic life skills and experiences, and personal resources. Thus, case managers explained that their clients needed a lot of "hand-holding" (e.g., to help fill out forms for benefits or learn how to do basic tasks, such as cook or make a bed).

  > *"Sometimes just getting them to follow through on the stuff that we think is appropriate for them and would be helpful for them, they don't necessarily [think so]. That's probably the other biggest challenge; we can kind of see ahead, the writing on the walls of why they should do a certain thing and they don't really see it that way."*
  >
  > Case manager

- **Balancing guidance and empowerment:** Case managers and staff across all demonstration projects expressed that finding a balance between providing guidance and direction to clients (for example, to identify goals that the case managers believed were important) while simultaneously empowering clients to make their own decisions and take action was a challenge. One case manager noted that clients' mindsets were not "future" oriented, so clients often resisted activities related to long-term goals. Another case manager said that her biggest challenge was watching her clients make decisions that she felt were not optimum, but she acknowledged that every client had to have "their own journey." The Phoenix Dream Center (AZ) had many guidelines and rules for clients to follow. Staff at this organization felt that the structure of their program helped provide a sense of security and consistency for their clients, and that clients were still empowered in this setting because they could always choose to exit the program.

- **Bringing clients in to services:** Some demonstration projects had difficultly identifying and engaging trafficking victims (or particular subgroups of clients, such as victims of labor trafficking or youth). One demonstration project's staff relayed that they had challenges figuring out how to offer services that would get clients "through the door." Staff felt that they needed to offer services that clients would be motivated to obtain, and it was challenging to figure out what types of services or resources would most motivate clients to engage in their program.

- **Retaining clients:** Staff noted that several clients were transient and often did not have consistent telephone numbers; therefore, staff had trouble maintaining

communication and engagement with these clients. Staff also explained that some services, such as housing, substance abuse treatment, and mental health care, were not immediately available; clients had to wait weeks for their first appointment or place their name on a waitlist. Often, clients would lose interest or "drop off" during the waiting period.

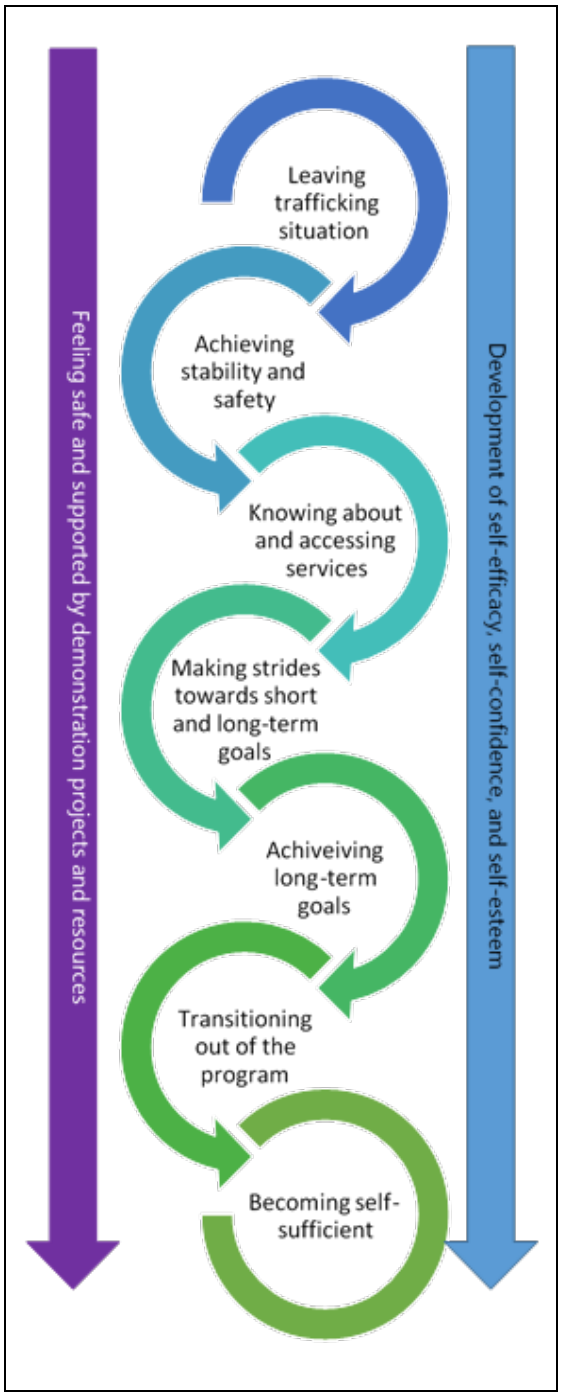
- **Maintaining case management staff:** Many demonstration projects experienced high turnover rates among their case management staff. DVHT project directors explained that clients needed the stability and consistency of one case manager, and that staff turnover sometimes delayed a client's progress. Staff indicated that case manager turnover was related to the high stress of the position, low compensation, and that the job was sometimes a stepping stone to another job. One demonstration project had no case manager turnover; project leaders felt that they had made the right hires and provided a lot of autonomy and professional development opportunities for their case managers.
- **Serving clients still vulnerable to their trafficker:** Some demonstration project staff explained that it was challenging to help their clients be completely away from their trafficker or settings in which they would be vulnerable to trafficking. Some staff mentioned that traffickers would show up at places where clients were receiving services or being housed.
- **Providing services to clients who were mandated to participate:** Because most ACCESS (NY) program clients were required by the court to participate in services, ACCESS (NY) staff indicated that it was challenging to provide collaborative and empowering services for clients who did not want to have these services. To address this issue, ACCESS (NY) staff offered clients with choices within the mandated program, such as participating in an individual or group setting.

Clients' Progress toward Outcomes

Demonstration project staff described that clients made progress toward outcomes in a range of different ways, from leaving their trafficking situation to achieving full self-sufficiency. Staff felt that each client's progress should be measured by their own goals and situation. Case managers' case narrative stories echoed this perspective; for some clients, showing up to an appointment on their own would be considered a key accomplishment, while for others, completing a GED would define success. Project staff and partners also emphasized the importance of counting the development of clients' self-confidence, self-efficacy, and self-esteem as successes. They noted that clients cultivated these internal improvements throughout all stages of program engagement. Some staff also mentioned that it was important to assess clients' outcomes by measuring the extent to which clients accessed resources and felt safe and supported by services.

Although clients greatly varied in their progress toward outcomes, through case narrative and staff interviews, staff relayed some common outcomes toward which clients made progress. **Exhibit 34** provides an illustration of a client's evolution of outcomes as the client progresses through a program toward self-sufficiency. This model acknowledges the importance of clients' self-efficacy, confidence, and esteem, as well as feelings of safety and support from the demonstration project.

Exhibit 34. Categorization of Client Outcomes



- **Leaving trafficking situation:** Several project staff felt that one of the biggest successes for a client was for them to get out of their trafficking situation and remain out. Case managers explained that the demonstration projects helped keep clients out of their trafficking situations by providing services and resources that made them less vulnerable to their trafficker. In some cases, law enforcement and the justice system were involved in prosecuting clients' traffickers.
- **Achieving stability and safety:** Demonstration project staff relayed that some clients achieved stability and safety through the projects' available resources, such as obtaining emergency housing, developing safety plans, and engaging in domestic violence services. One project director noted that simply being in a safe space for as little as a couple of hours should be considered as a success. Staff relayed that for some clients, a success was leaving the city or state to get away from their trafficker or settings that made them feel vulnerable.

- **Knowing about and accessing services:** As previously described, demonstration project case managers reported that clients learned about, accessed, and used multiple types of services. Some project staff pointed out that, for many clients, the act of accessing any service they needed was an accomplishment. Some staff felt that, for some clients, making it to an appointment on their own and on time was an achievement.

> *"Towards the end of our work we started talking about her challenges with self-esteem. Throughout working together, she was really clear about her sense of self-efficacy and she could keep doing it and keep working through her life and persevering. Those moments of self-efficacy were admirable in her success and her being able to talk about her strengths."*
>
> Case manager (from case narrative)

- **Making strides toward short- and long-term goals:** Staff gave examples of clients who made intermediary achievements toward their long-term goals. These intermediate successes included participation in life skills classes, support groups, or school; accessing needed medical or dental care; participating in substance abuse treatment, detox, or support groups; accessing legal aid; fulfilling requirements of a court mandate or parole; and creating a resume or submitting a job applications.
- **Achieving long-term goals:** Staff provided examples of clients' long-term goals, including completing their GED or high school diploma; securing long-term housing; obtaining stable employment; staying sober; obtaining custody of their children; and remaining out of the justice system.

> *"What we consider 'success' varies by individual. For some of the people we work with, if we say, 'Come back next Tuesday and we will fill out your housing paperwork,' and they come back next Tuesday and we're still here, then that's success."*
>
> Project director

- **Transitioning out of the project:** Some demonstration project staff described that some clients participated in transition services, such as residing in transitional housing while preparing to set off on their own.
- **Becoming self-sufficient:** Staff explained that some clients achieved self-sufficiency and were no longer in need of services. Clients who attained self-sufficiency often had long-term and secure housing and were employed. Some clients continued to engage in post-project activities specifically for survivors, such as survivor group therapy or volunteer work.

Costs of Case Management

The cost estimates are from the perspective of two[30] DVHT demonstration projects and include only the value of resources used by the programs in providing and supporting case management services. Cost estimates presented in Exhibits 35 through 37 show the average

[30] ACCESS (NY) was not included because their case management model was considerably different from that used by the other two projects.

annual costs for the DVHT projects (Exhibit 35), by specific cost categories (Exhibit 36), and hourly and unit costs by specific components of case management and administrative activities (Exhibit 37). All tables present costs in FY 2015 dollars.

As shown in **Exhibit 35**, in FY 2015, the average annual cost for the two DVHT projects was approximately $154,643 with about 56% of these expenses going to labor costs ($88,835).

Exhibit 35. Average Project Costs (2015 $)

Project Costs	Annual Average Cost (2015$)	Percentage of Total Annual Average Cost
Total labor cost	88,835	56.02
Total non-labor cost	53,457	33.71
Total overhead cost	16,271	10.26
Total annual cost	154,643	100.00

Exhibit 36 presents average annual costs by specific cost categories. As shown, regular paid employees account for nearly all labor costs (96%). Non-labor costs are more evenly divided between contracted services, miscellaneous costs, and overhead. These costs included a wide range of activities, including staff training, utility costs, and administrative expenses.

Exhibit 36. Average Total Annual Costs by Category (2015 $)

Cost Category	Annual Cost (2015$)	Percentage of Total Annual Cost
Total labor costs	88,835	57.44
Regular paid employees	84,894	95.56
Contracted employees	3,940	4.44
In-kind labor	0	0.00
Other labor costs	0	0.00
Total non-labor costs	53,457	34.57
Contracted services	20,452	38.26
Miscellaneous costs	20,619	38.57
Overhead	16,271	30.44
Building costs	9,375	17.54
Supplies, materials, and minor equipment	3,009	5.63
Depreciation costs	0	0.00
Total	154,644	100.00

Moving from the project costs to the service level provides details on the labor used for specific activities and their costs. **Exhibit 37** shows that, on average, DVHT project staff spent the majority of their time on direct case management activities. ***Direct case management*** is the primary component of case management, which is inherently time-intensive as it includes time-consuming activities such as building trust and rapport, developing relationships, providing advocacy and counseling, and accompanying clients to appointments and other providers. This is followed closely by outreach, which accounted for 36% of case management time. ***Outreach***, especially, when working with clients who may be dealing with trauma and concerned for their safety, is a time-intensive process; developing rapport over time with individuals is a strategy to encourage individuals to enroll formal services. Outreach can also include time in which staff work at shelters and drop-in centers because these services are a portal through which many clients become engaged. ***Indirect case management*** is the time spent to support one or more clients that does not involve direct interaction, which may include, for example, researching referral options for one or multiple clients. Additionally, this work includes paperwork for clients, such as completing case notes. Indirect case management accounted for 20% of case management time. ***Intake and assessment*** includes any time staff take to conduct intake and assessment with clients, which may include intake, initial screening, and initial assessment. Intake and assessment accounted for 7% of case management time.

Exhibit 37. Average Hours Per Week Spent on Case Management Activities

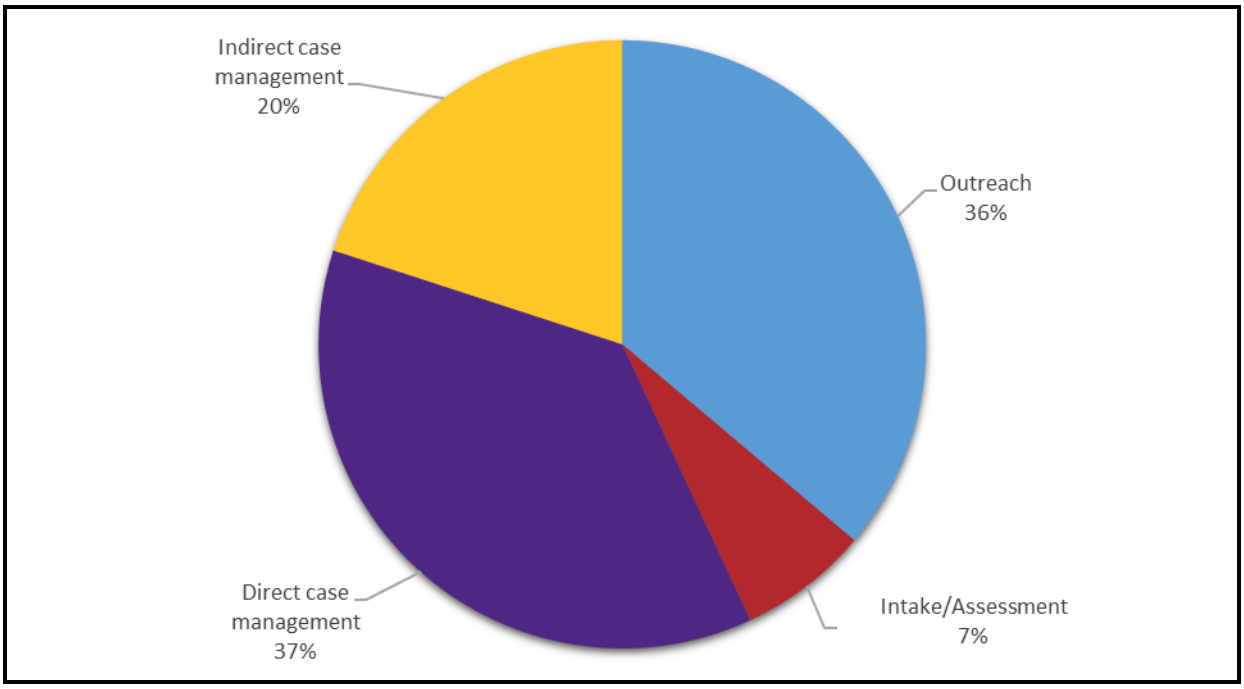


Exhibit 38 presents the average hourly cost for each of the primary activities conducted by the DVHT projects. This includes the components of case management, administrative activities, and the proportional hourly cost of non-labor costs. The average cost of case management activities ranges from $29 to $33 an hour. Administrative activities are slightly costlier per hour, reflecting the higher average wage of management and administrative staff.

The different hourly costs for the two projects reflects the staffing and wage rates at each project. One project employed youth and outreach workers in addition to licensed case managers, creating lower average wages. The other project employed only case managers and thus had higher fringe and payroll tax rates and higher project overhead.

Exhibit 38. Average Hourly Activity Costs (2015 $)

	Activities	Average Hourly Costs	Site 1	Site 2
Case Management Activities	Intake/assessment	29	19	40
	Outreach	31	21	40
	Direct case management activities	31	21	40
	Indirect case management activities	33	22	42
Administrative Activities	Project administration	40	27	52
	Staff training & professional development	33	27	39
	Community and partner training	44	27	60
	Data collection and reporting	37	24	50
	Proportional non-labor costs	11	4	18

Average costs per client, presented in **Exhibit 39**, are based on projects' data about clients' length of stay in the project. The assumption used was that clients would, on average, receive 3 intake or assessment sessions. The hourly costs were multiplied by the average length of an intake or assessment session to calculate the average per client cost. The 3-session assumption allows for each client to have an initial intake and two follow-up assessments, approximately 1 every 12 weeks, while they remain in the DVHT project. Direct and indirect case management costs were assigned based on the number of weeks a client remains in the project. Most client costs were direct case management services at $4,784, and total average client costs for DVHT services was approximately $7,050. This estimate does not include additional outreach costs. Outreach costs were tracked at a project level because it was difficult to accurately assign those costs to an individual client. On average, projects spent an additional $507 on outreach for each client enrolled in their DVHT project.

Exhibit 39. Average Client Costs (2015 $)

	Average Sessions and Length of Stay (Weeks)	Average Cost, $
Intake and assessment sessions	3	255
Direct case management	29	4,784
Indirect case management	29	2,013
All services	29	7,051

These cost estimates, while informative, are limited; they are based on average client service receipt and average length of stay, which means that all clients were assumed to have the same and constant rate of service over an average length of stay. It is more realistic that clients received different amounts of services depending on their need and that clients received less case management as they connected to other supportive services. For case management, this understanding is important because case management tends to be delivered as needed instead of at regular intervals, such as a weekly counseling appointment. As such, it is likely that these client cost estimates represent an upper bound on average total client costs.

Training conducted for community partners and organizations was included in the administrative and non-labor costs. At the project cost level, some of these training costs were included in contracted services and miscellaneous costs, which helps explain why non-labor costs were over 40% of the project's average budget. Case management services provided critical linkages to a wide range of other services from trauma care to housing. As such, documenting the cost of case management is essential to better understand the resources needed to get clients to needed services.

7. Lessons Learned and Considerations

Lessons Learned

The evaluation team asked project staff and partners to reflect on what they had learned through their experiences implementing their demonstration project. Many of their insights are integrated into chapters 4 and 6. However, additional reflections on their work and the lessons they learned by serving trafficking victims include the following:

- Provide service staff with training and professional development opportunities to specialize in services for domestic trafficking victims Project directors felt it was very important to employ staff who specialized in domestic human trafficking. To help support the development of staff expertise, directors recommended strong training, particularly on trauma-informed care and the unique issues and challenges that trafficking survivors face. One project director noted that their case manager was offered many professional development opportunities, both as a way of increasing her expertise and to foster job satisfaction. Additionally, some staff reflected on the value added by employing trafficking survivors in case management staff positions.
- **Engage survivor perspectives and opinions into project planning and implementation:** Demonstration project staff and partners underscored the importance of including survivor perspectives into project development and service delivery. One project director advised that service providers should offer multiple ways for survivors to "influence the way that you work" and solicit opinions from a "diverse range of voices."
- **Be aware that clients may be in and out of their trafficking situation:** Project staff explained that some clients may not be out of their trafficking situation when they engage in services. For example, a client may be under the control of their trafficker, but have enough autonomy to attend project activities or other services. Staff advised that case managers need to be aware of clients' current trafficking situations and consider how they may affect a client's ability and readiness to access services and safety when engaging in services.
- **Be flexible and prepared to adapt 'business as usual' to serve domestic trafficking victims:** One project director noted that any type of agency that serves vulnerable populations (e.g., runaway and homeless youth, victims of domestic violence, refugee and immigrant populations) could also serve trafficking victims; the type of agency mattered less than an agency's willingness and ability to adapt services and approaches to meet the unique needs of trafficking survivors.
- **Identify existing services in the community and adapt them to fit the needs of domestic trafficking victims** One project director remarked on the value of filling service gaps with existing community resources instead of creating entirely new programs or services. Staff from this project were exploring creative ways to use and

adapt existing housing services in their community for trafficking survivors rather than implementing a new and different residential program model.

- **Look to your existing service populations to identify individuals who are domestic victims of human trafficking:** One project noted that their existing service population included domestic trafficking victims, however, staff (or the organization) had not previously recognized clients' trafficking victimization. The project director reflected, "Originally we were nervous about opening the flood gates to include this population, but we realized that they were there all along."

Considerations

This process evaluation offers valuable information about three domestic human trafficking demonstration projects: the individuals they served and their approaches to developing and expanding partnerships, delivering comprehensive case management, and connecting clients to resources and services in their communities. However, it is important to note that the evaluation findings are descriptive and do not assess efficacy. Furthermore, the individuals served by the three projects were neither a random nor representative sample of domestic victims of human trafficking; the data presented on client characteristics, service needs, and service engagement are not generalizable to all survivors of human trafficking in the United States. Within the context of these strengths and limitations, the following are considerations for future programs that serve or aim to provide supportive services to domestic victims of human trafficking:

- Demonstration projects relied heavily on partnerships with other community-based organizations to offer clients a full range of services. Efforts to foster or increase community-level collaborations and coordinated care for domestic victims of human trafficking may be a resourceful way to maximize resources and to address human trafficking on a community-level. However, strategies for working across geographical distances and leveraging existing resources to support partnerships (e.g., to pay for a partner's time) are needed.
- Survivors are heterogeneous; their backgrounds, experiences, and needs are diverse. Furthermore, domestic victims of human trafficking may have complex needs that require extensive, on-going supportive services.
- Individual factors (e.g., trauma, mental or behavioral health issues), organizational factors (e.g., lack of trauma-informed, culturally-relevant services), and community-level factors (e.g., absence of available and affordable housing) can present barriers to service engagement and delivery.
- Service delivery approaches that emphasize the principles of trauma-informed care—safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical, and gender issues (Substance Abuse and Mental Health Services Administration, 2014)—are essential. Furthermore, rapport, responsiveness, patience, and persistence are essential qualities of case management.

- Client progress toward long-term outcomes of safety, well-being, permanent connections, and self-sufficiency requires time. Also, survivors of trafficking may have different goals for themselves and may progress at different rates. Progress and success should be measured in the context of each client's individual goals, within the context of their unique situation, and at each client's individual pace. There is no one desired path or measure for everyone.

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Appendix A:
Client Status at Intake

Client Status at Intake

- *Complete this form for every new client, or when a client's case has reopened (previously served but case closed).*
- *Information should reflect the client's status at assessment, as collected at intake and/or during the following 30 days.*
- *If significant new information regarding client status at intake is disclosed after first 30 days, complete a new form with revised information only (amended intake).*

Type of Intake *(Check one and fill in corresponding dates or dates)*

- ☐ **New intake** → **Intake date** __/__/___ *(Date started working with or on behalf of client)*
- ☐ **Reopened** → **Date reopened** __/__/___ **Original intake date** __/__/___
- ☐ **Amended intake** → **Date amended form completed** __/__/___

Referral Date __/__/___ (*Date you first were contacted on behalf of or by the client*)

Referral Source *(Check one)*

Service delivery system
- ☐ National hotline
- ☐ Local helpline
- ☐ Hospital/ER/Medical
- ☐ Law enforcement
- ☐ Court
- ☐ DA/State's Attorney
- ☐ Child protective services

- ☐ Homeless agency/shelter
- ☐ DV agency/shelter
- ☐ Community-based organization
- ☐ Victim witness program
- ☐ Other agency, specify type*: _____

Informal referral
- ☐ Family member/guardian
- ☐ Friend/peer/acquaintance
- ☐ Self (following outreach)
- ☐ Self (Word of mouth/internet)
- ☐ Other, specify type/relationship: _____

Was client court mandated to participate in services? ☐ Yes ☐ No

Client Demographics	
Date of birth (month/year)	___/___
Age at intake	____
Gender identity	☐ Female ☐ Transgender female (MTF) ☐ Male ☐ Transgender male (FTM) ☐ Other, specify: _____ ☐ Client declined to identify
Sexual orientation *Does client identify as LGBT?*	☐ Yes ☐ No ☐ Don't know
Race/ethnicity *(Check all that apply)*	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Hispanic or Latino/a or Spanish ☐ Biracial, specify: _____ ☐ Other, specify: _____ ☐ Client declined to identify
Citizenship status	☐ U.S. citizen ☐ Legal permanent resident (LPR) ☐ Not U.S. citizen or LPR

☐ **Intake assessment still in progress** *(If so, check box & send this page only. Send completed form next reporting period.)*

Organization ID _____ **Client ID** _____

Presenting Needs at Intake and Assessment

For each service area, note whether client and/or program, or neither client nor program, identify need

HOUSING ADVOCACY **includes assistance to locate and place client in housing (including but not limited to emergency and transitional shelter, group or independent living options)*	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
	☐	☐	☐	

HOUSING FINANCIAL ASSISTANCE **includes expenditures for client's rent, shelter stay, hotel/motel stay, or other housing expenses*	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
	☐	☐	☐	

Living situation ** during past 30 days* *(Check all that apply)*	☐ Foster home/group home ☐ Detention center/jail ☐ Friend/acquaintance/peer ☐ Sexual or romantic partner ☐ Parent or guardian/siblings/other relatives ☐ Facilitator ☐ Shelter ☐ Street/subway ☐ Couch surfing ☐ Other, specify _____ ☐ Don't know

SAFETY PLANNING	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
	☐	☐	☐	

INTERPRETER/ TRANSLATOR	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
	☐	☐	☐	

Language	Primary language ☐ English ☐ Other, specify _____ If primary language is not English: ☐ Needs assistance with spoken English ☐ Needs assistance with written English ☐ No assistance needed

Organization ID _____ **Client ID** _____

Presenting Needs at Intake and Assessment

For each service area, note whether client and/or program, or neither client nor program, identify need

LEGAL ADVOCACY AND SERVICES	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
	☐	☐	☐	

VICTIM ADVOCACY **crime victims' rights and services*	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
	☐	☐	☐	
Current criminal justice system involvement *(Check all that apply)*	☐ Crime victim in open case ☐ Crime witness in open case ☐ Pending juvenile justice ☐ Pending criminal charges ☐ Other, specify: _____ ☐ No criminal justice involvement ☐ Don't know			

TRANSPORTATION **includes metro/subway passes, bus tickets*	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
	☐	☐	☐	

PERSONAL ITEMS **includes material goods or support to obtain goods including (but not limited to) food, clothing, toiletries*	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
	☐	☐	☐	

FINANCIAL ASSISTANCE	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
	☐	☐	☐	

Organization ID _____ **Client ID** _____

Presenting Needs at Intake and Assessment

For each service area, note whether client and/or program, or neither client nor program, identify need

SOCIAL SERVICE ADVOCACY AND ASSISTANCE WITH PUBLIC BENEFITS/SERVICES	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
	☐	☐	☐	
Public benefits *Is the client currently enrolled in benefits?* *(Check all that apply)*	☐ Food stamps ☐ General assistance ☐ TANF ☐ WIC for client's children ☐ Child care subsidy for client's children ☐ Social security disability ☐ Medicare ☐ State-specific health benefits ☐ Other, specify:_____ ☐ None ☐ Don't know			

EDUCATION **includes literacy, GED assistance, school enrollment*	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
	☐	☐	☐	
Education	Currently attending ☐ School ☐ GED program ☐ Other, specify: _____ ☐ Not attending school ☐ Don't know Special education needs: _____ Last grade completed: _____			

EMPLOYMENT SERVICES **includes employment assistance, job training, vocational services*	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
	☐	☐	☐	
Employment/Vocational	Currently employed ☐ Yes; Type of work _____ Usual hours per week_____ ☐ No ☐ Don't know			
	Enrolled in job training/vocational program ☐ Yes ☐ No ☐ Don't know			

Organization ID _____ **Client ID** _____

Presenting Needs at Intake and Assessment

For each service area, note whether client and/or program, or neither client nor program, identify need

MEDICAL HEALTH SERVICES	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
	☐	☐	☐	
Physical Health Issues *If applicable, indicate and describe both urgent and non-urgent issues.*	Current medical issues ☐ Yes—urgent[31] Describe: _____ ☐ Yes—not urgent Describe: _____ ☐ None ☐ Don't know			

REPRODUCTIVE / SEXUAL HEALTH SERVICES	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
	☐	☐	☐	
Sexual Health Needs *(Check all that apply)*	☐ Contraception ☐ Pregnancy, specify: _____ ☐ HIV/AIDS ☐ Sexually Transmitted Disease/Infection (STD/STI) ☐ Other, specify: _____			

DENTAL HEALTH SERVICES	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
	☐	☐	☐	
Dental Health Issues *If applicable, indicate and describe both urgent and non-urgent issues.*	Current dental issues ☐ Yes—urgent[32] Describe: _____ ☐ Yes—not urgent Describe: _____ ☐ None ☐ Don't know			

[31] Urgent medical health needs are defined as those requiring prompt attention to prevent serious pain or risk of harm.

[32] Urgent dental health needs are defined as those requiring prompt attention to prevent serious pain or risk of harm.

Organization ID _____ **Client ID** _____

Presenting Needs at Intake and Assessment ***For each service area, note whether client and/or program, or neither client nor program, identify need***

MENTAL/BEHAVIORAL HEALTH SERVICES **includes clinical counseling*	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
	☐	☐	☐	
Mental Health Issues *If applicable, indicate and describe both urgent and non-urgent issues.*	Current mental health issues ☐ Yes—urgent[33] Describe: _____ ☐ Yes—not urgent Describe: _____ ☐ None ☐ Don't know			

SUBSTANCE ABUSE SERVICES	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
	☐	☐	☐	
Substance/Alcohol Abuse *(If yes, check one or both to indicate which type of abuse.)*	☐ Yes—Alcohol ☐ Yes—Other substances, specify: _____ ☐ No, neither ☐ Don't know			

[33] Urgent mental health needs are defined as those requiring prompt attention to prevent serious pain or risk of harm.

Organization ID _____ **Client ID** _____

Presenting Needs at Intake and Assessment

For each service area, note whether client and/or program, or neither client nor program, identify need

LIFE SKILLS TRAINING **includes managing personal finances, self-care, and programs that help clients achieve self-sufficiency*	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
	☐	☐	☐	

FAMILY REUNIFICATION	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
	☐	☐	☐	

CHILDCARE	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
	☐	☐	☐	
Children *Does client have children?*	☐ Yes Number or children: ____ Ages of children_____ Custody/living arrangement_____ ☐ No children ☐ Don't know			

EMOTIONAL SUPPORT **includes informal counseling/peer support*	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
	☐	☐	☐	

CRISIS INTERVENTION	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
	☐	☐	☐	

Organization ID ___________________________ **Client ID** ____________________________

Presenting Needs at Intake and Assessment
For each service area, note whether client and/or program, or neither client nor program, identify need

OTHER NEED	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
Specify:	☐	☐	☐	

OTHER NEED	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
Specify:	☐	☐	☐	

OTHER NEED	**Client Identified as a Need**	**Program Identified as a Need**	**NOT Identified as a Need**	**Notes** *Provide clarifying detail if necessary*
Specify:	☐	☐	☐	

Current Systems Involvement				
Does client have a case manager or case worker in any of these systems?	System/agency	Yes	No	Don't know
	Child welfare	☐	☐	☐
	Child welfare dependency *Is client a legal ward of court or child welfare agency?*	☐	☐	☐
	Mental health	☐	☐	☐
	Domestic violence	☐	☐	☐
	Homeless program/shelter (adult)	☐	☐	☐
	Homeless program/shelter (youth/young adult)	☐	☐	☐
	Other human service agency	☐	☐	☐
	Other, specify: ______________________	☐	☐	☐

Organization ID _____ **Client ID** _____

Sex Trafficking Characteristics			
Has client ever been sex trafficked[34]	☐ Yes, confirmed by client ☐ Yes, suspected (*Skip to labor section)* ☐ No (*Skip to labor section)* ☐ Don't know (*Skip to labor section)*		
Currently being trafficked	☐ Yes ☐ No: how long since last trafficked? ____years _____months ☐ Don't know		
Age at first sex trafficking	☐ ___ Years		
Facilitator *(Check all that apply)*	☐ Spouse ☐ Sexual or romantic partner ☐ Friend/acquaintance/peer ☐ Family or household member (includes parents, adoptive family, foster family, relatives, siblings) ☐ Gang ☐ Pimp ☐ None; client arranged for self (*applicable for minors)* ☐ Other, specify: _____ ☐ Don't know		
Sex trafficking force, fraud or coercion conditions[35] *(Check all that apply)*	☐ Physically harmed or restrained ☐ Threatened with harm by someone involved in trafficking ☐ Coerced by promise of future benefit (material or emotional) ☐ Coerced because of money owed to someone involved in trafficking ☐ Threatened with revocation of LPR or promised assistance with citizenship ☐ No known force/fraud/coercion ☐ Other, specify: _____ ☐ Don't know		
Location of trafficking *Jurisdiction in which exploitation took/takes place* *(Check all that apply)*	**Arizona** ☐ Maricopa County ☐ Pima County ☐ Other, specify: _____ ☐ Other U.S. state, specify: _____ ☐ Outside U.S. ☐ Don't Know	**New York** ☐ Brooklyn ☐ Bronx ☐ Manhattan ☐ Queens ☐ Staten Island ☐ Other, specify: _____ ☐ Other U.S. state, specify: _____ ☐ Outside U.S. ☐ Don't Know	**Utah** ☐ Salt Lake County ☐ Other county, specify: _____ ☐ Other U.S. state, specify: _____ ☐ Outside U.S. ☐ Don't Know
Transactions *What was exchanged for sex?* *(Check all that apply)*	☐ Food ☐ Money ☐ Drugs/alcohol ☐ Shelter/place to stay ☐ Clothes/jewelry ☐ Protection ☐ Other, specify: _____ ☐ Don't know		

[34] Trafficking definitions provided by FYSB.

[35] Note that force, fraud or coercion are not necessary within the definition of sex trafficking for minor victims.

Organization ID _____ **Client ID** _____

Labor Trafficking Characteristics	
Has client ever been labor trafficked[36]	☐ Yes, confirmed by client ☐ Yes, suspected (*Skip remainder of this section)* ☐ No (*Skip remainder of this section)* ☐ Don't know (*Skip to current stat Skip remainder of this section)*
Currently being trafficked	☐ Yes ☐ No; How long since last trafficked ____years ____months ☐ Don't know
Age at first labor trafficking	☐ ___ Years
Facilitator *(Check all that apply)*	☐ Employer ☐ Spouse ☐ Sexual or romantic partner ☐ Friend/acquaintance/peer ☐ Family or household member (includes parents, adoptive family, foster family, relatives, siblings) ☐ Gang ☐ Pimp ☐ Other, specify: _____ ☐ Don't know
Labor trafficking force, fraud or coercion conditions *(Check all that apply)*	☐ Physically harmed or restrained ☐ Threatened with harm by someone involved in trafficking ☐ Coerced by promise of future benefit (material or emotional) ☐ Coerced because of money owed to someone involved in trafficking ☐ Threatened with revocation of LPR or promised assistance with citizenship ☐ Fraud ☐ Presence of other exploitation (e.g., being paid less than promised or less than minimum wage, illegal deductions, wage theft) ☐ No known force/fraud/coercion ☐ Other, specify: _____ ☐ Don't know
Location of trafficking *Jurisdiction in which exploitation took/takes place* *(Check all that apply)*	**Arizona** ☐ Maricopa County ☐ Pima County ☐ Other, specify: _____ ☐ Other U.S. state, specify: _____ ☐ Outside U.S. ☐ Don't Know **New York** ☐ Brooklyn ☐ Bronx ☐ Manhattan ☐ Queens ☐ Staten Island ☐ Other, specify: _____ ☐ Other U.S. state specify: _____ ☐ Outside U.S. ☐ Don't Know **Utah** ☐ Salt Lake County ☐ Other county, specify: _____ ☐ Other U.S. state, specify: _____ ☐ Outside U.S. ☐ Don't Know
Type of labor/industry *(Check all that apply)*	☐ Agriculture ☐ Assisted living/healthcare ☐ Begging/panhandling ☐ Child care ☐ Construction ☐ Factory/manufacturing ☐ Domestic servant ☐ Drugs ☐ Magazines ☐ Hotel ☐ Petty theft ☐ Restaurant/food ☐ Selling goods (e.g., pencils) ☐ Sexualized labor (e.g. strip club) ☐ Traveling sales crews ☐ Other, specify: _____ ☐ Don't know

[36] Trafficking definitions provided by FYSB.

Appendix B:
Client Service Needs and Service Provision

Organization ID _____ **Client ID** _____

Client Service Needs and Service Provision

- *This form should be completed bimonthly for each client (by the 10th of the month following the end of the 2-month reporting period).*
- *Information should reflect activity during the prior 2 calendar months.*
  - *If case manager neither saw nor acted on behalf of client during the past 2 months, complete first page only.*
  - *If case manager either saw or acted on behalf of client during the past 2 months, summarize needs and activities on next pages.*

Reporting months _____ **year** _____

____ **Number of case manager contacts** (in person or by telephone) with this client **during the past 2 months**

_____ Number of face to face contacts

_____ Number of telephone or text message contacts

Has the case manager interacted with other service providers on client's behalf during the past 2 months?

☐ Yes: _____ contacts
☐ No

Has a referral been made to an ORR or OVC program for this client in the past 2 months?

☐ Yes *(specify program below)*
☐ No

Arizona	New York	Utah	National
☐ International Rescue Committee (OVC) ☐ Pinal County ☐ Other	☐ Polaris Project ☐ Erie County (BJA) ☐ International Institute of Buffalo ☐ GEMS ☐ Safe Horizon ☐ Kings County (BJA) ☐ My Sister's Place ☐ NY Asian Women's Center ☐ Sanctuary for Families ☐ Worker Justice Center of NY	☐ Asian Association of Utah	☐ Polaris Project / National Human Trafficking Resource Center (NHTRC)

Sources: OVC matrix (http://ovc.ncjrs.gov/humantrafficking/traffickingmatrix.html); ATIP grant program list (http://www.acf.hhs.gov/programs/orr/resource/anti-trafficking-in-persons-grants)

Is this client's case considered closed or inactive as of the end of the reporting period?

☐ Yes, case closed → *complete closing status section below.*
☐ Yes, inactive
☐ No

Closing Status

Complete if client's case was classified as closed during the reporting period.

Date on which case closed	___/___/_____
Last contact date	___/___/_____
Reason for closing *(Check all that apply)*	☐ No longer in need of services ☐ Lost contact ☐ Incarcerated and out of contact with program ☐ Client relocated ☐ Client discontinued ☐ Transfer to another service program ☐ Determined not eligible ☐ Not victim of trafficking ☐ Neither citizen or LPR ☐ Noncompliance (e.g., client broke policies) ☐ Other, specify: _____

Service ***Includes provision of service and advocacy***	**Identified as a Need During Past 2 Months**	**Needed Services Received During Past 2 Months** ***If service was needed during past 2 months, indicate whether it was received. If multiple needs in a service category, check all that apply.***		
Housing advocacy **includes assistance to locate and place client in housing*	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown
Housing financial assistance **includes expenditures for client's rent, shelter stay, hotel/motel stay, or other housing expenses*	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown
Safety planning	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown
Crisis intervention	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown
Emotional/moral support ** includes informal counseling/peer support*	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown
Financial assistance	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown

Service ***Includes provision of service and advocacy***	**Identified as a Need During Past 2 Months**	**Needed Services Received During Past 2 Months** ***If service was needed during past 2 months, indicate whether it was received. If multiple needs in a service category, check all that apply.***		
Interpreter/ translator	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown
Legal advocacy and services	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown
Victim advocacy **crime victims' rights and services*	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown
Transportation **includes metro/subway passes, bus tickets*	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown
Personal items ****includes material goods or support to obtain goods including food, clothing, toiletries***	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown
Social service advocacy and assistance with public benefits/services	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown

Service ***Includes provision of service and advocacy***	**Identified as a Need During Past 2 Months**	**Needed Services Received During Past 2 Months** ***If service was needed during past 2 months, indicate whether it was received. If multiple needs in a service category, check all that apply.***		
Social service advocacy and assistance with public benefits/services	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown
Education **includes literacy, GED assistance, school enrollment*	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown
Employment **includes employment assistance, job training, vocational services*	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown
Medical health	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown
Dental health	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown

Service	Identified as a Need During Past 2 Months	Needed Services Received During Past 2 Months *If service was needed during past 2 months, indicate whether it was received. If multiple needs in a service category, check all that apply.*		
Reproductive/sexual health	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown
Mental/behavioral health	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown
Substance/alcohol abuse	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown
Life skills training **includes managing personal finances, self-care, and programs that help clients achieve self-sufficiency*	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown
Family reunification	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown
Child care	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: _____	**Don't know** ☐ Referred, outcome unknown

Service	Identified as a Need During Past 2 Months	Needed Services Received During Past 2 Months *If service was needed during past 2 months, indicate whether it was received.* *If multiple needs in a service category, check all that apply.*		
Other service, specify: ____________	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: ____________	**Don't know** ☐ Referred, outcome unknown
Other service, specify: ____________	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: ____________	**Don't know** ☐ Referred, outcome unknown
Other service, specify: ____________	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: ____________	**Don't know** ☐ Referred, outcome unknown
Other service, specify: ____________	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: ____________	**Don't know** ☐ Referred, outcome unknown
Other service, specify: ____________	☐ Yes—By client ☐ Yes—By program ☐ No	**Yes** ☐ Provided by project agency ☐ Provided by partner agency ☐ Provided elsewhere	**No** (check all that apply) ☐ Referred, service not received ☐ Appropriate service not available ☐ Service available but not accessible ☐ Client not interested, willing, or ready for service ☐ Other, specify: ____________	**Don't know** ☐ Referred, outcome unknown

Appendix C:
Training Log

Training Log

- *This form should be completed bimonthly (by the 10th of the month following the end of the reporting period).*
- *Information should reflect training conducted during the prior 2 calendar months.*

Reporting months _____ year _____

TRAINING TOPIC(S)	DATE (DD/MM/YYYY)	SERVICE SECTORS IN ATTENDANCE	NUMBER OF ATTENDEES*

* Specify the number of participants from each service sector.

Examples of Service Sectors:

Alternative to incarceration
Anti-human trafficking
Behavioral health
Child protective services (CPS)
Childcare services
Community-based programs
Crisis hotline
Disability services
Domestic violence services
Employment assistance
Other
Faith-based organizations
Financial clinics
Food pantry
Foster care
Group living services
Hospital/ER/medical/dental
Interpretation services
Job training
Justice/probation
Law enforcement
Legal advocacy and services
Life skills training services
Literacy education/ESL/language skills
Runaway/homeless youth programs
Schools
Sexual violence victim services
Shelter/transitional housing
State Attorney's Office/US Attorney
Substance abuse treatment
Trauma survivor services
Violence/justice task force
Youth service organizations

Appendix D:
Interview Guides

Project Director/Project Staff Interview Guide

Introduction and Consent

Review key points from study information sheet (Interviewee will receive info sheet via email prior to interview):

I would like to interview you about the Family and Youth Service Bureau (FYSB) grant to provide services to domestic victims of trafficking. We are talking about this program and not other efforts at your agency.

I want to share a few key points about this interview:

- This interview provides RTI with the opportunity to learn more about your demonstration project, the strategies for recruiting and serving domestic victims of human trafficking, the services provided, and the ways in which agencies collaborate to meet the needs of victims. We're also interested in hearing your thoughts about how the grant is working including successes and challenges.
- Participating in this interview is completely voluntary, and your responses will be kept confidential. These are probably topics that you would discuss with colleagues, but you may decline to answer any questions or stop the interview at any time. Your name, will not be used in any reports. If we would like to quote you, we will first ask for your permission. Further, our reports will combine information across all the individuals with whom we meet. We'll be taking notes, but if you don't mind, we'd also like to record the conversation as a backup for our own use. Is that okay?

Do you have any questions before we begin?

Start recorder

Respondent Background Information

How long have you been with [agency]?
What is your title? How long have you been in this position?
Please tell me about your role in [demonstration project]. On average, what percentage of your time do you work on [demonstration project]?

Needs Assessment

[Site visitors will review Community Assessment and Victim Services Plan prior to site visit.]

Will you describe the needs assessment process that was conducted for the grant?

What strategies, activities, and events were used to conduct the needs assessment? What information was reviewed?

What different types of audiences did you conduct outreach to? [Probe for examples of activities targeted to different audiences]

What were the key findings?

1. Did the needs assessment help to
   - Identify new partners and ensure that the right partners were involved?
   - Inform selection of target population?
   - Inform strategies and activities for service delivery?
   - Identify existing services?
   - Determine whether services were accessible to the target population?
   - Inform allocation of resources?
   - Establish or inform the referral process?
   - Inform your case management and advocacy approach?

2. To what extent did the needs assessment help to identify service gaps? [Probe for how these gaps addressed in your planning and if the gaps varied by type of trafficking, gender, or victim age.]

   ___ Very much
   ___ Somewhat
   ___ Not at all

   What kinds of gaps did you identify? Were any of these previously unknown to you?

3. How is the project planning to address these gaps?

4. What changes did you make to your work plan based on the key findings? [Probe for new services, partners]

5. How did you integrate information from the needs assessment into

   your implementation planning or approach?

   development of case management protocols (e.g., assessment tools and referral and confidentiality procedures)?

6. How would you describe your implementation status at this point in time?

7. What do you see as the strengths of your project at this point in time? What are the weaknesses?

Project Composition

8. Which other staff in your organization work on [Program]? What are their roles and duties? [Probe for whether they work directly with victims of trafficking, provide admin support]

9. What training is provided to project staff? Is this new training specific to trafficking issues, victim-centered services, and trauma-informed care? (Impressions of whether there are any gaps or specialized training needs.)

10. What types of continuing education trainings does [PROGRAM] offer to employees of this project?

11. Has your program made any arrangements for addressing staff-related stress resulting from serving victims of trafficking? How do staff deal with the stressors of working with trafficking victims? [Probe for clinical supervision activities]

Service Delivery

12. How are clients referred to your agency? Once referred, do you receive assessments, or are additional assessment administered?

13. Which of the following services are currently available to domestic trafficking victims? [For each service, determine which partner provides, service delivery model (use of EBPs), the target population for the service, and how each service is provided.]

    Victim identification, assessment, safety planning, and service planning.

    Law enforcement and victim advocacy and information about crime victims' rights and services.

    Direct victim assistance to support unmet basic needs and assist in the stabilization and self-sufficiency of the program participant. (Allowable participant expenses include housing, food, clothing, transportation assistance, and interpreter services.)

    Legal advocacy and services.

Behavioral health and medical health services (to include dental).

Shelter/housing and sustenance, including access to a variety of emergency and transitional shelters, housing assistance, group and independent living options.

Literacy education, job training, and education or GED assistance that is culturally and linguistically appropriate.

Life skills training, including managing personal finances, self-care, and programs that help clients achieve self-sufficiency.

Employment assistance.

14. Does availability of service vary based on type of trafficking, age, or gender? Are there other reasons for variations in services?

15. What capacity does your agency have to support different languages used by the client?

16. Please describe any strategies or practices used to ensure that services are

    culturally appropriate [Probe for access to staff/resources that speak language, awareness of culture, respecting cultural norms or concerns, documents translated in appropriate language]

    trauma informed [Probe for allowing victim to tell own story, elimination of trauma trigger words]

    developmentally appropriate [Probe for language appropriate to age or understanding, provide documents at appropriate reading level]

17. Do you know how long, on average, a trafficking client receives services and stays engaged with services? How does the step down or stoppage of services (i.e., closed cases) occur?

18. What is the attrition rate? Does the program have any special procedures to address attrition? What efforts are made to re-engage the client?

19. How is your program addressing the full range of trafficking victims as identified in the funding opportunity announcement (FOA)? [Provide a printed sheet with the FOA definition of the target population. Probe for what the lead agency addresses and what partners address.]

20. In your experience, how do adult victims differ from minor victims? Are there differences in the services they require (education, job skills, child care, medical, legal issues, etc.)?

21. How are trafficking victims similar to or different from others of similar age served at this organization, in terms of their characteristics?

22. Have you served other types of trafficking victims (e.g., immigrant victims)?

23. How are trafficked victims different from other trauma victims that you serve?

Collaboration

First, I would like to make a list of all of the organizations or partner agencies that you have worked with specifically related to domestic trafficking victims the past 6 months; then I will ask you some questions about each one. [Probe: Are there any other agencies that should be added to the list which you have interacted with for domestic trafficking even if it was only a few times or that you consider a collaborator or partner?]

24. Which of the grant partners have you worked or collaborated with before the grant? [Probe for types of interaction, level of involvement, position levels of people worked with.]

In what ways did you work together? [Probe for cross-agency case management.]

Does your work on this grant differ from the previous collaboration? How?

[NOTE: For questions 27–32 complete the chart at the end of the interview.]

25. Does [RESPONDENT'S ORGANIZATION] have an MOU with [AGENCY]?
26. During the past 30 days, about how many days have you interacted with anyone at this organization for any reason? (This includes telephone calls, email correspondence, interagency meeting, task force meeting, case staffing/review, case management meeting.)
27. What is the primary purpose(s) for contact with [AGENCY]? [Check all that apply]

    case management and advocacy

    interagency meeting,

    task force meeting,

    case staffing/review

    other reasons
28. What are the primary other reasons?
29. In order to do my job for services for domestic trafficking, involvement with this agency is…

    is not important at all

    not very important

    somewhat important

    very important

    extremely important.
30. Did your agency interact with <enter name of each agency specified in Question 26>the past 30 days?
31. How does this collaboration strengthen your ability to respond to trafficking victims and their service needs?
32. What have been the challenges to forming partnerships and working together? [Probe for structural issues, such as community climate, laws pertaining to trafficking, agency policy, funding or operational issues]
33. What are the strategies and facilitators to making collaboration work?
34. What were the policies and practices on service provision to trafficking victims in the community at the start of this project? (Tailor questions based on statements in the proposal.) How have policies and practices changed as a result of the demonstration grant?
35. What, if any, new services have been created as a result of the demonstration grant?

Information Sharing

[Examine MOUs in the application for evidence of information sharing]

36. What protocols exist for information sharing among partners? Do these differ based on age of client? Other service providers? Were new protocols developed for this program?

37. What types of data are shared? [Probe for service plans, assessments, conversations about clients] What data cannot be shared? Are the limits to data collection a result of written policies or perceptions of limitations by service providers? Are there data that clients do not want providers to share?

38. Do clients sign a release of information for service providers? At what point in the process?

39. Are there ways that staff have been able to work around these existing protocols or improve them to better serve clients? (i.e., strategies for sharing information such as new agreements limited to this grant, training)

Training and Outreach

[Review Training Logs submitted by project]

40. What training has your agency provided or participated in that has resulted from this grant? [Probe for community training, in-house training, cross-agency training.] What input do partner agencies have in deciding training topics?

41. How are you identifying and prioritizing training needs of the partners and community?

42. What trainings are planned at this time?

43. Are there plans for continued outreach during the grant period other than training? If yes, what are those planned strategies, activities, and who are your targeted audiences?

Housing

44. What are the housing requirements or issues facing this target population?

45. How would you describe your project's overall approach to addressing housing and housing stability? Are housing and treatment and wraparound services integrated? Are there variations and/or restrictions to housing based on age or background of victims (e.g. criminal history)?

46. What specific housing support services are provided by your agency? How and why were those specific services selected?

47. Did your agency provide these services prior to the grant? Were they provided to this population? Has the grant impacted the way these services are delivered?

48. What goals and objectives does the project have for housing support services and client outcomes?

49. What housing agencies do you work with? (Indicate if they are a formal partner (MOU) or other type of partner.) Are you aware of what funding streams support those services?

50. What type of housing is available to this population (shelter, transitional housing, group and independent living options, Section 8 housing, family unification program vouchers)? How is that housing accessed by these clients? Are there special protocols for working with trafficking victims?

51. Do you use client clinical and/or case management assessments to tailor housing support services?

52. Are there time limits on providing housing support services to clients? Does this vary by type of housing?

Cost

<Review the budget in the application, answer any questions that seem apparent in the budget, and confirm with questions below. If cannot determine based on application budget ask the question.>
We are interested in capturing some cost information, particularly on case management and housing.

53. Case management services are provided by which agencies? For partner agencies do you have sufficient information on case manager time and support services to answer those budget questions for subcontracted agencies or would we need to ask budget questions directly from partners?

54. Housing services are provided by which agencies? For partner agencies do you have sufficient information on housing support staff time and support services to answer those budget questions for subcontracted agencies or would we need to ask budget questions directly from partners? ? Are the expenditures for these services identifiable (that is not combined into a more general support category)? If combined, could housing support services be broken out for trafficking clients?

55. Who in your agency would be the best person to talk to about expenditure data?

56. What is your fiscal year period

57. What are the sources of your non-federal dollars?

Implementation Challenges and Strategies

58. Has the project encountered any barriers to implementation or service delivery, including barriers to

    addressing the continuum of services for the spectrum of victims,

    collaboration development,

    staffing (turnover, finding the right people),

    resource availability, and

    other.

[Probe for strategies to address barriers to each item]

Chart for collaboration questions 26–32.

Q26:AGENCY name	Q27:MOU	Q28: Number of days	Q29: What are the purpose(s) of the contact?	Q30: Other reasons for contact	Q31: Importance of involvement with this agency	Q32: Did your agency interact with___ over the last 30 days: Check box if YES
#1	❑1YES ❑2NO	___ ___	❑1 case management ❑2 interagency meeting, ❑3 task force meeting, ❑4 case staffing/review ❑5 other reasons		❑1 is not important at all ❑2 not very important ❑3 somewhat important ❑4 very important ❑5 extremely important.	❑ AGENCY #2 ❑ AGENCY #3 ❑ AGENCY #4 ❑ AGENCY #5
#2	❑1YES ❑2NO	___ ___	❑1 case management ❑2 interagency meeting, ❑3 task force meeting, ❑4 case staffing/review ❑5 other reasons		❑1 is not important at all ❑2 not very important ❑3 somewhat important ❑4 very important ❑5 extremely important.	❑ AGENCY #1 ❑ AGENCY #3 ❑ AGENCY #4 ❑ AGENCY #5
#3	❑1YES ❑2NO	___ ___	❑1 case management ❑2 interagency meeting, ❑3 task force meeting, ❑4 case staffing/review ❑5 other reasons		❑1 is not important at all ❑2 not very important ❑3 somewhat important ❑4 very important ❑5 extremely important.	❑ AGENCY #1 ❑ AGENCY #2 ❑ AGENCY #4 ❑ AGENCY #5
#4	❑1YES ❑2NO	___ ___	❑1 case management ❑2 interagency meeting, ❑3 task force meeting, ❑4 case staffing/review ❑5 other reasons		❑1 is not important at all ❑2 not very important ❑3 somewhat important ❑4 very important ❑5 extremely important.	❑ AGENCY #1 ❑ AGENCY #2 ❑ AGENCY #3 ❑ AGENCY #5
#5	❑1YES ❑2NO	___ ___	❑1 case management ❑2 interagency meeting, ❑3 task force meeting, ❑4 case staffing/review ❑5 other reasons		❑1 is not important at all ❑2 not very important ❑3 somewhat important ❑4 very important ❑5 extremely important.	❑ AGENCY #1 ❑ AGENCY #2 ❑ AGENCY #3 ❑ AGENCY #5

Case Manager Interview Guide

Introduction and Consent

Review key points from study information sheet (Interviewee will receive info sheet via email prior to interview):

I would like to interview you about the Family and Youth Service Bureau (FYSB) grant to provide services to domestic victims of trafficking. We are talking about this program and not other efforts at your agency.

I also want to share a few other key points about this interview:

This interview provides RTI with the opportunity to learn more about your demonstration project, the strategies for recruiting and serving domestic victims of human trafficking, the services provided, and the ways in which agencies collaborate to meet the needs of victims. We're also interested in hearing your thoughts about how the grant is working including successes and challenges.

Participating in this interview is completely voluntary, and your responses will be kept confidential. These are probably topics that you would discuss with colleagues, but you may decline to answer any questions or stop the interview at any time. Your name, will not be used in any reports. If we would like to quote you, we will first ask for your permission. Further, our reports will combine information across all the individuals with whom we meet.

We'll be taking notes, but if you don't mind, we'd also like to record the conversation as a backup for our own use. Is that okay?

Do you have any questions before we begin?

Start recorder

Respondent Background Information

How long have you been with [agency]?

Have you previously worked with domestic trafficking victims? International trafficking victims?

What is your title? How long have you been in this position?

What certifications do you hold?

Screening and Assessment

1. How do you identify individuals as eligible for grant services? [Ask for a statement or copy of the initial requirements for assessment by the program.]

2. How are clients 'accepted' into the program? Will you describe your intake process? How are referrals for ineligible individuals handled? Does the response differ based on age or type of trafficking?

3. Please describe your screening and assessment process. Probe for

   method of entry (hotline calls, walk-ins, referrals),

   tools used (get copies of screening and assessment protocols),

   frequency of assessment,

   how assessment information is used and updated as new information is available, and

   any limitations/challenges to screening and assessment tools and process.

4. Please describe how this process uses a victim-centered approach.

   Where assessment occurs

   Involvement of client in selecting services

   Extent to which services reflect client-identified needs

   Flexibility in scheduling meetings

Case Management

5. Please describe the model/structure of case management used. What adaptations or changes have you made to the model since the beginning of the grant?

6. [If more than one case manager], How are cases assigned to a case manager?

7. What is your caseload? Do case managers co-manage clients? Describe how case management services are coordinated (within agency and with partner agencies).

8. Please describe the protocol for safety planning. Does that include a danger assessment?

9. How often do you meet with or have contact with individual clients? How long do these meetings last? How are meeting times set up? In an average month, how often do you meet with an individual client?

10. Where do you meet clients?

11. Are all case managers located in the lead agency, or are there case managers in partner agencies?

12. Do any clients not receive case management?

13. How often are case management meetings held? Who attends these meetings?

14. How and when are service plans developed and updated? Is the plan developed jointly with the client? Who else participates in this effort? To what extent does the service plan reflect client-identified needs? (Sharing of power and responsibility)

15. How do cases move through services and agencies? Are their bottlenecks or points where clients may be likely drop out or terminate services as cases flow through the system? Please describe.

16. What interactions do you have with providers in different agencies?

17. Does your approach differ based on type of trafficking, age, or gender? Please describe.

18. Please describe any strategies used to ensure that services are

    culturally appropriate [Probe for access to staff/resources that speak language, awareness of culture, respecting cultural norms or concerns, documents translated in appropriate language]

    trauma informed [Probe for allowing victim to tell own story, elimination of trauma trigger words]

    developmentally appropriate [Probe for language appropriate to age or understanding, provide documents at appropriate reading level]

Referrals

19. Please describe the referral process. [Probe for how the referral is made, how the client is referred (e.g., case manager or volunteer escorts client, case manager talks directly to service provider), what information is provided about the client, how this information is provided, and whether waiting lists exist.]

20. How are decisions about referrals and where to refer made?

21. Is information about engagement in the referred service maintained by the lead agency/case manager?

22. Do all referrals go through the case manager?

23. How are referrals tracked? Does this include amount of service received? Progress in service?

24. What communication do you have with the referred agency about services received?

25. For the typical client, how much time elapses between

    identification and eligibility determination?

    identification and screening?

    screening and engagement?

26. What has been your experience with referrals to Office of Victims of Crime (OVC) programs? Have you seen individuals able to access services or funds? Are victims better informed of their legal rights?

27. What has been your experience with referrals to Office of Refugee Resettlement (ORR) programs? Do you receive any feedback from those referrals?

Service Delivery

28. What barriers do clients face to engage in services?

29. What strategies have you found to be helpful in serving this population?

Client Outcomes

30. What immediate or short-term outcomes have you been able to identify as a result of program participation? [Probe for outcomes related to services below]

    law enforcement and victim advocacy services, and information about crime victims' rights and services;

    direct victim assistance to support unmet basic needs and assist in the stabilization and self-sufficiency of the program participant (allowable participant expenses include housing, food, clothing, transportation assistance, and interpreter services);

    legal advocacy and services;

    behavioral health and medical health services (to include dental);

    shelter/housing and sustenance, including access to a variety of emergency and transitional shelters, housing assistance, and group and independent living options;

    literacy education, job training, or education or GED assistance that is culturally and linguistically appropriate;

    life skills training, including managing personal finances, self-care, and programs that help clients achieve self-sufficiency; and

    employment assistance.

Implementation Challenges and Strategies

31. As a case manager, what challenges have you encountered? [Probe for strategies for each item.]

    identifying and qualifying trafficking victims

    engaging trafficking victims,

    providing treatment and case management services to clients,

    availability and access to services,

    sharing information with other providers (probe for policy limitations and issues of sharing information due to relationship with client and client privacy),

    stress reduction support,

    anything else?

Thank you!

Partner Agency Interview Guide

Introduction and Consent

Review key points from study information sheet (Interviewee will receive info sheet via email prior to interview):

I would like to interview you about the Family and Youth Service Bureau (FYSB) grant to provide services to domestic victims of trafficking. We are talking about this program and not other efforts at your agency.

I want to share a few key points about this interview:

This interview provides RTI with the opportunity to learn more about your demonstration project, the strategies for recruiting and serving domestic victims of human trafficking, the services provided, and the ways in which agencies collaborate to meet the needs of victims. We're also interested in hearing your thoughts about how the grant is working including successes and challenges.

Participating in this interview is completely voluntary, and your responses will be kept confidential. These are probably topics that you would discuss with colleagues, but you may decline to answer any questions or stop the interview at any time. Your name, will not be used in any reports. If we would like to quote you, we will first ask for your permission. Further, our reports will combine information across all the individuals with whom we meet.

We'll be taking notes, but if you don't mind, we'd also like to record the conversation as a backup for our own use. Is that okay?

Do you have any questions before we begin?

Start recorder

Program Composition

1. Please tell me about your role with regard to the demonstration grant? What do your daily activities consist of? On average, what percentage of your time do you work on [demonstration project]?

2. What are the training requirements for staff working on the domestic trafficking project?

3. What types of continuing education trainings does [PROGRAM] offer program staff?

4. Has your program made any arrangements to address staff stress related to serving victims of trafficking?

5. How would you describe the implementation status of the trafficking project within your agency at this point in time?

Service Delivery

[Review the trafficking numbers collected to date.]

6. For victims of trafficking funded under this grant, how does the referral process work within your agency? [Probe for receipt of referrals and making referrals to other agencies. Is that process unique to this project or common for anyone served within this agency?]

7. Do you use the same referral forms as other agencies working with trafficking victims?

8. What approaches to you use to engage (and keep clients engaged) in your services? Who does this, when and where is it done, and what processes or instruments are used?

9. What services are provided directly to victim of trafficking by your agency?

10. At this point, do you know how long on average a trafficking client receives services and stays with your organization? How does the step down or stoppage of services occur?

11. Did you serve victims of trafficking before the grant?

    In what capacity has your agency worked with these victims (e.g., counseling, case manager, social services, etc.)?

    With what types of trafficking victims have you worked (e.g., domestic vs. immigrant victims, minor and/or adult victims)?

12. Do the victims of trafficking you serve differ from others served by your agency (age, demographics)?

Collaboration

13. How often are you or other service providers in your agency in communication with the project agency? How about other partner agencies? [Probe for case staffing/review meetings, task force or committee meetings, interagency meetings, ongoing updates, personal communication, cross-agency planning.]

14. Who participates in the collaboration meetings?

15. How are decisions usually made regarding collaboration priorities, processes, policies, and actions within this collaboration? Does this vary for different types of meetings (formal partner meetings, case management meetings, other? [If yes, ask for each type of meeting.]Indicate the two primary ways decisions are usually made [Provide a separate answer card to the respondent]

    1=Collaboration members vote with majority rule

    2=Collaboration members discuss the issue and come to consensus

    3=The collaboration chair makes final decision

    4=The collaboration executive or steering committee makes final decisions

    5=The lead agency for the project makes the decisions

    6=Don't know

16. How comfortable are you with collaboration decision making?

    1=Not at all comfortable

    2=Somewhat comfortable

    3=Very comfortable

    What types of things are discussed? [Probe for example, such as changes in approach discussed at case management meeting or administrative meetings.]

17. How would you describe the level of conflict in your collaboration?

    1=More conflict than I expected

    2=Less conflict than I expected

    3=About as much as I expected

18. What strategies do you use to address conflict?

    1=Open debate

    2=Postponing or avoiding discussions of controversial issues

    3=Having a third party mediate between opposing viewpoints

    4=Having the opposing parties negotiate directly with each other

    5=One party gives in

Training

[Review training summaries follow up with trainings hosted by this partner]

19. Have you been involved in identifying or developing specific trainings under this grant? [If yes] In what way? (Probed for identifying topics, developing content, recommending specific trainings, conducting trainings)

20. Do staff participate in these trainings? (Probe for project staff and other staff not on grant.)

Challenges and Barriers

21. Has the project encountered any barriers to implementation or service delivery, including barriers to

    identifying and qualifying trafficking victims,

    engaging trafficking victims,

    providing treatment and case management services to clients,

    client access to services

    collaboration among partners,

    sharing information with others,

    ongoing service delivery,

    resources,

    training, or

    anything else?

THANK YOU!

Appendix E:
Case Narrative Guide

Case Narrative Interview Guide

For a subset of cases, the case manager will be asked to describe the experiences of a few clients. The information will be de-identified. Sex and age will be asked. An ID will be provided that the case manager will maintain. Use the prompts below as needed to understand the elements of the case.

1. How did this individual come into the program? (Through referral by partners, referral by non-partners, self-referral, another client)

2. What were the victim's demographics? (age, gender, ethnicity, US citizen/lawful permanent resident, guardianship/dependency status, living situation, pregnancy/parenting status,)

3. What did you learn through the screening and assessment process? Who conducted the screening and assessment?

4. At what point was a safety plan put in place. What did that plan include?

5. How was this individual identified as trafficked (through circumstances of referral, self-identification, during assessment), and at what point did this happen? (Number of days, weeks since first contact.) Were you able to identify prior trafficking involvement?

6. How easy or difficult was it to engage this client in case management and other services? What was helpful in this effort?

7. What treatment services were/are being provided by the project? (List all treatment services, partner providing, at what point the service was initiated, and if it is ongoing.) To what extent have these been a good match for this client? Would other types of services be helpful?

8. What emergency services were/are being provided by the project? (Please specify).

9. What case management/ services were/are being provided by the project? (Please specify)?

10. How often do you meet with this client? For what period of time? What kinds of conversations or activities occur during these meetings?

11. Was this individual able to access mainstream benefits (e.g., SSI/SSDI, TANF, and SNAP)? Please describe which ones, how they were accessed, and any barriers encountered.

12. Was this individual able to access services/benefits through OVC programs? [If so] Please describe the OVC-funded services provided to this client. To what extent have these been a good match for this client, and would other types of services be helpful?

13. What is the current status of this client? [Probe for currently receiving services and a part of the program, not in contact with the program and hoping to bring them back, no longer in services—"graduated," moved out of jurisdiction, in jail.]

14. Ha the client remained engaged in services since the initial contact, or were there times that the client left or was discharged from the program? [If so] What was the problem? How long was the client absent from the program or services? How did you re-engage the client?

15. What goals does the client have for herself or himself?

16. What do you see as signs of progress toward these goals?

Thank You!

Appendix F:
Cost and Labor Modules

Human Trafficking Evaluation Cost Module

RTI International

Research Triangle Park, NC 27709

January 2015

Date Completed: _____/_____/_____

ORGANIZATION ID# _____

Table of Contents

Introduction

This questionnaire should be completed by the program director at your organization with assistance and oversight from staff members knowledgeable about the resource use and costs for the program, as designated by the program director.

The questionnaire is designed to collect resource use and cost information pertaining to your **human trafficking program** for a completed fiscal year.

Please complete Sections A through J of this questionnaire, following the detailed instructions provided. To complete the questionnaire, please use expenditure reports rather than budgets, because budgets do not always coincide with actual resource use.

The information provided in this questionnaire, or through any other part of this study, will be held in confidence and will not be reported in a way that could directly identify you or your program.

Thank you for your participation!

If you have any questions about the questionnaire, please contact:

Justin Landwehr
RTI International
1-919-990-8345
jlandwehr@rti.org

A. Fiscal Year

The information given in this questionnaire should be for your program's last fiscal year for which you have complete records. Please indicate below the calendar dates for the fiscal year to which the data in this module correspond.

The data in this questionnaire are for fiscal year……_____ to _____

(Month/Year) (Month/Year)

Throughout this questionnaire, please answer all questions as they pertain to your human trafficking program for the above time period (referred to as "the previous fiscal year") unless otherwise indicated.

B. Organization Characteristics

This section collects information on the characteristics of your organization for which we are collecting resource use and cost data.

B1. Is this organization part of a larger program/agency/corporation (i.e., a parent organization)?

- ☐ Yes
- ☐ No
- ☐ Don't Know

B2. Which type of organization/agency is this? (Please check all that apply.)

- ☐ Private for-profit
- ☐ Private nonprofit
- ☐ State government
- ☐ Local, county, or community government
- ☐ Tribal government
- ☐ Federal government
- ☐ Other (please specify): _____

B3. For which types of clients are human trafficking services provided? (Please check all that apply.)

- ☐ Adolescents
- ☐ Clients with co-occurring mental health and substance abuse disorders
- ☐ Criminal justice clients
- ☐ Seniors or older adults
- ☐ Adult women
- ☐ Adult men
- ☐ Other (please specify): _____

B4. What is your job position within this organization?

- ☐ Program/facility director
- ☐ Clinical staff
- ☐ Administrative staff
- ☐ Medical director
- ☐ Chief business officer (CBO) or chief executive officer (CEO)
- ☐ Chief financial officer (CFO)
- ☐ Other (please specify): _____

C. Client Information

This section collects information on the number of **human trafficking clients** that your program served in the previous fiscal year.

From this point on, unless otherwise indicated, your answers should pertain to your human trafficking program within your organization.

C1. What was your human trafficking program's average daily census (i.e., the average number of people enrolled in services at a given point in time) during the fiscal year?

Daily Census: _____ clients

C2. What were the <u>total new admissions</u> to your human trafficking program in the fiscal year?

New Admissions: _____ clients

C3. What was your human trafficking program's actual capacity (physical capability) at the end of the fiscal year?

Actual Capacity: _____ clients

C4. How many clients visit your human trafficking program on a typical day?

_____ clients

D. Personnel

This section collects information on the ***labor*** resources used by your **human trafficking program** during the previous fiscal year (as defined on page 1 of this questionnaire). This section is divided into four parts: (1) paid employees, (2) contracted employees, (3) volunteer workers, and (4) any other labor costs.

Important Reminder: In completing this questionnaire, please obtain this information from expenditure reports as opposed to budgets, because budgets do not always coincide with actual resource use.

1. Paid Employees

D1. What was the total labor expense (excluding all fringe benefits and payroll taxes) for *paid* employees at your human trafficking program in the previous fiscal year? Please do not include the costs for contracted employees.

$_____per year for paid employees

D1a. For the previous fiscal year, which of the following fringe benefit expenses did your human trafficking program incur for your paid employees? Please report total annual expenses for each category.

a.	Health Insurance	$_____
b.	Pension and Retirement	$_____
c.	Disability	$_____
d.	Vacation	$_____
e.	Sick Leave	$_____
f.	Other (please specify):	
	_____	$_____
	_____	$_____
g.	**TOTAL Fringe Benefit Expenses**	**$_____**

D1b. For the previous fiscal year, which of the following payroll tax expenses did your human trafficking program incur for your paid employees? Please report total annual expenses for each category.

a.	FICA (Federal Insurance Contributions Act)	$_____
b.	Federal and/or State Unemployment Insurance	$_____
c.	Worker's Compensation	$_____
d.	Other (please specify):	
	_____	$_____
	_____	$_____
e.	**TOTAL Payroll Tax Expenses**	**$_____**

2. Contracted Employees

If your human trafficking program had a contract with a ***person*** to provide a service (e.g., a medical doctor), then enter this information in Question D2 below. If your program had a contract with a ***company/corporation*** to provide a service, then enter this information in Question E1 on page 9.

> EXAMPLE: If you had a contract in the previous fiscal year with Dr. Smith to perform intake medical exams at your organization for your human trafficking program, then you would include the cost of his services in Question D2 below. However, if laboratory tests (e.g., HIV testing) were done by Company XYZ that is under contract with your program, then you would include the cost to your program for these lab services under Contracted Services on page 9.

D2. For the previous fiscal year, for which of the following contracted employees did your human trafficking program incur expenses? Please report total annual expenses for each category.

a.	Doctor(s)	$_____
b.	Pharmacist(s)	$_____
c.	Attorney(s)	$_____
d.	Accountant(s)	$_____
e.	Other (please specify):	
	_____	$_____
	_____	$_____
f.	**TOTAL Contracted Employee Costs**	**$_____**

3. Volunteer Workers

D3. Does your human trafficking program use volunteer workers in providing services or in performing administrative activities in support of services?

☐ Yes
☐ No
☐ Don't Know } **Go to Question D4**

D3a. For each volunteer worker (if any) that provided services to your human trafficking program in the previous fiscal year, please list

their job type or position (Column A),

their total hours worked at your program during the previous fiscal year (Column B), and

the estimated cost per hour for each position if you had to pay for them (Column C).

Please refer to the example on line 1 below to help you in providing the appropriate information.

Volunteers	A. Job Type/Position	B. Total Volunteer Hours	C. Estimated Cost per Hour ($)
Example	**Degreed Counselor**	**1,000**	**$15.00**
Volunteer 1			$
Volunteer 2			$
Volunteer 3			$
Volunteer 4			$
Volunteer 5			$
Volunteer 6			$
Volunteer 7			$
Volunteer 8			$
Volunteer 9			$
Volunteer 10			$

4. Any Other Labor Costs

D4. Questions D1 through D3 should have captured all of the labor costs for your human trafficking program. Do you have any other labor costs that your program incurred during the previous fiscal year that are not captured above?

☐ Yes
☐ No
☐ Don't Know } **Go to Question E1**

D4a. Please provide any additional labor costs here.

$_____ Total Other Labor Costs

D4b. If possible, please indicate the types of costs included in these other labor costs.

(Specify: _____)
(Specify: _____)
(Specify: _____)
(Specify: _____)

E. Contracted Services

If your human trafficking program had a contract with a ***company/corporation*** to provide a service, then enter that information in Question E1 below. If your program had a contract with a ***person*** to provide a service, then that information should have been entered in Question D2 in the previous section.

> EXAMPLE: If laboratory tests (e.g., HIV testing) are done by Company XYZ that is under contract with your program, then you would include the cost to your program for these lab services in Question E1 below. However, if you have a contract with Dr. Smith to perform intake medical exams at your organization for your human trafficking program, then you would include the cost of his services in Question D2 on page 6.

E1. For the previous fiscal year, for which of the following services did your human trafficking program have a contract with a company/corporation? Please report total annual expenses for each category.

a.	Medical	$_____
b.	Pharmacy	$_____
c.	Laboratory	$_____
d.	Legal	$_____
e.	Accounting	$_____
f.	Security	$_____
g.	Computer	$_____
h.	Advertising	$_____
i.	Repair and Maintenance	$_____
j.	Pest Control	$_____
k.	Housekeeping	$_____
l.	Other (please specify):	
	_____	$_____
	_____	$_____
m.	**TOTAL Contracted Services Costs**	**$_____**

F. Buildings and Facilities

This section collects information on the value of the building space used by your **human trafficking program** during the previous fiscal year.

F1. **What were your total expenditures (e.g., rent or mortgage payments) for the space used by your human trafficking program during the previous fiscal year?** If the building space was jointly used with another program or used for other services besides human trafficking services, please prorate the amount to reflect the portion of space costs incurred by your human trafficking program only.

$_____

F2. **How large was the space in all the buildings used by your human trafficking program during the previous fiscal year?** If building space was jointly used with another program or used for other services besides human trafficking services, please prorate the amount of space to reflect the portion of the total space used by your human trafficking program only.

_____ square feet

F3. **Do your expenditures for the space used by your human trafficking program accurately reflect the current market value of the space?**

Yes .....☐1 → **(Go to G1)**

No…….....☐2 (Space is provided "free" or at a subsidized rate)

F4. **What would you estimate your total expenditures on space would have been in the previous fiscal year if you had paid fair market value for the space?**

$_____

☐ Don't Know

G. Depreciation

G1. For the previous fiscal year, for which of the following capital items did your human trafficking program have depreciation expenses? Please report total annual expenses for each category.

a.	Building (not included in rent/mortgage expense)	$_____
b.	Vehicles	$_____
c.	Furniture	$_____
d.	Equipment	$_____
e.	Security Systems	$_____
f.	Computers	$_____
g.	Other (please specify):	
	_____	$_____
	_____	$_____
h.	**TOTAL Depreciation Costs**	**$_____**

H. Supplies, Materials, and Minor Equipment

H1. Please list the total cost for supplies, materials, and minor equipment used by your human trafficking program in the previous fiscal year. Please report total annual expenses for each category.

a. Drugs and Pharmacy (please specify)

_____..... $_____
_____..... $_____
_____..... $_____
_____..... $_____
_____..... $_____

b. Laboratory Supplies ..... $_____
c. Medical Supplies..... $_____
d. Office Supplies ..... $_____
e. Housekeeping Supplies..... $_____
f. Minor Equipment (e.g., computers, furniture not including depreciation costs)..... $_____
g. Dietary—Food ..... $_____
h. Other Supplies ..... $_____
i. TOTAL Supplies and Materials Costs ..... $_____

I. Miscellaneous Resources and Costs

I1. What was the cost of other miscellaneous items used by your human trafficking program in the previous fiscal year? Please report total annual expenses for each category.

a.	Utilities (e.g., electricity, gas, oil, water and sewer, garbage)	$_____
b.	Insurance (e.g., liability, malpractice, director and officers) ..	$_____
c.	Non-Payroll Taxes (e.g., federal, state, local)	$_____
d.	Communications (e.g., telephone, postage, printing and duplicating, advertising, publications)	$_____
e.	Client Transportation (e.g., providing clients transportation to and from services; subsidizing client costs for public transportation to and from services)	$_____
f.	Dues, Memberships, and Fees	$_____
g.	Staff Training	$_____
h.	Staff Traveling	$_____
i.	Any other costs not yet accounted for in this questionnaire...	$_____
j.	**TOTAL Miscellaneous Costs .....**	**$_____**

J. Administrative Overhead

This section collects information on an administrative overhead rate that may have been applied to your grants (federal or local), contracts, or other funding sources. Usually, overhead rates are used to pay for administrative services that occur at the level of the parent organization, hospital, or program for which your human trafficking program receives benefit but does not pay for directly (e.g., marketing, outreach, business office, billing).

J1. Is there a standing overhead rate or administrative charge that is incurred by your human trafficking program?

Yes ..... ☐

No..... ☐ → **Thank you for your participation.**

J2. Have you included this overhead rate/administrative charge in the cost information you have already provided in this questionnaire (in Sections D through I)?

Yes ..... ☐

No..... ☐

J3. What is the overhead rate (or administrative charge)?

a. Overhead Rate: _____%

OR

b. Administrative Charge: $_____

J4. To which cost component is this overhead rate (or administrative charge) applied?

	Yes ∇	No ∇
a. Labor Costs	☐	☐
b. Total Costs	☐	☐
c. Other (please specify)	☐	☐

(Specify: _____)

J5. If possible, please indicate the resources provided to your human trafficking program with this overhead money (e.g., billing, payrolls, marketing, legal services, other administrative tasks):

a. (Specify: _____)

b. (Specify: _____)

c. (Specify: _____)

d. (Specify: _____)

THANK YOU FOR YOUR PARTICIPATION.

Human Trafficking Evaluation Labor Module

RTI International

Research Triangle Park, NC 27709

January 2015

Date Completed: _____/_____/_____

ORGANIZATION ID# _____

Table of Contents

Introduction

This questionnaire should be completed by the program director or other senior manager who is familiar with the day-to-day operations and services delivered at your human trafficking program. Assistance from other program staff as needed is strongly encouraged.

Although your program may be part of a larger organization or provide other services besides human trafficking services, throughout this questionnaire, please answer all questions as they pertain to your human trafficking program.

This questionnaire collects information on the labor resources used in an ***average*** or typical week ***over the past month*** by your human trafficking program to provide human trafficking services and perform activities associated with treatment provision.

The questionnaire is divided into three sections:

Section A: Time Allocation. You are asked to provide information on the time spent in an ***average*** or typical week ***over the past month*** by your program's employees, contracted personnel, and volunteer workers providing specific client services or performing specific activities associated with providing human trafficking services.

Section B: Weekly Service Provision. For selected client services, you are asked to provide information on the ***average*** number of services provided by staff in an ***average*** or typical week ***over the past month***, and the average length of time per session for these services.

Section C: Labor Wage Rates. You are asked to provide information on hourly wage rates for your current staff for whom you report time in Section A.

The information provided in this questionnaire, or through any other part of this study, will be held in confidence and will not be reported in a way that could directly identify you or your program.

Thank you for your participation!

If you have any questions about the questionnaire, please contact:

Justin Landwehr
RTI International
1-919-990-8345
jlandwehr@rti.org

A. Time Allocation

In this section, we are requesting information on the time spent in an ***average*** or typical week ***over the past month*** by your staff. For the purposes of this study, we define a week to be 7 consecutive days. We are collecting this information by asking that you complete the three Time Allocation Tables for (1) non-medical direct care staff, (2) medical staff, and (3) management and administrative staff.

Step-by-Step Instructions:

1. **Column 2:** Record the total number of employees, contracted personnel, and volunteer workers at your program that are in each of the job positions listed.

   For example, if your human trafficking program has 2 social workers (MSW) that provide services, then you would indicate "2" in Column 2 of the Time Allocation Table for Non-Medical Direct Care Staff. See example provided in first row of the Time Allocation Table for Non-Medical Direct Care Staff.

   For example, if your human trafficking program has 3 physicians that provide services, then you would indicate "3" in Column 2 of the Time Allocation Table for Medical Staff. See example provided in first row of the Time Allocation Table for Medical Staff.

2. **Column 3:** Record the *total* hours worked per week by all staff indicated in Column 2 for each job position.

   For example, if the 2 social workers listed in Column 2 each work 30 hours per week for your human trafficking program, then you would indicate "60 hours" in Column 3 of the Time Allocation Table for Non-Medical Direct Care Staff.

   For example, if the 3 physicians listed in Column 2 each work 20 hours per week for your human trafficking program, then you would indicate "60 hours" in Column 3 of the Time Allocation Table for Medical Staff.

3. **Columns 4 through 19:** Allocate the total hours listed for each job position (Column 3) over the 11 client services (including the "Any Other Client Services" category) and the 5 administrative and other support activities (including the "Any Other Activity" category).

Refer to the ***Definitions of client services and activities*** (page 3) for definitions of the client services and administrative/other support activities shown. When completing this section, think about your staff's work habits ***over the past month*** and report the average hours spent providing services in an ***average*** or typical week.

   For example, if the 2 social workers divide their total time equally among initial client assessment, case management/case support, and client-specific administrative activities, then you would indicate "20 hours" in Column 4, Column 12, and Column 13 of the Time Allocation Table for Non-Medical Direct Care Staff.

4. Finally, make sure that the sum of hours allocated across the service and administrative activity categories (Columns 4–19) equals the total hours per week given in Column 3.

For example, the 20 hours reported for social workers in initial client assessment (Column 4) plus the 20 hours reported in case management/case support (Column 12) plus the 20 hours reported in client-specific administrative activities (Column 13) should equal the 60 hours reported under the total hours per week in Column 3 of the Time Allocation Table for Non-Medical Direct Care Staff.

For example, the 30 hours reported for physicians in initial medical services (Column 5) plus the 30 hours reported for physicians in ongoing medical services other than pharmacological dosing (Column 6) should equal the 60 hours reported under the total hours per week in Column 3 of the Time Allocation Table for Medical Staff.

Definitions of Client Services and Activities

Client Services

Column #

***Case Management*:**

***Housing*:**

***Service 3*:**

***Service 4*:**

***Service 5*:**

***Service 6*:**

***Service 7*:**

***Service 8*:**

***Service 9*:**

***Service 10*:**

***Service 11*:**

Administrative and Other Support Activities

***Program Administration*:**

***Training*:**

***Data Collection/Case Notes*:**

***Collaboration Development*:**

***Administrative or Support Activity 5*:**

Time Allocation Table for Medical Staff

			Hours Spent in Average Week Providing Specified Client Services											Hours Spent in Average Week Doing Administrative and Other Support Activities				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Job Type	# of People	Total Hours Worked Per Week by all the People Indicated in Column 2	Service 1	Service 2	Service 3	Service 4	Service 5	Service 6	Service 7	Service 8	Service 9	Service 10	Service 11	Administrative/Support Activity 1	Administrative/Support Activity 2	Administrative/Support Activity 3	Administrative/Support Activity 4	Administrative/Support Activity 5
EXAMPLE: Physician	**3**	**60**		**30**	**30**													
Medical Staff																		
Job Type 13																		
Job Type 14																		
Job Type 15																		
Job Type 16																		
Job Type 17																		
Job Type 18																		
Job Type 19																		
Job Type 20																		
Job Type 21																		
Any Other Medical Personnel																		

Time Allocation Table for Management and Administrative Staff

			Hours Spent in Average Week Providing Specified Client Services											Hours Spent in Average Week Doing Administrative and Other Support Activities				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Job Type	# of People	Total Hours Worked Per Week by all the People Indicated in Column 2	Service 1	Service 2	Service 3	Service 4	Service 5	Service 6	Service 7	Service 8	Service 9	Service 10	Service 11	Administrative/Support Activity 1	Administrative/Support Activity 2	Administrative/Support Activity 3	Administrative/Support Activity 4	Administrative/Support Activity 5
EXAMPLE: Clinical Supervisor	3	60												30			30	
Management/Administrative Staff																		
Job Type 22																		
Job Type 23																		
Job Type 24																		
Job Type 25																		
Job Type 26																		
Job Type 27																		
Any Other Management/ Administrative Staff																		
Any Other Staff																		
Job Type 28																		
Job Type 29																		
Job Type 30																		
Job Type 31																		
Any Other (e.g., housekeeping)																		

B. Weekly Service Provision

For the client services indicated below, we request information on services provided at your human trafficking program in an ***average*** week ***over the past month.*** Refer to the definitions of the client services and administrative and other support activities on page 3. When completing this section, think about the services your staff provided ***over the past month***.

B1. How many individuals receive Case Management in an average week at your human trafficking program?

_____ persons per week

B2. What is the average length of time for a Case Management session?

_____ minutes per session

B3. How many individuals receive Screening and Assessment in an average week at your human trafficking program?

_____ persons per week

B4. What is the average length of time for a Screening and Assessment session?

_____ minutes per session

B5. How many individuals receive Client Outreach in an average week at your human trafficking program?

_____ persons per week

B6. What is the average length of time for a Client Outreach session?

_____ minutes per session

B7. How many individuals receive *Service 4* in an average week at your human trafficking program?

_____ persons per week

B8. What is the average length of time for a *Service 4* session?

_____ minutes per session

B9. How many individuals receive *Service 5* in an average week at your human trafficking program?

_____ persons per week

B10. What is the average length of time for a *Service 5* session?

_____ minutes per session

B11. How many individuals receive *Service 6* in an average week at your human trafficking program?

_____ persons per week

B12. What is the average length of time for a *Service 6* session?

_____ minutes per session

B13. How many individuals receive *Service 7* in an average week at your human trafficking program?

_____ persons per week

B14. What is the average length of time for a *Service 7* session?

_____ minutes per session

B15. How many individuals receive *Service 8* in an average week at your human trafficking program?

_____ persons per week

B16. What is the average length of time for a *Service 8* session?

_____ minutes per session

B17. How many individuals receive *Service 9* in an average week at your human trafficking program?

_____ persons per week

B18. What is the average length of time for a *Service 9* session?

_____ minutes per session

B19. How many individuals receive *Service 10* in an average week at your human trafficking program?

_____ persons per week

B20. What is the average length of time for a *Service 10* session?

_____ minutes per session

B21. How many individuals receive *Service 11* in an average week at your human trafficking program?

_____ persons per week

B22. What is the average length of time for a *Service 11* session?

_____ minutes per session

C. Labor Wage Rates

1. Regular Paid Employees

This section collects information on the average wages for your **regular paid employees only**. Wage information on contracted employees and estimated wage information on volunteer workers is collected in the Cost Module.

C1. Please enter the wage information requested in the table separately for each job position as follows:

Column B: For each job position shown, report the number of regular paid employees (do not include contracted employees and volunteer workers) that you have working at your human trafficking program.

Column C: Next, for that job position, record the **average** unloaded hourly wage (i.e., the wage without fringe benefits or payroll taxes included) for **all** regular paid employees in this job position.

When completing this section, think about the hourly wage rate earned by regular paid employees at your program ***during the previous month***.

Important: If your data on staff wages are expressed in terms of weekly or monthly salary, please divide by the following standardized hours to obtain an hourly wage rate for each paid employee:

Weekly Salary: Divide by **40 hours** (or by number of hours worked in a typical *week* if employee works less than full-time).

Monthly Salary: Divide by **167 hours** (or by number of hours worked in a typical *month* if employee works less than full-time).

EXAMPLES

1. The hourly wage rate for a full-time employee with a *weekly* base salary of $800 would be: $800 ÷ 40 hours = **$20.00 per hour**.
2. The hourly wage rate for an employee who works only 25 hours per week with a *weekly* base salary of $800 would be: $800 ÷ 25 hours = **$32.00 per hour**.
3. The hourly wage rate for a full-time employee with a *monthly* base salary of $4,000 would be: $4,000 ÷ 167 hours = **$23.95 per hour**.
4. The hourly wage rate for an employee who works only 84 hours per month with a *monthly* base salary of $4,000 would be: $4,000 ÷ 84 hours = **$47.62 per hour**.

The first line has been completed as an example. It shows that Program Z employs 3 certified case managers. The unloaded wages for these case managers are $12, $13.75, and $9.95. In Column A, the director of Program Z chooses Case Manager (certified) and reports "3" in Column B. He reports $11.90 as the average unloaded wage in Column C (calculated as the sum of $12, $13.75, and $9.95 divided by 3).

A. Job Position	B. Number of Employees	C. Average Hourly Wage Rate (without fringes or payroll taxes) ($)
Example: Case Manager (certified)	**3**	**$11.90**
Non-Medical Direct Care Staff		
Job Type 1		
Job Type 2		
Job Type 3		
Job Type 4		
Job Type 5		
Job Type 6		
Job Type 7		
Job Type 8		
Job Type 9		
Job Type 10		
Job Type 11		
Job Type 12		
Other Nonmedical Personnel		
Medical Staff		
Job Type 13		
Job Type 14		
Job Type 15		
Job Type 16		
Job Type 17		
Job Type 18		
Job Type 19		
Job Type 20		
Job Type 21		
Other Medical Personnel		

Continue with C1 on the next page →

A. Job Position	B. Number of Employees	C. Average Hourly Wage Rate (without fringes or payroll taxes) ($)
Management, Administrative, or Other Staff		
Job Type 22		
Job Type 23		
Job Type 24		
Job Type 25		
Job Type 26		
Job Type 27		
Job Type 28		
Job Type 29		
Job Type 30		
Other Management (e.g., vice president, CEO, finance manager)		
Other Administrative (e.g., finance clerk, billing coordinator)		
Other (e.g., housekeeping)		

C2. Please indicate the typical percentage of base salary that was spent during the previous month on employee benefits/payroll taxes <u>for full-time employees</u>.

Total Fringe Benefits _____ % of base salary

<u>AND</u>

Total Payroll Taxes _____ % of base salary

<u>OR</u>

Total Benefits/Payroll Taxes _____ % of base salary

C2a. Please indicate which of the following employee benefits/payroll taxes are included in the percentage(s) provided above.

	Yes ▽	No ▽
a. Health Insurance	☐	☐
b. Pension and Retirement	☐	☐
c. Disability	☐	☐
d. Vacation	☐	☐
e. Sick Leave	☐	☐
f. FICA (Federal Insurance Contributions Act)	☐	☐
g. Federal and/or State Unemployment Insurance	☐	☐
h. Worker's Compensation Insurance	☐	☐
i. Other	☐	☐

C3. Do the fringe benefit and payroll tax rates you provided in question C2 also apply to employees who work part-time?

Yes ☐ **(Thank you for your participation)**

No ☐ **(Go to C4 on next page)**

C4. Please indicate the typical percentage of base salary that was spent during the previous month on employee benefits/payroll taxes for part-time employees.

Total Fringe Benefits _____ % of base salary

AND

Total Payroll Taxes _____ % of base salary

OR

Total Benefits/Payroll Taxes _____ % of base salary

C4a. Please indicate which of the following employee benefits/payroll taxes are included in the percentage(s) provided above.

	Yes ▽	No ▽
a. Health Insurance	☐	☐
b. Pension and Retirement	☐	☐
c. Disability	☐	☐
d. Vacation	☐	☐
e. Sick Leave	☐	☐
f. FICA (Federal Insurance Contributions Act)	☐	☐
g. Federal and/or State Unemployment Insurance	☐	☐
h. Worker's Compensation Insurance	☐	☐
i. Other	☐	☐

THANK YOU FOR YOUR PARTICIPATION

Appendix G:
Observation Form

Collaboration Observation Form

The purpose of this form is to capture evaluator observations of a partner meeting to provide some insight into the collaborative interactions of projects and program partners. The items below are intended for evaluation team members to consider during their observations, and are not to be asked of the project or program staff. The evaluation team member's role is only as an observer. Arrangements for this meeting should be made when the initial site visit is scheduled.

1. Describe what type of meeting is being observed (monthly partner meeting, case conference meeting, other meeting of partners).

2. Describe the purpose or function of what you are observing.

3. Describe who is being observed and the mix of participants (e.g., number of project staff by position, number of partner staff by position, number of other staff by agency and position). Also describe the setting (e.g., project meeting room, partner office, other).

4. Describe the structure of the meeting: who is leading the meeting.

   1=Lead agency leads

   2=Partner agency lead

   3=Other committee member

5. Describe the level of participation in the meeting

   1=Poor (people seemed bored or distracted, lack of verbal participation)

   2=Fair

   3=Satisfactory

   4=Good

   5=Excellent (all paid attention, all participated in the discussion)

6. Describe the verbal behavior and interactions between participants, staff, and clients (e.g., friendly, mutual exchange, one-sided staff discussion, cohesive, problem solving, staff to participants, cross participant interactions)

7. Describe the physical behavior and gestures between participants, staff, and clients (e.g., clients very comfortable with staff, some participants appear distracted or uncomfortable)

8. Describe the materials available for the meeting (if any) and how they are used.

9. Describe the type of information discussed in the meeting (non-identifying). (e.g., staff discussed issues accessing housing; staff brainstormed on how to help client with transportation)

10. Describe the decision-making pattern (consensus or vote-taking or group is purely advisory) and any decision reached.

11. Describe the organization of the meeting

    1=Poor (chaotic, not organized)

    2=Fair

    3=Satisfactory

    4=Good

    5=Excellent (well organized, went smoothly)

12. What are your impressions of the observed meeting? How does this fit with the project director and partner descriptions of group interactions? Anything noteworthy?

13. How would you describe the productivity of the meeting?

    1=Poor (not much done, wasted time, done in response to evaluation presence)

    2=Fair

    3=Satisfactory

    4=Good

    5=Excellent (much accomplished , good use of time)