Evaluation of the Domestic Victims of Human Trafficking Program

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Overview

To improve services for domestic victims of human trafficking, the Office on Trafficking in Persons (OTIP), within the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services, awarded 13 three-year cooperative agreements in 2016 to nongovernmental organizations across the United States. The intent of the FY 2016 Domestic Victims of Human Trafficking (DVHT) Program was to "build, expand, and sustain organizational and community capacity to deliver trauma-informed, strength-based, and victim-centered services for domestic victims of severe forms of human trafficking through coordinated case management, a system of referrals and the formation of community partnerships" (ACF, 2016).

This report documents the experiences of 12 grantees[1] that implemented DVHT projects in Alaska, Arizona, Arkansas, California, Illinois, Louisiana, Massachusetts, Michigan, New Jersey, Ohio, Oregon, and Utah. ACF's Office of Planning, Research, and Evaluation (OPRE), in collaboration with OTIP, oversaw a cross-site process evaluation of these projects conducted by RTI International. The purposes of the cross-site process evaluation were to examine and document the approaches and strategies projects used to accomplish the DVHT Program objectives and to inform ACF's efforts to improve services for domestic trafficking survivors. Evaluation questions pertained to projects' organizational and service delivery models; project implementation, including approaches to delivering comprehensive case management and services to meet clients' needs; strategies to identify and engage survivors; ways projects define and measure client successes and outcomes; and implementation achievements, challenges, and lessons learned. Data sources used for the evaluation included existing grantee documents and materials (e.g., grantee applications); data collected during two telephone interviews with project directors; survey data collected through a web-based instrument administered to project directors, case managers, and select partners from each of the 12 projects; and interviews with DVHT project staff, key partners, and clients during in-person site visits to 8 projects. All primary data collection occurred between January and December 2019.

Key Findings and Highlights

- Several factors—including grantees' organizational characteristics, community contexts, and partnerships—contributed to the development and implementation of distinct DVHT project models by the 12 DVHT projects. DVHT project models varied in terms of their target population, geographic service area, organizational structure, and approaches to service delivery.
    - Six projects offered stand-alone services for trafficking survivors that were independent from the grantee lead organization's fundamental services (five grantees operated a distinct, trafficking-specific program situated within the

[1] One of the 13 DVHT grantees did not receive DHVT funding after the initial year of the grant program.

larger organization). In contrast, six DVHT projects folded DVHT grant services into the lead organization's primary service program(s).

- All DVHT grantees collaborated with community partners in various ways to identify and engage potential clients, provide comprehensive case management, and deliver services to meet clients' individual needs.
    - Three of the 12 projects offered case management through the DVHT lead organization and also funded two or more other community-based organizations to deliver case management. Nine grantee lead organizations were the sole providers of DVHT-funded case management.
    - Most DVHT project partners provided services or facilitated referrals to address clients' needs. Partners also provided, assisted with, or received trainings to increase awareness of or improve community responses to human trafficking.
    - The services most challenging to deliver—and highly needed by clients—were employment, short- and long-term housing, mental health, and substance abuse treatment.
- Essential for case managers and staff who work with domestic trafficking survivors are skills in trauma-informed service delivery and crisis intervention, experience and passion for working with trafficking victims and vulnerable populations, knowledge of community resources, and soft skills (e.g., empathy, boundary setting, self-care). Maintaining staff capacity was a challenge for projects.

- The type and level of survivor engagement in planning and service delivery varied widely across the projects—from two programs grounded in survivor-leadership that employed survivors in multiple roles, to a few projects for which survivor engagement was desirable, yet difficult. Some clients shared that receiving services from program staff with lived experience similar to theirs was extremely beneficial and impactful to their experience participating DVHT services.

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Exhibits

1. Introduction

Human Trafficking in the United States

Domestic human trafficking involves forced labor and sexual exploitation of U.S. citizens and lawful permanent residents, including men, women, children, youth, and adults. The extent of human trafficking in the United States is unknown due to the nebulous terminology and clandestine nature of the populations involved; however, several factors may increase individuals' vulnerability to trafficking victimization: young age, poverty, health or mental health problems, substance abuse and addiction, homelessness, lack of family support, history of childhood emotional and sexual abuse, and limited economic opportunities (Fedina & DeForge, 2017). Populations that may be especially vulnerable to domestic human trafficking include persons with migrant status or unstable immigration status; minors previously victimized; children in the child welfare and juvenile justice systems; runaway and homeless youth; women and girls of color; people with disabilities; and lesbian, gay, bisexual, transgender, and intersex individuals (De Vries & Farrell, 2019; Reid, Baglivio, Piquero, Greenwald & Epps, 2017; Clawson, Dutch, Salomon, & Goldblatt Grace, 2009; Dank et al., 2015; Fedina, Williamson, & Perdue, 2016; Polaris, 2017; U.S. Department of State, 2016). The trauma that trafficking victims experience can be pervasive and long-lasting, and survivors' needs for services and support can be extensive.

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.

(Source: Trafficking Victims Protection Act of 2000)

Service Needs of Trafficking Survivors

Survivors of human trafficking have a range of service needs due to the challenging and long-lasting consequences of their victimization. Trafficking survivors have a higher risk of experiencing violence; physical health problems, such as headaches, fatigue, dizziness, back pain, memory problems, and STDs, including HIV; and mental health disorders, such as depression and post-traumatic stress disorder (Oram, Stöckl, Busza, Howard, & Zimmerman, 2012; Zimmerman et al., 2003). Victims are at risk of relying on substances to cope with their trauma and may become chemically dependent (Clawson, Salomon, & Goldblatt Grace, 2008). Trauma due to

Service Needs of Human Trafficking Victims

- Support/crisis intervention
- Emotional support
- Safety planning
- Health services (medical, mental, and dental)
- Food, clothing, and transportation
- Educational support
- Housing (emergency, transitional, and long-term)
- Legal advocacy
- Employment
- Life skills training
- Family reunification
- Substance use services

(Source: Gibbs et al., 2015; Hardison Walters et al., 2016)

trafficking experiences can cause victims to develop other symptoms that negatively impact long-term social and physical well-being, such as guilt, shame, memory loss, dissociation, insomnia, mistrust of others, social withdrawal, loneliness, loss of self-esteem, apathy, extreme forms of submissiveness to others, and lack of initiative and autonomy (Hodge, 2014). Survivors may also need tangible support and resources that increase stability, such as long-term housing and opportunities for education and employment (Powell, Asbill, Louis & Stoklosa, 2018).

Help-Seeking and Service Accessibility

Although services can help address these varied needs, trafficking survivors face a variety of barriers to seeking or accessing support. Some survivors may not seek or access support services because they fear they will not be believed, are unaware of services, lack adequate transportation or childcare, or face cultural barriers or social stigma to seeking help (McCart, Smith, & Sawyer, 2010; Powell et al., 2018; Tsui, Cheung, & Leung, 2010). Other barriers include fear of their trafficker and stigma due to substance use or mental health disorders (Powell et al., 2018). Beyond awareness raising and education for both survivors and responders, service models need to be tailored to address these holistic needs to better connect and engage survivors, especially those whose experiences may result in needs across multiple aspects of their lives. Organizations that provide services to survivors of human trafficking may also have struggles of their own, including challenges in identifying survivors, lack of adequate services, staff turnover, inadequate training, and lack of protocols or policies to provide services specific to victims of human trafficking (Clawson et al., 2009; Gibbs, Hardison Walters, Lutnick, Miller, & Kluckman, 2014; Hardison Walters, Krieger, Kluckman, Feinberg, Orme, Asefnia, & Gibbs, 2017; Krieger et al., 2018).

Service Delivery for Trafficking Survivors

When victims are identified or seek help, their needs for services are multifaceted, from securing immediate safety to receiving aid in long-term healing and self-sufficiency (Clawson et al., 2009; Gibbs, Hardison Walters, Lutnick, Miller, & Kluckman, 2015; Hardison Walters et al., 2017). It is essential that a range of services be available to meet the multifaceted needs victims may have. How services are structured and provided is also important. Services that support stabilization (e.g., crisis intervention, emergency shelter, safety planning, urgent medical care) may initially be required, after which service providers can transition to case management to address non-emergency needs that promote healing and thriving (Gibbs et al., 2015).

Case management in conjunction with comprehensive services to address the needs of victims of human trafficking is crucial. Case management is usually not a linear process, and service providers need to be adaptable and available when a survivor feels ready to engage (Gibbs et al., 2015). The Evaluation of Domestic Victims of Human Trafficking Demonstration Projects highlighted the importance of providing services that "meet the client where they are." Evaluation findings showed that several needed services—such as employment, mental/behavioral health, and substance/alcohol use—were not accessed because clients were not ready or willing to receive them at the time (Hardison Walters et al., 2017). By providing

case management and ensuring that a range of services are available to survivors when they are ready to engage them, providers emphasize survivor choice and empowerment, two pillars of a trauma-informed service delivery model (Ladd & Neufeld Weaver, 2018).

There is an increased awareness of the importance of incorporating trafficking survivor leaders into service development and delivery processes. The Human Trafficking Leadership Academy (HTLA)[2], composed of survivor leaders and service providers, created recommendations for survivor-informed practice that include consulting survivors across program development, implementation, and evaluation (HTLA, 2017). Survivor leaders offer a unique and critical perspective on how to support fellow survivors. The integration of their input may reduce the risk of re-traumatization in the process of receiving services by making providers and policies more informed by survivors' experiences.

> A survivor leader is a survivor who holds a leadership position within their field or shows leadership to their peers and colleagues.
>
> (Source: Freedom Network, 2018)

Domestic Victims of Human Trafficking Program

To improve services for domestic victims of human trafficking, the Office on Trafficking in Persons (OTIP), within the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services, awarded 13 cooperative agreements[3] in 2016 to organizations to implement projects within a 36-month period[4] (October 2016 to September 2019). The intent of the program was to "build, expand, and sustain organizational and community capacity to deliver trauma-informed, strength-based, and victim-centered services for domestic victims of severe forms of human trafficking through coordinated case management, a system of referrals and the formation of community partnerships" (ACF, 2016).

[2] The HTLA is a program developed and delivered by the National Human Trafficking Training and Technical Assistance Center (NHTTAC) in partnership with Coro. More information about the HTLA is available at https://www.acf.hhs.gov/otip/training/nhttac/human-trafficking-leadership-academy.

[3] 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.

[4] Twelve grantees received a 12-month no-cost extension through September 2020, which lengthened their overall period of performance to 48 months.

The FY 2016 DVHT Program built upon and integrated lessons learned from the Family and Youth Services Bureau (FYSB) DVHT demonstration grant program[5] (Attorney General, 2016). The specific objectives of the FY 2016 DVHT Program were as follows:

- Conduct community assessments with the goal to build capacity, create partnerships, and deliver comprehensive, quality services to domestic victims of severe forms of human trafficking.[6]
- Develop, strengthen, and expand comprehensive victim-centered services and case management at the community level for domestic victims of severe forms of human trafficking.
- Address the immediate and long-term housing and shelter needs of victims through a continuum of flexible housing supports, including emergency and transitional housing.
- Identify, provide, or refer victims to behavioral health and substance abuse treatment services.
- Integrate survivor engagement in their case management and service delivery strategies for victims.

Process Evaluation

Building on two earlier cross-site process evaluations of the DVHT demonstration grants (Hardison Walters et al., 2017; Krieger, et al., 2018), RTI International designed and conducted a cross-site process evaluation of the FY 2016 DVHT projects. The evaluation was carried out through a contract overseen by ACF's Office of Planning, Research, and Evaluation (OPRE) in partnership with OTIP. The purposes of the evaluation were (1) to examine and document the ways in which the DVHT grantees approached and accomplished the DVHT Program objectives and (2) to inform ACF on its efforts to improve services for domestic victims of human trafficking.

Twelve DVHT grantees[7] located in Alaska, Arizona, Arkansas, California, Illinois, Louisiana, Massachusetts, Michigan, New Jersey, Ohio, Oregon, and Utah participated in the evaluation. Following a description of the evaluation design (chapter 2), this report provides a brief overview of the 12 participating DVHT projects and their key characteristics and service

[5] FYSB awarded three 2-year cooperative agreements in 2014 to implement demonstration projects to improve services for domestic trafficking survivors. FYSB awarded three additional 2-year cooperative agreements in 2015 to "build, expand, and sustain organizational and community capacity to deliver trauma-informed, culturally relevant services for domestic victims of human trafficking through a coordinated system of agency services and partnerships with community-based organizations and allied professionals" (Demonstration Grants for Domestic Victims of Human Trafficking Funding Opportunity Announcement: https://ami.grantsolutions.gov/files/HHS-2015-ACF-ACYF-TV-0959_0.htm).

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

[7] One of the 13 DVHT grantees was unable to set up critical aspects of their program and therefore did not receive DHVT funding after the initial year of the grant program.

delivery models (chapter 3). Chapters 4 and 5 present evaluation findings pertaining to how grantees collaborated with community partners; conducted community-level outreach; identified and engaged trafficking survivors in services; provided comprehensive case management and services to meet clients' needs (with particular attention to strategies used by projects to provide trauma-informed services and deliver housing, mental health, and substance abuse treatment services); and integrate survivors into program development and delivery. Chapter 5 also includes summaries of staff's views of client successes and clients' perceptions of services received. The report concludes with the strengths and limitations of different service delivery models (chapter 6).

2. Evaluation Design

Evaluation Goals

The goals of the evaluation were to examine and document the approaches, strategies, and service delivery models implemented by DVHT projects to accomplish the DVHT Program objectives and to inform ACF on its efforts to improve services for domestic victims of human trafficking.

Terminology

The terms "victim" and "survivor" are used interchangeably throughout this report to describe individuals who have experienced human trafficking. We acknowledge that some individuals who have experienced human trafficking may not identify as a victim of trafficking. Some individuals may identify as a survivor of trafficking or use a different term altogether to describe their experiences, whereas others may not identify as having experienced trafficking at all.

Previous cross-site process evaluations of two cohorts of FYSB-sponsored DVHT demonstration projects (Hardison Walters et al., 2017; Krieger et al., 2018) served as the foundation for design planning. In addition to addressing the broad DVHT Program objectives pertaining to community partnerships and comprehensive trauma-informed service delivery, the evaluation expanded on the previous studies by focusing on special topics of interest reflected in the FY 2016 DVHT Program requirements, including strategies projects used to provide short- and long-term housing solutions, deliver mental health and substance use treatment services, and engage survivors in program development and service delivery. Furthermore, the evaluation aimed to describe and distinguish the service models implemented by the DVHT grantees in their varied community and organizational contexts.

To meet these goals, the evaluation's guiding evaluation questions (**Exhibit 1**) focused on understanding projects' organizational and service delivery models; project implementation, including partnership development and community outreach, approaches to case management and direct service delivery, and strategies to identify and engage survivors; ways projects defined and monitored program successes and outcomes; and implementation achievements, challenges, and lessons learned. These questions, and the evaluation methods used to answer them, were developed within the framework of a descriptive evaluation. The evaluation was not designed to determine whether the DVHT projects achieved their desired outcomes, assess the effectiveness of services, or measure the impact of different project models.

Exhibit 1. Evaluation Questions

Domain	Evaluation Questions
Partnership and Collaboration	**How do grantees and partners work together to increase outreach and awareness of human trafficking, identify victims, and serve victims?** **What are the areas of collaboration between grantees and partners?** ▪ Who are the partners and what are their roles? ▪ Which organization leads? ▪ What is the nature and quality of the partnerships? ▪ What are the criteria for identifying potential partners?

Exhibit 1. Evaluation Questions (continued)

Domain	Evaluation Questions
Service Delivery	**What strategies do grantees use to identify and serve clients in outreach, case management, and other direct services?** ▪ How do grantees provide or utilize trauma-informed, victim-centered approaches to identify and serve victims? ▪ How do project staff and partners define trauma-informed, victim-centered care for trafficking victims? ▪ Which trauma-informed interventions and approaches do projects use? What challenges and obstacles to implementation of trauma-informed approaches do projects encounter? **What innovative approaches do DVHT projects implement to identify victims and meet victims' needs?** To what extent do grantees describe strategies as working well? What strategies have grantees found to be less effective? **To what extent do grantees report that they could meet victims' needs?** ▪ Which services do grantees identify as needed for survivors of human trafficking? ▪ What services do DVHT projects provide to victims? ▪ How do the types of services provided to DVHT vary across different types of agencies delivering the services? ▪ What types of organizations are best suited to respond to the needs of domestic trafficking victims? **What standards of care do grantees and partners utilize?** ▪ What qualifications (education, skills, experience, and attributes) do DVHT program staff have and need? ▪ What types of training and continuing education is offered to staff?
Service Delivery Special Topic: Housing Services	**How do grantees address victims' immediate and long-term housing needs?** **What strategies and innovative approaches do grantees employ?** **With whom do grantees develop multidisciplinary partnerships?** ▪ What kind of agency partnerships are important to develop to support victims' housing needs? **How do grantees offer housing supports that are trauma-informed and meet the unique needs of human trafficking victims?** **What challenges do grantees encounter?** ▪ How do grantees address challenges encountered? **To what degree do grantees report that they are able to meet victims' housing needs?** ▪ Which needs are grantees least able to meet?

(continued)

Exhibit 1. Evaluation Questions (continued)

Domain	Evaluation Questions
Service Delivery Special Topic: Survivor Engagement	**How do grantees define "survivor engagement"?** **To what extent do grantees report that they engage and integrate survivors in program development and service delivery?** ▪ In what ways are survivors involved in DVHT program development and service delivery? **What processes do grantees use to recruit, screen hire, train, and support survivors to be involved in service delivery?** ▪ Do projects use a screening tool to vet survivors? ▪ Are survivors compensated for their time or do they serve as volunteers (or both)? **What are the characteristics of survivors who are engaged in DVHT projects?** **What factors influence survivors' interest in and readiness to engage as peer leaders?** **In what ways is survivor engagement beneficial in achieving organizational goals and objectives?** **What are the barriers to survivor engagement?** ▪ How do survivors and grantee/partner staff address these barriers? ▪ Are there any negative implications for using survivors in program development and service delivery?
Service Delivery Special Topic: Behavioral Health Treatment	**How do projects address victims' needs related to mental health and substance use?**
Program Models	**What are the challenges and strengths of both stand-alone and integrated models in achieving program outputs and delivering services that are comprehensive, trauma informed, and culturally competent?** **How do DVHT projects address the goals of the DVHT Program (identifying victims, expanding collaborations, and providing services) within their community context?**
Program Success	**How do grantees define and assess "success" with regard to victim identification case management and comprehensive, coordinated service delivery; trauma-informed care (adoption of principles and practices that promote a culture of safety, empowerment, and healing); client progress and success; partnerships; community awareness?** **Which program elements do grantees define as most successful and least successful?** ▪ What factors do grantees and partners identify as affecting success? **To what extent do survivors served by DVHT programs experience positive outcomes in the domains of safety, well-being, social connectedness, and self-sufficiency?** ▪ What are the characteristics of survivors who are most likely to experience positive outcomes in different domains?

Data Sources

The evaluation team collected quantitative and qualitative data to address the evaluation questions. This mixed methods approach allowed for systematic collection of descriptive data across all 12 projects and select key partners through web-based surveys, while interview data provided context and aided interpretation of the survey data to more thoroughly document the nuances of program models and client services. Primary data collection began in January 2019, following receipt of approval from the Office of Management and Budget, and concluded in December 2019. Each round of data collection informed the next. In collaboration with OPRE and OTIP, the evaluation team selected eight projects to visit for the purpose of acquiring a more in-depth understanding of DVHT project services (see the *Site Visits* section in this chapter for a description of factors considered for site selection). **Exhibit 2** provides an overview of the evaluation's data sources, including the respondents, mode, and timeline for data collection. Data collection instruments are included in ***Appendix A***.

Exhibit 2. Overview of Data Collection Sources

Data Source	Number of Participating Projects	Respondent(s)	Mode	Timeline
Existing documents and materials	12	Not applicable	Document review and abstraction	October 2016–September 2019
Project director survey	12	Project director	Web-based survey	January 2019
Project director interview	12	Project director	Telephone interview	February–March 2019
Case manager survey	12	Case managers	Web-based survey	April 2019
Partner survey	12	Key project partners	Web-based survey	April 2019
Site visits *In-person interviews and observation of project activities*	8	Project director, core project staff, select partners, project clients	In-person interviews	July–September 2019
Project director interview	12	Project director	Telephone interview	October–December 2019

Project Director, Case Manager, and Partner Surveys

The evaluation team administered web-based surveys to DVHT project directors, case managers, and partners. The project director survey, administered in January 2019, included questions about the DVHT project and staff, partners, services offered to trafficking clients, and service delivery strategies. The case manager survey, administered in April 2019, asked about the case managers' roles, case management activities, training received, trafficking clients' service needs, and service delivery strategies. The partner survey, also administered in April

2019, included questions pertaining to the partners' role, collaboration with the DVHT project lead organization, and perceptions of project achievements.

The primary respondent for the project director survey was the DVHT site's project director. To identify respondents for the case manager survey and the partner survey, each DVHT project director was asked to identify and provide contact information for their project's case managers and key community partners. Case managers were defined as DVHT project staff who provide case management and other direct services to DVHT project clients. Community partners could include formal partners (e.g., organizations receiving DVHT funding as a subrecipient) and informal partners (e.g., organizations that provide client referrals to or receive referrals from the project for direct services).

Exhibit 3 provides an overview of the web survey administration timeline and response rates. Survey invitations were sent by email. Up to three reminder emails were sent to non-respondents. To further increase response rates, the evaluation team followed up with individuals who had not completed their survey by telephone and during site visits to encourage participation.

Exhibit 3. Web Survey Response Rates

Respondent Type	Sample	Completed Surveys	Response Rate
Project director	12	12	100%
Case manager	39	25	64%
Partner	130	45	35%

All 12 project directors and at least 1 case manager from each of the 12 projects completed a survey (5 projects had 3 case manager respondents, 3 projects had 2, and 4 projects had 1). In addition to the professional title of case manager, individuals who participated in the case manager survey identified themselves as advocates, service coordinators, and specialists (e.g., anti-trafficking specialist). A total of 45 partners from 10 DVHT projects participated. The number of partners who participated from a single project ranged from 1 to 11 partners. The project with 11 partner participants accounted for almost a quarter (24%) of partner survey respondents. Response rates for individual projects ranged from 12% to 71%. Partner respondents were almost evenly split between those who reported there being an informal (47%) and formal (53%) relationship between their organization and the lead DVHT grantee organization. In all, 11 respondents (24%) represented a partner organization that received funding from the DVHT project.

Project Director Telephone Interviews

Two sets of telephone interviews were conducted with project directors. The first interviews were conducted following the project director survey, in February and March 2019, to expand on project directors' survey responses and obtain more detailed information about each DVHT project and implementation progress. The primary topics covered in these

interviews were target population, partnerships, community outreach, victim identification, service delivery, provision of trauma-informed care, staff qualifications and training, integration of survivors in service development and delivery, and project successes. The final telephone interviews were conducted October through December 2019, after the site visits, to gather final reflections on projects' goal achievement, successes, challenges, and lessons learned. All 12 project directors participated in both telephone interviews.

Site Visits

The evaluation team conducted site visits with eight projects from July through September 2019. The site visits were conducted to learn more about how the projects functioned in practice; service implementation; ways in which projects utilized partnerships; strategies used to engage survivor leaders, provide housing, and address mental health and substance use needs; project successes and challenges; and lessons learned throughout project implementation. Projects were selected for site visits in consultation with OTIP and OPRE. The eight projects visited were selected to provide diverse representation across the following project characteristics: experience serving trafficking victims, geographic region, rural/urban setting, target population, partnerships, and service delivery model and approach. In addition, consideration was given to projects' unique approaches to addressing the special topics of interest—housing services, behavioral health services, and survivor engagement.

Site visits were conducted by two-person teams over 2 to 3 days during which evaluation team members led semi-structured individual or small group interviews with project leadership (e.g., project directors, project coordinators), core project staff (e.g., case managers, survivor leaders, housing specialists), and key partner staff. Site visit teams interviewed 7 to 13 (an average of 9) project and partner staff per site visit. During the site visits, evaluation team members also conducted interviews with up to five clients who had received DVHT project services. Clients who met the selection criteria[8] were invited to participate in an interview by their case manager or other staff with whom they worked closely. Evaluation team members talked clients through an informed consent process. Client interviews included questions about program entry, services received, aspects of the program that clients liked, and aspects that could be improved. Clients were given a $25 gift card for their time to participate in the interview. Evaluation teams interviewed an average of three clients per site visit, including at least one client from each project.

Document Review

The evaluation team reviewed the projects' grant applications and ACF Performance Progress Reports (PPRs) (through September 2019) to supplement primary data collection.

[8] Project staff were asked to invite clients representing a diversity of backgrounds and demographics, such as type of trafficking experienced (labor and sex), race and ethnicity, gender and sexual orientation, age, and experiences/involvement with the program. Program staff were asked *not* to invite clients who were experiencing severe mental health issues or clients for whom the interview could cause emotional distress or potentially compromise their safety for any reason.

Applications provided baseline information about the projects' objectives and gaps to be addressed, prior experience, and planned staffing, partners, and activities. Projects are required to submit PPRs to ACF every 6 months reporting major activities and accomplishments, challenges, significant findings and events, and dissemination activities. Information abstracted from the applications and progress reports informed our understanding of the projects prior to the first telephone interviews and complemented the information we continued to learn through the site visits and final telephone interviews.

Data Analysis

Quantitative Data Analysis

The project director, case manager, and partner surveys primarily consisted of nominal and ordinal categorical variables. For an example of nominal variables, the project director survey listed 23 services (e.g., basic needs, mental health) and for each, project directors indicated if the service was available from the lead organization, a formal partner, a non-partner organization, or not at all. An example of ordinal variables includes a set of questions asking project directors, case managers, and partners to indicate the extent to which the DVHT project was successful in carrying out a list of activities (e.g., providing victim-centered case management) from not at all successful (1) to extremely successful (5). Quantitative analysis included descriptive statistics (i.e., frequencies for nominal variables and means for ordinal variables). SAS software was used for quantitative data analysis.

Qualitative Data Analysis

The evaluation team coded qualitative data from the telephone and site visit interviews into site-specific templates organized by the evaluation questions. This approach provided a comprehensive picture of each site while allowing us to compare data across the sites within specific topic areas. The evaluation team met on a regular basis to resolve any coding issues and refine the template as the need for additional topic areas emerged. The coded data summaries were then reviewed to develop brief site descriptions and summarize cross-site results for this final report.

3. DVHT Projects

Twelve DVHT grantees participated in the cross-site process evaluation. Grantees were diverse in terms of their location, organizational background, and history of providing services specifically designed for survivors of human trafficking. Furthermore, grantees developed DVHT projects that varied in their target population, geographic service area, and service delivery model. Key grantee and project characteristics are summarized below. A detailed overview of each project is included in ***Appendix B***.

Grantee Characteristics

The DVHT grantees were situated in 12 states in various regions of the United States (**Exhibit 4**).

All 12 grantee lead organizations[9] were non-profit organizations, including four (AR, CA, IL, LA) that were faith-based. Several lead organizations had as their primary mission meeting the needs of homeless populations (AZ, CA, OH). Three were general social services agencies (IL, MA, NJ), one specialized in serving refugees and immigrants (UT), three focused on youth (AR, LA, OR), one was a new anti-human trafficking organization (MI), and one provided legal services and victim advocacy for the Alaska Native population (AK). One organization delivered programs across four states (MA) and two were national in scale (CA, IL).

One grantee lead organization had not worked with human trafficking survivors before receiving their DVHT grant (**Exhibit 5**). Five grantees had experience working with domestic trafficking survivors, one had worked with foreign-born trafficking survivors, and five had worked with domestic and foreign-born survivors. At least six lead organizations (AZ, IL, LA, MA, NJ, UT) had one or more grants from state and/or federal agencies to address human trafficking.[10] Two grantees (AZ, UT) were former FY 2014 DVHT demonstration grantees (Hardison Walters et al., 2017).

[9] We define "lead organizations" as the primary DVHT grantees that led their respective community projects.

[10] This count is based on information that select project staff and partners shared with evaluation team members during interviews. This study did not include a systematic investigation of all human trafficking funding received by the grantee organization and their partners.

Exhibit 4. DVHT Grantees

State	Lead Organization	Location
 Alaska	Alaska Native Justice Center	Anchorage, AK
 Arkansas	Ambassadors for Christ Youth Ministries, Pine Bluff	Pine Bluff, AR
 Arizona	UMOM New Day Centers	Phoenix, AZ
 California	Volunteers of America Los Angeles	Los Angeles, CA
 Illinois	STOP-IT, The Salvation Army-Chicago	Chicago, IL
 Louisiana	Empower 225 (formerly Healing Place Serve)	Baton Rouge, LA
 Massachusetts	My Life My Choice, Justice Resource Institute	Boston, MA
 Michigan	Sanctum House	Royal Oak, MI
 New Jersey	Center for Family Services	Camden, NJ
 Ohio	Off the Streets, Cincinnati Union Bethel	Cincinnati, OH
 Oregon	J Bar J Youth Services, Cascade Youth and Family Center	Bend, OR
 Utah	Refugee and Immigrant Center	Salt Lake City, UT

Exhibit 5. Human Trafficking Service Delivery Experience before FY 2016 DVHT Grant

DVHT Project	Domestic Survivors	Foreign-born Survivors	No Experience
Alaska			X
Arkansas	X		
Arizona	X		
California	X		
Illinois	X	X	
Louisiana	X	X	
Massachusetts	X	X	
Michigan	X		
New Jersey		X	
Ohio	X		
Oregon	X	X	
Utah	X	X	

Sources: Project Director Survey and Grantee Applications

DVHT Project Characteristics and Service Delivery Models

The evaluation aimed to describe and distinguish the service models implemented by the DVHT projects in their varied community and organizational contexts. DVHT grantee lead organizations' characteristics, geographic locations, community contexts, partnerships, and experience addressing trafficking all contributed to the development and implementation of distinct project models and approaches to service delivery across the 12 DVHT projects (also see chapter 6, *Reflections on Project Models* for discussion of the strengths and limitations of the different project models).

All DVHT lead organizations worked with community partners, but in different ways, to identify and engage clients and deliver comprehensive case management and direct services. Nine DVHT projects (AR, CA, IL, LA, MI, NJ, OH, OR, UT) employed a service delivery model in which the lead organization provided comprehensive case management and direct services and referred clients to other community organizations for additional services as needed.

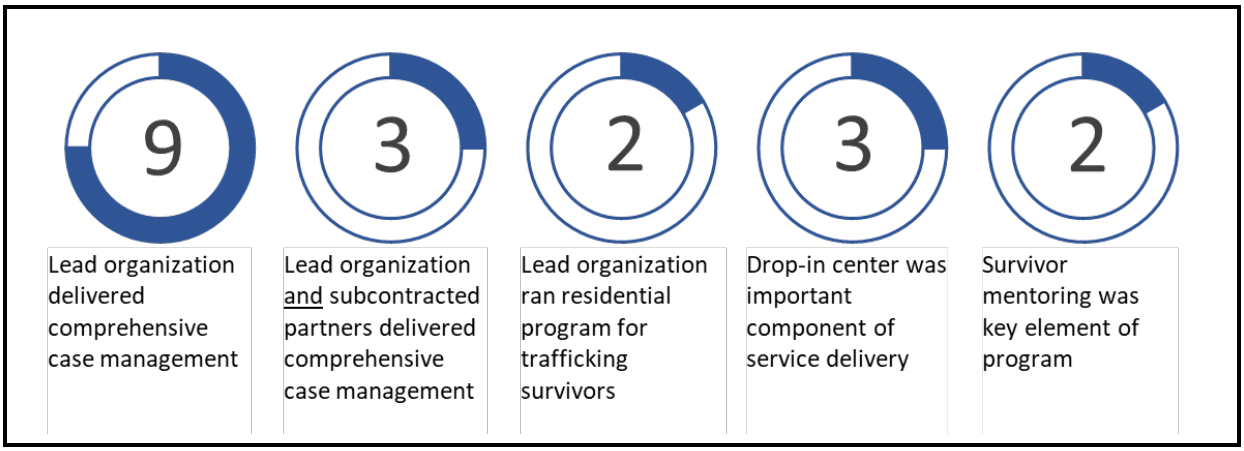
- Two DVHT projects were centered around trafficking-specific residential programs, Sanctum House (MI) and Off the Streets (OH). Both programs are designed to support adult women who have experienced trafficking and have a substance use disorder. Off the Streets is a survivor-led program, and most staff identify as having lived experiences similar to those of their clients.
- Three DVHT projects (CA, IL, UT) ran a drop-in center specifically designed to engage high-risk individuals, build relationships and trust, and offer services.

Three DVHT projects (AK, AZ, MA) offered comprehensive case management services through the lead organization and also funded other community-based organizations to deliver case management and direct services.

- Alaska's DVHT lead organization, Alaska Native Justice Center, served as a coordinating body for the five partner organizations that provided case management and other direct services to clients.
- In Arizona, UMOM New Day Centers partnered with two organizations that served as additional points of entry for DVHT project clients and provided case management and other direct services to trafficking victims. This partnership arrangement was a sustained effort that began under the FY 2014 DVHT demonstration program.[11]
- The Massachusetts DVHT project lead organization, Justice Resource Institute, runs a nationally recognized, specialized survivor-led mentor program for commercially sexually exploited adolescents, My Life My Choice. My Life My Choice partnered with four other organizations that serve specific populations outside of the program's scope to enhance the availability of support services to those populations (e.g., cisgender males, transgender and gender nonconforming youth, adult women).

All DVHT lead organizations offered some services to clients based on the internally available services within their organization. All DVHT projects also developed or expanded referral networks of community organizations to which they could refer clients for additional services. Across all projects, DVHT project services were voluntary. **Exhibit 6** presents select project characteristics.

Exhibit 6. DVHT Project Service Delivery Model Characteristics



Sources: Project Director Telephone Interviews and Site Visit Interviews

Target Population

Most projects (n=10) served both adults and minors, although one project (AR) served only individuals up to the age of 21, and four projects (AK, AZ, IL, MJ) did not provide direct

[11] The original grantee, Tumbleweed Center for Youth Development, merged with UMOM New Day Centers during the DVHT Program grant period of performance.

services to children under the age of 13 (**Exhibit 7**). Two projects (MI, OH), both of which were centered around trafficking-specific residential programs operated by the grantee organization, exclusively served adult women. Two projects (AK, MA) used their DVHT grant to expand services to populations (e.g., runaway and homeless youth, survivors of domestic violence and sexual assault, LGBTQ individuals, males, and adult women) that were outside of the lead organization's target population through formal collaborations (i.e., subcontracts) with project partner organizations.

Exhibit 7. Age Range of Clients Served by DVHT Projects Across Projects

DVHT Project	Children (up to 12)	Adolescents (13-17)	Young adults (18-24)	Adults (25 +)
Alaska		✓	✓	✓
Arkansas	✓	✓	✓	
Arizona		✓	✓	✓
California	✓	✓	✓	✓
Illinois		✓	✓	✓
Louisiana	✓	✓	✓	✓
Massachusetts	✓	✓	✓	✓
Michigan			✓	✓
New Jersey		✓	✓	✓
Ohio			✓	✓
Oregon	✓	✓	✓	✓
Utah	✓	✓	✓	✓

Source: Project Director Survey

Geographic Service Area

DVHT projects' service areas ranged in size from an entire state to a single county and included both urban and rural areas. Using the U.S. Department of Agriculture's Rural-Urban Continuum Codes (which categorizes all U.S. counties), **Exhibit 8** classifies the geographic areas served by the DVHT projects into metro areas and nonmetro areas. Metro areas are then further categorized by the population of the metro area. Nonmetro areas are further categorized by the population of the county (20,000 or more = more urban; 2,500 to 19,000 = less urban; less than 2,500 = completely rural) (U.S. Department of Agriculture, 2013).

Exhibit 8. Geographic Service Area Covered by DVHT Projects

Project	Geographic Area Served	Metro			Nonmetro		
		≥ 1,000,000	250,000–999,999	< 250,000	≥ 20,000	2,500–19,999	< 2,500
Alaska	Anchorage and surrounding communities		✓				
Arkansas	Little Rock and Pine Bluff		✓	✓			
Arizona	Maricopa and Pima Counties	✓	✓				
California	Los Angeles County	✓					
Illinois	Boone, Cook, DeKalb, DuPage, Kane, Kendall, Lake, McHenry, Will and Winnebago Counties	✓	✓				
Louisiana	State of Louisiana	✓	✓	✓	✓	✓	✓
Massachusetts	Greater Boston	✓					
Michigan	Macomb, Oakland, and Wayne Counties	✓					
New Jersey	Camden, Cumberland, and Gloucester Counties	✓		✓			
Ohio	Hamilton County	✓					
Oregon	Baker, Crook, Deschutes, Gilliam, Grant, Harney, Hood River, Jefferson, Klamath, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, and Wheeler Counties			✓	✓	✓	✓
Utah	State of Utah	✓	✓	✓	✓	✓	✓

4. Community Outreach and Collaboration

A chief aim of the DVHT Program was for grantees to "expand outreach, build partnerships, and foster collaborations among multiple services providers … to build resources and services that meet victims where they are related to their levels of trauma, and to increase awareness and prevention education among at-risk populations" (ACF, 2016). Across the DVHT projects, grantees expanded outreach, built relationships, and fostered collaborations among multiple service providers by partnering formally and informally with a variety of organizations.

Partnerships

All DVHT grantees worked with other service providers to address the needs of domestic human trafficking victims and improve service delivery, although the ways that DVHT projects partnered with these providers differed. Some DVHT projects focused their partnerships on community outreach and awareness either by training alongside partners or by entering into partnerships to train these providers and responders on how to improve the identification and responses to trafficking victims. Other DVHT projects focused on creating and strengthening referral relationships, leveraging these relationships to bolster connections to resources and services available in their area to meet victims' needs. As illustrated by one DVHT project staff member, these referral relationships were viewed differently from partnerships in some instances: "I don't know that I would call them partners. That's a strong word…But they are in a sense because they utilize us for our services, and we utilize them."

A few DVHT projects extended their referral relationships by creating a network of providers to address clients' needs. These DVHT projects created a new service network for survivors of human trafficking to bolster the availability of services, change the climate of service provision in their community, and foster connections among partners to enable clients to access the whole host of needed services. These collaborative approaches often involved a higher level of coordination with the establishment of a memoranda of understanding (MOUs), data sharing agreements, and regular, required meetings to discuss clients and/or the dynamics within the service network.

Partnership Characteristics

Across DVHT projects, the average number of key partners[12] identified by DVHT project directors was 12.[13] The range was 6 to 15, which was the maximum number of partners an agency was able to enter in the online survey (**Exhibit 9**). The key partner organizations

[12] The project director survey asked project directors to identify up to 15 key partners with whom their organization worked to implement their DVHT project. Key partners were defined as any organization or entity with whom they worked to carry out the DVHT project and that they consider to be an important partner.

[13] Due to missing data from the project director survey, New Jersey is not included in the quantitative data presented in this section about partnerships. Qualitative data suggest the New Jersey DVHT project focused on internal referrals and relationships. New Jersey's DVHT project was part of a larger umbrella organization with multiple programs to which the DVHT project referred clients to address their needs.

identified by project directors are not inclusive of all the partnerships that DVHT projects created; new partnerships were fostered throughout the grant period. However, these data offer a snapshot of DVHT project partnerships and whether these partnerships were formalized.

Exhibit 9. Number of Partners by DVHT Project

DVHT Project State	Number of Key Partners
Alaska	11
Arkansas	12
Arizona	9
California	12
Illinois	15
Louisiana	10
Massachusetts	9
Michigan	15
Ohio	15
Oregon	15
Utah	13

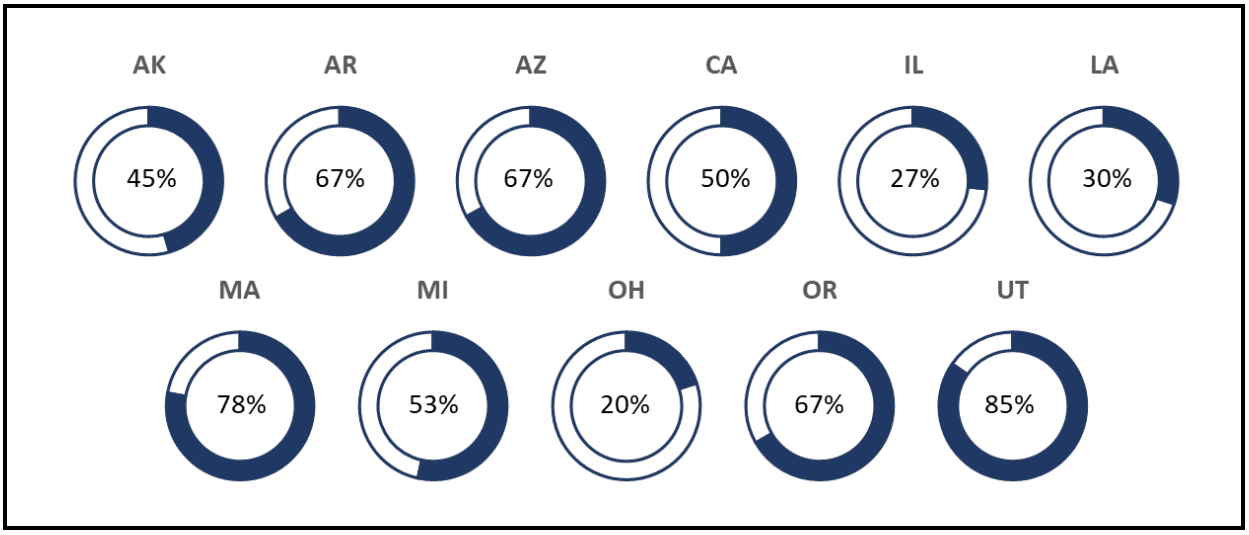
Source: Project Director Survey

The majority of DVHT projects' partners were non-profit organizations addressing the variety of needs survivors of trafficking may have, including behavioral health, legal services, housing, substance use treatment, and workforce development. Some DVHT projects also partnered with health care providers or universities. Of the 136 organizations named as key partners, 27 (20%) were state or federal government entities (excluding universities) and 5 (3%) were human trafficking task forces.

MOUs were one strategy the lead organizations used to formalize their relationship with partners. Across the 136 partner agencies, the DVHT project lead organization had established MOUs with 52% of the partner organizations. Each project director reported they had at least 3 MOUs among their partner agencies. The DVHT project directors in Arkansas, Massachusetts, Oregon, and Utah reported that their organization had MOUs with over two-thirds of their partners (**Exhibit 10**).

One way that MOUs supported the work of DVHT projects was by establishing specific roles and responsibilities with their partners, often formalizing a referral pathway between the two agencies. For instance, in Oregon the DVHT project established an MOU with a substance use provider specifying that when a DVHT client needs substance use services, the partnering agency will provide an assessment and treatment within 72 hours. Prior to the MOU being established, this process would take much longer, averaging about 2 weeks to get assessed and then an additional month to get a bed. This MOU allowed the Oregon DVHT project to address a key service need when a survivor was ready to access substance use treatment services.

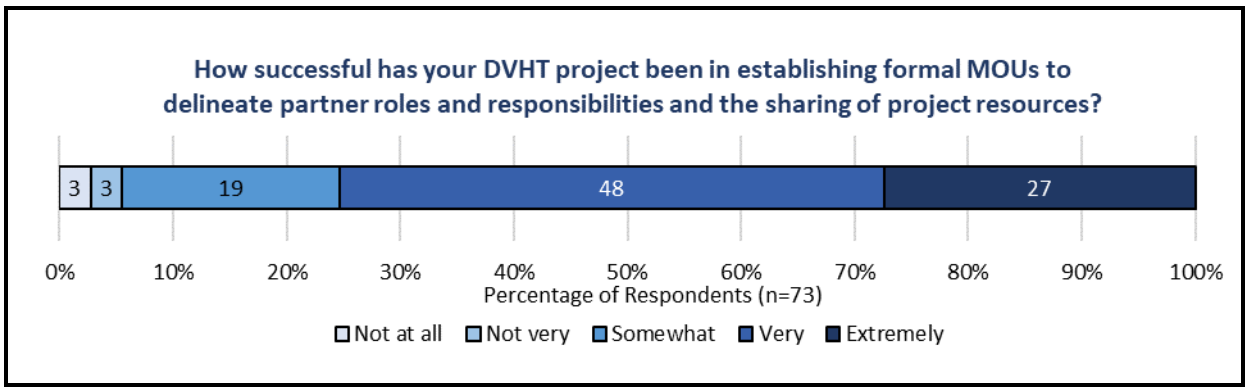
Exhibit 10. Percentage of Partners with MOUs with the DVHT Project



Source: Project Director Survey

Most project directors, case managers, and partners reported that their DVHT projects were very (48%) or extremely (27%) successful in establishing formal MOUs to delineate partner roles and responsibilities and the sharing of project resources (see **Exhibit 11**). However, not all DVHT projects felt that MOUs were as useful to their partnerships; 19% of respondents said they were somewhat successful, and two project directors reported that their project was not very successful in establishing MOUs. For instance, one project director felt that MOUs slowed down their work, and other staff and partners cited challenges in establishing MOUs due to the time required and need to navigate both large and small organizational bureaucracies.

Exhibit 11. DVHT Staff and Partner Perceptions of Success in Establishing MOUs

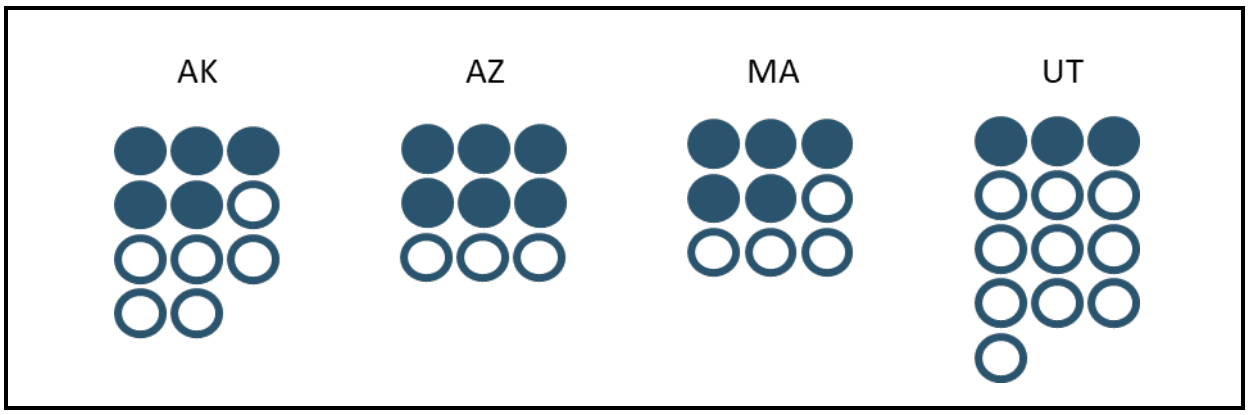


Sources: Project Director Survey, Case Manager Survey, and Partner Survey

DVHT project partnerships were also formalized through the provision of funding (i.e., a subcontract from the DVHT grantee lead organization) to support partner organizations' participation in the DVHT project. Four of the 12 DVHT grantees provided funding to subrecipients. As shown in **Exhibit 12**, the number of funded partners ranged from three (UT)

to six (AZ). As previously described (see chapter 3, section *DVHT Project Characteristics and Service Delivery Models*), three of these DVHT projects (AK, AZ, MA) funded other community-based organizations to deliver case management under the DVHT grant in addition to the lead organization. The Utah DVHT project provided funding to partners to support their efforts to identify potential clients through street outreach, provide medical services at the project's drop-in center, and conduct community-level awareness activities.

Exhibit 12. Number of Partners with Funding from the DVHT Project



Source: Project Director Survey

All 11 of the partner agencies who received funding and responded to the DVHT partner survey reported using their DVHT funds to support staff positions. In addition, eight of these partners used their DVHT funds to support direct client services. Funding for partner organizations also supported partners' participation in collaboration meetings.

Partnership Activities

The roles of partners differed across and within the DVHT projects. Partners provided, assisted with, or received trainings to increase awareness of or improve community responses to human trafficking. Most partners provided services or facilitated referrals to address clients' needs. The following were the core activities carried out by DVHT partners, based on DVHT staff and partner interviews and partner surveys:

- **Raised awareness of human trafficking.** Many partners across DVHT projects (who completed the survey, n=45) reported conducting community-level awareness and outreach activities (73%, n=33). Some DVHT projects, including projects in Ohio and Arkansas, focused on partnering with or targeting specific groups to raise awareness and improve outreach. These activities are described in more detail in the *Community-Level Outreach* section within this chapter.
- **Provided and received referrals.** All DVHT projects received client referrals among their partner networks (see chapter 5, section *Victim Identification and Client Engagement*) and worked with other community organizations to provide services to clients and meet clients' diverse needs.

- **Provided direct services to clients.** Partners across DVHT projects provided a range of services to trafficking clients, including assistance with housing, mental health services, substance use treatment, and legal advocacy (see chapter 5, section *Comprehensive Service Delivery*). Along with activities related to raising awareness of human trafficking, the activity that partners most frequently reported engaging in to support the DVHT project was providing direct services (73%, n=33). Typically, partners provided services at their organization's location. In a few cases, partners and grantees were co-located.

- **Participated in DVHT project meetings.** Many DVHT partners participated in regular working meetings with the DVHT grantee organization and other partners. Of the 28 partner survey respondents who participated in a DVHT partner meeting, more than half (56%, n=15) attended meetings for the DVHT project 2–5 times a year, with 36% (n=10) attending 6 or more meetings. The purpose of these meetings was typically to discuss community resources, collaborate on challenging trafficking cases, develop protocols to improve service linkages among local providers, and discuss shared goals around identifying and serving trafficking victims.

> *"We very much believe in the multidisciplinary response model and have very close relationships within the field. And so, when we went to apply for this grant, it was easy to reach out to partners and say, 'Hey, can we—let's work on this together.' And, what has been nice about the grant is not all of these partners are partners that meet regularly. Some of us do, but not all of us do. And so, it kind of pushed us to have regular meetings right from the beginning to think about these in-depth issues, and how to strengthen our collaboration."*
>
> Project Director

All DVHT projects had contact with other local providers who served trafficking victims. DVHT project directors noted their projects were either partnering with other local human trafficking providers (33%, n=4) or at least in contact with these agencies (67%, n=8). Additionally, all DVHT projects participated in a community-level anti-trafficking task force, advisory board, or workgroup that was separate from their DVHT project.

Partnership Strategies

DVHT project staff and partners described strategies for collaboration. The following were the partnership strategies most commonly reported across projects:

- **Understand partners' work and philosophy early in the relationship.** Several DVHT project and partner staff relayed that it was important to understand the services that each partner provided in order to make informed referrals to clients. Some staff discussed the importance of "vetting" partner service organizations to ensure that they provided appropriate, trauma-informed care. DVHT project staff emphasized engaging in this vetting process before entering into a formal partnership to ensure alignment of philosophy and vision.

- **Develop partnerships with organizations across service sectors and with those who serve overlapping 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. DVHT grantees partnered with a variety of agencies, including traditional victim service providers, hospitals, legal aid providers, law enforcement agencies, community housing authorities, and substance use treatment facilities. Partners also focused on diverse groups of individuals who may also be at risk of or experience trafficking, such as agencies focused on domestic violence, sexual assault, or runaway and homeless youth. DVHT projects with these partners were able to support these agencies in identifying trafficking and establishing avenues to connect individuals to services.
- **Build trust and strong professional relationships.** Core to the DVHT projects were new and existing relationships, which facilitated trainings, referrals, and collaboration opportunities. A project director aptly stated that MOUs can be established, but relationships and personalities are what make them work. Another DVHT project staff member described that because of the relationship they fostered with their child welfare partner, they were able to present documentation about how a policy was not being followed and work collaboratively to figure out how to improve proper implementation, monitor fidelity, and work together to ensure accountability.
- **Engage in ongoing communication.** All DVHT projects indicated the importance of ongoing communication with partners. Some DVHT project staff described informal check-ins with partners through unscheduled phone calls or quick visits before or after meetings. Others described more formal communication streams, such as scheduling regular, required meetings or specifying specific times of the year (e.g., end of a grant quarter) when partners could discuss program and client progress toward the DVHT project's goals.

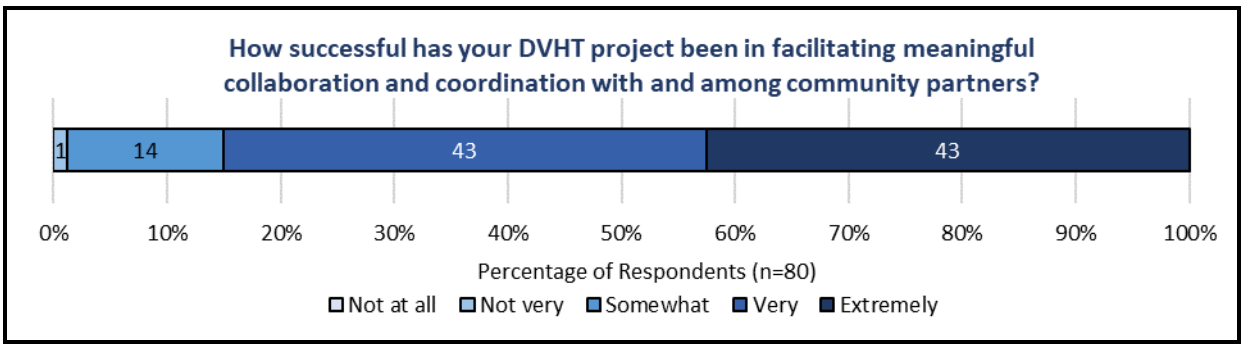
> *"I think the strengths are definitely the partners–the organizations coming together that normally wouldn't have in the past…now you have some key stakeholders who are partnered who know each other, who talk on a regular basis and who talk about services that are being provided, who talk about what's available in that moment whereas before that wasn't a thing. It was just calling and calling and calling and calling and calling, which could be discouraging for a staff member, as well as a participant who is trying to navigate through all of this."*
>
> Case Manager

- **Support partnerships through funding.** Some project directors and partner staff remarked that providing funding for partners was an important factor in participating in the DVHT project activities, such as holding collaboration meetings or hiring a case manager. Consistent attendance at meetings and regular communication was facilitated by supporting staff time with the grant.
- **Strategize how to coordinate different funding sources.** Multiple DVHT grantee organizations or their partners had other funding that helped them address the range of survivors' needs or raise awareness about human trafficking in their

communities. For example, Empower 225, the DVHT lead organization in Louisiana, has a grant that supports staff to conduct collaborative trainings and connect with additional organizations in their community and state. In Illinois, an additional grant equips the project staff to meet the needs of clients who are not a good fit for the DVHT program, allowing clients to easily be transferred to and served through their Enhanced Collaborative Model grant from the Department of Justice.

Project directors, case managers, and partners overwhelmingly agreed that their DVHT projects were very (43%) or extremely (43%) successful in facilitating meaningful collaboration and coordination with and among community partners (**Exhibit 13**).

Exhibit 13. DVHT Staff and Partner Perceptions of Success in Collaboration and Coordination



Sources: Project Director Survey, Case Manager Survey, and Partner Survey

Partnership Challenges

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

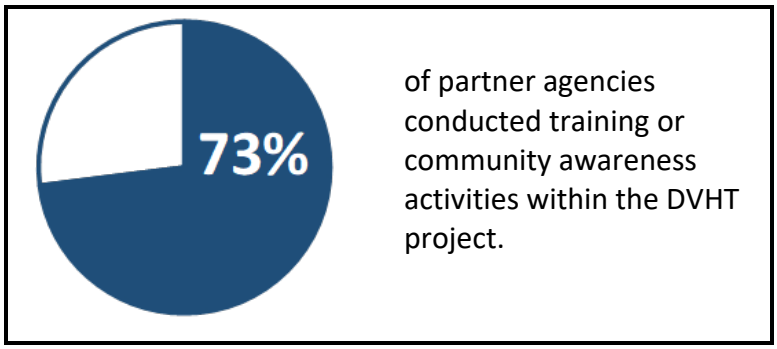
- **Staff turnover and/or shortages.** Although strong partnerships allowed DVHT projects to accomplish their goals, staff turnover was cited as a challenge to collaboration. When staff left the agency, relationships with new staff had to be developed. At times, staff shortages impacted the responsiveness and participation of project partners in the DVHT project. One DVHT project staff member shared, "Our organization and partner organizations have experienced shortage in staff this year, which has affected our program goals and issues with partners participating in mandatory monthly meetings. During this time period, we lacked communication between organizational needs and struggles."
- **Time constraints.** Partners were sometimes challenged to engage in the DVHT project because they felt they were too limited on time and resources to support their participation in the project. As noted above, providing funding to cover partners' time and participation may help address this challenge.
- **Communication.** At times, DVHT projects faced communication challenges between the grantee organization and partners. One communication issue discussed was a

lack of clarity about how providers made decisions about client services, such as how clients are prioritized.

- **Loosely defined roles and connections.** Although most partners indicated they had a clear understanding of their role, 25% (n=44) of partners indicated that they neither agreed nor disagreed with that statement. The lack of clarity on partners' roles was noted by DVHT project staff and partners, with this confusion being associated with a lack of communication or shared vision. One DVHT project director noted that prior to the start of the DVHT project their MOUs were outdated and partners worked to revamp them. This project director reflected, ""That process was really helpful for us to better understand our roles together, to better think about it, and to kind of re-up, you know? To recommit to how we do this work together."

Community-Level Outreach

DVHT projects engaged in a variety of activities to expand outreach and community awareness of human trafficking, including drafting curricula, co-training with other responders, and designing outreach materials. To conduct outreach and raise awareness, some DVHT projects partnered with specific organizations whose primary missions center on awareness, some partnered with other organizations to co-train responders and possible identifiers, and a few took on these activities in-house.



Examples of these outreach and training approaches and the various groups that these activities targeted in the DVHT service areas are detailed below.

Settings and Audiences

The training and outreach activities took place across a variety of settings including schools, justice centers, police departments, community centers, hospitals, hotels, or at other non-profit organizations. Some examples of specific audiences who received training include Native communities, parents, tourist agency staff, cable company staff who enter people's homes, hospitality staff at hotels, court personnel, and police officers. One DVHT project described how through a community forum with their police and fire chiefs to educate the community on human trafficking the project was able to connect with and train a variety of other responders, including staff at the local Child Advocacy Center and Family Justice Center.

> *"It was a community forum…with our chief of police, fire department, of course the media, and it just talks about things that's going on in the community to kind of make them aware of what's happening and who we were. So, it was a grant opportunity that gave us the breakthrough that we needed."*
>
> Project Director

Increasing Awareness of Services Among Survivors

To facilitate awareness of services among projects' target populations, DVHT projects engaged in outreach activities, most often by conducting street outreach or broader awareness campaigns (for more information about client-level outreach see chapter 5, section *Victim Identification and Client Engagement*). Some DVHT projects, such as the New Jersey and Utah projects, partnered with other programs who carried out these outreach activities. One DVHT project director described how partnership helps them connect with individuals who are at higher risk of experiencing trafficking: "We are able to partner with them to reach out to populations, such as LGBTQ, youth, and runaway populations…which has been a great help." One DVHT partner described their outreach approach to youth, which was specifically geared toward relationship building in order to connect youth to DVHT project services: "We have a staff person who spends 7pm–11pm one day a week at the only youth homeless shelter in our community. They build rapport with the young adults and encourage them to make use of our services." Beyond street outreach, DVHT projects also conducted outreach and awareness activities to reach survivors in unique settings, such as clinics, schools, buses, hotels, and other public spaces.

Provider Awareness and Training

Many of the DVHT projects raised awareness and provided training for a wide range of service providers and community agencies. These activities ranged from basic 101 awareness trainings to more in-depth trainings on how to identify victims of trafficking and provide appropriate referrals. For example, Illinois' DVHT lead organization holds coordinated service referral network trainings for anyone who wants to be a formalized part of their referral network. The 2-day training covers introductory information about human trafficking and appropriate responses to survivors (e.g., trauma-informed care, de-escalation techniques, basic safety, and engagement) and the types of remedies available for survivors (e.g., expungement,

the Violence Against Women Act). A DVHT staff member noted that "after that 2-day training, people sign on to victim service standards and sign a letter of commitment to that network."

Some projects created series of trainings through which providers progressed, building off their knowledge and awareness about trafficking like one in Utah that moves from the basics to red flags and trauma reactions and then on to how to respond to and/or support survivors. The core training is set, and Utah's DVHT staff draw upon eight different discipline-specific modules to further tailor the training. A DVHT project staff member in Massachusetts discussed how their training seeks to raise awareness and provide tangible ways for participants to use what they learn during training:

> *"We do awareness, but we're much more invested in moving the needle in how people respond, and we find that a lot of the awareness training maps out there leaves people leaving the training feeling like, 'Wow, trafficking is bad.' Which is great, but it doesn't leave them empowered to do something about it. So, our training is, as [colleague] said, called Understanding Responding to Victims of CSEC [commercial sexual exploitation of children], and it's really concrete about—first, about understanding the issue, and moving understanding there, but then really giving them concrete tools on how they respond to young people in their care, and that's differentiated by…their role. A police officer would do that differently than a child welfare worker."*

These trainings were conducted with a wide range of providers and often adapted to their unique context and role. In California, the project coordinator co-trained outreach workers within a police department division with law enforcement staff to ensure that the outreach workers knew the "dos and don'ts" when assisting human trafficking victims. Another DVHT partner described "at least one training a month on awareness, red flags, and how to come alongside victims. These happen with hospital staff, law enforcement professionals, churches, community centers and more."

Outside of in-person trainings, New Jersey's DVHT project created several webinars to train providers and share more about services available to support human trafficking victims. These webinars were often created in partnership with existing contacts the DVHT grantee organization had. For instance, a webinar aimed at medical service providers was created with help from a partner who is a medical professional. These webinars are made available on the DVHT grantee's website for purchase and viewing at any point.

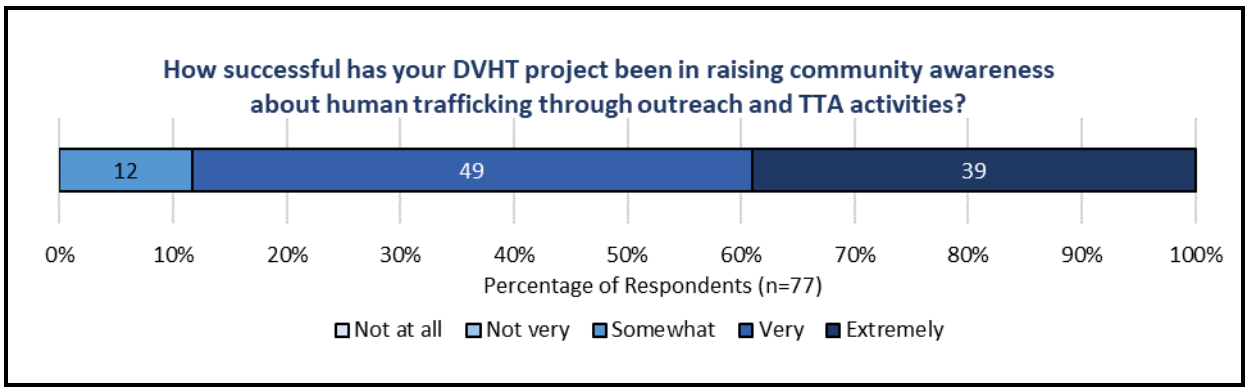
A few DVHT lead organizations had additional grants that were centered on outreach or awareness. DVHT project staff noted how these grants paired well with their DVHT project. One DVHT project staff member described how their colleagues' work on OTIP's Look Beneath the Surface Regional Anti-Trafficking Program grant has facilitated internal referrals to the DVHT program. Indeed, DVHT projects that were connected to other outreach/awareness grants described successful collaborations. In Louisiana, staff from an outreach/awareness grant co-trained a variety of audiences with DVHT staff and DVHT clients also reviewed forms and procedures that were developed for the outreach under the other grant. One DVHT staff

member reflected that the DVHT grant was "the grant we have to do hands-on work with the people," while the outreach/training grant equipped the DVHT program with access to other organizations in the community and state and the possible survivors with whom they come in contact.

Benefits of Community-level Outreach and Training

DVHT project staff and partners described multiple positive outcomes as a result of engaging in the outreach and training activities described above. As a result of trainings, projects received further training requests. Often individuals who attended a training reached out to the DVHT trainers to facilitate a training for their team or staff. Another positive outcome was making connections between the DVHT project and other organizations that could serve as a referral source to address clients' needs. At times, these relationships resulted in the formation of more formalized partnerships between the DVHT project and other organizations or between other attendee organizations at the training. These positive outcomes are reflected by project directors, case managers, and partners reporting that their DVHT projects were mostly very (49%) or extremely (39%) successful in raising community awareness about human trafficking through outreach, training, and technical assistance (**Exhibit 14**).

Exhibit 14. DVHT Staff and Partner Perceptions of Success in Raising Community Awareness of Human Trafficking



Sources: Project Director Survey, Case Manager Survey, and Partner Survey

Challenges to Community-level Outreach and Training

Three projects noted challenges related to community-level outreach and training. Staff from one project described that not having reliable data about trafficking in their area made it difficult to convey that trafficking was indeed a problem. Another project discussed the challenge of trafficking myths and other misleading information promoted by another area agency's anti-trafficking awareness efforts. Staff voiced concern that sensationalizing trafficking and disseminating inaccurate information would ultimately harm the credibility of the DVHT grantee organization and other providers who actually work with survivors and understand the issue. Finally, one project that served a large geographic area felt that their ability to train and

conduct outreach in outlying rural areas was hindered by their limited staff capacity and lack of time to travel.

5. Service Delivery

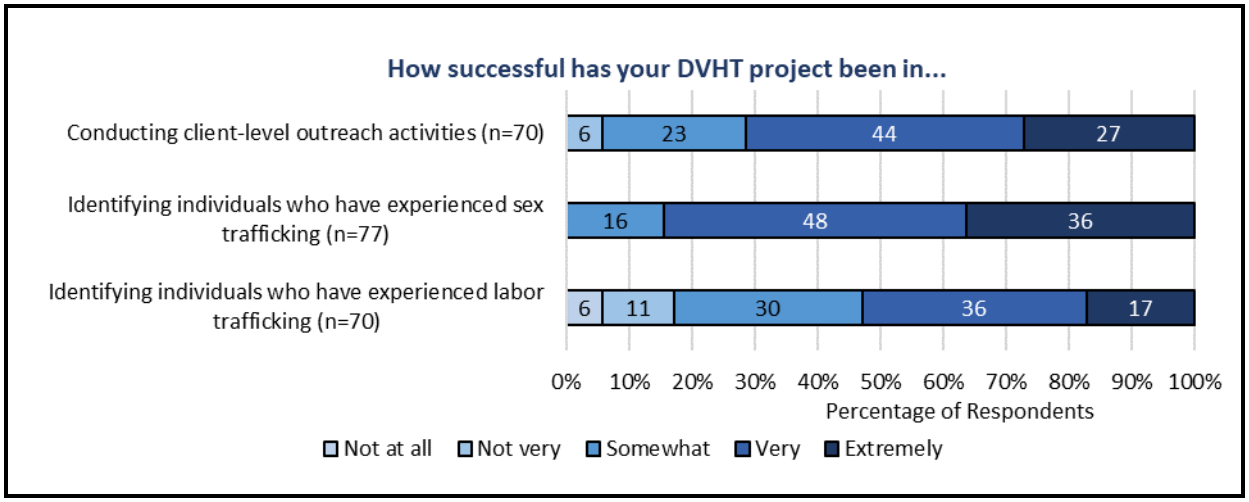
Under the DVHT Program, OTIP required a comprehensive case management approach that used trauma-informed and victim-centered models (ACF, 2016). DVHT projects were expected to offer a wide range of comprehensive services, either through direct service delivery or through referrals to services within their community. DVHT projects were also tasked with delivering case management tailored to each client's unique situation, needs, and personal goals. The DVHT Program required each project to establish protocols for information sharing and client confidentiality and to implement standards of care and protocols for comprehensive case management services. Within these parameters, DVHT projects developed distinct service delivery models (also see previous section *DVHT Project Characteristics and Service Delivery Models* in chapter 3). The following sections describe strategies that were implemented by the DVHT projects to identify and engage potential clients, provide case management, and deliver services to meet clients' individual needs.

Victim Identification and Client Engagement

DVHT projects mainly identified and engaged potential clients in two ways. First, DVHT projects identified survivors of human trafficking among the clientele they already served. Some DVHT projects developed or utilized drop-in centers catering to individuals at high risk of trafficking. Some DVHT projects and partners used street outreach, jail in-reach, or posted information about services to proactively engage and identify potential clients. Second, DVHT projects received client referrals to their DVHT project from external agencies. Less common means of identifying individuals who were eligible for DVHT services included self-referrals, word of mouth, and local or national hotlines. Every DVHT project had standardized screening tools, but in practice, these tools were not necessarily used in a standardized way. For example, a screening tool may not be used when trafficking victimization was previously identified by the referral source. Other staff described using a screening tool as a guide but gathering information through conversation instead of by "checking boxes." DVHT project staff and partners more often identified trafficking victims through informal conversations or firsthand knowledge of trafficking victimization.

As illustrated in **Exhibit 15**, most project directors, case managers, and partners thought their DVHT projects were successful in conducting client-level outreach activities (very=44%, extremely=27%) and identifying individuals who had experienced sex trafficking (very=48%, extremely=36%); however, far fewer thought the same of their success in identifying individuals who had experienced labor trafficking (very=36%, extremely=17%).

Exhibit 15. DVHT Staff and Partner Perceptions of Success in Client Outreach and Identification

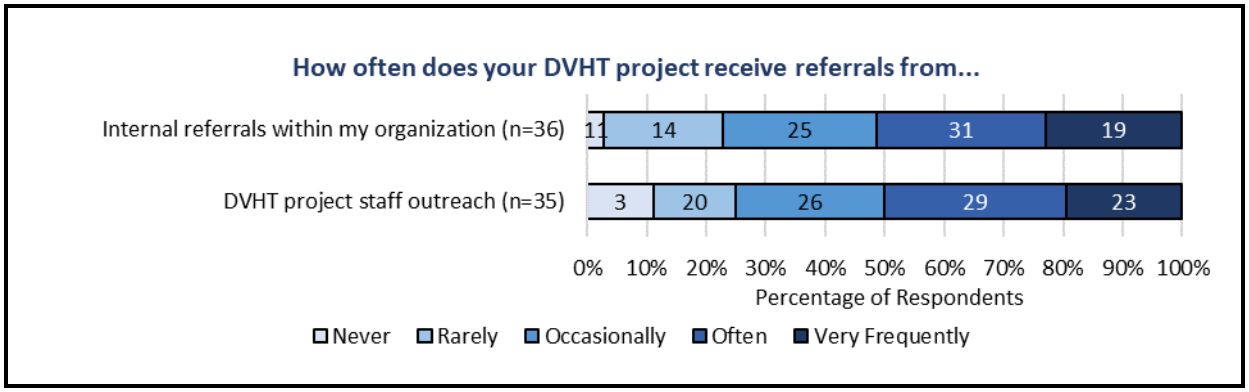


Sources: Project Director Survey, Case Manager Survey, and Partner Survey

Identifying and Engaging DVHT Clients Among Existing Clientele

Project staff reported how frequently they received client referrals from within their organization. Half (n=18) reported very frequently (31%) or often (19%) and half (n=18) said occasionally (25%), rarely (14%) or never (11%) (**Exhibit 16**). There was a similarly equal split among respondents about referrals from outreach conducted by DVHT project staff: a total of 52% of staff reported very frequently or often, and 49% indicated referrals from project outreach efforts were received occasionally, rarely, or never.

Exhibit 16. Frequency of DVHT Project Referrals from Staff Outreach and Internal Sources



Sources: Project Director Survey and Case Manager Survey

Seven DVHT projects, led by organizations with a history of serving populations at high risk of trafficking victimization, explained that they often identified potential DVHT project clients among their existing clientele. These individuals were sometimes identified immediately or over the course of service provision. Two projects relied solely on project partners and other agencies for client referrals.

Many DVHT projects strategically partnered with organizations that reached populations at risk for trafficking that would not otherwise be reached by the lead organization. DVHT project partner agencies were selected because they already served populations at high risk of trafficking. These types of agencies included low-income health care clinics, and organizations that served vulnerable populations such as runaway and homeless youth, individuals experiencing homelessness, survivors of domestic violence or sexual assault, and other populations (e.g., LGBTQ). Staff from these organizations often discovered that individuals were trafficking survivors by initiating direct services with them or working with them over time. Some partners were already well-versed in identifying trafficking, whereas other partners received training on red flags and identification from the DVHT project lead organization.

Identifying and Engaging DVHT Clients Through Proactive Outreach

Drop-in Centers

Drop-in centers served as a low-commitment way to engage potential clients over time. The California, Illinois, and Utah DVHT projects used or created accessible drop-in spaces for high-risk individuals (e.g., individuals living on the streets, individuals engaged in sex work).[14] Drop-in centers offered a safe space to stay for the day and access basic needs (e.g., food, showers, nap) and obtain resources or referrals. California and Utah created drop-in centers specifically for their DVHT projects. Illinois capitalized on an established drop-in space to connect with survivors. Project staff noted that drop-in centers were popular, and clients often learned about them through word-of mouth from friends. Potential clients were assessed for trafficking when they connected with a case manager on site at a drop-in center. Individuals who did not qualify for DVHT services were welcomed to access drop-in amenities but also referred to other services.

> *"They have a lot of snacks and stuff. It was really nice, and it was very like just welcoming and they do kind of make you feel at home. [Staff person] was not judgmental at all…she didn't make me feel like I didn't belong there."*
>
> Client

Street Outreach

Seven DVHT project lead organizations conducted street outreach to proactively engage with high-risk individuals living on the street. About half (48%, n=12) of DVHT project case managers reported that they often or very frequently conducted street outreach. Outreach typically involved providing basic needs (e.g., food, safe sex kits, water, hand sanitizer, soap) and offering to connect individuals to resources. This approach was used to "meet individuals where they are at" and to foster interest, rapport, and trust. Often, these outreach teams also identified individuals at risk of trafficking and referred them to the DVHT project. Illinois also had an outreach specialist who went into the communities where "survivors of sex and labor trafficking tend to frequent" and through their Transitional Living Program. Some DVHT project partners also conducted street outreach to identify potential DVHT clients. Project and partner staff reported that street outreach was primarily used to identify potential victims of sex trafficking.

[14] The Utah drop-in center was only for female-identifying individuals.

Other Client Outreach Strategies

Other outreach strategies to identify potential clients included outreach in local jails (OH). Once potential clients were identified, project staff offered to set up a plan to engage them once they were released. Also, the California DVHT project "advertised" services through an outreach campaign geared toward potential clients. The project put up flyers at events and in locations such as bus terminals and schools and used social media to raise awareness about their services. These materials were used not only as a means of reaching potential clients, but also to connect with other providers who could be possible identifiers or referral providers.

Identifying and Engaging DVHT Clients Through Referrals

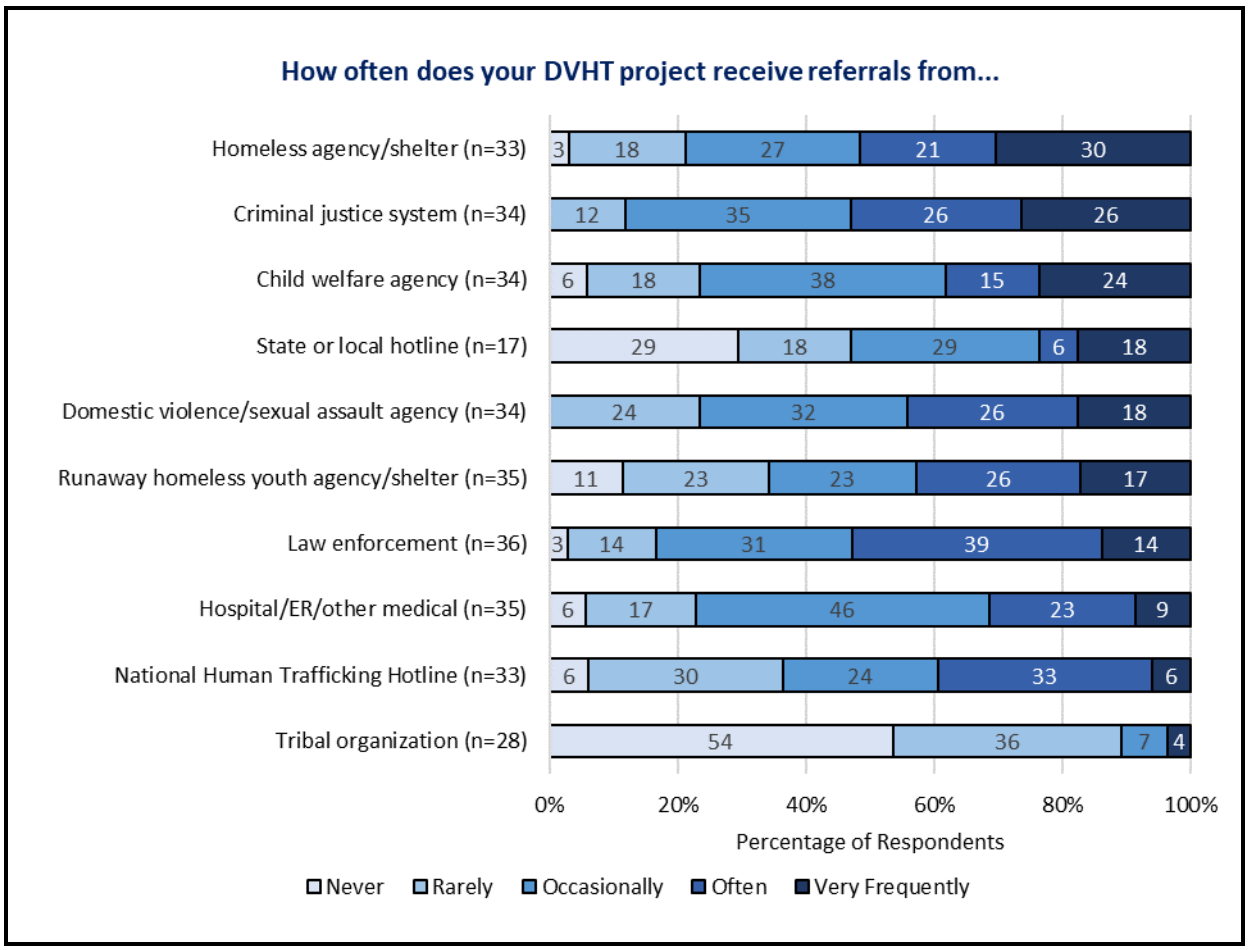
Referrals from External Agencies

External agencies commonly referred potential clients to the DVHT projects. Seventy one percent (n=31) of partner survey respondents indicated that they referred potential victims of human trafficking to their local DVHT project. **Exhibit 17** shows how often DVHT projects received referrals from external agencies as reported by project directors[15] and case managers. Over half of staff across the 12 projects reported receiving referrals very frequently or often from law enforcement agencies (53%), criminal justice organizations (52%), and homeless agencies or shelters (51%). Other types of external organizations notable for their frequent referrals included domestic violence or sexual assault agencies, runaway homeless youth shelters, the National Human Trafficking Hotline, and child welfare agencies. Although staff received referrals less frequently from hospitals or other medical professionals, almost half of staff (46%) reported receiving these referrals occasionally. Additionally, staff from five projects indicated that they received referrals from a state or local hotline, and four DVHT projects indicated that they received referrals through other agencies (i.e., anti-trafficking organizations, drug treatment program, churches, the FBI, children's advocacy centers, school nurses and social workers, and other community partners) (data not shown).

Typically, referrers uncovered potential trafficking victims through their regular work and/or internal assessments for trafficking. Justice system referrers often identified trafficking victims through trafficking investigations or through court involvement. Other referrers identified potential victims by engaging populations at high risk of trafficking. Over half (59%, n=26) of partner survey respondents indicated that they conducted outreach to identify and engage potential victims of trafficking.

[15] Of the 12 DVHT project directors, 11 answered this survey question.

Exhibit 17. Frequency of DVHT Project Referrals from External Sources



Sources: Project Director Survey and Case Manager Survey

Across all DVHT projects, the referral process was described as straightforward and simple. Some projects facilitated referrals by creating referral forms to support the transition of clients between service providers. These standardized forms were designed to create a "warm hand-off" to the DVHT project so project staff would have the most up-to-date information about the client, and to ensure seamless transfer of services. As previously described in *Community-Level Outreach*, some DVHT projects made explicit efforts to increase their partners' capacity to identify trafficking victims so they could better refer individuals to their DVHT project.

Referrals from Informal Sources

Nine DVHT project directors reported that clients refer themselves to services, 10 reported receiving referrals from clients' family members or guardians, and 10 indicated they received referrals through clients' peers. One DVHT project staff member interviewed noted that when clients bring in friends they tend to stick around (compared to other types of referrals).

Identifying and Engaging DVHT Clients Through Standardized Screening

All 12 DVHT projects reported that their organization employed a standardized screening or assessment tool to identify trafficking victims. Screening tools and approaches used by each of the DVHT projects to determine program eligibility are described in **Exhibit 18**.

Exhibit 18. Standardized Screening Approaches by DVHT Projects

Project	Approach to Standardized Screening
AK	Alaska adopted OTIP's Adult Human Trafficking Screening Tool as a baseline to identify potential trafficking victims. Each partner organization oversaw their own process for identifying victims.
AR	Arkansas had a clinician use a rapid screening tool among their runaway and homeless youth. The screening tool included trafficking indicators.
AZ	Arizona integrated labor and sex trafficking questions into their client assessment. They also used the Service Prioritization Decision Assistance Tool housing tool at the grantee and partner locations. This included screening questions for trafficking and "high-risk situations." This tool is commonly used by organizations that serve homeless populations.
CA	California used a brief screening tool to verify a person met basic project eligibility and a brief assessment (one for minors and one for adults) to verify trafficking victimization.
IL	Illinois used the Vera Screening for Human Trafficking tool during client assessment. Staff had discretion on how to use the tool and whether they wanted to skip questions as needed to be more trauma informed for clients.
LA	Louisiana used a client intake form created by Empower 225 that included questions to determine DVHT project eligibility.
MA	Massachusetts used a two-part assessment approach. They first conducted an initial screening by a case manager and then conducted a second assessment by a member of the assessment team. The assessors were "recovered survivors" who explained their own personal story and the purpose of the program. Then the assessor would note that if the program sounded appropriate for the potential client, they could opt to engage in the program. Each partner organization oversaw their own process for identifying victims.
MI	Michigan conducted a phone interview with each potential client to determine trafficking victimization and program eligibility. Potential clients were also required to fill out an 8-page application before engaging with the program.
NJ	New Jersey used the Trauma Symptom Checklist-40 at intake to assess the frequency and severity of the clients' trauma-related symptoms. New Jersey also created a shorter screening form that was administered during street outreach or at the office to screen individuals for trafficking.
OH	Ohio's program coordinator conducted a brief pre-screening assessment. They used only minimal questions regarding trafficking to determine if a potential client was eligible for the DVHT project.
OR	Oregon used the Commercial Sexual Exploitation Identification Tool to assess minor and youth clients. Oregon did not require further screening of individuals identified by partner organizations.
UT	Utah used the Action-Means-Purpose Model to screen individuals for potential trafficking. They conducted additional intake assessments to identify needs.

Identifying and Engaging DVHT Clients Through Conversations

Although all DVHT projects had and used standardized assessment tools, project staff commonly reported that trafficking was assessed during conversations between clients and case managers or other service staff. Several DVHT projects described that project staff were trained on how to look for trafficking "red flags" during conversations. Several DVHT project staff noted that they do not immediately ask about trafficking or make individuals prove their trafficking status. Broadly, DVHT project and partner staff pointed out issues related to standardized screening, including that tools did not capture all trafficking situations, the process of standardized screening did not support more organic and client-focused conversations, and some questions were not trauma informed or could be triggering. Some staff explained that they often talk about trafficking more generally or the DVHT project enrollment criteria and ask questions like "Does that resonate with some of the things you've been through, some of your lived experience?" Several DVHT project and partner staff pointed out the importance of building trust before talking about trafficking. For example, staff from one project explained that they used their intake and screening forms to help foster conversation, but they did not use it to simply "check boxes." One staff member explained, "We want them to know we're 'about you.' We show them the paper to let them know what's on it" (also see chapter 5, section *Approaches to Providing Trauma-Informed Care*).

Partner staff also were trained to look for warning signs or red flags for trafficking,[16] rather than asking pointed questions of clients. For example, one partner organization that works with survivors of sexual assault discussed that they do not ask clients direct questions about their experiences, but rather look for the warning signs of trafficking through forensic interviews and other client conversations. Similarly, another project partner that serves runaway and homeless youth explained that they first look for potential red flags of trafficking and if such red flags are identified, they delve deeper and ask specific questions.

Challenges to Victim Identification and Client Engagement

Several challenges related to identifying trafficking and potential DVHT project clients were noted by staff and partners across projects. First, projects described that individuals are often resistant to discussing their exploitation experiences. One project staff member noted the stigma associated with exploitation was a barrier to disclosure and a partner explained, "Sometimes it'll be years before somebody actually acknowledges that they are being trafficked." Second, some sub-populations are more challenging to identify than others. For example, DVHT project and partner staff described fewer strategies to engage labor trafficking victims, and some noted that there were fewer resources available on how to engage these victims. However, it should be noted that many lead and partner agencies that implemented the DVHT projects delivered programming specifically designed for survivors of sexual exploitation or were more focused on reaching victims of sex trafficking. Likewise, staff from a couple of projects felt that cisgender males were harder to identify and talk with because boys

[16] Examples of red flags or signs of potential trafficking victimization included substance use, having large sums of cash, gang association, signs of physical or mental abuse, and talking about owing an employer money.

and men are more resistant to being labeled as a victim of trafficking. Additionally, one project discussed that a lack of staff diversity hampered their ability to do effective street outreach.

Case Management

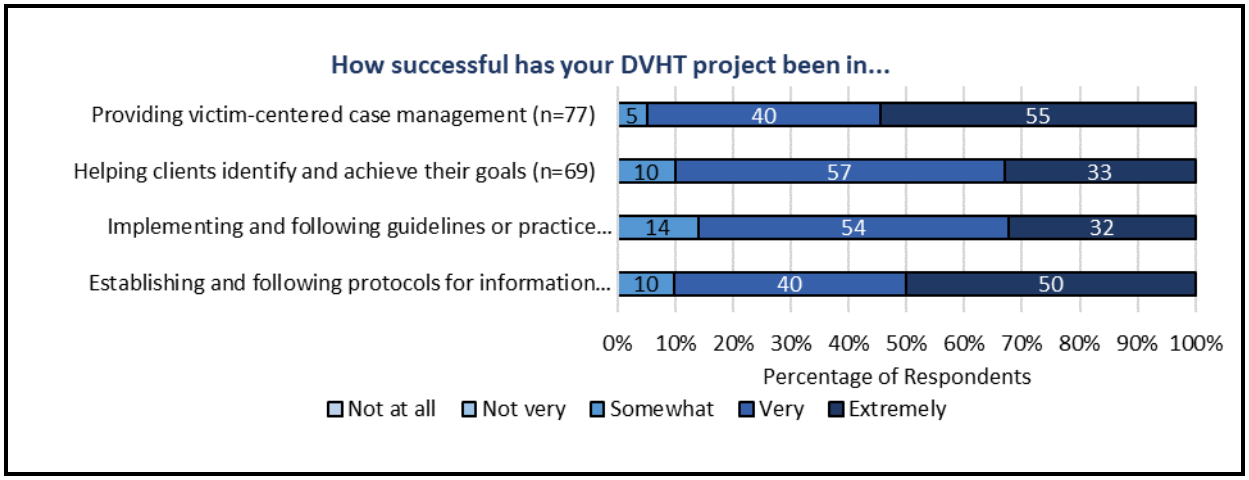
Case management is defined as "a range of services provided to assist and support individuals in developing their skills to gain access to needed medical, behavioral health, housing, employment, social, educational, and other services essential to meeting basic human services" (National Association of State Mental Health Program Directors, 2014). Case management and service planning is regarded as vital to providing victim-centered services to trafficking victims (Clawson & Dutch, 2008; OVCTTAC, 2020) and should apply trauma-informed approaches (Heffernan & Blythe, 2014).

All 12 DVHT projects offered comprehensive case management. DVHT project staff, partners, and clients described case management as the cornerstone of their DVHT projects. As previously described (in chapter 3, section *DVHT Project Characteristics and Service Delivery Models*), nine DVHT projects (AR, CA, IL, LA, MI, NJ, OH, OR, UT) employed a service delivery model in which the lead organization was the primary provider of case management to DVHT clients, and three DVHT projects (AK, AZ, MA) established formal partnerships with other organizations to expand the availability of comprehensive service delivery, including case management. DVHT projects and partners either employed DVHT case managers or trained existing case managers to work with DVHT clients as part of their caseload. Five DVHT project directors reported that they also provided direct case management in their role. Furthermore, almost half (46%, n=20) of DVHT project partners surveyed indicated that they provided case management to DVHT project clients.

The vast majority of project directors, case managers, and partners said their DVHT projects were very (57%) or extremely (33%) successful in helping clients identify and achieve their goals (**Exhibit 19**). Furthermore, there was strong agreement among project staff and partners that their DVHT projects were successfully providing victim-centered case management, implementing and following guidelines or practice standards for service delivery, and establishing and following protocols for information sharing and client confidentiality.

This section describes key aspects of DVHT projects' case management, including caseload size, service plan development, case management activities, standards of care, and desired case manager characteristics.

Exhibit 19. DVHT Staff and Partner Perceptions of Success in Providing Victim-Centered Case Management

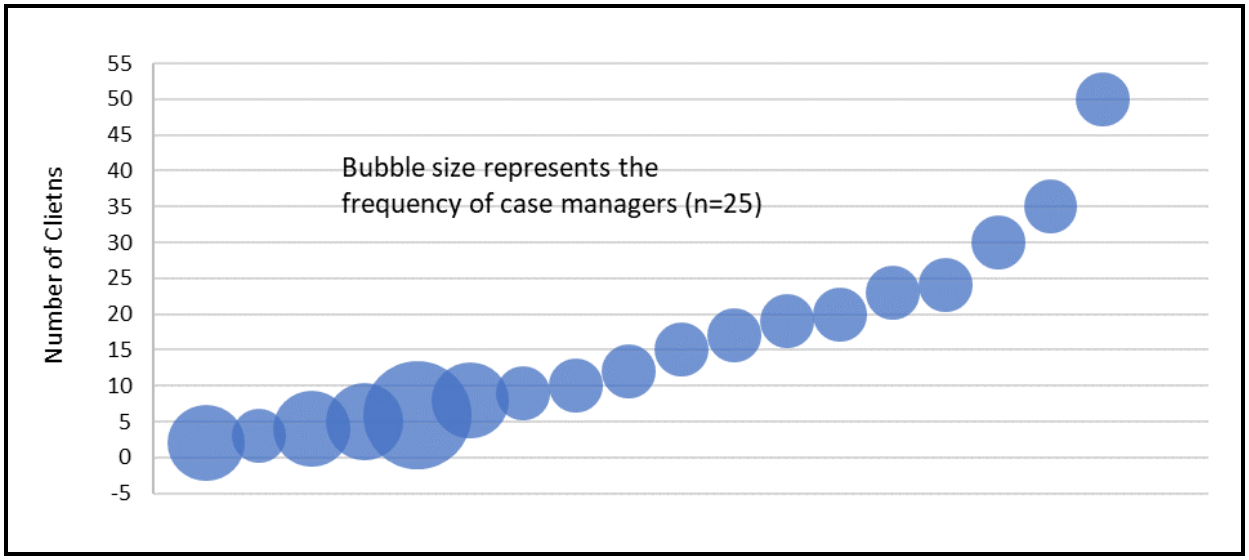


Sources: Project Director Survey, Case Manager Survey, and Partner Survey

Caseload Size

Case managers' caseload sizes ranged from 2 to 50 clients (**Exhibit 20**). Three-fifths (n=15) of case managers and project directors who had an active caseload reported that their caseloads included 10 or fewer clients. Four respondents (16%) indicated they were currently working with 23–35 clients. One case manager reported they were working with 50 clients. About two-thirds (68%, n=17) of respondents indicated that their current caseload size was reflective of the number of DVHT project clients they typically serve at any given time.

Exhibit 20. Case Manager Caseload Sizes



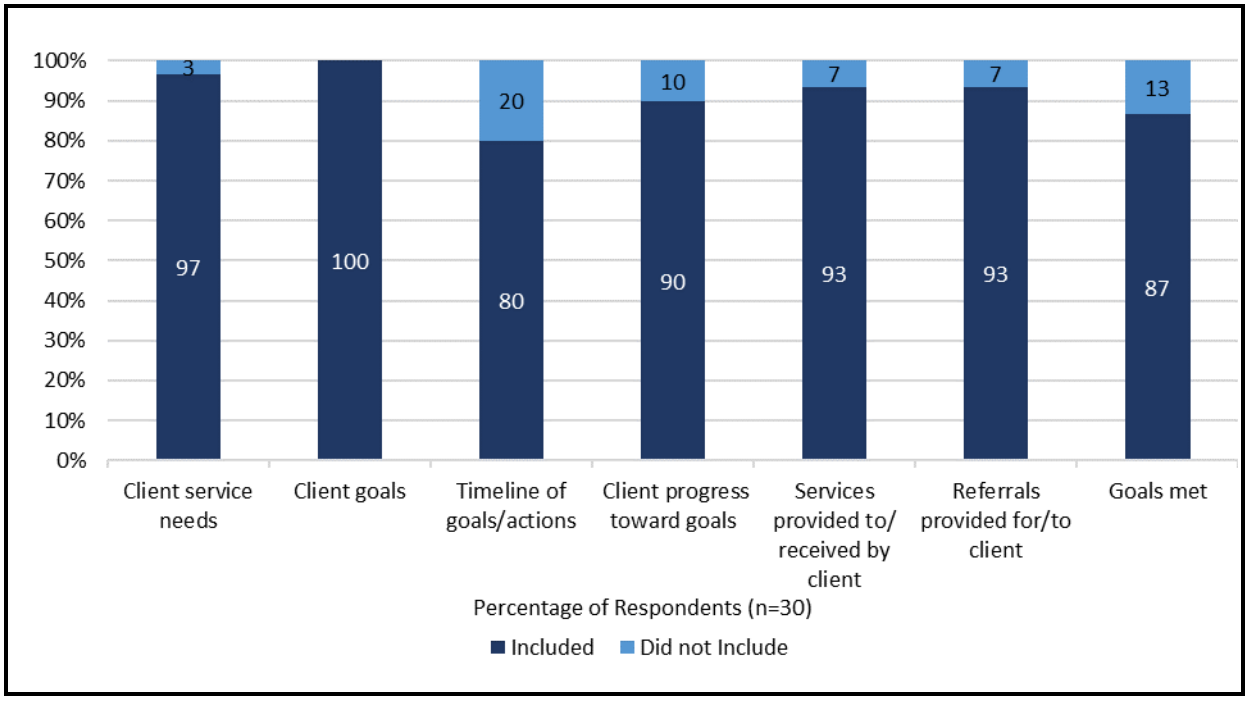
Sources: Project Director Survey and Case Manager Survey

Service Plan Development

Service plans were viewed by case managers as critical to case management. Case managers described that initial meetings were often focused on understanding the clients' needs and then working with them to develop a service plan based on their needs and aspirations. Unsurprisingly, nearly all case managers surveyed reported that they developed a service delivery plan with most or all their clients (97%, n=29). One case manager reported that they developed a service delivery plan with some of their clients. No case managers reported never developing a service delivery plan with any of their clients.

Across DVHT projects, service plans included similar components (**Exhibit 21**). All case manager survey respondents and project directors who provide case management services (n=30) indicated that their service plan included client goals. Nearly all staff reported that their service plans included client service needs (97%), services provided to/received by clients (93%), referrals provided for/to client (93%), client progress toward goals (90%), and goals met (87%). Four-fifths of staff indicated that their service plans included a timeline of goals or actions (80%). About a quarter of respondents (27%) reported that their service plans included other components, including safety plans, treatment plans, counseling, case notes, client history, legal documents, and intake and consent forms.

Exhibit 21. Service Plan Components



Sources: Project Director Survey and Case Manager Survey

Across DVHT projects, case managers emphasized the importance of client-driven service plans and goals. DVHT staff and clients explained that goals could vary broadly from something simple, like obtaining an ID, to something more involved, like applying to graduate

school. Sometimes goals were not as specific; some clients' goals focused on just wanting to "figure out how to live on their own." Regardless of the goals themselves, case managers reiterated almost unanimously that client-driven goal setting fostered client empowerment and ownership. As one case manager put it, "They're running the show. They're driving the car. They get to decide kind of what their experience looks like within our program. So, we're providing that equal responsibility in the planning process, helping them along." Case managers also underscored the importance of not exerting their own opinions about what a client should do; as illustrated by one case manager's assertion, "You are identifying the client's goals, not your goals or what you think is best. The client gets the opportunity to take the leadership role for themselves and identify … where they are right now, what's best for them, and what steps they need to take to move forward to whatever goal they establish." Case managers also pointed out that service delivery plans and goals were not static. Instead, these plans served as a living document based on clients' changing needs and wishes. Many case managers described using motivational interviewing[17] to help clients identify and articulate their personal goals.

Case Management Activities

DVHT project staff relayed that DVHT case management typically involved developing relationships, trust, and rapport; meeting clients "where they are at" in terms of their personal context, situation, and identified needs; helping clients identify immediate and long-term goals; assisting clients in accessing resources or services to help them achieve their goals; monitoring and assessing clients' progress; and providing ongoing emotional support and encouragement.

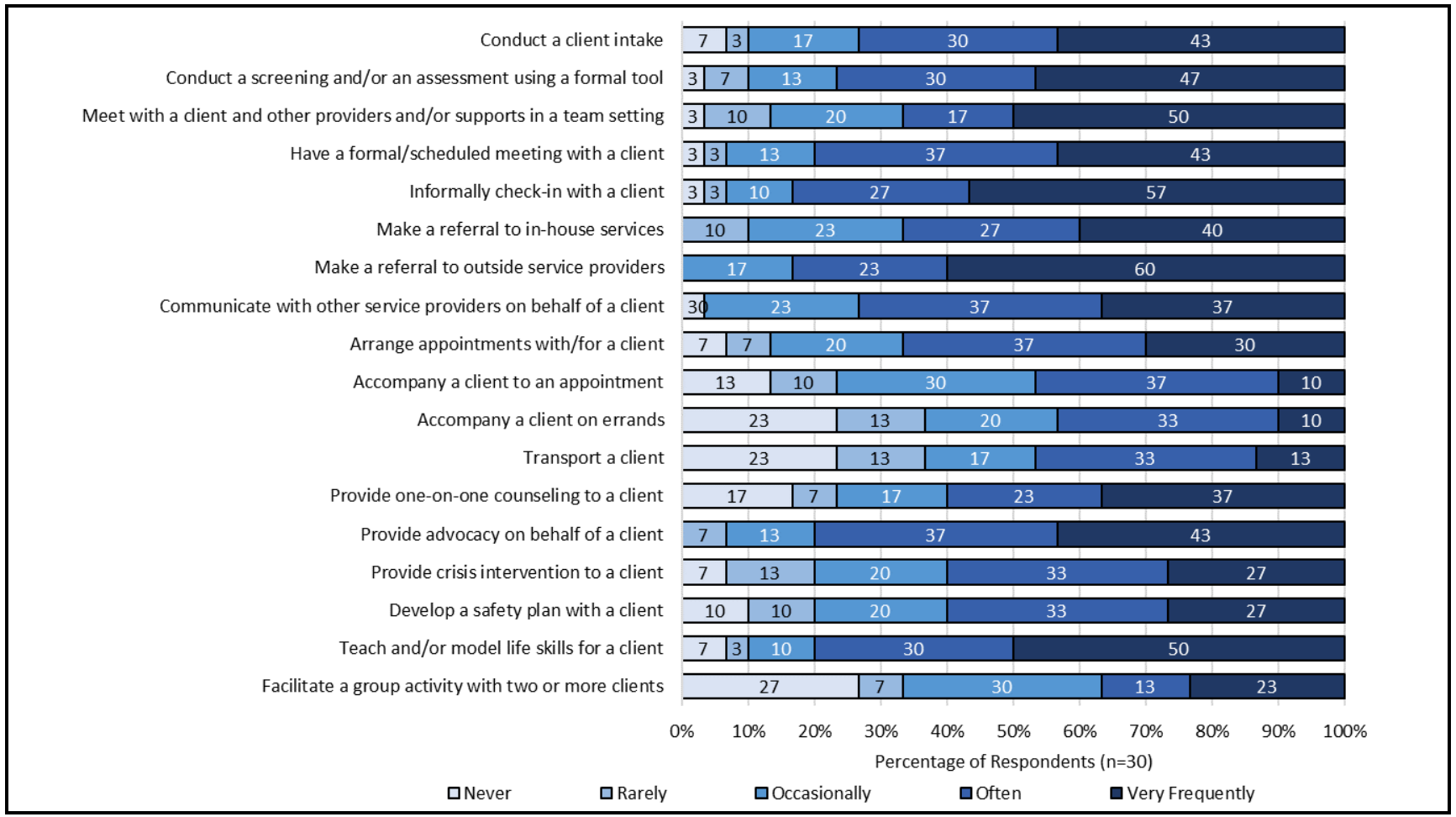
Case manager survey participants and project directors who provided direct services indicated the frequency with which they personally carried out various case management activities with or on behalf of clients (**Exhibit 22**). Over three-quarters of staff reported that they often or very frequently checked in with clients (83%), made referrals to outside service providers (83%), held formal or scheduled meetings with clients (80%), provided advocacy on behalf of clients (80%), taught and/or modeled life skills for clients (80%), or conducted a screening and/or assessment using a formal tool (77%). About three-fourths of staff reported that they often or very frequently conducted client intake (73%) or communicated with other service providers on behalf of a client (73%). About two-thirds reported that they often or very frequently met with clients and other providers in a team setting (67%), made referrals to in-house services (67%), arranged appointments (67%), provided one-on-one counseling with clients (60%), provided crisis intervention to clients (60%), and developed safety plans with clients (60%). Fewer than half said that they often or very frequently accompanied clients to appointments (47%), transported clients (47%), accompanied clients on errands (43%), or facilitated group activities with two or more clients (37%).

Case managers were also engaged in community-level activities. About two-thirds (68%, n=17) of case manager survey respondents reported that they participated in community-level

[17] Motivational interviewing is a collaborative and goal-oriented communication approach that is designed to strengthen personal motivation for and commitment to specific goals by eliciting someone's' reasons for change. Motivational interviewing should include acceptance, compassion, and affirmation (Miller & Rollnick, 2013).

anti-trafficking task forces, and about half (52%, n=13) reported that they often or very frequently participated in DVHT project team or partnership meetings (data not shown).

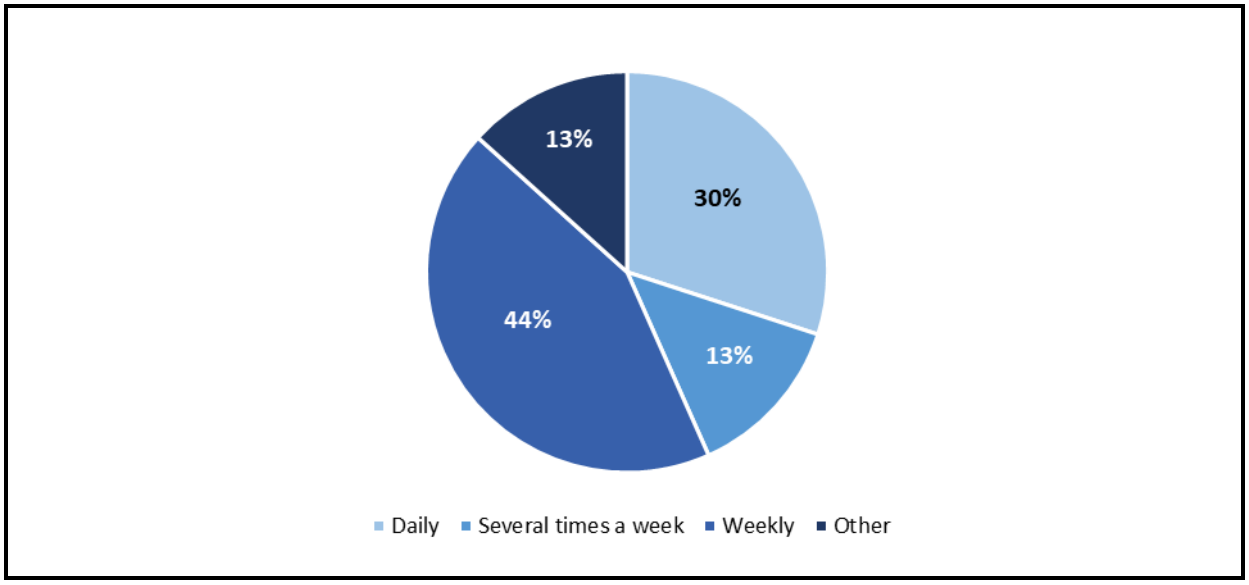
Exhibit 22. Types and Frequency of Case Management Activities



Sources: Project Director Survey and Case Manager Survey

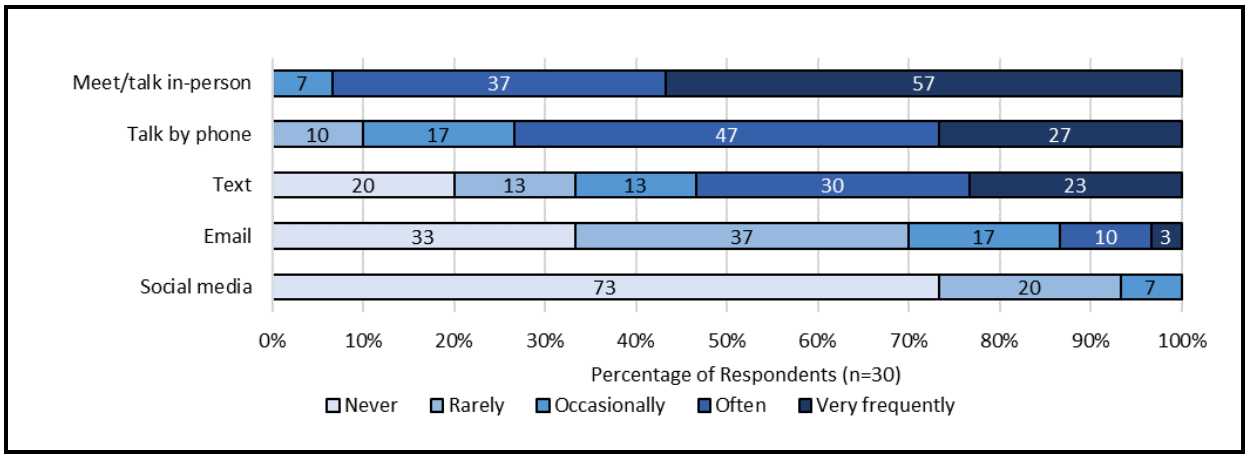
All case manager survey participants and project directors who provided case management services shared that they communicated with their clients at least weekly (**Exhibit 23**). Almost one-third (30%, n=9) interacted with their clients daily. Talking in person and over the phone were the most common methods of communicating with clients (**Exhibit 24**). Almost all (93%) staff reported meeting in person, and 73% said they talked on the phone with clients very frequently or often. Just over half (53%) communicated with clients via text messaging, and 13% used email very frequently or often. Social media was not a commonly used mode of communication. It was used only occasionally or rarely by about one quarter (27%) of staff.

Exhibit 23. Frequency of Communication Between Case Managers and Clients



Sources: Project Director Survey and Case Manager Survey

Exhibit 24. Means of Communication Between Case Managers and Clients



Sources: Project Director Survey and Case Manager Survey

Case managers and clients agreed that successful case management was grounded in trust and positive relationships. As one DVHT case manager explained, case managers "first meet their clients where they are. They build a healthy relationship with their clients. They work one-on-one with them, and it's a lot of trust that has to be built, but they show them with consistently following up with outcomes and continuing that relationship with their clients." Case managers also emphasized the importance of providing emotional support. As one case manager explained, "Sometimes they need to take a walk. Sometimes you just have a talk with them. Sometimes they just need motivation or inspiration for right then and there, or security that they're going to be okay." Several case managers described their roles as being a "personal cheerleader"; one said, "I'm gonna cheer you on, I'm gonna help you shine." DVHT case managers employed trauma-informed and victim-centered strategies throughout their activities (see chapter 5, section *Service Delivery Strategies: Trauma-Informed Care*).

Standards of Care

The DVHT Program required each project to establish protocols for information sharing and client confidentiality and implement standards of care and protocols for comprehensive case management services. Ten (83%) DVHT project directors reported that their organization had documented guidelines or practice standards for service delivery to victims of human trafficking. However, in general, DVHT projects did not develop special standards or operating procedures that guided service delivery to trafficking survivors. Most DVHT project lead organizations typically used already-developed practice standards related to client information sharing, maintaining confidentiality, and mandated reporting. Two DVHT projects indicated that they had a program manual for their specialized programs: Massachusetts' My Life My Choice and Ohio's Off the Streets.

Desired Case Manager Characteristics

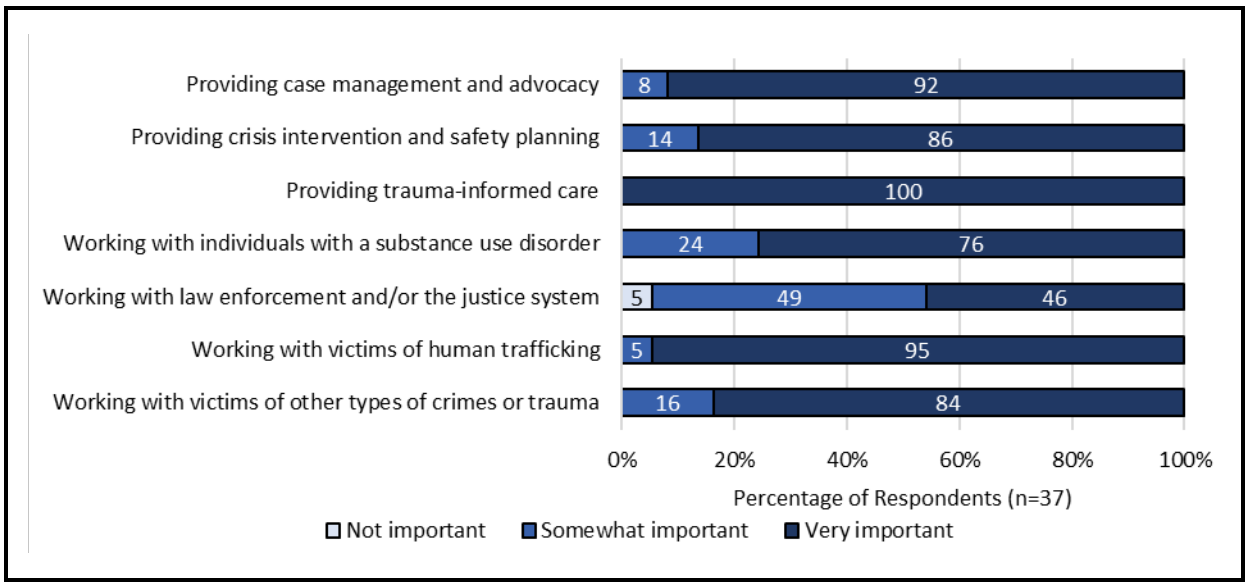
One key strategy in ensuring high-quality comprehensive case management was to hire and maintain DVHT project staff with the proper training and experience essential for carrying out DVHT project activities. DVHT project directors and case managers rated the importance of qualifications (skills, experience, education, and attributes) necessary to provide DVHT services (**Exhibits 25 and 26**).

Three-fourths or more of DVHT project directors and case managers rated the following areas as very important for staff who work with domestic trafficking survivors to be trained in or have experience with: providing trauma-informed care (100%), working with victims of human trafficking (95%), case management and advocacy (92%), providing crisis intervention and safety planning (86%), and working with victims of other types of crime or trauma (84%), and working with individuals with a substance use disorder (76%). Less than half felt that it was very important for staff to have experience working with law enforcement and/or the justice system (46%).

Most project directors and case managers rated the following as very important: passion for serving trafficking victims (100%), knowledge of community-based services (89%),

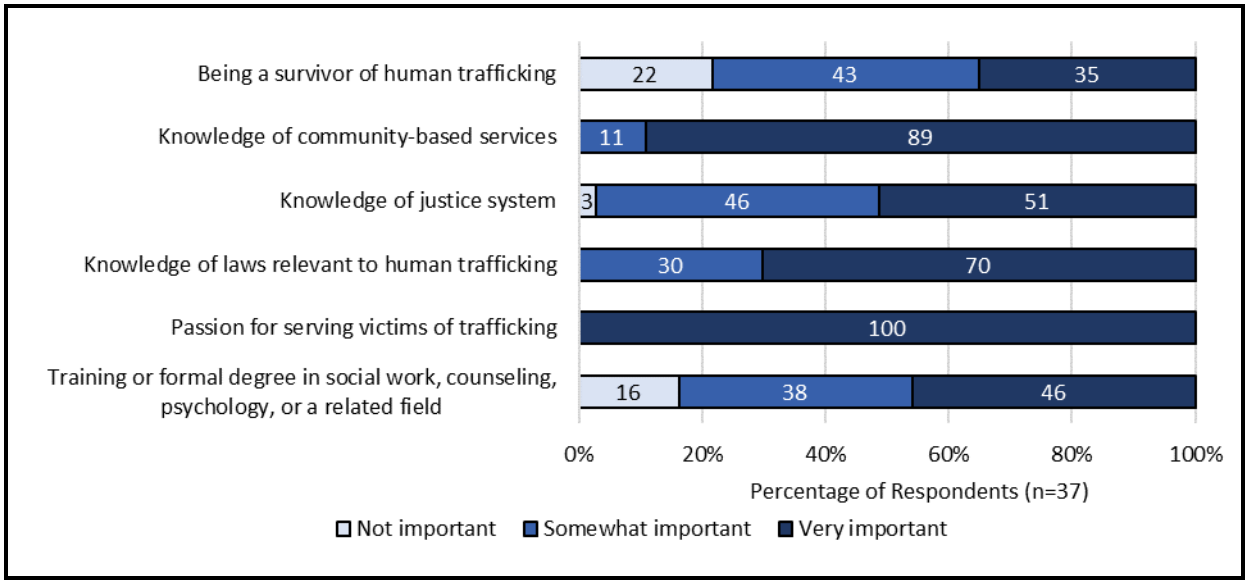
and knowledge of laws relevant to human trafficking (70%). About half rated the following as very important: knowledge of justice system (51%), and training or formal degree in social work, counseling, psychology, or a related field (46%). Project directors and case managers indicated less agreement on the perceived importance of DVHT staff having lived experience as a survivor of human trafficking: 22% felt that it was not important, 43% felt that it was somewhat important, and 35% felt that it was very important.

Exhibit 25. DVHT Staff Ratings of Importance of Training and/or Experience



Sources: Project Director Survey and Case Manager Survey

Exhibit 26. DVHT Staff Ratings of Importance of Knowledge and Other Attributes



Sources: Project Director Survey and Case Manager Survey

Interview data reflected the survey findings. DVHT project staff reiterated the high importance of staff being skilled in delivering trauma-informed services, having a passion for serving victims of human trafficking, having experience working with human trafficking victims and other vulnerable populations, and knowing about available community-based services. DVHT staff also mentioned the importance of being empathetic, being a good listener, having strong boundaries and self-care skills, and knowing how to handle crises. Some clients noted that it was beneficial to receive services from DVHT staff with lived experience in trafficking. One DVHT case manager summarized the keys to providing services to trafficking victims: "Being passionate. You have to be selfless to work in human services. You also have to be trained adequately on an ongoing basis because sometimes it can become overwhelming. Sometimes you've had a staff [with] a past of some sort of victimization and it can be retriggered."

In response to questions about their own skills and training needs, all but one case manager (96%, n=24) agreed or strongly agreed with the statement, "I believe that I have the skills needed to do a good job as a case manager serving victims of human trafficking." However, most (88%, n=22) also reported that they needed additional training or continuing education to support their work.

Challenges to Providing Case Management

DVHT projects noted several challenges in providing comprehensive case management. Many relayed that case management with trafficking victims requires extra patience, sensitivity, and care, particularly because trafficking victims have experienced a lot of violence and trauma. Staff conveyed that clients can be reticent to trust case managers and share their experiences because they fear judgement, they do not want to retell their story, or they do not want law enforcement to get involved. One project described that in their rural service area, survivors may be reluctant to disclose trafficking because "everyone knows everyone's business." Ongoing engagement with clients can be challenging, particularly with clients who are experiencing other serious situations, such as a substance use disorder or homelessness. Several projects described challenges of engaging and maintaining engagement with clients who are dealing with addiction, particularly opioids (also see chapter 5, section *Service Delivery Strategies: Mental Health and Substance Abuse Treatment*).

> *"The work [the case managers] do is hard work, they are constantly dealing with crises and problems that really don't have answers, so they do the absolute best they can, but it is challenging work."*
>
> Project staff

Staff across several projects discussed challenges related to staff capacity. Project staff described that the emotionally draining and demanding work of case managers can lead to burnout and staff turnover. One project noted that they needed to hire additional staff but had not been able to. Furthermore, several projects described that it was difficult to fill case management positions with individuals who had the necessary skills and other attributes. One project noted that some of their formal partners took a while to find "just the right person" for their DVHT project positions. To address this challenge, another project shared that they

considered factors beyond formal work experience, such as volunteer experience and other indicators of interest in the field, when assessing job candidates.

Two projects discussed the difficulties of providing comprehensive case management across a large geographic area. One project that served clients who lived as far as five hours from the grantee agency described that it was challenging to meet clients' needs, particularly when a client is in crisis; case managers are not always able to drop what they are doing and go to a client who is multiple hours away. Another project explained that it is challenging to know all the resources and have formalized relationships with community organizations throughout their large service area.

Finally, some staff pointed out that their services were not geared toward all sub-populations of trafficking survivors (e.g., services designed for youth would not work well for adult survivors), and one respondent noted that their project's staff members did reflect the diversity of the individuals they served.

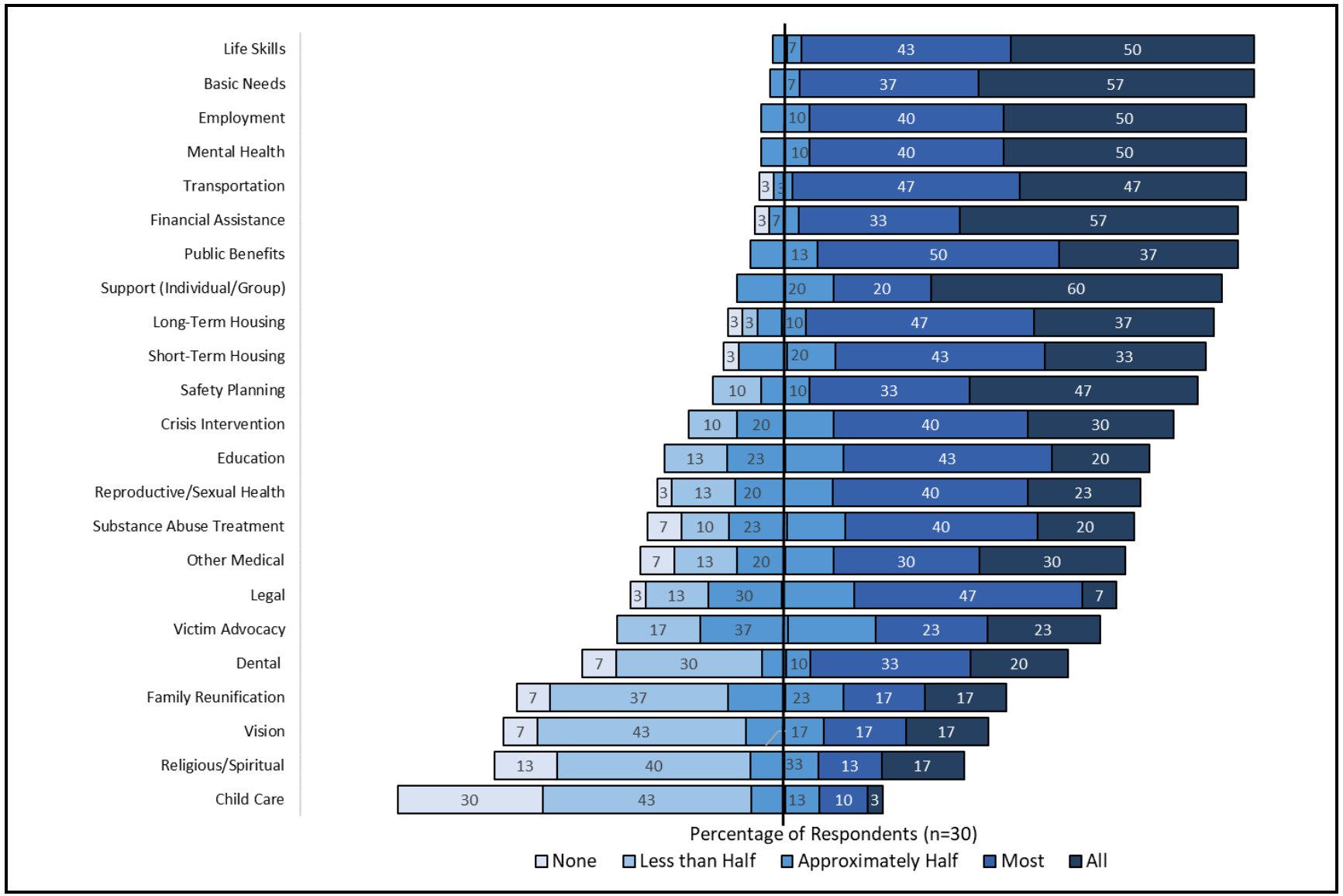
Comprehensive Service Delivery

A key aspect of comprehensive case management was helping clients locate and access needed services and resources. DVHT projects offered a menu of comprehensive services, in collaboration with community partners, through direct service provision and referrals. The following sections describe the service needs of clients, reported by project staff, and the approaches projects used to deliver services to meet those needs. Specific attention is given to the strategies employed to deliver trauma-informed care, housing services, and mental health and substance abuse treatment.

Client Service Needs

Services that DVHT project directors and case managers indicated were needed by all or most clients were basic needs (93% of project directors and case managers), transportation (93%), life skills (93%), mental health (90%), financial assistance (90%), and employment (90%) (**Exhibit 27**). Examples of basic needs described during DVHT staff interviews included clothing, food, school supplies, and hygiene items, among others. Clients needed support with transportation for a variety of reasons, including getting to work or to other supportive services. Mental health services included counseling, therapy, and psychiatric care. As for employment, both DVHT staff and clients discussed the need for employment assistance to create meaningful work opportunities that were more than clients felt they could do on their own. Other common needs that over 75% of DVHT project staff noted were needed by all or most of their clients included short- and long-term housing, individual and group support, public benefits, and safety planning.

Exhibit 27. Proportion of Clients Needing Each Service

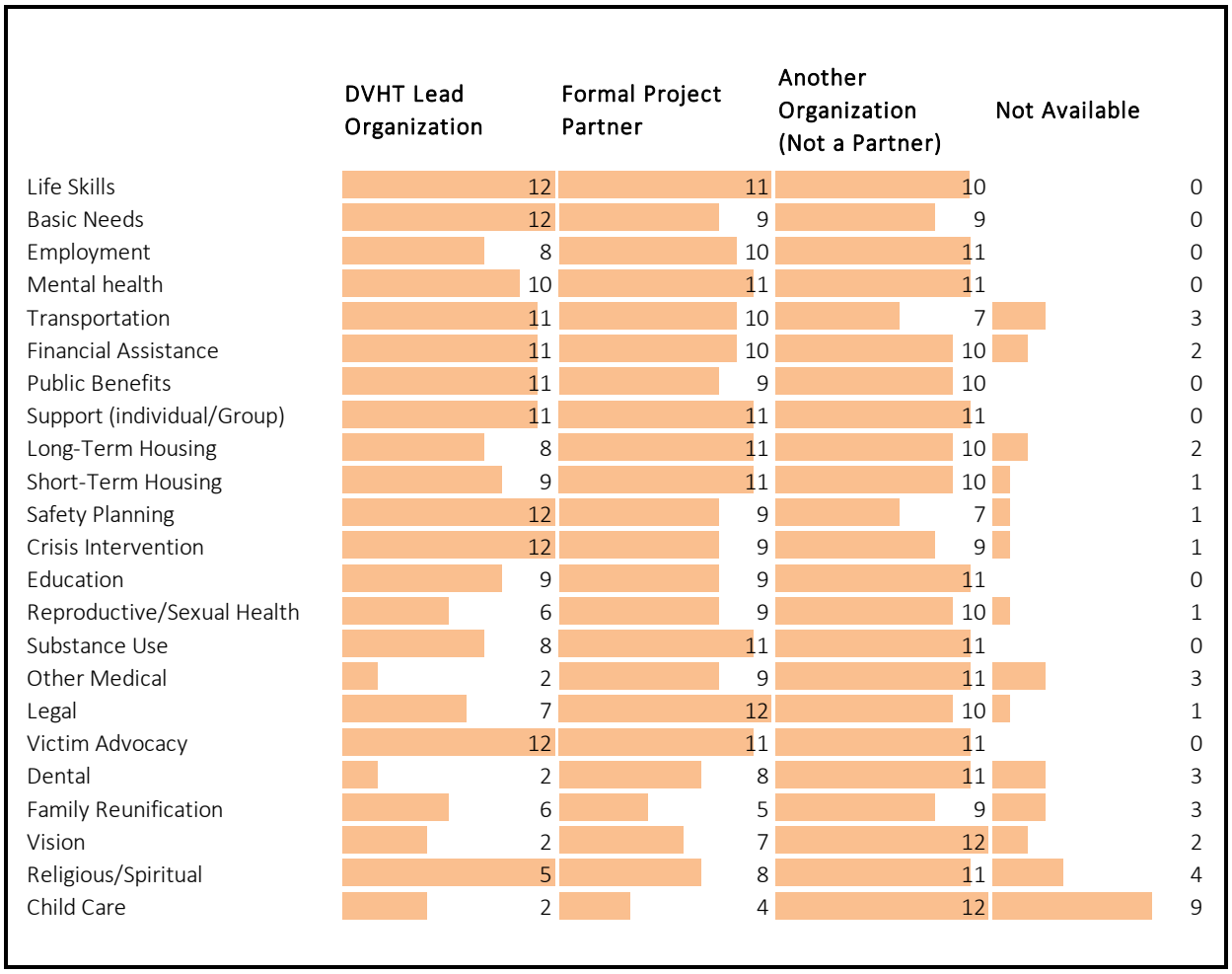


Sources: Project Director Survey and Case Manager Survey

Availability of Direct Services

To address the service needs of their clients, DVHT projects may have provided the service themselves, through a DVHT partner, or referred clients to another community resource (i.e., an informal project partner). Project directors and case managers were asked to identify where, if at all, each service was available in their community for DVHT clients. In some instances, the service was not available in their area. **Exhibit 28** presents the number of DVHT projects that indicated each service was available in their community by different provider types (i.e., bolded provider types) organized by staff's indication of client need (presented in **Exhibit 27**). If the project director or any of the project's case managers indicated that the service was available in their community, the service was considered available for the DVHT project (n=12).

Exhibit 28. Service Availability Across DVHT Projects



Sources: Project Director Survey and Case Manager Survey

DVHT lead organizations provided a wide array of services while also establishing formal and informal partnerships with other providers in the community to address clients' needs.

Services most frequently reported by staff as needed by DVHT clients—life skills, basic needs, employment, and mental health—were available through the DVHT project lead organization, formal project partners, or other organizations in the community. No DVHT staff indicated that these services were unavailable in their community. However, staff from several projects discussed challenges related to connecting clients to appropriate services to address employment and mental health. Likewise, staff reported that services to address substance use problems were available but difficult to access. Although DVHT projects had established partnerships or knew of possible referral agencies, they often found no beds available and lengthy wait times (also see chapter 5, section *Service Delivery Strategies: Mental Health and Substance Abuse Treatment*).

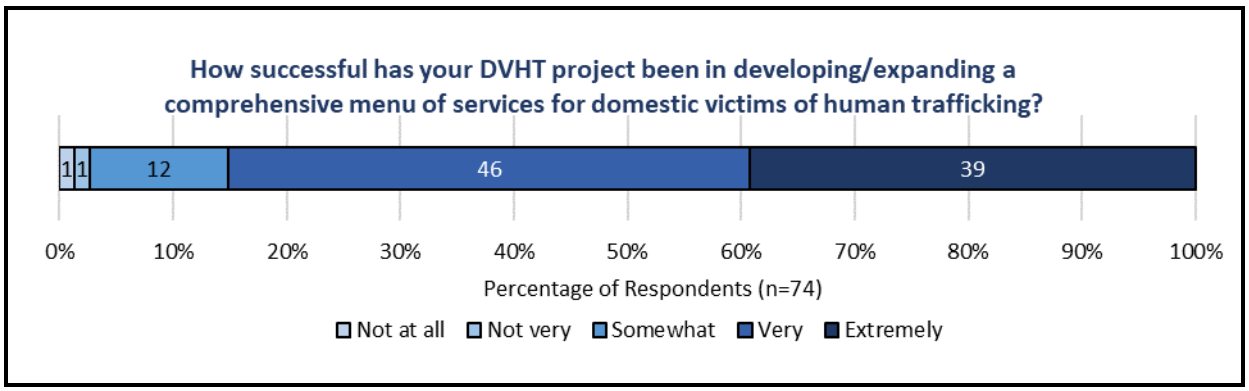
Short- and long-term housing were additional services frequently needed by clients that were challenging to deliver. Housing was seen by DVHT staff and partners as a key service that assisted clients in meeting their other goals. See chapter 5, section *Service Delivery Strategies: Housing* for a description of approaches DVHT projects used to meet clients' needs and related challenges.

> *"Once we take care of the housing piece, all of the other services kind of go along with it, so you know once they're transferred to the housing piece, there happens case management. You get assisted with employment, education, substance abuse, so all those things kind of go along with it once they're housed."*
>
> Project director

When clients presented with service needs that could not be met by the project lead organization or formal partners (e.g., due to a lack of capabilities, resources, language skills, etc.), project staff often knew of other organizations in their community who could address these needs. Services that were less frequently needed, such as dental, vision, and services related to family care (e.g., family reunification, childcare), were often available through other organizations who were not formal partners. Childcare was the service most cited as unavailable and least needed; however, at least one staff member in each DVHT agency noted they were aware of at least one organization that provided childcare services. Facilitation of referrals from the lead organization to partners and other community providers sometimes involved establishing clear referral mechanisms.

Most project directors, case managers, and partners concurred that their DVHT projects were very (46%) or extremely (39%) successful in developing or expanding a comprehensive menu of services for domestic trafficking victims (**Exhibit 29**).

Exhibit 29. DVHT Staff and Partner Perceptions of Success in Developing or Expanding a Comprehensive Service Menu



Sources: Project Director Survey, Case Manager Survey, and Partner Survey

Service Delivery Strategies: Trauma-Informed Care

Through qualitative interviews, DVHT project staff described the ways in which their project practices were trauma-informed. Woven throughout was an awareness of the impacts of trauma, an emphasis on avoiding re-traumatization, recognition of a client's right to make their own choices, and the value of building respectful and empathetic relationships.

Defining Trauma-Informed Care

When asked to define trauma-informed and victim-centered care for trafficking victims, DVHT project staff's responses aligned with the primary elements of a trauma-informed approach. Project staff spoke of the need to view clients holistically and not define them by their victimization. One staff member advocated that clients should be supported in building stability in all facets of their life, e.g., addressing basic needs (food, shelter), employment or education, supportive networks (e.g., family, friends, community), recreation and fun. People working with trafficking victims need to understand that they are likely experiencing trauma—often significant trauma—and that can manifest in different ways, which is why it is important to be able to recognize the signs and symptoms and respond appropriately. One survivor explained, "I have flashbacks and someone who understands that this is a flashback will maybe sit with me, cradle my head, talk to me, orient me. Versus jump in, medicate, restrain, cart [me] off in an ambulance. You know, so it is very much being able to read the situation and just be appropriate. Not use words that will trigger. And everyone's different, and so that's really hard." Similarly, it is important to realize that clients will likely experience a range of emotions and they need the space to be able to express them. One staff person said, "Whether

Trauma-informed Services

Trauma-informed services emphasize **safety, trustworthiness, choice, collaboration, and empowerment**. Trauma-informed service delivery uses approaches that maximize safety and avoid re-traumatization of those to whom projects provide services. It requires that service providers understand how trauma can affect someone and how they experience services.

(Source: Office for Victims of Crime Training and Technical Assistance Center.)

they're pissed off, or really sad, there are a lot of different emotions, and just letting them experience those without trying to control those emotions or fix them." Also important is being empathetic and attuned to clients' behavior and being able to respond without judgement. "It sounds so simple, but just people's body language and what if their energy shifts and how, if they ask for something that might seem odd to you, don't think it's odd. Just understand. Find out more about it or if someone doesn't want to explain something, maybe don't try to find out more about it. Just being sensitive and helping them walk through that. You don't know what…they're going through." Staff also emphasized the importance of prioritizing client safety, creating a "peaceful and safe environment" where clients "feel comfortable," and building trust between the client and project staff. Another staff person cautioned that projects need to be mindful not to create uneven power dynamics between staff and clients.

Client choice is also something that DVHT project staff and partners emphasized as a critical aspect of trauma-informed care in addition to realizing that people are different and not everyone will benefit from the same service or treatment. A project director noted that meeting clients where they are at is a sign of respect and instead of "demanding they do this, give them alternatives and encourage them to make good, healthy decisions. Guiding them, not giving them lists of rules." As stated by one partner, allowing clients to make choices helps to "restore people's agency, get their empowerment back into them." It is also important to recognize that not everyone will progress at the same pace, so "be patient and be flexible" and set reasonable goals and expectations. Another project partner commented that, "in terms of treatment, with trauma work, it can only go as fast as the slowest part of yourself, so having someone that understands that and is able to adapt to where people are" is important to helping clients to heal.

Approaches to Providing Trauma-Informed Care

> *"It's a soft approach…I give them kind of like a disclaimer like, "Okay, I'm gonna ask you X, Y, Z. So, let me know if you feel like it's too much, you can stop. I can stop. We can move on or we can just end it."*
>
> Project staff

Outreach, Identification, and Assessment. There was widespread recognition that the identification and assessment process has the potential to be a traumatic experience. Project staff shared practices they used to reduce the possibility of re-traumatization. Some project staff observed that trafficking victims are unlikely to self-identify, which is why it was important to "go out there where they are to reach them and connect with them," but to do so in way that does not put the victim in danger. One staff member said that training was key so that staff knew how to avoid re-traumatization and to help potential clients understand, "these people are here to actually help me." A staff member from another project spoke of considerations when conducting a screening over the phone, including being mindful of where a potential client is physically located, what their current situation is, and if they have support available in case the screening elicits an emotional response. Another common practice was to ensure that all staff were trained to conduct an assessment. By doing this, a potential client does not have to wait for a particular person to be available and they would not inadvertently be identified as a trafficking victim (i.e., if only certain staff worked with trafficking victims). An

added benefit of this practice is that if a potential client has already spoken with one staff member, they would not have to meet with someone new and repeat information they had already provided. Other common practices included letting the potential client know what the assessment generally would entail, not starting immediately with questions about trafficking, allowing them to take breaks or stop at any time, allowing them to share as much or as little information as they were comfortable with, and listening without judgement. Project staff also described prioritizing client safety during this initial process and would help clients to develop a safety plan. One DVHT project director described the safety plan as a "living document" that was created and updated collaboratively with the victim as their circumstances changed.

Creating a Safe and Comfortable Environment. Some DVHT project staff described their efforts to create a safe and comfortable environment. For example, staff with one project were intentional in making sure their office space felt welcoming instead of clinical. Staff with another project dressed casually, believing that a more relaxed setting would increase clients' willingness to interact with project staff. To ensure that clients would not be caught off guard by new staff at their drop-in center, one project used pictures and brief written biographies to introduce new staff weeks in advance. Another project made an arrangement with a health care partner so that clients could hand a special card to the person at the front desk and be seated in a separate waiting room to reduce exposure to potential triggers. Staff noted that creating safe spaces is important not only in terms of physical settings but also in interactions between staff and clients. For example, non-verbal communication was mentioned by one project as something important to focus on to avoid sending "mixed signals." By seeing that staff were comfortable, clients were more likely to feel comfortable as well.

Building Client-Staff Relationships. Building rapport and developing trusting relationships with clients is imperative to effective service delivery. One partner staff member said the relationships they form with a client is their "number one intervention" because they become a steady presence in the client's life. Recognizing that reliability is key, one DVHT project director talked about letting clients know that "we're gonna still be here" regardless of their engagement in the project: "We don't say things like, 'when you're ready," we just let them know that we're here." Project staff also highlighted the importance of honesty and doing what you say you will do. Project staff also talked about letting relationships develop naturally (rather than trying to force them) and at the pace that is comfortable for the client. A case manager described one occasion in which it took over a year to gain a client's trust, but once they did the client would continually sign up to see them. Staff from another DVHT project talked about the importance of "relentless engagement," which meant consistently acting tolerantly and nonjudgmentally throughout interactions. For this project, using a harm reduction approach helped maintain relationships. Interacting without judgement was a common theme across projects, as staff frequently used phrases like "be open-minded," "be nonjudgmental," and "don't judge…listen." Staff conveyed that it is important to be aware that clients disclose information when they are ready, and may never share some information, and there is great value in mindful listening. As stated by one DVHT project director, "We are good to listen and slow to respond so we can hear a victim out in their entirety."

Client Choice. Another factor that was underscored by project staff was client choice. Many staff spoke of meeting clients "where they are," demonstrating a key element of motivational interviewing, which seeks to build autonomy in decision making. One partner spoke of ensuring that clients were able to make their own decisions, even down to small things like selecting their own food at the grocery store, recognizing that decision-making can cultivate empowerment. As one survivor leader stated, a lot of clients "haven't had choices, and it's very important for them to know that 'You have a choice. You get to determine what you do and how you do it and when you do it.'" There was agreement that clients should be the drivers of their participation in services and goal setting with an emphasis on "respecting self-determination" and "giving power back." One case manager spoke of showing "leniency in terms of people showing up for appointments or needing to reschedule or even just having 'off days,'" and accepting that ultimately, some may decide that your services are not for them. One survivor leader explained, "We're here to just aid them and help them walk, when they choose." Some projects incorporated client voice into service delivery by obtaining their input while planning activities and after they have received services. One partner described a process in which potential group activities were shared with clients to ensure that any concerns were addressed beforehand.

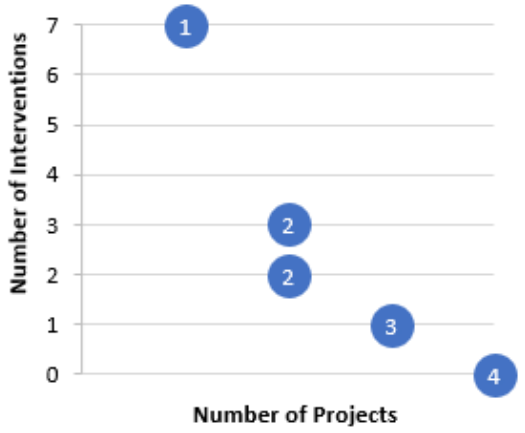
> *"…as much choice as we can give to individuals, I think it's really important and powerful because with trafficking the main thing is your choices are taken away from you. So, just instilling that you are capable of making choices and you do know what's best for you and you make the best choices for yourself and your family and we're just here to stand by them."*
>
> Project staff

Trauma-Informed Training and Continuous Improvement. Providing training to project and partner staff was an important component of projects' approach to ensuring there was "awareness of the impact of trauma" and that staff were prepared to provide trauma-informed care to clients. Case managers and other direct service DVHT staff spoke of receiving training on "human trafficking," "trauma-informed care," "best practices for working with trauma victims," "what it means to be a survivor," "understanding responding to victims," and "secondary trauma." One DVHT project director highlighted that training is necessary for all staff that may come into contact with clients (e.g., a front desk receptionist who is the first person the client sees), not only DVHT project staff. Some grantees screened potential partners by conducting visits to their facilities and some also provided trauma-informed training to partner staff. Many projects also integrated continual learning opportunities through mentor professional development, one-on-one coaching, supervision (e.g., regular check-ins, debriefing after a challenging client interaction), periodic in-service training, or client feedback. Staff from several projects also noted that they routinely assessed their practices to make improvements as needed. For example, one DVHT project recognized that some clients needed a higher level of support to address their trauma needs and began subcontracting with clinical social workers. One case manager also reflected on the importance of staff wellness: "We really promote staff wellness because, at the end of the day, if our staff isn't well, then our participants aren't well."

> *All 12 DVHT project directors reported most (n=1) or all (n=11) project staff had received training in trauma-informed care.*

Trauma-Specific Interventions. Availability of trauma-specific interventions is beneficial to clients' recovery process. **Exhibit 30** shows the number of trauma-specific interventions that DVHT projects made available to clients. On one side of the spectrum, one project reported that seven interventions were available to clients, while four projects did not have any trauma-specific interventions available to clients. In the middle were two projects with three interventions, two projects with two interventions, and three projects with one intervention.

Exhibit 30. Number of Trauma-Specific Interventions Used by DVHT Projects



Source: Project Director Survey

As shown in **Exhibit 31**, the trauma-specific intervention that was most commonly available to DVHT clients was Seeking Safety, which was used by six of the DVHT projects. Otherwise, a wide range of interventions were used with little overlap as the remaining interventions were made available to clients by either two DVHT projects (e.g., the Addiction and Trauma Recovery Integration Model) or only one (e.g., Attachment, Self-Regulation, Competency).

Exhibit 31. Trauma-Specific Interventions Available to DVHT Clients

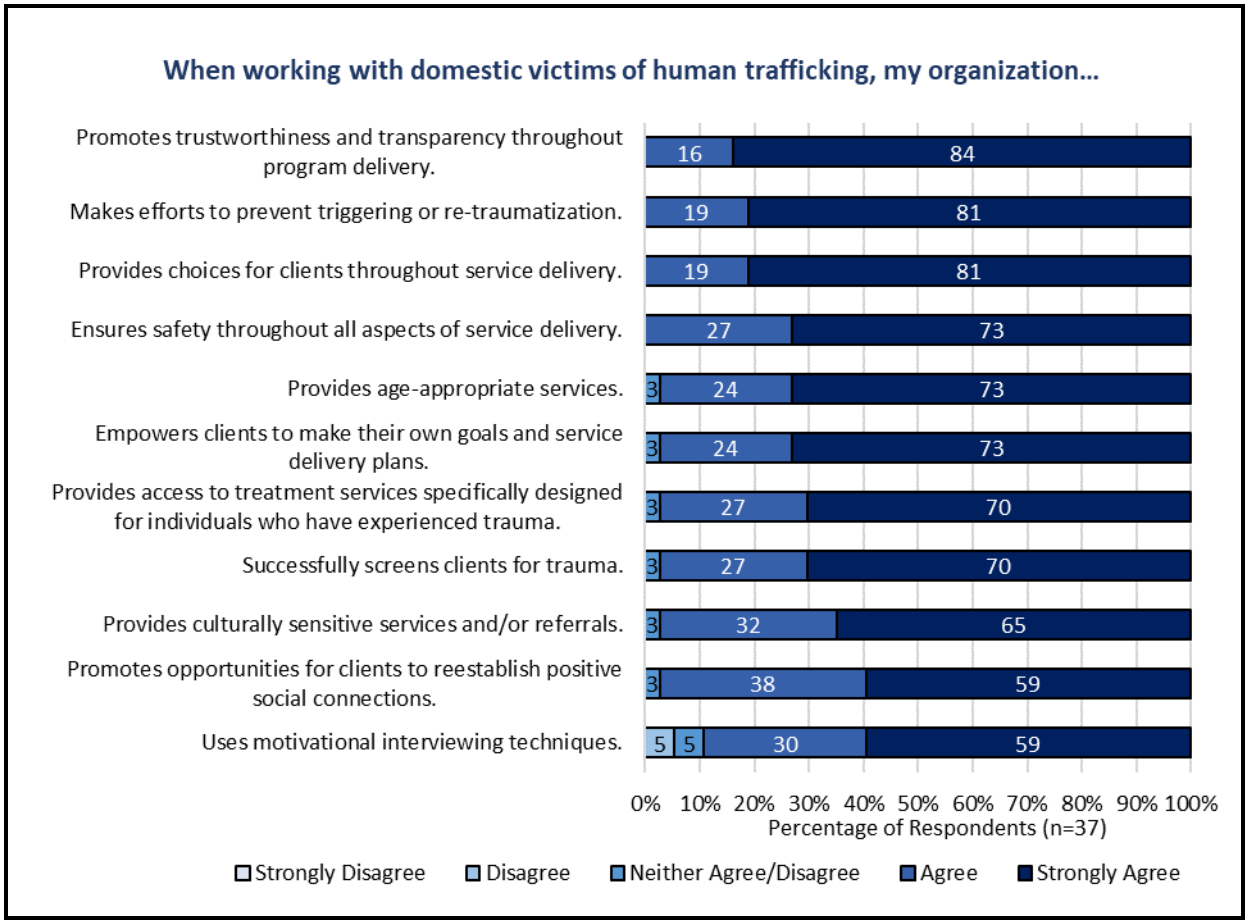
Number of Projects	Interventions	
6	• Seeking Safety	
2	• Addiction and Trauma Recovery Integration Model • Eye Movement Desensitization and Reprocessing • Sanctuary Model • Trauma, Addiction, Mental Health, and Recovery	
1	• Attachment, Self-Regulation, Competency • Ending the Game • Essence of Being Real • Risking Connection	• Trauma Affect Regulation: Guide for Education and Therapy • Trauma Recovery and Empowerment Model

Source: Project Director Survey

Across the board, DVHT project directors and case managers agreed or strongly agreed that their organizations were implementing trauma-informed practices (**Exhibit 32**). The most strongly endorsed practices were promoting trustworthiness and transparency throughout

program delivery, making efforts to prevent triggering or re-traumatization, and providing choices for clients throughout service delivery. There was only one practice that a very small percentage of respondents disagreed was being implemented: using motivational interviewing techniques.

Exhibit 32. Staff Perspectives on Their Organization's Use of Trauma-Informed Practices



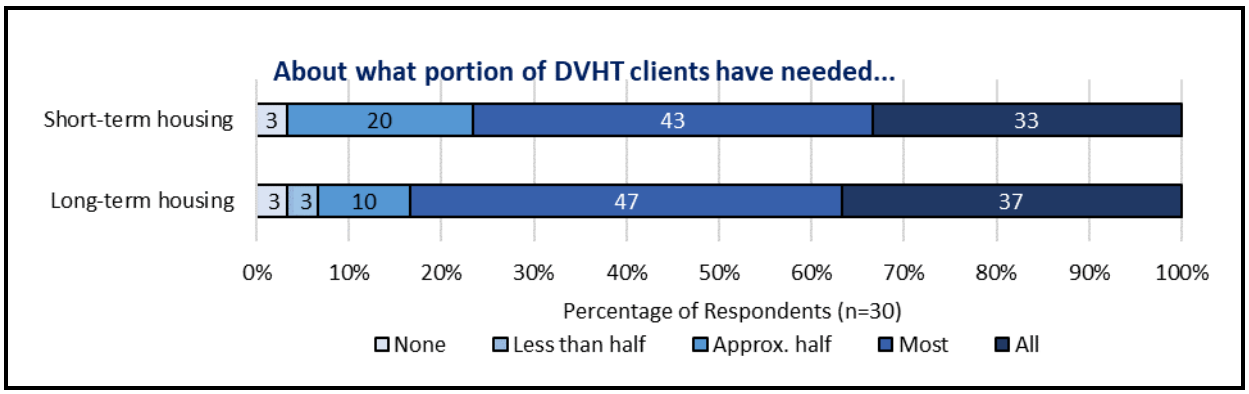
Note: Percentages may not total 100% due to rounding.

Sources: Project Director Survey and Case Manager Survey

Service Delivery Strategies: Housing

Recognizing that safe and stable housing is an important service to support victims' recovery, the DVHT projects were required to "address the immediate and long-term housing and shelter needs of victims through a continuum of flexible housing supports, including emergency and transitional housing" with a focus on housing options that "fit the victim's current and long-term needs" (ACF, 2016). As shown in **Exhibit 33**, the majority of project directors and case managers reported that most (43%) or all (33%) of their clients needed short-term housing. There was also a need for long-term housing for most (47%) or all (37%) clients.

Exhibit 33. DVHT Client Housing Needs



Note: Percentages may not total 100% due to rounding.
Sources: Project Director Survey and Case Manager Survey

Approaches Used to Address Clients' Immediate and Long-Term Housing Needs

To address clients' housing needs, DVHT projects provided a continuum of housing options through a variety of service delivery pathways: directly by the grantee organization, through referral to a partner organization, or through general referral to another entity (e.g., housing provider, local housing authority, mental health agency) in the community. The types of housing provided can be categorized into emergency, transitional, and permanent (Freedom Network USA, 2020):

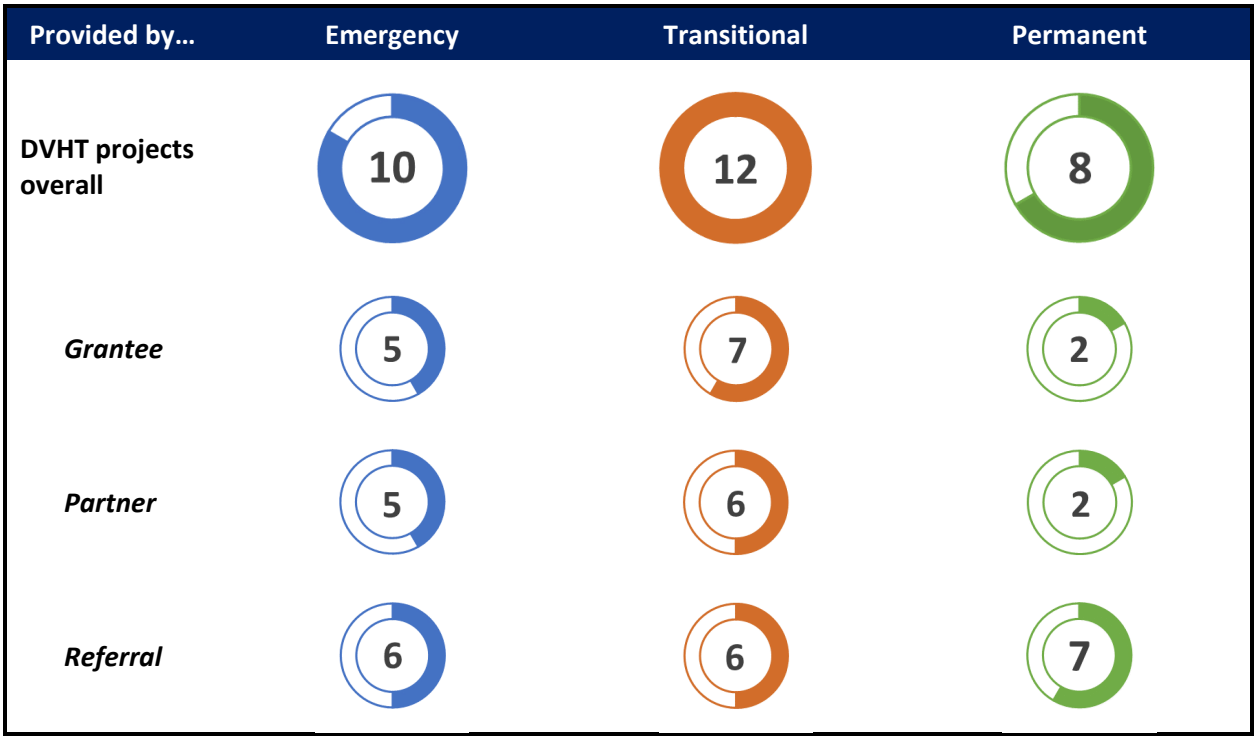
- *Emergency housing* is temporary and meets the immediate needs of the client.
- *Transitional housing* options provide stable housing for lengths of time ranging from 6 months to 2 years. Supportive services are often provided and range from on-site intensive support to case management services only.
- *Permanent housing* options do not have a set time limit (although clients likely will have a lease that specifies a time period and can be renewed). Supportive services are provided in some settings and not in others.

Exhibit 34 shows the number of projects that offered emergency housing, transitional housing, and permanent housing. It also breaks down the number of DVHT projects that offered each type of housing through the grantee organization, through a partner organization, or through general referral. These categories are not mutually exclusive as projects often provided housing through multiple pathways, using all options available to them to increase their capacity to meet clients' housing needs. It is important to note that these numbers indicate *general* availability of housing resources as reported by project staff and partner organizations, not that all clients had unrestricted access to each housing option. Later in this section, we describe the challenges projects faced in helping clients obtain housing.

All projects (n=12) offered transitional housing options, almost all (n=10) offered emergency housing options, and three quarters (n=8) offered permanent housing options. For emergency and transitional housing, the pathways used by the projects were almost evenly

split among the three options. There was a clear reliance on general referrals to provide permanent housing.

Exhibit 34. Types of Housing Provided by DVHT Projects Overall and by Service Delivery Pathway



Sources: Telephone Interviews and Site Visit Interviews

The combination of housing types and service delivery pathways utilized by the DVHT projects resulted in a variety of housing approaches:

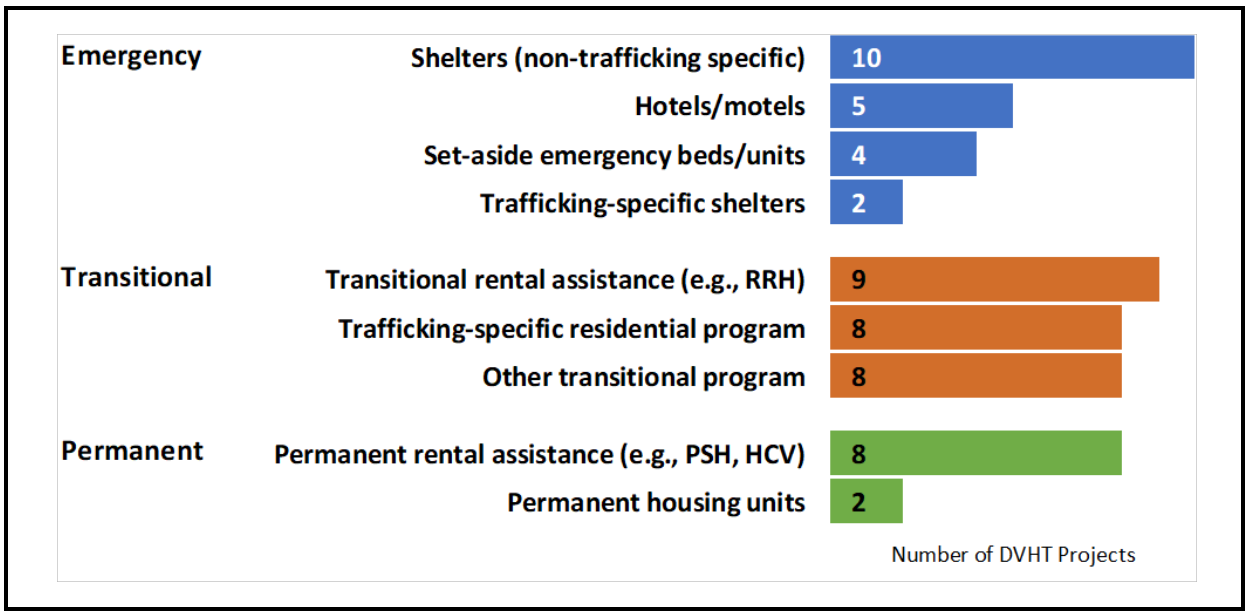
- **Residential programs for trafficking victims.** The Michigan and Ohio DVHT projects were centered around trafficking-specific residential programs operated by the grantee organization. All clients who were enrolled in these DVHT projects lived in the residential programs as a part of their participation. One program was designed for client to stay for 2 years, while the other program did not have a defined time limit, although clients typically did not stay for more than 1 year. Trauma-informed supportive services were integrated into the housing programs.
- **Grantee focused.** Two of the DVHT projects, California and New Jersey, operate a continuum of housing services, and the majority of housing was provided directly by the grantee organization, particularly emergency and transitional housing. However, referrals to partners and other community resources were still utilized to fill gaps in availability, address safety concerns (e.g., avoiding a particular neighborhood), and allow for client choice. Referrals were mostly for permanent rental assistance.
- **Partner and referral focused.** For six DVHT projects, all or most housing was provided by partners or through general referrals. Of those, only Alaska relied solely

on partner organizations to assist clients with emergency, transitional, and permanent housing. Louisiana and Utah used a similar approach in which emergency and transitional housing were provided primarily through partner and general referral, although the grantee was able to provide some transitional housing assistance, including through direct financial assistance for clients who were ready to live on their own. For example, one of the projects would help to pay for initial costs (e.g., deposit) and rent and then decrease the amount provided each month thereafter as they also provided help to secure employment. The grantee organizations for the remaining three projects, Arizona, Illinois, and Oregon, provided some emergency housing and then referred to partners and generally for additional emergency options and transitional and permanent housing.

- **Other approaches.** The Arkansas DVHT project, which primarily served youth, placed more emphasis on family reunification than other projects. For clients for whom that was not an appropriate option, emergency, transitional, and permanent housing options could be accessed through the grantee, partners, and general referral. The Massachusetts DVHT project primarily focused its housing efforts on providing commercial sexual exploitation of children (CSEC) training at the residential facilities where many of its minor clients lived to build the capacity to support them appropriately: "Our strategy has just been to build capacity within the group homes and residential treatment centers, so they do the right thing for our kids when they're there. And then, to collaborate with them so that we bring our services and supports right on site in our group work, so they're getting what they need there." The project also advocated for their minor clients receiving support from the Department of Children and Families (DCF) to ensure they received the full spectrum of resources available to them, including assistance to help in their transition to independent living. To accommodate clients who were not living in the residential facilities or involved with DCF, the Massachusetts grantee partnered with organizations that offered emergency and transitional housing options for specific survivor populations (e.g., adult women with children, male and transgender youth).

Exhibit 35 shows the different types of emergency, transitional, and permanent housing the DVHT projects used to meet clients' immediate and long-term needs. Non-trafficking specific shelters (e.g., domestic violence shelters, homeless shelters) were by far the most prevalent emergency housing option; only two projects had access to a shelter specifically for trafficking victims. Projects also used hotels or motels and beds (e.g., in a shelter or transitional living program) or apartment units that had been set aside for trafficking victims for emergency use. Transitional housing included trafficking-specific residential programs, other types of transitional programs, and time-limited rental assistance, which was either provided in the form of vouchers (e.g., U.S. Department of Housing and Urban Development's Rapid Re-Housing program) or direct assistance from the project. Permanent housing was most commonly provided through rental assistance vouchers (e.g., HUD's Housing Choice Vouchers or Continuum of Care Permanent Supportive Housing programs). Two grantee organizations operated their own permanent housing developments for which clients could apply.

Exhibit 35. Types of Housing Options Offered by DVHT Projects



HCV=Housing Choice Voucher; PSH=Permanent Supportive Housing; RRH=Rapid Re-Housing
Sources: Project Director Telephone Interviews and Site Visit Interviews

Strategies That Supported Housing Provision

DVHT projects formed relationships with a wide variety of stakeholders to meet clients' housing needs. The common thread across projects was that it was important to identify as many pathways to housing as possible across housing types, whether it was through a formal partnership or general referral. Unsurprisingly, grantees developed relationships across the housing spectrum with shelters, hotels, transitional living programs, sober living houses, local housing authorities, affordable housing developments, landlords, etc. However, housing resources were also identified through other service organizations and agencies (e.g., homeless, anti-trafficking, domestic violence, behavioral health or substance use, youth-focused) and state or local government agencies (e.g., Department of Child and Family Services, Department of Mental Health, Department of Workforce Services). A particularly helpful tactic was for DVHT staff to regularly participate in local collaborative meetings, which provided the opportunity to meet with service providers and other community stakeholders, share information about the DVHT project and clients' housing needs, and learn about housing resources in the community. Examples of local collaborative groups included the anti-trafficking task force, the area HUD continuum of care, a domestic violence coalition, a council for runaway and homeless youth, and a CSEC multidisciplinary team. Projects recognized the importance of fostering partnerships with other providers as having existing relationships made it easier to reach out when a housing resource was needed.

One DVHT project that operated their own housing services and another that depended on partners and other community resources to meet clients' housing needs employed a staff person (i.e., housing specialist or housing coordinator) dedicated to assisting clients obtain housing. These staff were responsible for conducting client housing assessments to determine

the appropriate level of housing needed, learning about the housing resources available in their community, reaching out to providers or landlords, helping to prepare housing applications and gather required documentation, searching for apartments (if needed), and identifying and collaborating with community stakeholders who could assist with housing DVHT clients. One of the housing specialists emphasized the importance of being knowledgeable about the housing resources in their area, including details such as which organizations provide housing, the types of housing offered, eligibility criteria, documentation requirements, bed availability, and who to contact. One of the project's partners noticed and appreciated this preparedness, commenting that when clients were referred for housing from the DVHT project, they showed up with all the documents they needed, which was not the norm. Part of building that knowledge was constant outreach and networking. The DVHT project's housing specialist had built a housing resource binder that was continually updated, and she became so knowledgeable that she was able to be a resource for other organizations. The housing specialist noted this was helpful in strengthening and forming mutually beneficial relationships with other organizations. She was open in sharing information about resources with partners and housing contacts, and when she needed their help to provide housing for a DVHT client they reciprocated. "You know, I did so many favors for people so when it comes to housing my clients it hasn't really been that hard for me, honestly."

One DVHT project described using a scattered-site approach to provide shelter in hotels by continuously changing which ones they used to avoid traffickers learning of them. Another project set aside emergency access to beds for trafficking victims in its transitional living program so even if a victim did not meet the eligibility criteria, they still had a place to stay while another placement was found. Many housing programs have waiting lists or a placement process that takes 2–3 weeks, and this helped them to provide immediate housing in the interim.

Approaches to Providing Trauma-Informed Housing Supports

DVHT project staff and partners described ways in which they had tailored practices to align with a trauma-informed approach. In one DVHT project, a partner lengthened the number of days that clients could stay in their shelter because they found that it took a minimum of 30 days for clients to get out of crisis before they could begin to start thinking about finding longer-term housing. They also increased access to their transitional living program by removing the requirement that someone be in an educational program or receiving vocational training prior to entry. In another DVHT project, a partner that served runaway and homeless youth usually required residents to leave during the day but allowed DVHT project clients to stay. They also provided a private area for DVHT project clients to stay until they were comfortable being around other residents.

Some DVHT project staff expressed resistance to using shelters that were not specifically for trafficking victims because they were not equipped to meet clients' needs. One project provided crisis shelter specifically for trafficking victims, and another was able to identify several trafficking-specific options in their area to which they could refer. Another project provided training to staff at a hotel to use in emergency situations while other options are identified. Hotel staff were instructed to monitor the room and call DVHT staff if there were any signs that help might be needed. This project was planning to provide similar training to area shelters about victim identification and trauma-informed care.

Culturally Responsive Services for Native Communities. The Alaska DVHT project, which largely served an Alaska Native population, ensured that culturally relevant activities (e.g., fish smoking, drum making) were made available to clients. Project staff reviewed its practices for racial disparities and discovered a disparity in access to a partner's transitional living program (i.e., 75% white, 25% Native American), which required employment or school enrollment as eligibility criteria. This requirement was removed and instead clients were assisted with employment or education after moving into the transitional living program, which resulted in an increase in access for Native American youth.

Some DVHT projects provided training related to human trafficking and trauma-informed care to housing staff to enhance their capacity to provide appropriate housing. The Louisiana project director had the opportunity to provide input into the design of a residential program and suggested the program have staff available 24/7 because clients would likely need assistance outside of the planned 8am–10pm window. Another suggestion was to have a doorbell ring when a client leaves their room at night as an alert to staff to be ready to provide support or assistance (e.g., play a game, watch TV) if needed. As noted previously, Massachusetts largely served youth who were living in residential facilities and provided CSEC training to the facilities to help them institute policies and practices to appropriately serve exploited youth.

Another approach used by some DVHT projects was to visit housing programs before they would refer clients to verify that it was a "good space for clients." One project staff member explained that they would talk about trauma-informed care with the housing program and that "the main thing we do on the site visit is determine, is it clean, safe, is there an on-site monitor that is actually doing their job? In transitional housing, it's not uncommon for residents to be using, having friends over, etc. Before we partner with anyone, we tell them what our objectives and goals are and our mission, and if they're in alignment, then we'll go with them. But if their mission is not in alignment, we don't go with them." Another staff member spoke about how building a strong relationship with a housing program facilitated the ability to trust their opinion about whether their program was an appropriate option for a particular client.

Maintaining contact with clients when they moved to long-term housing was helpful to support clients through the transition, even if they were no longer officially enrolled in the DVHT project. One client commented that "stuff like that means a lot to someone like me." It was also helpful when a DVHT staff member provided a warm handoff, which one housing partner described as "undervalued" and "extremely important."

DVHT project and partner staff identified several special considerations that must be taken into account when providing housing to trafficking victims. Considerations around location were cited, including proximity to the areas where trafficking victimization occurred, the need for private or undisclosed locations, and knowing where the client does and does not want to live. One housing partner also noted the importance of working with clients where they are at and not placing unrealistic expectations on them. "A lot of times when they come in here, we may not know their story for 2, 3 weeks; we just know they're barricading themselves in their room. We just know that they have to have lights on. We just know they can't take a shower yet…because they're dealing with trauma. We meet them where they're at and we don't give timelines." One project partner emphasized the importance of avoiding triggers and re-traumatizing behaviors, being respectful of everyone's story and allowing them to tell it on their own timeline, and knowing how to de-escalate a situation, including "removing yourself if you are the trigger." Another project highlighted the importance of supporting clients' choices; for example, if a client decides they would prefer to sleep in the park rather than enter a highly structured program, support that decision and help them develop a safety plan. Another project spoke of not rushing clients to accept housing vouchers until they felt they were ready for the transition to more independent living.

Challenges to Providing Housing Assistance

Providing assistance with housing, particularly long-term housing, is the primary service challenge that many DVHT projects faced. Project staff and partners described several factors that contributed to their challenges helping clients obtain housing.

Availability and Affordability. The United States continues to face a housing crisis with severely limited housing availability and the increasingly unaffordable cost of rent (Joint Center for Housing Studies of Harvard University, 2019; National Low Income Housing Coalition, 2020a, 2020b), including in the geographic areas targeted by the DVHT projects. Almost all of the DVHT projects reported that lack of available housing was a challenge, and six specifically identified lack of long-term housing availability. Three projects noted the "very limited" emergency housing available in their areas. Affordability was a challenge noted by project or partner staff from five DVHT projects; one housing partner explained that a one-bedroom apartment in their area typically costs $1,000 per month—far more than clients could afford when most who are able to work earn minimum to low wages. Another project noted that housing is "outrageously expensive," and their city and state are experiencing a major housing crisis for "folks who are under-resourced in general." Another project echoed this, relaying that "housing is an issue in the entire state…We're struggling. So, it's not just for our victims. It's for everybody. It's a problem. We're having a really hard time." Some projects also talked about the challenges related to the high demand for and limited availability of rental assistance (e.g., federal housing vouchers). In one location, the waitlist for Section 8 rental assistance is usually closed, uses a lottery system when opened, and has a typical wait of 10 years.

Shelter and housing in rural areas presented challenges for some DVHT projects not only because of the lack of options but also due to privacy concerns, transportation issues, and the increased time it took to reach a client if they were far from the project's primary location.

There was little that DVHT projects could do to address these challenges during the course of the projects because increasing housing availability and affordability is an issue that will require systemic change at multiple levels. What was vital for projects facing these challenges was to continually reach out to area providers to find more housing options and build their partner and referral networks. One case manager said, "I think that was crucial, having a good relationship with other programs and with the housing programs because there was not one client that walked in there that did not need help with housing. So, that was our biggest, biggest, biggest issue. You know housing is very short. There's not a lot of housing right now, but then we were always able to do it because I feel like we have such a good relationship with everybody." One project that was unable to find housing options for male victims cast a wider net and developed relationships with organizations out of state, although that was not an option for those clients who could not leave for legal reasons.

Federal and Local Regulations and Requirements. Some projects reported that federal regulations and requirements for HUD's rental assistance programs presented barriers. One project noted the local housing authority's ability to ban someone if they are found with drug paraphernalia or if a guest causes a disturbance (e.g., a fight), which stems from federal restrictions and is not aligned with the Housing First model. Sometimes federal or local authorities prioritize rental assistance to specific groups or populations, often because they have been identified as being at high risk for homelessness or unstable housing. Although focusing limited housing resources on high-need groups is understandable, the resulting eligibility requirements for rental assistance can cause challenges for the groups or populations that do not meet them. For example, one project had access to Rapid Re-Housing rental assistance but was not able to use this resource for DVHT clients because they did not meet the required definition of homelessness. Projects identified the following factors that often drove prioritization of rental assistance resources: age (e.g., focus on transition-age youth); gender identify (e.g., focus on women); homelessness (e.g., chronic homelessness); and mental health diagnosis.

Other requirements for shelters and housing programs that projects said either limited their utility or made them less appealing options to clients included a focus on sex trafficking victims, a focus on domestic violence victims, a focus on individuals experiencing homelessness, exclusion of transgender individuals, age restrictions, a mental health diagnosis, a substance use disorder diagnosis, abstinence from alcohol and drug use, compliance with a treatment plan, and too much structure or too many rules.

Several DVHT projects said it was most difficult to find housing for women with children or families and male and transgender victims. Age also played a role, although not consistently. One project located in an urban area noted that there were many options available for youth and transition-aged youth but that it was harder to find housing for people over the age of 25.

Another project in a more rural area noted the opposite, citing challenges finding housing for transition-aged youth.

Legal System Involvement. Having a history of involvement with the legal system can present barriers to accessing rental assistance and housing. For example, one DVHT project explained that if a victim has a criminal charge related to trafficking recruitment, even if done under coercion, they must register as a sex offender, which means proximity to schools is a factor when searching for housing. This further limits victims' options for safe and affordable housing. Project staff noted that if the victim participates in a human trafficking court program, the designation may be removed, but only once they have successfully completed the court program requirements, which typically takes about a year. Another project found it challenging to identify housing options that could accommodate victims ordered to house arrest, preventing the victims from being released from jail. One project described the need for an alternative approach to out-of-state minors who, when intercepted by law enforcement, would be placed in juvenile detention instead of with the DVHT grantee who offers emergency shelter.

Trauma-Informed and Client-Centered Considerations. Trafficking victims have specific needs that are best served by providers with knowledge of trafficking and principles of trauma-informed care. However, several projects reported a lack of housing options that are specifically designed for trafficking victims; one said this was its "most pressing issue." Some projects indicated that housing that was not designed for trafficking victims was often not equipped to appropriately address their needs, even if the provider claimed to be properly trained in trauma or trafficking. One project coordinator described important elements of housing options for trafficking victims that were often missing: (1) an undisclosed location that is truly unknown within the community; (2) the option to leave at any time; (3) consistent access to mental health and substance abuse treatment services; and (4) staff who are trained in the effects of complex trauma and how it manifests (e.g., outbursts, silence) and have precautions and procedures in place to keep clients safe.

Projects described challenges that clients experienced related to adapting to available housing options. Staff observed that survivors' complex trauma hindered their ability to maintain stable housing (e.g., several clients were asked to leave by multiple programs). One DVHT partner had to reduce the number of crisis beds they were offering because it was difficult for staff to manage the current number. Another respondent described the first 30 days as the most difficult because clients were in a new environment and their thinking was being "remolded and reshaped." A staff member from another project noted that clients were less comfortable in situations where they were separated (e.g., a hotel) and preferred being around other people "for community safety." They did their best to encourage clients to stay, which was facilitated by the availability of 24-hour staff.

One DVHT project reported that some clients chose to decline available housing options for a variety of reasons (e.g., location, strict program rules), which was hard to accept when the alternative was sleeping outside. However, they recognized the importance of client choice and

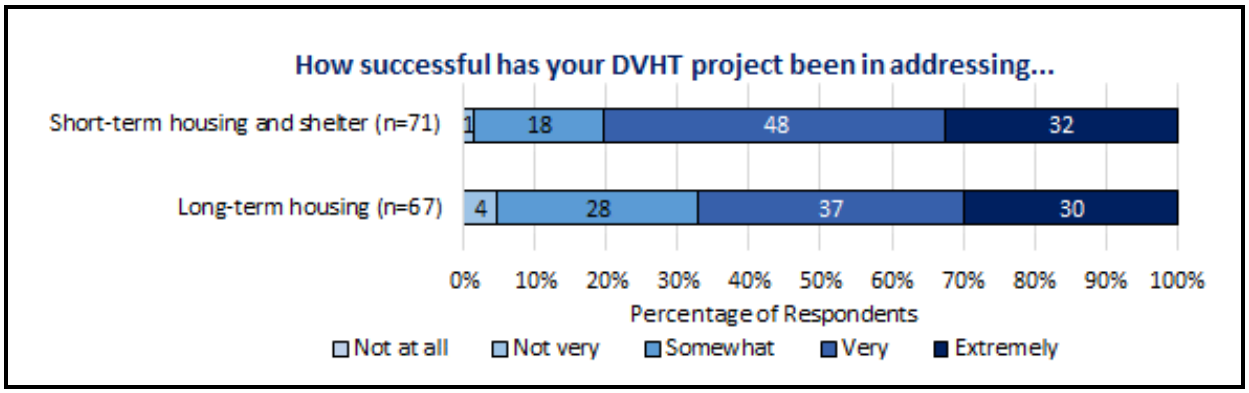
in these situations focused on developing a safety plan with the client (e.g., identifying safe and unsafe locations, providing hotline numbers).

Readiness. Some DVHT projects described barriers related to readiness for independent living and reported that sometimes clients did not feel they were ready. One of these projects identified the need for a housing option between structured, residential housing and completely independent living, noting that some clients would benefit from a step-down option that provided wraparound support. This project ended up implementing a policy requiring a clinician to sign off on a client's housing voucher to increase the likelihood that the client would be able to maintain their housing because if the client lost the voucher within the first year, they would be considered "high risk" and it would be difficult to receive additional housing assistance.

Meeting Clients' Housing Needs

Overall, the DVHT projects believed they were successful in addressing their clients' housing needs, despite the challenges they faced. Although, as shown in **Exhibit 36**, project directors, case managers, and partners were more likely to report the DVHT project as being very (48%) or extremely (32%) successful in addressing short-term housing and shelter needs compared to long-term housing needs (very=37%, extremely=30%). These results echo what the evaluation team learned in qualitative interviews. Most of the projects acknowledged challenges meeting housing needs at some level, especially for long-term housing. At the same time, most projects believed they were able to meet clients' immediate housing needs. Many stated that although they may not have completely achieved their housing goals, they did the best they could with the resources available.

Exhibit 36. DVHT Staff and Partner Perceptions of Success in Addressing DVHT Client Housing Needs



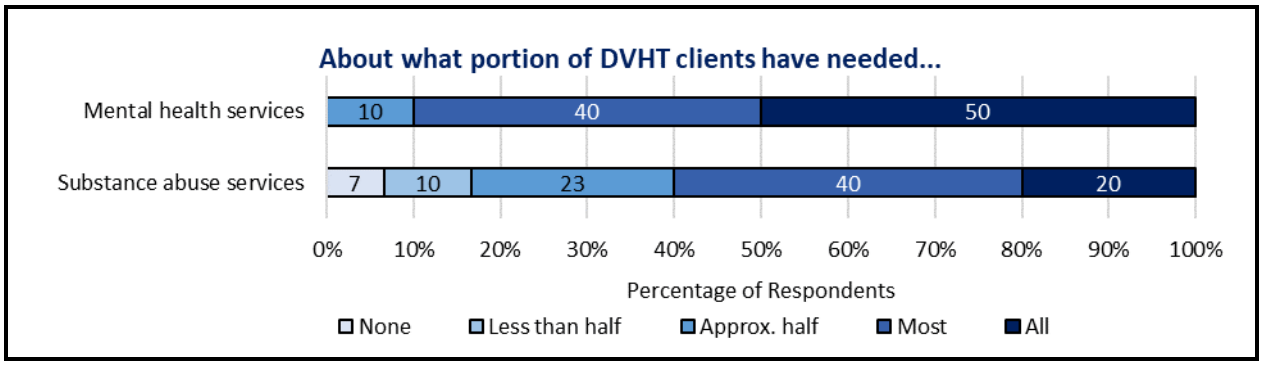
Note: Percentages may not total 100% due to rounding.
Sources: Project Direct Survey, Case Manager Survey, and Partner Survey

Service Delivery Strategies: Mental Health and Substance Abuse Treatment

One of the objectives of the FY 2016 DVHT Program was to connect survivors with behavioral health services. Grantees were required to "identify, provide, or refer" to treatment services those DVHT clients who presented with substance use and co-occurring disorders (ACF,

2016). As shown in **Exhibit 37**, 90% of project directors and case managers reported that most or all DVHT clients needed mental health services. Likewise, 60% of project directors and case managers indicated that most or all of their clients needed services to address alcohol and/or chemical dependency. Two projects (MI, OH) specialized in providing services to female clients who, in addition to having experienced sex trafficking, had a substance use disorder.

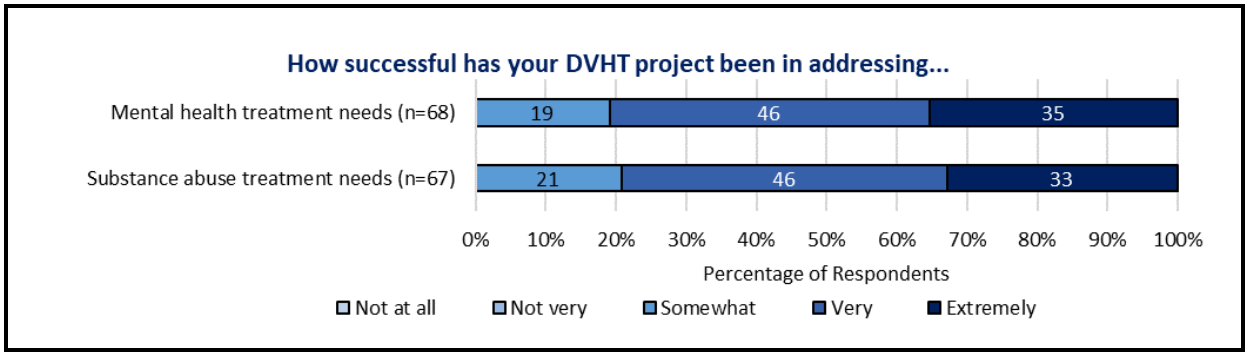
Exhibit 37. DVHT Client Mental Health and Substance Abuse Treatment Needs



Sources: Project Director Survey and Case Manager Survey

Although the majority of project staff and partners reported successfully meeting clients' mental health and substance abuse treatment needs, fewer indicated success in this area compared to other client needs. About one-fifth felt that their DVHT project was only somewhat successful in meeting clients' mental health (19%) and substance abuse (21%) treatment needs (**Exhibit 38**).

Exhibit 38. Project and Partner Staff Perceptions of Success in Addressing DVHT Clients' Mental Health and Substance Abuse Treatment Needs



Sources: Project Director Survey and Case Manager Survey

Mental Health Services

The Centers for Disease Control and Prevention (CDC) defines mental health as including "emotional, psychological, and social well-being" and affecting how individuals think, feel, and act. Mental health can impact how people "handle stress, relate to others, and make healthy choices." Mental illnesses are conditions that impact an individual's thoughts, feelings, moods, or behaviors. Examples of mental illness include depression, anxiety, bipolar disorder, and

schizophrenia (CDC, 2020). Adverse mental health conditions, such as depression, anxiety, and post-traumatic stress disorder, are common among individuals who have experienced trafficking (Altun, Abas, Zimmerman, Howard, & Oram, 2017; Ottisova, Hemmings, Howard, Zimmerman, & Oram, 2016; Tsutsumi, Izutsu, Poudyal, Kato, Marui, 2008). Mental health services can include a wide range of care, including crisis services, psychological and psychiatric assessments, hospital-based inpatient and outpatient mental health services, counseling, and therapy (Tracy, 2019).

All DVHT projects offered mental health services to clients through DVHT project lead organizations or project partners. Services offered included counseling, therapy, psychiatric evaluation and care, and referrals to specialized services. Eight (67%) DVHT lead organizations provided in-house mental health services. Project directors from three of these organizations indicated that they did not refer DVHT clients to mental health services outside of their agency. Eight (67%) project directors reported that mental health services were available to DVHT clients through an informal project partner, and six (50%) had a formal project partner who was a mental health treatment provider. The types of partner organizations that offered mental health services included local mental health agencies (e.g., the County Department of Mental Health or County Mental Health and Recovery Services Board); local non-profits that offered counseling and therapy; individual mental health clinicians; and local hospitals and clinic-based settings, including inpatient and outpatient programs.

All DVHT projects strongly encouraged clients to consider therapy or counseling as part of their DVHT services. Two DVHT projects integrated counseling as an expectation of service engagement. Several DVHT projects indicated that they used assessments to identify mental health needs during the screening and intake process. Four DVHT projects offered some form of art therapy. DVHT projects that had mental health services available through the lead organization typically employed in-house therapists, counselors, and clinicians. Case managers and other direct service providers also had basic training in identifying mental health needs and providing basic emotional support and trauma-informed care (see chapter 5, section *Service Delivery Strategies: Trauma-Informed Care* for a full description of trauma-informed care practices and approaches).

DVHT project and partner staff often described mental health needs as a vital basic need that was important to address early in a client's program engagement. Several staff who were interviewed expressed that mental health issues should be addressed first, along with other basic needs. This opinion was repeated throughout interviews with DVHT staff, as illustrated by one DVHT staff member's explanation of how they encourage clients to access mental health services, "We need you to get into therapy so that you can build a firm foundation. As we're building on one side, where we're trying to help you rebuild your life, you're in therapy as well so that the bottom doesn't fall out again." Another echoed this sentiment saying, "you gotta break down the layers of trauma and before we can even start assistance with things. We have to get the person's abuse under wraps and make sure that their mental health is okay, then we can start working on small, long-term or short-term goals." Services varied, depending on the needs of survivors. Several DVHT staff and partners pointed out that mental health providers

were having success with using Eye Movement Desensitization and Reprocessing (EMDR) to help clients heal from the emotional distress and trauma related to trafficking or other traumatic events in their lives.

Clients emphasized the value of mental health services in their DVHT experience. Several clients noted that counseling and mental health services were key to their recovery process. Clients explained that mental health providers helped them learn to cope and manage their anger and address their trauma. Several clients also expressed the importance of having ongoing relationships with their counselors and other mental health providers.

Mental Health Service Delivery Challenges and Strategies. DVHT project staff and partners relayed the unique challenges of providing mental health services to trafficking survivors. First, project staff said that it was sometimes hard to get clients to engage in mental health treatment because clients were resistant or not ready to access available services. Distrust of the medical system and unwillingness to experience side effects from medication were two reasons given for clients' reluctance to access services. Second, when clients were ready, some DVHT projects could not easily connect them with mental health services. This was especially true for projects located in more rural areas or that served clients who were living outside of the main service area. Furthermore, staff from some DVHT projects shared that it was hard to find mental health providers who were well-trained in the dynamics of human trafficking and could offer trauma-informed care for this population. One case manager described the challenge this way: "We've had issues where they have brought stuff out of our clients and didn't know how to bring them back down. So, to find the right counselor has been difficult." Finally, DVHT clients with severe mental illness are more challenging to serve due to the complexity of their needs.

> *[My counselor] most definitely taught me how to cope. Because sometimes I do let the smallest things get to me, and it could just be something that it's just so small but—because I'm sad about it—"It's just like I'm sad the whole day, you know? She's taught me how to just really cope with everything's not gonna go your way, but that doesn't mean that you have to you know stay sad about it…. You just make a difference, you change it, and you just keep it pushing. So, I would say she taught me how to be aware of my feelings. She taught me how to identify triggers and to also cope with them."*
>
> Client

DVHT projects employed several strategies to address these challenges. First, several staff described that they offered ongoing encouragement and opportunities to clients to obtain mental health services. DVHT projects also tried to reduce the barriers to accessing mental health services. For example, Massachusetts staff explained that they supported clients getting connected to services by helping them schedule an appointment, rather than just giving them a phone number to call, and by taking them to the appointment. Staff in Oregon and Utah noted that they had drop-in hours for time with therapists to help with acute mental health concerns. To help ensure they were referring clients to appropriate mental health care providers, Louisiana's DVHT project had a survivor leader train mental health providers on the issue of trafficking, which served as an opportunity to enhance providers' knowledge and skills and identify providers who would be a good fit for their clients. Alaska's DVHT project utilized tele-

psychiatrists from another state to provide mental health counseling to DVHT clients in remote areas.

Substance Abuse Services

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines substance use disorder as "the recurrent use of alcohol and/or drugs [that] causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home" (SAMHSA, 2020). Alcohol and other drugs, such as opioids, marijuana, and methamphetamine, can have both immediate and long-term health effects. Research indicates that substance use disorders are common among individuals who have experienced trafficking (Goldberg, Moore, Houck, Kaplan, & Barron, 2017; Hopper, 2017). Services to address substance use and addiction can include behavioral counseling, medication, mutual-support groups (e.g., 12-step programs), evaluation and treatment for co-occurring mental health issues, and long-term follow up to prevent relapse (NIDA, 2020; NIAAA, 2020).

All DVHT projects offered substance use services to clients. These services were available through DVHT project lead organizations and project partners. Half of the DVHT lead organizations (n=6) provided substance use services. Additionally, all project directors reported that substance use services were available to their clients from formal and/or informal partners. Partners that provided substance use services included local inpatient and outpatient treatment programs; youth-focused programs, 12-step recovery programs, and clinics and hospitals. DVHT projects that directly provided substance use services contracted or employed psychiatrists or had clinical counselors on staff. For example, all of Ohio's DVHT project staff held Ohio Mental Health and Addiction Board certifications.

> *"I think another reason—another thing that helped me and made me feel so welcome was the recovering addicts that do work here, I think is extremely important. I knew I wasn't alone. And I know that I could—I can do that. I can be what they are. I can do what they do. Yes. It is possible."*
>
> Client

Two residential programs, Ohio's Off the Streets and Michigan's Sanctum House, were designed to support women who had experienced trafficking and were currently in active recovery. Both programs, which were the heart of their DVHT projects, offered comprehensive case management services, access to 12-step programs, and substance abuse treatment through partners. Clients in both programs progressed through different "levels" or "phases" with goals and objectives that they had to achieve before moving to the next "level" or "phase." Both projects required clients to abstain from substance use during their stay in the programs.

Clients who participated in an interview with evaluation team members and who received substance use services underscored how important the services were for their recovery from addiction and trafficking. Clients emphasized the importance of mentors and program staff who understood what they had gone through. As one client explained, "I feel like anybody that running a program with people with human trafficking or addiction or anything like that, I think it should be people that's already been through it and knows the story. You can

read it in a book and everything like that, but if you haven't went through it, then you don't know what it's really all about."

Substance Abuse Treatment Services Challenges and Strategies. DVHT project staff and partners conveyed challenges in providing substance abuse treatment services to trafficking victims. Broadly, DVHT project staff explained that clients dealing with addiction were challenging to engage in any services because it was hard for them to continually participate in the program. Unsurprisingly, the most frequently discussed challenge was that DVHT clients with substance use issues were not ready or interested in receiving treatment services. Sometimes clients would not disclose they had substance use issues until they had a crisis. To address this issue, staff from several DVHT projects noted that they never forced treatment services on clients and some mentioned that they focused on harm and risk reduction approaches. Alternatively, two DVHT projects offered services only to individuals who were ready and wanted to be in addiction recovery. Furthermore, some DVHT project staff expressed that they could not get clients into services without delay when clients did decide they wanted to access substance use services. Sometimes, during the delay between agreeing to and accessing treatment, clients relapsed or changed their mind about services. Given this challenge, several DVHT projects set up MOUs or informal agreements with local substance abuse treatment service providers to help clients access a detox bed within days rather than weeks.

> *"My experience was that a lot of [clients], they would admit to substance abuse issues, but not even 40% were ready to do something about it. I would refer them. I would still tell them, 'You know the help is here' but I can't force them to do it. But sometimes they'll change their mind…my job was just to be there and to let them know like, 'I'm here and the help is here whenever you're ready.'"*
>
> Case manager

Several DVHT projects noted that there were gaps in substance use services for specific populations or in some areas. Across the board, DVHT project staff noted that local detox facilities did not have enough beds to meet the need, particularly for minors and/or those living in rural areas. Housing was also sometimes an issue for clients who used substances. Substance use presented a barrier to many housing options that required clients to abstain from substance use, and housing was often challenging to find while a client was waiting to go into detox. Transitional housing for individuals in recovery was also difficult to access.

To address these challenges and enhance their substance use services, DVHT projects used the following strategies:

- Provide training about human trafficking to their local detox and substance use service providers to ensure tailored approaches.
- Use harm and risk reduction approaches, such as not requiring abstinence from substances to provide services, motivational interviewing, and having staff trained on delivering Narcan.
- Employ mentors who were in recovery themselves.

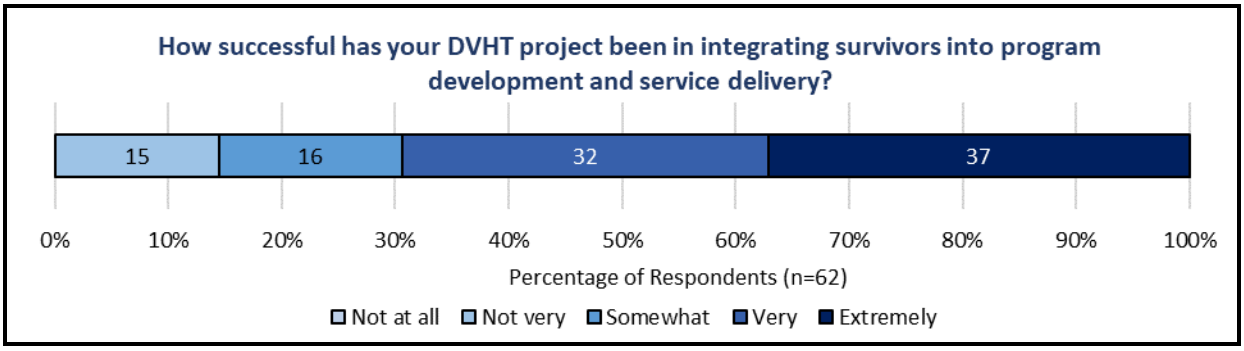
- Offer a "Human Trafficking Anonymous" group that integrates substance use issues.
- Train DVHT staff on substance use disorder and available treatment services.

Survivor Engagement

Survivor engagement is defined as the meaningful involvement of survivors of human trafficking in all stages of a human trafficking programs, including development, implementation, and evaluation (HTLA, 2017). Accordingly, the DVHT Program emphasized the critical role of survivors in planning and providing services for trafficking victims by requiring projects to "integrate survivor engagement in their case management and service delivery strategies for victims" (ACF, 2016). The 2017 HTLA offered the following best practices for survivor-informed services: (1) continuously involve survivor expertise in program, development, implementation, and evaluation; (2) incorporate diverse human trafficking survivor perspectives and integrate best practices with other parallel movements; and (3) use a strengths-based approach to determine appropriate engagement for survivors within an organization or project (HTLA, 2017).

All DVHT projects reported that they engaged survivors to some degree, although the type and level of engagement varied widely across projects. Survey data indicated variation of DVHT project and partner perceptions of success in engaging survivors. As illustrated in **Exhibit 39**, most (69%) DVHT project staff and partners felt that the DVHT project was very or extremely successful in integrating survivors into program development and service delivery. About one-third (31%) felt that the project was not very or somewhat successful.

Exhibit 39. Project and Partner Staff Perceptions of Success in Engaging Survivors in Service Development and Delivery Roles



Sources: Project Direct Survey, Case Manager Survey, and Partner Survey
Note: Percentages may not total 100% due to rounding.

Broadly, DVHT project and partner staff expressed that they understood and agreed with the importance of survivor engagement. However, each DVHT project's model, level of experience engaging survivors, and lead organization's working definitions of survivor engagement shaped their survivor engagement activities. For example, some DVHT projects contracted survivor experts to offer input and guidance on specific program elements, whereas other DVHT projects employed survivors in key project roles, such as serving as a case manager,

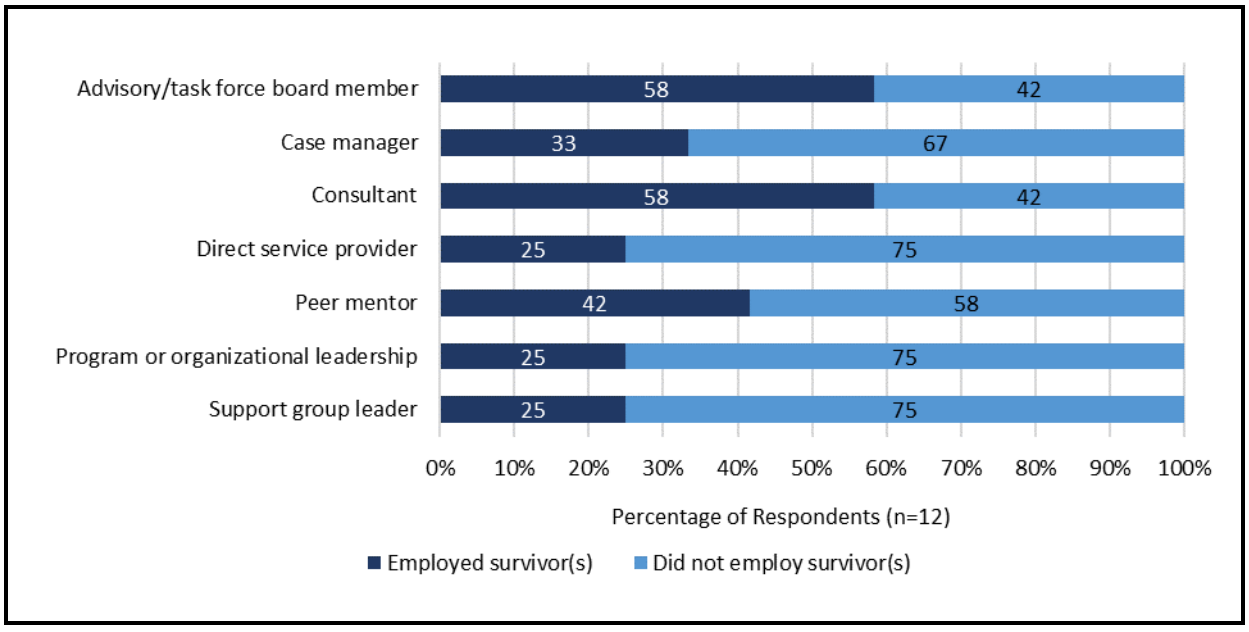
mentor, or survivor leader. Some organizations already had survivor engagement elements built into their work prior to implementing their DVHT project. Several DVHT project and partner staff acknowledged that it was challenging to engage survivors. Both employed and contracted survivors expressed the value of participating in DVHT service planning and provision as well as the challenges involved.

Survivor Staff Positions

All but two DVHT projects reported that they hired survivors for specific project positions. **Exhibit 40** displays the number of DVHT project directors who indicated that their project employed survivors in different positions. Over half (58%) reported that survivors worked as advisory or task force board members or consultants. Less common positions for survivors to hold were peer mentor (42%), case manager (33%), support group leader (25%), program or organizational leadership (25%), and direct service provider (25%). One DVHT project director reported that they have employed a survivor as a trainer.

Two DVHT projects—both grounded in survivor leadership and mentoring—employed survivors in all the positions listed in the survey. Three projects had survivors occupying leadership roles. Two projects reported employing survivors in five of the seven positions listed in the survey, and half (n=6) reported that survivors were employed in one or two positions. One of these project directors noted that it was possible that additional DVHT staff have experienced trafficking victimization but have not disclosed it to their employer. Two DVHT projects reported having no survivors employed in any listed position.

Exhibit 40. DVHT Project Positions Served by Survivors



Source: Project Director Survey

Survivor Consultants

Just over half (n=7) of the DVHT projects worked with survivor consultants. In interviews, DVHT project staff described survivor consultants engaging in a range of activities, including informing program planning, development, and implementation; reviewing protocols, policies, and training materials; co-training with DVHT staff; helping train DVHT staff; conducting support groups for clients; and serving as a peer mentor.

Survivor consultants were often individuals who were well known in their community as a survivor leader, had been out of their trafficking situation for an extended period of time, and brought specific skills to the project. For example, Michigan's DVHT project contracted a survivor leader who was very well known at the state level and informed multiple human trafficking related projects across the state. This individual had previously developed a 12-step program specific to human trafficking (Human Trafficking Anonymous) and is piloting it at Michigan's residential program, including leading weekly support groups.

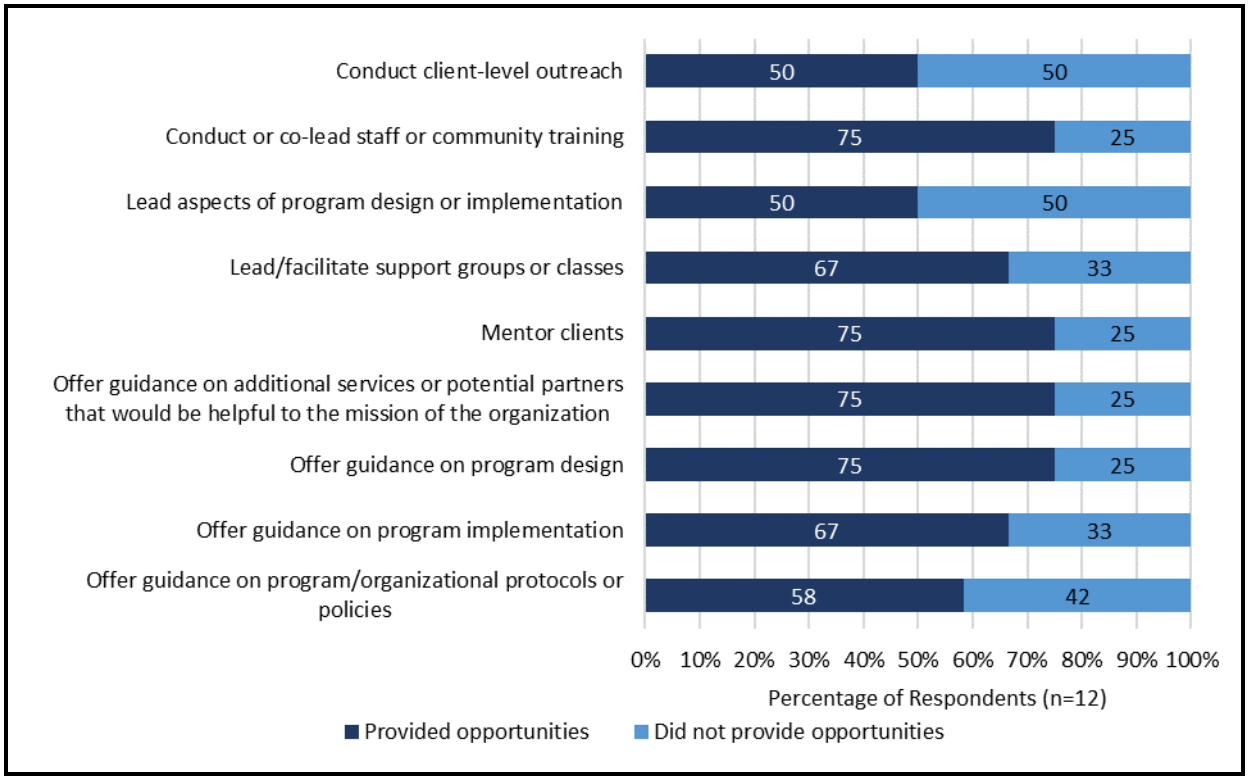
Survivor consultants sometimes filled multiple roles. For example, Illinois' DVHT project contracted with a survivor to serve in multiple capacities, including as a peer mentor and to review materials. Arizona's DVHT project contracted with a survivor leader to attend the Arizona Partnership to End Domestic Trafficking quarterly meetings, provide feedback to direct service providers (including partner staff), and review materials. This individual also connected the project to other potential survivor leaders with whom they could contract.

Survivor Engagement Activities

Interviews with project and partner staff, including four staff who self-reported they had lived experience in trafficking, revealed additional details about survivor engagement activities. DVHT projects engaged survivors in several different ways. As shown in **Exhibit 41**, 9 of the 12 (75%) project directors reported offering the following opportunities for survivors to engage in their projects: conduct or co-lead a community training, mentor clients, offer guidance on additional services or potential partners, and offer guidance on program design. Eight (67%) reported engaging survivors through soliciting guidance on program implementation, and to lead or facilitate support groups or classes. Seven (58%) asked survivors to offer guidance on program or organizational protocols or policies. Six (50%) said that survivors led aspects of program design or implementation and conducted client-level outreach.

Some DVHT projects integrated more survivor engagement activities than other projects. Among DVHT project directors, half (n=6) reported that they offered seven or more of the types of survivor engagement opportunities listed in the survey. A third (n=4) indicated their projects offered three to six engagement opportunities listed. One project only offered one type of engagement opportunity, and one project did not offer any of the listed engagement opportunities.

Exhibit 41. DVHT Project Survivor Engagement Opportunities



Source: Project Director Survey

Survivors in Service Delivery

Ten DVHT project directors reported that their project provided opportunities for survivors to either mentor clients, lead or facilitate support groups, or conduct client-level outreach. Five reported that they offered all three of these opportunities. Six of these 10 projects reported that they currently employed survivors in direct service provider positions (e.g., case manager, mentor, support group facilitator, other direct service provider). Three reported that they offered survivors opportunities to be engaged in direct services (e.g., peer mentoring) but did not report currently employing any survivors in staff positions. Two projects neither offered opportunities for survivors to engage in direct services nor employed survivors in direct service positions.

Qualitative interviews revealed perceptions of the benefits of employing survivors in direct service provision. DVHT projects that employed survivors to work directly with clients noted that survivors' lived experience enabled them to more easily connect with and understand their clients than someone without that experience. One project staff member explained that case managers who also had lived experience were able to "bring an extra gear" to their work and that they potentially had greater insight than case managers without similar lived experience. One case manager who identified as a survivor said someone can learn how to connect with clients and provide services, but being a survivor provides a level of empathy and understanding that others may not necessarily have. Clients affirmed this sentiment, with some

expressing that working with survivors was extremely beneficial and impactful to their experience participating in the DVHT project. They commented on how empowering and encouraging it is to see survivors who once were in their shoes now in positions of being clean and sober, independent, and employed in a trafficking service program.

Two DVHT projects leveraged an existing survivor-led program as the key feature of their DVHT project. Massachusetts' DVHT project used the My Life My Choice program, which was co-founded by a survivor and uses a survivor mentoring model in which each client, or mentee, is paired with a survivor mentor. Ohio's DVHT project used their existing program, Off the Streets, which is survivor-led. Most program staff identify as individuals with similar lived experiences as their clients. This model utilizes a peer-to-peer approach in their delivery of services to adult women. Four DVHT projects employed at least one survivor to serve in a case management role. Two DVHT projects reported that they had Youth Advisory Councils in which they worked with youth to help with peer outreach and to review policies, procedures, and materials. Not all youth advisory members were trafficking survivors.

Survivor Input on Project Planning and Implementation

Nine DVHT projects (75%) reported providing opportunities for survivors to offer guidance on program design and implementation. Seven (58%) also provided opportunities for survivors to offer guidance on project protocols or policies. Qualitative data affirmed survey data; DVHT project staff relayed that survivors were commonly sought to review materials, including training and outreach materials, as well as protocols and policies, such as screening and needs assessments. DVHT projects in which a survivor was in a leadership position inherently included survivor guidance and input through all project planning and implementation aspects.

Survivor Engagement in Partnership and Outreach Activities

Seven DVHT project directors (58%) reported that trafficking survivors filled advisory or task force board member positions. Qualitative interviews revealed these groups included local human trafficking task forces and DVHT project activities such as advisory councils, leadership boards, and coalitions. Survivors have also contributed to outreach awareness activities in the community at partnership meetings and other events to identify, advocate for, raise awareness of, and educate the public and professionals on human trafficking. Staff from one project requested that survivors attend some outreach events because "those with lived experience makes the conversation a whole lot better, and it just enhances the quality of our discussions." Nine DVHT project directors (75%) reported that survivors conducted or co-led staff or community trainings. For example, at one project, survivor leaders conducted a "mini-training" to help vet new mental health or medical professionals.

Survivor Feedback

> *"For [the survivor leader], her voice and her opinion on how they approach things is so welcomed and always taken into account and is not the way we're always gonna be thinking. So, that's extremely important. But she also is very good too at bringing back the client feedback, [and] about getting client feedback."*
>
> Project staff

Some DVHT projects obtained feedback or input from clients and defined that as part of their survivor engagement practices. Some of these projects obtained opinions via anonymous notes or grievances, focus groups, and surveys; others obtained feedback more informally, through conversations between staff and clients over time. Several projects mentioned using client satisfaction surveys and exit interviews to solicit client feedback. One project used exit surveys in the past but shared that they were considering conducting a pre- and post-project survey to inform program improvements. Example exit interview questions from one project included the following: "How did we do? What (need) did we not meet? Was there anything else that we could be doing differently or better?" Some projects asked for client feedback about specific external services to ensure they were high-quality and trauma-informed. One project staff member noted that a client provided input on how to assess for trafficking indicators in a more trauma-informed and less potentially triggering way (e.g., ask "How do you start your day?" versus "Have you been abused or trafficked?).

Survivor Engagement Challenges

Survivor engagement was a challenging component for many DVHT projects. The challenges most often discussed during interviews are summarized below.

Survivor engagement definitions. DVHT projects lacked a standard definition of "survivor engagement." There was a spectrum of the extent to which projects incorporated survivor engagement, from survivor-led project models to projects with no survivor engagement components. Some DVHT projects defined survivor engagement as employing survivors as paid staff or consultants, while others defined survivor engagement as obtaining feedback from current clients. Some DVHT staff expressed it would have been helpful to have more input and guidance on what constitutes "survivor engagement," best practices, and measures of success.

Identifying survivors for positions. DVHT staff expressed several reasons that it was difficult to identify the right people for survivor positions:

- It was hard to find survivors who have the professional education or skills needed for a position.
- Not every survivor wants to be identified as a survivor.
- Projects did not want to put undue pressure on survivors to be involved.
- It was hard to determine if someone was personally ready to work on a trafficking project.

- If there is a reason not to employ an individual survivor, it is challenging to turn them down for a position.

Preventing triggering and burnout. DVHT project staff—including those who identified as survivors—explained that survivor engagement has the potential to trigger or re-traumatize a survivor. DVHT project staff noted that survivors providing direct services were at a high risk for re-traumatization because they are hearing other victims' stories. One staff member explained, "You can have somebody that overcame something so long ago… but when you get in the capacity of crisis and dealing with it daily, I've seen people who get triggered…. It could open up that door again for some of the things that they've been through and that's just not a healthy space." In the same vein, several DVHT projects mentioned having high turnover among survivor staff.

Engaging survivors who are currently receiving services. Some DVHT project staff noted the challenges of engagement among survivors who are continuing to receive services. DVHT project staff did not want to interfere with someone's services or put them in an uncomfortable position by asking for feedback about services. Some staff noted that they did not want to re-exploit these individuals by asking too much of them. However, clients interviewed who were not asked to provide feedback said that they would have appreciated the opportunity to do so.

Survivor Engagement Strategies

Themes related to survivor engagement strategies emerged from the qualitative data. The most discussed strategies are described below.

Support survivors' safety and anonymity through empowering them to define their roles. Many survivor staff took measures to maintain their safety and anonymity. Many of the survivors who were engaged with DHVT projects lived in the communities in which they were trafficked. Given their exposure, community members might learn about the survivor's history of trafficking or other social or criminal activity that may have been a consequence of being trafficked. Thus, some survivors chose to engage as consultants and provided feedback without publicly disclosing their trafficking status. Some survivors simply did not disclose their survivor status. Likewise, one survivor staff member abstained from outreach activities to prevent encountering her former trafficker.

Provide multiple types of engagement to survivors who have exited their situation and those still receiving services. Several DVHT projects offered multiple ways for survivors (clients and non-clients) to be engaged depending on their level of interest and desire to participate in engagement activities. Several DVHT projects hired full- or part-time staff depending on survivor preferences. Several DVHT projects offered opportunities for survivor involvement among their clients. One DVHT staff member summarized a theme echoed by several others: Just because someone still needs some support does not mean they can't also inform and have "leadership and power in this space." Clients interviewed who had been asked to provide informal or formal feedback indicated that they appreciated the opportunity and that their opinion mattered.

Offer opportunities for emotional support and encourage self-care. Staff from many DVHT projects relayed the critical value of offering mental health and self-care support to survivor staff. These opportunities included mental health counseling, regular check-ins with their supervisors, encouragement to practice self-care, opportunities to debrief after trainings and other trafficking events, staff mentor programs, supportive work environments (e.g., flexible schedules and work assignments), understanding and support of mental health days, and trauma-informed organizational approaches.

Provide training and professional development. Some DVHT project survivor staff explained that they received strong training, support, and professional development. They noted that thorough professional support can engender a positive employment experience for both the survivor and employer. For example, one survivor leader described that she was trained slowly and not given too many responsibilities at once. She explained that the staff didn't "bombard" her right away, and instead allowed her to take time to acclimate to the project. Then staff made sure she had enough training in working with clients before she started working on it on her own. This approach to supportive training and allowing for time helped this survivor feel comfortable and confident to do their job.

Adjust expectations and requirements for hiring. Some DVHT project staff noted that some survivors who would be ideal to engage may have limited education and formal professional training. Some may also have a criminal history and, as a result, may not meet the minimum employment requirements of the lead organization. One DVHT project explained that they reframed their thinking about hiring requirements and desired expertise. They created employment opportunities for individuals who do not have a degree but who could bring lived experience expertise essential to inform their project.

Staff Perceptions of Client Success

As described previously (**Exhibit 19**), DVHT project staff and partners felt that overall, they were successful in helping clients identify and achieve their goals. This evaluation was not designed to track client progress over time, nor measure clients' outcomes; however, interviews with DVHT project staff and partners provided insight into how they defined and measured client progress and success. The prominent themes from interviews about how staff view, define, and assess client success are described below (also see chapter 5, section *Case Management, Service Plan Development*). They echo views shared by staff of the previous DVHT demonstration projects (Hardison Walters et al., 2017; Krieger et al., 2018).

- **Client success is individual.** DVHT project staff described success as distinct for each client. Several staff members shared the view that success "looks different for every person," can be defined in multiple ways, and depends on each client's individual and unique goals. For one client, success may mean showing up for appointments or maintaining contact with their mentor or case manager; for another client, it may mean taking college courses. Staff emphasized that success depends on each individual's situation and that clients move at different paces. As one project

director described it, "[Success is] any progress toward any goals that they are working towards, whatever that might look like, however small."

- **Client success is about how they see and care for themselves.** Several project staff members described success as positive changes in the way clients feel about themselves and function in the world. These changes could be feeling safe, "seeing the value of their life and the life of others," or "[being] happy where they're at. …doing what they want to do and not being pressured to doing anything that they don't have to do." One staff member described it this way: "They shift from surviving to dreaming, being able to identify things they are interested in or want to do." Relatedly, staff talked about the importance of "understanding harm reduction and how to reduce the harm [the client] may be experiencing," using healthy coping skills, asking for help, and practicing self-advocacy.

> *"For me, … success is seeing the change in their desire. Maybe they've gone from not being willing into being willing. That's success, right? And so, very small things that one may not consider successful, but maybe they call before they run the next time. Maybe we have a conversation before they go, and they still go, but we have a conversation. And maybe while they're gone, they call me. Maybe they don't stay as long."*
>
> Project staff

- **Progress and success should be measured in the context of each client's individual goals.** Staff from several projects discussed that each client's individual goals serve as the yardstick for success. One case manager stated, "When they complete a goal or if they complete a step towards that goal, … that's progress." Another described that one of their outcome measures was "goals identified versus goals achieved." One staff member described the process of documenting goals in service or treatment plans: "Every goal that the clients want to accomplish, we write those down, we put what we did to support them in those goals and then what they say [they] accomplished." One DVHT project (IL) uses a self-sufficiency matrix every 60 days to assess client progress, and another (AZ) used the Service Prioritization Decision Assistance Tool.

- **Client success is about increased stability and independence.** Some project staff and partners described success as clients getting to a place in which they are connected to more sustainable resources and do not need project services to support them to work on their goals. Staff from one project that offered drop-in services said that when clients "no longer have time to come because they have a job, or they are in school… when people naturally drop off for those reasons, it's such a success." However, staff from several projects also affirmed that clients were always welcome to return for support if and when they needed it again.

> *"it's sort of a like an iterative response that we keep going until there's really no need for us to be involved."*
>
> Project partner staff

Staff were asked to share their views on characteristics of survivors who are most likely to experience positive outcomes from program participation. Staff across projects asserted that readiness to make a change, willingness to engage in services, and determination were characteristics they observed in clients who progressed toward positive change. Additional qualities mentioned included increased confidence, positive attitude, a different environment (than they were in before), and "someone else" in their lives (e.g., a close family member or an informal support network).

Some project staff gave examples of long-term positive outcomes experienced by DVHT project clients. Stories described a client who wanted to be a dental assistant obtaining a paid internship at a dental office; a client who was living in the woods at the time of program entry and who had resisted housing in the past entering DVHT project residential services and transitioning to long-term housing; and a client who completed substance abuse treatment and was living independently and employed for the first time in several years, participated as a key witness in a human trafficking case that resulted in the conviction of the defendant.

Client Perceptions of DVHT Project Services

Overall, the clients who participated in an interview with evaluation team members shared positive feedback about DVHT project staff and the support they received through the DVHT project. Many clients said that staff were welcoming and non-judgmental and made them feel comfortable and supported. One client said, "They're like family." Most clients also generally agreed that the DVHT projects had created environments in which they felt safe and were careful to protect their privacy and confidentiality. For example, one client noted that although there were pictures of her on the project website, her face was not shown in any of them. Another client reflected that a project's drop-in center was "one of the most drama-free" they had ever been in, which they attributed to "the mutual connection" between staff and clients. Another client spoke of making a connection with a case manager, which fostered communication, "It's a everyday struggle, but I could call [my case manager] anytime and if something was going on…I don't call her just when I need something. I call her because, I mean, I made that connection with her." Some clients also appreciated being around other survivors—staff and clients—because it "allows girls to be their selves…You kind of can take that whole persona off of you and just really grow and just become yourself." Another client said she was initially scared but found comfort in speaking with a survivor leader during the assessment process: "It takes somebody, I guess, that's been there and you hear it and you see success with somebody that's been there, [it] makes a big difference."

"I love myself. When I got here, I wasn't loving myself and didn't have confidence the way I do now. But now people are asking me for my opinion. And that's important to me."

Client

"I graduated. First time ever graduating the program was when [project staff] got me in [rehab] and I was team leader of that program. I went a long ways in that program. I don't know, it made me feel good. It made me feel like I was somebody again, like I can make it without that dope."

Client

Clients described a variety of services and supports that the DVHT projects helped them with including basic necessities (e.g., food, clothing), obtaining important documents (e.g., a birth certificate), applying for benefits (e.g., insurance, the Supplemental Nutrition Assistance Program), medical care (including prenatal care), housing assistance, furniture, and bus passes. One client said, "They help with pretty much everything and try to really accommodate each person by their own individual needs, and I think they do a really great job of that." Another affirmed that the DVHT project they participated in was a good place for people who wanted help: "I wouldn't have recommended it to nobody else if I didn't think so. That's why I told the girl…'Girl, they'll take you. Get you a bath. They got a clothing closet down there. You can put some clothes on your back. It should get you somewhere.'" Many clients felt that staff were supportive in their recovery, and this helped them to overcome challenges and achieve their goals. One client said, "with [case manager] and them behind me you know I was like, 'Wow. I got somebody behind me.'… if it wouldn't be for [case manager], I don't know where I'd be because [case manager] pushed me along the way just being there." Several clients were very favorable when comparing the DVHT project to other programs or services they had participated in. One client described the project as "phenomenal" and said they were not used to the level of effort put in by project staff, while another said no other organization had done as well providing peer support and staff who can truly empathize. Another client stated, "This program is just amazing. I've never seen a program that shows so much care and concern."

Some feedback was not as positive. A few clients reported some issues they had experienced. Frequent staff turnover was an obstacle to relationship building, as reflected by one client who said staff changes within the project made it hard to feel comfortable or safe or build trusting relationships. A couple of clients spoke of feelings of "favoritism" among staff and inconsistency in enforcing rules. One described a scenario in which another client seemed to be experiencing a trauma-related reaction ("woke up screaming, broke a mirror"), which she perceived as violent and felt unsafe. The DVHT project had a no-violence rule, so she was surprised that the client was allowed to stay. Some clients did not feel their opinions were valued or that staff were receptive to feedback. One client noted that staff could be better informed about issues relevant to people of color and LGBTQ individuals. Another observed that most of the staff were white while most of the clients were Black.

6. Reflections on Project Models

The evaluation aimed to describe and distinguish the service models implemented by the DVHT grantees in their diverse community and organizational contexts. The information about projects' characteristics and approaches to implementation collected through the evaluation (also see chapter 3, section *DVHT Project Characteristics and Service Delivery Models*) provides insight into the strengths and challenges experienced by DVHT projects that employed different project models.

As previously described, the 12 DVHT grantees implemented projects that varied in terms of organizational structure and approaches to service delivery. Here, we further differentiate project models in two ways: (1) stand-alone or integrated services, and (2) single or multiple case management providers (**Exhibit 42**). Following a brief description of each of these categorizations, we offer reflections on these different approaches.

Exhibit 42. DVHT Project Model Characteristics

Stand-alone or Integrated	Grantee Organization Delivered DVHT Case Management	Grantee and Funded Partner Organizations Delivered DVHT Case Management
Stand-alone	Arkansas Illinois Michigan Ohio Utah	Massachusetts*
Integrated	California Louisiana New Jersey Oregon	Alaska Arizona

* Stand-alone reflects lead organization's model and not necessarily the approach of the funded partners.

Stand-alone or Integrated Services

One project model attribute of interest was the organizational locus of the DVHT program—that is, whether the DVHT program is independent from (i.e., stand-alone) or integrated into the organization's fundamental services. Six DHVT projects (AR, IL, MA, MI, OH, UT) offered stand-alone[18] services for trafficking survivors. Of these, one (MI) was a completely freestanding organization. The other five each ran a distinct, trafficking-specific program situated within a larger, parent organization.[19] Examples of stand-alone programs include The

[18] Assignment to stand-alone or integrated was based on the lead organization's approach only. The organizational locus of DVHT project services within formal partner organizations that received DVHT funding (i.e., a subcontract from the DVHT lead organization) to deliver case management or other services may have differed from that of the lead grantee organization.

[19] It is important to note that this evaluation did not include an in-depth exploration of specific policies, resources, and other aspects of the parent organizations that supported or influenced their trafficking-specific programs. Further exploration of these factors could be useful in developing a fuller understanding of service model characteristics.

Salvation Army's STOP-IT program (IL), Cincinnati Union Bethel's (CUB) Off the Streets program (OH), the Refugee and Immigrant Center's Trafficking In Persons program (UT), and My Life My Choice, a program of the Justice Resource Institute (MA). The stand-alone trafficking-specific programs—many of which are well-established and well-known in their communities as experts in human trafficking victim services—receive most of their referrals from external agencies. Clients served by the trafficking-specific program may access some of the parent organization's resources (e.g., housing) but would not likely be served by the parent organization if not for the trafficking-specific program. In contrast, six DVHT projects (AK, AZ, CA, LA, NJ, OR[20]) folded DVHT grant services into the grantee organization's primary service programs. Within this integrated services approach, DVHT project clients (i.e., trafficking survivors or individuals at-risk for trafficking victimization) fit within the organization's target population and may have already been engaged in other services offered by the organization (for example, a homeless youth who is enrolled in the organization's transitional living program). DVHT projects that utilized an integrated service model frequently received client referrals from within their organization; that is, the organization often identified potential DVHT project clients among their existing clientele.

Single or Multiple Case Management Providers

As previously described (see chapter 3, section DVHT Project Characteristics and Service Delivery Models), nine DVHT projects (AR, CA, IL, LA, MI, NJ, OH, OR, UT) employed a service delivery model in which a single organization, the lead (i.e., grantee) organization, provided comprehensive case management and direct services; clients were referred to other community organizations for additional services as needed. In contrast, three DVHT projects (AK, AZ, MA) offered comprehensive case management services through the lead organization and also funded other community-based organizations to deliver case management and direct services.

Project Model Strengths and Limitations

As previously noted, the methods utilized for this descriptive evaluation are not suitable for drawing conclusions about which service delivery model is preferable nor which type of organization is better positioned to deliver services for trafficking survivors. In the context of this limitation, the following are reflections on the strengths and limitations of the models described above.

- Regardless of model, several DVHT grantees (that represented each of the different models) were known in their community as the experts in trafficking victim services. They brought dedicated, trained staff and extensive experience to their DVHT project. At least six lead organizations had one or more additional grants from state and/or federal agencies (e.g., Office for Victims of Crime) to address human trafficking.

[20] J Bar J's anti-trafficking services (OR) were integrated into J Bar J's program for runaway and homeless youth, Cascade Youth and Family Center, when Oregon's FY 2016 DVHT Program grant began. In 2019, J Bar J's services for victims of child sex trafficking became a separate program.

- Conversely, across models, grantee lead organizations that had less experience developing and delivering services to trafficking survivors may have spent more time and resources planning, making connections, and understanding the issue of trafficking in their communities. A couple of DVHT grantees that were experienced yet newer or less known in their communities for trafficking-specific services put considerable effort into raising awareness about their DVHT services.
- Distinct, stand-alone programs that specialize in serving a specific subpopulation of survivors may fill a critical need for some survivors. Sanctum House (MI) and Off the Streets (OH) are both residential programs designed to support adult women who have experienced trafficking and have a substance use disorder. The My Life My Choice program (MA) provides survivor-mentor services to commercially sexually exploited adolescents. It is significant that My Life My Choice and Off the Streets are survivor-led programs, both with staff who identify as having lived experiences similar to those of their clients and provide mentoring to clients. Results of a longitudinal evaluation of My Life My Choice services conducted by researchers at Boston University and Northeastern University revealed that My Life My Choice program participants experienced less exploitation, drug use, and delinquent behavior, and improved well-being (Rothman, Preis, Bright, Paruk, Bair-Merritt & Farrell, 2019).
- Some staff of stand-alone programs posited that distinct trafficking programs or service approaches were necessary because of the trauma experienced by and unique needs of trafficking victims. When asked what distinguished trafficking victims' unique needs, staff described a high level of service intensity—that trafficking survivors needed more robust services that were exceptionally trauma-informed, available for an extended period, and delivered by extremely caring and patient staff.
- For some survivors, access to services that address a specific need may be as or more important as services designated for trafficking victims. Many DVHT grantee organizations, including both those that had a stand-alone program and those that integrated DVHT services, offered multiple types of in-house services that were available to DVHT clients as well as the organization's broader client population. For example, the Refugee and Immigrant Center (UT), offers a wide variety of in-house services (e.g., employment/job training and support, mental health clinicians, life skills classes) that are available to any client. The Oregon project's specialized programs for youth were accessible by DVHT clients (at least one DVHT client received services at J Bar J's Grandma's House, an emergency and transitional shelter program for pregnant girls and young mothers). In addition to being more accessible (compared to services obtained through external referrals), trafficking survivors could engage in these services without having to be identified as a survivor since the services are available to the organizations' general client populations.
- DVHT projects that funded partner organizations to identify potential trafficking victims and provide comprehensive case management services appeared to expand

the project's reach to populations that were outside of the lead organization's target population, and thus diversify available services. For example, Alaska's partner organizations specialized in intersecting issues (e.g., runaway and homeless youth, domestic violence, sexual assault) that complemented the lead organization's expertise in working with Alaska Native communities. In addition to increasing the capacity of partners to work with trafficking survivors (through training and funding to support case management delivery), partners brought an understanding of specific sub-populations that were vulnerable to trafficking. Alaska's collaborative approach aimed to improve the availability of services that were better tailored to various subpopulations. Furthermore, such an approach may support broader community sustainability (i.e., training and practice made possible by funding may lead to integration and longevity of services). A potential drawback of a lead grantee organization dispersing funding among multiple partner organizations may be that without sufficient funding and consolidated resources, it may be difficult for a minimally funded partner organization to meaningfully implement services. Additionally, inconsistencies in the implementation and quality of services could occur due to lack of strong leadership and/or clear expectations about service delivery standards.

The DVHT projects do not represent all human trafficking programs. However, this descriptive evaluation provides useful information regarding services offered by a diverse group of 12 DVHT grantees and their community partners to domestic victims of human trafficking across the United States. Some of the factors that contributed to the development and implementation of divergent organizational models and service delivery approaches include the DVHT grantee lead organization's characteristics (e.g., background, target population, in-house services offered), geographic locations, community contexts, partnerships, experience providing trafficking-specific services, and history of working with populations vulnerable to human trafficking.

Staff and partners across DVHT projects emphasized the importance of service delivery approaches that are individualized, trauma-informed, and culturally responsive. Regardless of the organizational configuration or service model employed, a provider's successful experience with and commitment to delivering responsive, client-centered, trauma-informed care to diverse individuals are essential aspects of services offered to domestic trafficking survivors.

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Appendix A:
Data Collection Instruments

OMB No. 0970-0487

Expiration Date: 10/31/2020

Evaluation of the Domestic Victims of Human Trafficking Program: Cohort 3

Project Director Survey

Introduction

Thank you for taking the time to complete this survey for the Evaluation of the Domestic Victims of Human Trafficking (DVHT) Program.

This survey is part of the data collection for a cross-site process evaluation that aims to (1) describe how the DVHT projects approach and accomplish the goals of the DVHT Program and (2) inform the Administration for Children and Families (ACF) efforts to improve services for domestic victims of human trafficking. The evaluation is overseen by ACF's Office of Planning, Research, and Evaluation (OPRE), in collaboration with ACF's Office on Trafficking in Persons (OTIP), and conducted by RTI International.

You are receiving this survey because you were identified by OTIP as the project lead for your DVHT project. Project directors from all fiscal year (FY) 2016 DVHT projects are being asked to complete this survey. If you work closely with another colleague to manage your DVHT project, you may complete this survey together, but you will only be able to submit one survey.

This survey asks about your organization and organizational practices, your DVHT project staff and partners, services offered to domestic human trafficking victims, service delivery strategies and approaches, and your perspectives on the DVHT project's successes and challenges. The survey will take about 30 minutes to complete. You will be able to save your answers and return if you cannot complete the survey in one sitting.

This survey is voluntary and your responses will be kept private to the extent permitted by law. No one outside the RTI evaluation team will know how you answered a specific question and your name will not be used in any report. Information collected from DVHT project staff and partners will be combined for reporting, however some information will be reported at the project-level which will identify your DVHT project by name.

If you have any questions about the survey or have technical difficulties completing the survey, please contact Jennifer Hardison Walters, Project Director for the Evaluation of the DVHT Program, toll-free at 1-866-784-1958, extension 27724 or by email jhardison@rti.org.

Thank you for your participation!

Throughout this survey, you will see questions referring to your DVHT project. When you see "DVHT project," you should think of [DVHT PROJECT NAME].

This survey uses the term *victim* to refer to individuals who have experienced human trafficking victimization; however, we acknowledge that some people may prefer *survivor* or other terminology.

ORGANIZATIONAL AND RESPONDENT CHARACTERISTICS *[PART A]*

1. **How long have you been employed by your current organization?**
   - ☐ Less than 1 year
   - ☐ 1-4 years
   - ☐ 5-9 years
   - ☐ 10 or more years

2. **What is your professional title at your organization?**

   _____

3. **How long have you been in your current role at this organization?**
   - ☐ Less than 1 year
   - ☐ 1-4 years
   - ☐ 5-9 years
   - ☐ 10 or more years

4. **How long have you been involved with anti-trafficking work?**
   - ☐ Less than 1 year
   - ☐ 1-4 years
   - ☐ 5-9 years
   - ☐ 10 or more years

5. **Are you employed full-time or part-time at your current organization?**
   - ☐ Full-time
   - ☐ Part-time

6. **On average, what percentage of your time do you work on your DVHT project?**
   If you are part-time, please indicate the percentage of your total hours that you work on the project. For example, if you are employed 20-hours a week and you spend all 20 hours on the DVHT project, then you would choose "100%."
   - ☐ Less than 25%
   - ☐ 25-49%
   - ☐ 50-74%
   - ☐ 75-99%
   - ☐ 100%

7. **What job responsibilities do you have other than the DVHT project?**

   _____

8. **Do you supervise staff who provide case management or other direct services to domestic victims of human trafficking?**
   - ☐ Yes
   - ☐ No

9. **Do you yourself provide case management or other direct services to domestic victims of human trafficking?**
   - ☐ Yes
   - ☐ No [→ Go to 13]

CASE MANAGEMENT *[PART A]*

10. **Do you <u>currently</u> have a caseload of clients that you personally work with through your DVHT project?**
    - ☐ Yes
    - ☐ No [→ Go to 10i]
      - i. **You reported that you yourself provide case management or other direct services to domestic victims of human trafficking but that you do not currently have a caseload of clients that you personally work with. Please describe what services you are currently providing to domestic trafficking victims.**

        _____
        _____
        _____

11. **How many <u>active</u> clients are on your DVHT project caseload currently?** *By active, we mean clients who have engaged in case management or other services in the past 8 weeks and who you anticipate you may be in contact with again in the near future.*

    _____

    ☐ Check box if this is an estimate

12. **Is this number fewer, about the same, or more than the number of clients you typically serve on your DVHT project caseload at a given time?**
    - ☐ Fewer
    - ☐ About the same
    - ☐ More

DVHT PROJECT STAFF AND BUDGET

13. How many staff <u>at your organization</u> does your DVHT project fund?

_____ Full-time staff
_____ Part-time staff

14. Does your DVHT project budget include subcontracts or payments to other organizations to provide <u>case management</u> or <u>other direct client services</u> to domestic victims of human trafficking?

- ☐ Yes
- ☐ No

TARGET POPULATION

15. What ages of clients does your DVHT project serve?

Check all that apply.

- ☐ Children (0-12)
- ☐ Adolescents (13-17)
- ☐ Young adults (18-24)
- ☐ Adults (25 or older)

16. Does your DVHT project aim to serve a specific population of domestic victims of human trafficking?

- ☐ Yes
- ☐ No [–> Go to 19]

17. Please briefly describe the specific population that your DVHT project aims to serve:

_____

18_1. How long has your organization served this population?

_____ years

18_2. Is this a new population?

- ☐ Yes
- ☐ No

IMPLEMENTATION STATUS

19. When was your DVHT project fully up and running (for example, majority of staff were hired and trained, key project components were operational)?

<u>[Month]</u> <u>[Year]</u>

PROGRAM ENTRY/ REFERRALS

20. For this question, think about the client referrals your DVHT project has received since the beginning of the project. By *client referrals* we mean individuals who are confirmed or suspected to be domestic victims of human trafficking who are referred to your DVHT project for services.

On average, how often does your DVHT project receive client referrals from the following sources?

	Source	Never	Rarely	Occasionally	Often	Very frequently	Don't know
Internal Referral Sources							
a	Internal referrals within your organization (e.g., individual is receiving non-trafficking related services from your organization and is referred for trafficking-related services)	○	○	○	○	○	○
b	Outreach conducted by DVHT project staff (e.g., street outreach)	○	○	○	○	○	○
External Agency Referral Sources							
c	Hospital/ER/other medical	○	○	○	○	○	○
d	Law enforcement (e.g., local police, FBI)	○	○	○	○	○	○
e	Criminal justice (e.g., court, corrections, supervision, defense attorney, public defender, legal aid)	○	○	○	○	○	○
f	Child welfare agency	○	○	○	○	○	○
g	Homeless agency/shelter	○	○	○	○	○	○
h	Runaway homeless youth agency/shelter	○	○	○	○	○	○
i	Domestic violence/sexual assault agency	○	○	○	○	○	○
j	Tribal organization	○	○	○	○	○	○
k	National Human Trafficking Hotline	○	○	○	○	○	○
l	State or local hotline *(please specify)*: _____	○	○	○	○	○	○
m	Other type of agency *(please specify)*: _____	○	○	○	○	○	○
n	Other type of agency *(please specify)*: _____	○	○	○	○	○	○
Other Referral Sources							
o	Client self refers / walks in	○	○	○	○	○	○
p	Client's family member / guardian	○	○	○	○	○	○
q	Client's friend / peer	○	○	○	○	○	○

	Source	Never	Rarely	Occasionally	Often	Very frequently	Don't know
r	Other source *(please specify)*: _____	○	○	○	○	○	○
s	Other source *(please specify)*: _____	○	○	○	○	○	○

VICTIM IDENTIFICATION / SCREENING AND ASSESSMENT

21. Does <u>your organization</u> use a standardized screening and/or assessment tool to determine whether individuals have experienced human trafficking victimization?

- ☐ Yes
- ☐ No

[Programming note: If 'No' to question 9 → Go to 28]

CASE MANAGEMENT *[PART B]*

22. With what portion of your DVHT project clients do you develop a service plan or a formal record to document information such as the services clients received and their needs and goals?

- ☐ None of my clients [→ Go to 24]
- ☐ Some of my clients
- ☐ Most of my clients
- ☐ All of my clients

23. Which of the following elements are included in the service plan or formal record? *Check all that apply.*

- ☐ Client service needs
- ☐ Client goals
- ☐ Timeline of service plan goals/actions
- ☐ Client progress toward goals
- ☐ Services provided to/received by client
- ☐ Referrals provided for/to client
- ☐ Goals met
- ☐ Other *(please specify)*: _____

24. How often do you <u>typically</u> see or communicate with your DVHT project clients?

- ☐ Daily
- ☐ Several times a week
- ☐ Weekly
- ☐ Monthly
- ☐ A few times a year
- ☐ Other (please specify): _____

25. When you communicate with your DVHT project clients, how often do you typically communicate in the following ways?

	Mode	Never	Rarely	Occasionally	Often	Very Frequently
a	Meet/talk in-person	○	○	○	○	○
b	Talk by phone	○	○	○	○	○
c	Text	○	○	○	○	○
d	Email	○	○	○	○	○
e	Social media (e.g., Instagram, Facebook)	○	○	○	○	○

26. How often do you personally perform the following case management-related activities for your DVHT project?

	Task	Never	Rarely	Occasionally	Often	Very Frequently
a	Conduct a client intake	○	○	○	○	○
b	Conduct a screening and/or an assessment using a formal tool (i.e., a standard set of questions)	○	○	○	○	○
c	Meet with a client and other providers and/or supports in a team setting (e.g., multi-disciplinary team)	○	○	○	○	○
d	Have a formal/scheduled meeting with a client	○	○	○	○	○
e	Informally "check-in" with a client	○	○	○	○	○
f	Make a referral to **in-house** services	○	○	○	○	○
g	Make a referral to **outside** service providers (at other organizations/agencies)	○	○	○	○	○
h	Communicate with other service providers on behalf of a client	○	○	○	○	○
i	Arrange appointments with/for a client	○	○	○	○	○
j	Accompany a client to an appointment	○	○	○	○	○
k	Accompany a client on errands (e.g., grocery shopping, to pick up paperwork)	○	○	○	○	○
l	Transport a client	○	○	○	○	○
m	Provide one-on-one counseling to a client	○	○	○	○	○

	Task	Never	Rarely	Occasionally	Often	Very Frequently
n	Provide advocacy on behalf of a client	○	○	○	○	○
o	Provide crisis intervention to a client	○	○	○	○	○
p	Develop a safety plan with a client	○	○	○	○	○
q	Teach and/or model life skills for a client	○	○	○	○	○
r	Facilitate a group activity with two or more clients	○	○	○	○	○

27. Please describe any other case management-related activities not listed above that you do <u>regularly</u> for your DVHT project.

_____

_____

28. <u>In the past 12 months</u>, how many times have you held a DVHT project partnership meeting?

- ☐ Never [→ Go to 30]
- ☐ Once
- ☐ 2-5 times
- ☐ 6-10 times
- ☐ 11 or more times

29. How much do you agree or disagree with the following statements?

	Statement		Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
a	DVHT project meetings are productive.	○	○	○	○	○	○
b	DVHT project meetings are positive and collaborative.	○	○	○	○	○	○
c	DVHT project meetings resulted in improvements to victim identification or assistance.	○	○	○	○	○	○

30. Do your or other staff from your organization participate in a community-level (e.g., city-, county- or state-level) anti-trafficking task force, advisory board, or workgroup that is separate from your DVHT project?

- ☐ Yes
- ☐ No
- ☐ Don't know

SERVICE AVAILABILTY

31. For the following list of services and resources, check all the places from where the service is available to DVHT clients—the DVHT grantee/lead organization, a formal DVHT project partner, and/or another organization that is not a formal project partner. *Select the last column if the service is not currently available to DVHT project clients.*

	Service/Resource	Service is available from **DVHT project lead/ grantee organization**	Service is available from **formal project partner organization**	Service is available from **another organization, not formal partner**	Service is **not available**
a	**Basic needs / Personal items** *Material goods or support to obtain goods including but not limited to food, clothing, toiletries*	○	○	○	○
b	**Child care**	○	○	○	○
c	**Crisis intervention** *Short-term immediate help*	○	○	○	○
d	**Education** *Includes but is not limited to literacy, GED assistance, school enrollment*	○	○	○	○
e	**Employment** *Includes but is not limited to employment assistance, job training, vocational services*	○	○	○	○
f	**Family reunification**	○	○	○	○
g	**Financial assistance** *All types of money given to the client including phone, gas, and gift cards; does not include transportation*	○	○	○	○
h	**Short-term housing**	○	○	○	○
i	**Long-term housing**	○	○	○	○
j	**Legal** *Services to address legal needs, including information from or representation by civil attorneys and prosecutors*	○	○	○	○
k	**Victim advocacy** *Information and support to help client understand and exercise his or her rights as a victim of crime within the criminal justice process*	○	○	○	○
l	**Life skills training/support** *Services to help clients achieve self-sufficiency; includes but is not limited to managing personal finances, self-care*	○	○	○	○

	Service/Resource	Service is available from **DVHT project lead/ grantee organization**	Service is available from **formal project partner organization**	Service is available from **another organization, not formal partner**	Service is **not available**
m	**Public benefits** *Assistance related to obtaining public benefits (e.g., Medicaid, Temporary Assistance for Needy Families [TANF], Supplemental Nutrition Assistance Program (SNAP] and Women Infants and Children [WIC])*	○	○	○	○
n	**Religious/spiritual**	○	○	○	○
o	**Safety planning** *Development of a personalized plan to remain safe in a situation, during the process of leaving, and afterwards*	○	○	○	○
p	**Substance use** *Services to address alcohol and/or chemical dependency; includes assessment and treatment*	○	○	○	○
q	**Mental health** *Services by a licensed mental health provider; includes assessment and treatment; does not include informal counseling or support groups*	○	○	○	○
r	**Reproductive/sexual health** *Services related to gynecological and obstetric care, STD screening and treatment, and family planning (does not include abortion)*	○	○	○	○
s	**Other Medical**	○	○	○	○
t	**Dental**	○	○	○	○
u	**Vision**	○	○	○	○
v	**Support (individual and group)** *Informal counseling by organization staff or volunteers who are not mental health providers; includes peer support group*	○	○	○	○
w	**Transportation**	○	○	○	○
x	**Other type of service/resource** *(please specify)*:	○	○	○	
y	**Other type of service/resource** *(please specify)*:	○	○	○	

[Programming note: If 'No' to question 9 → Go to 33]

SERVICE NEEDS

32. Think about the domestic human trafficking victims <u>you</u> have worked with since the beginning of the DVHT project. About what portion of them have needed the following services and resources? *Consider clients' needs across the entire time you have worked with them, even if they have cycled in and out of services.*

	Service/ Resource	None	Less than half	Approximately half	Most	All
a	**Basic needs / Personal items** *Material goods or support to obtain goods including but not limited to food, clothing, toiletries*	○	○	○	○	○
b	**Child care**	○	○	○	○	○
c	**Crisis intervention** *Short-term immediate help*	○	○	○	○	○
d	**Education** *Includes but is not limited to literacy, GED assistance, school enrollment*	○	○	○	○	○
e	**Employment** *Includes but is not limited to employment assistance, job training, vocational services*	○	○	○	○	○
f	**Family reunification**	○	○	○	○	○
g	**Financial assistance** *All types of money given to the client including phone, gas and gift cards; does not include transportation*	○	○	○	○	○
h	**Short-term housing**	○	○	○	○	○
i	**Long-term housing**	○	○	○	○	○
j	**Legal** *Services to address legal needs, including information from or representation by civil attorneys and prosecutors*	○	○	○	○	○
k	**Victim advocacy** *Information and support to help client understand and exercise his or her rights as a victim of crime within the criminal justice process*	○	○	○	○	○
l	**Life skills training/support** *Services to help clients achieve self-sufficiency; includes but is not limited to managing personal finances, self-care*	○	○	○	○	○

	Service/ Resource	None	Less than half	Approximately half	Most	All
m	**Public benefits** *Assistance related to obtaining public benefits (e.g., Medicaid, Temporary Assistance for Needy Families [TANF], Supplemental Nutrition Assistance Program (SNAP] and Women Infants and Children [WIC])*	○	○	○	○	○
n	**Religious/spiritual**	○	○	○	○	○
o	**Safety planning** *Development of a personalized plan to remain safe in a situation, during the process of leaving, and afterwards*	○	○	○	○	○
p	**Substance use** *Services to address alcohol and/or chemical dependency; includes assessment and treatment*	○	○	○	○	○
q	**Mental health** *Services by a licensed mental health provider; includes assessment and treatment; does not include informal counseling or support groups*	○	○	○	○	○
r	**Reproductive/sexual health** *Services related to gynecological and obstetric care, STD screening and treatment, and family planning (does not include abortion)*	○	○	○	○	○
a	**Other Medical**	○	○	○	○	○
t	**Dental**	○	○	○	○	○
u	**Vision**	○	○	○	○	○
v	**Support (individual and group)** *Informal counseling by organization staff or volunteers who are not mental health providers; includes peer support group*	○	○	○	○	○
w	**Transportation**	○	○	○	○	○
x	**Other type of service/resource** *(please specify)*:		○	○	○	○
y	**Other type of service/resource** *(please specify)*:		○	○	○	○

COMMUNITY CONTEXT

33. Are there groups or organizations in your area that are <u>not</u> partners of your ACF DVHT project that provide trafficking-specific services?

- ☐ Yes
- ☐ No [→ Go to 34]

33a. Are you in contact with them?

- ☐ Yes
- ☐ No

TRAUMA-INFORMED CARE

34. How much do you agree or disagree with the following statements?

When working with domestic victims of human trafficking, my organization…

	Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a	Successfully screens clients for trauma.	○	○	○	○	○
b	Promotes trustworthiness and transparency throughout program delivery.	○	○	○	○	○
c	Ensures safety throughout all aspects of service delivery.	○	○	○	○	○
d	Provides choices for clients throughout service delivery.	○	○	○	○	○
e	Makes efforts to prevent triggering or re-traumatization.	○	○	○	○	○
f	Uses motivational interviewing techniques.	○	○	○	○	○
g	Empowers clients to make their own goals and service delivery plans.	○	○	○	○	○
h	Provides culturally sensitive services and/or referrals.	○	○	○	○	○
i	Provides or makes referrals for language interpretation/ translation services.	○	○	○	○	○
j	Provides age-appropriate services.	○	○	○	○	○
k	Provides access to treatment services specifically designed for individuals who have experienced trauma.	○	○	○	○	○
l	Promotes opportunities for clients to reestablish positive social connections.	○	○	○	○	○

	Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
m	Helps clients visualize and pursue their path to economic independence	○	○	○	○	○

35. Which of the following trauma-specific interventions are available to clients served by your DVHT project? *Check all that apply.*

- ☐ Addiction and Trauma Recovery Integration Model (ATRIUM)
- ☐ Essence of Being Real
- ☐ Risking Connection
- ☐ Sanctuary Model
- ☐ Seeking Safety
- ☐ Trauma, Addiction, Mental Health, and Recovery (TAMAR)
- ☐ Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
- ☐ Trauma Recovery and Empowerment Model (TREM and M-TREM)
- ☐ Other trauma-specific intervention *(please specify)*: _____
- ☐ None

STAFF QUALIFICATIONS, TRAINING, AND STANDARDS OF CARE

36. How important do you think the following qualifications (skills, experience, education, and attributes) are for staff who work with domestic victims of human trafficking?

	Qualification	Not important	Somewhat important	Very important
a	Training in and/or experience working with victims of human trafficking	○	○	○
b	Training in and/or experience working with victims of other types of crimes or trauma	○	○	○
c	Training in and/or experience working with individuals with a substance use disorder	○	○	○
d	Training in and/or experience providing case management and advocacy	○	○	○
e	Training in and/or experience providing trauma-informed care	○	○	○
f	Training in and/or experience providing crisis intervention and safety planning	○	○	○
g	Experience working with law enforcement and/or the justice system	○	○	○
h	Knowledge of community-based services and resources	○	○	○
i	Knowledge of the justice system	○	○	○
j	Knowledge of laws relevant to human trafficking	○	○	○
k	Passion for serving victims of human trafficking	○	○	○
l	Being a survivor of human trafficking	○	○	○

	Qualification	Not important	Somewhat important	Very important
m	Training or formal degree in social work, counseling, psychology, or a related field			
n	Training in and/or experience assisting persons to find paid employment			

37. What additional skills or qualifications not included above do you think individuals who work with trafficking victims need? *Please describe.*

_____

_____

38. How many of your DVHT project staff have received training in trauma-informed care?

- ☐ None
- ☐ Some
- ☐ Most
- ☐ All
- ☐ Don't know

39. How much do you agree or disagree with the following statements?

	Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a	DVHT project case management and direct service staff have sufficient training opportunities.	○	○	○	○	○
b	DVHT project case management and direct service staff have the skills needed to do their job well.	○	○	○	○	○
c	My organization has documented guidelines or practice standards for service delivery to victims of human trafficking.	○	○	○	○	○

PARTNERSHIPS

40. Think about all of the organizations or entities that you have worked with to carry out your DVHT project in the past 12 months.

Who are the key partners your organization works with to implement your DVHT project? *Include any organization or entity that you work with to carry out your DVHT project that you consider to be an important partner, even if your partnership is informal or if you have only worked with them once. You may **list up to 15** organizations.*

	Organization Name
a	
b	
c	
d	
e	
	Etc. – up to 15 (a-o)

41. Does your organization have a memorandum of understanding (MOU) or another type of formal agreement with the DVHT project partners listed below?

	Organization Name	Yes, we have an MOU/other formal agreement	No, we do not have an MOU/other formal agreement
a	*[Programming Note: Populate from responses provided in question 40.]*	○	○
b	*etc.*	○	○

[Programming note: If 'No' to question 14 → Go to 43]

42. Does your DVHT project provide DVHT Program funds to the partners listed below?

	Organization Name	Yes, receives DVHT project funds	No, does not receive DVHT project funds
a	*[Programming Note: Populate from responses provided in question 40.]*	○	○
b	*etc.*	○	○

43. How much does your partnership with each of the partners listed below impact the success of your DVHT project?

	Organization Name	Not at all	Somewhat	A lot
a	*[Programming Note: Populate from responses provided in question 40.]*	○	○	○
b	*etc.*	○	○	○

INTEGRATION OF SURVIVORS IN SERVICE DEVELOPMENT AND DELIVERY

44. What strategies does your DVHT project use to engage trafficking survivors in program development and/or service delivery?

My DVHT project provides opportunities for survivors to…

	Activity	**Yes**	**No**
a	Offer guidance on program design	○	○
b	Offer guidance on program implementation	○	○
c	Offer guidance on program/organizational protocols or policies	○	○
d	Lead aspects of program design or implementation	○	○
e	Mentor clients	○	○
f	Lead/facilitate support groups or classes	○	○
g	Conduct or co-lead staff or community training	○	○
h	Conduct client-level outreach	○	○
i	Offer guidance on additional services or potential partners that would be helpful to the mission of the organization	○	○

45. Do trafficking survivors currently fill any of the following positions in your DVHT project?

	Position	**Yes**	**No**
a	Program or organizational leadership	○	○
b	Case manager	○	○
c	Direct service provider	○	○
d	Peer mentor	○	○
e	Support group leader	○	○
f	Advisory/task force board member	○	○
g	Consultant	○	○
h	Other *(please specify)*: _____	○	○

DVHT PROJECT ACCOMPLISHMENTS

46. How successful would you say your DVHT project has been in carrying out the following activities?

	Activity	Not at all successful	Not very successful	Somewhat successful	Very successful	Extremely successful
a	Raising community awareness about human trafficking through outreach, training and technical assistance activities	○	○	○	○	○
b	Conducting client-level outreach activities	○	○	○	○	○
c	Identifying individuals who have experienced *sex trafficking*	○	○	○	○	○
d	Identifying individuals who have experienced *labor trafficking*	○	○	○	○	○
e	Facilitating meaningful collaboration and coordination with and among community partners	○	○	○	○	○
f	Establishing formal Memoranda of Understanding (MOU) to delineate partner roles and responsibilities and the sharing of project resources	○	○	○	○	○
g	Developing/expanding a comprehensive menu of services for domestic victims of human trafficking	○	○	○	○	○
h	Providing victim-centered case management	○	○	○	○	○
i	Establishing and following protocols for information sharing and client confidentiality	○	○	○	○	○
j	Using the National Human Trafficking Hotline as a resource for victims	○	○	○	○	○
l	Implementing and following guidelines or practice standards for service delivery	○	○	○	○	○
m	Addressing the *mental health* treatment needs of victims	○	○	○	○	○
n	Addressing the *substance use* treatment needs of victims	○	○	○	○	○

	Activity	Not at all successful	Not very successful	Somewhat successful	Very successful	Extremely successful
o	Addressing the *short-term housing* and shelter needs of victims	○	○	○	○	○
p	Addressing the *long-term housing* and shelter needs of victims	○	○	○	○	○
q	Helping clients identify and achieve their goals	○	○	○	○	○
r	Integrating survivors into program development and service delivery roles	○	○	○	○	○
s	Helping adult survivors or their spouses gain paid employment	○	○	○	○	○

ORGANIZATIONAL AND RESPONDENT CHARACTERISTICS *[PART B]*

47. Which of the following best describes your organization?

Please choose one.

- ☐ Government agency (federal, state, or local) [→ Go to A]
- ☐ Non-profit or faith-based entity [→ Go to B]
- ☐ Educational institution [→ Go to C]
- ☐ For-profit entity [→ Go to D]

A. Government agency

a. At what level of government do you primarily work?

- ☐ Federal
- ☐ State
- ☐ County/city/local
- ☐ Tribal government

b. Which designation <u>best</u> describes your government agency?

- ☐ Public health
- ☐ Child welfare
- ☐ Law enforcement
- ☐ Judicial (courts, prosecution, public defender)
- ☐ Juvenile justice/adult corrections/supervision
- ☐ Multi-agency (e.g., task forces, response teams, etc.)
- ☐ Other government agency (please specify): _____

B. Non-profit or faith-based entity

a. Which designation <u>best</u> describes your organization?

- ☐ Medical facility (hospital, clinic, etc.)
- ☐ Mental health services
- ☐ Substance use treatment center
- ☐ Justice or legal center
- ☐ Adult/family homeless shelter/organization
- ☐ Youth homeless shelter/organization
- ☐ Other youth/child services organization
- ☐ Domestic violence, sexual assault, family violence shelter/organization
- ☐ General social services and case management
- ☐ Refugee and immigrant organization
- ☐ Other (please specify): _____

b. Is your organization faith-based?

- ☐ Yes
- ☐ No

C. Educational institution

a. At what level of education do you primarily work?

- ☐ College/university
- ☐ K-12
- ☐ Other (please specify): _____

b. Which designation <u>best</u> describes your organization?

- ☐ Law enforcement/campus security
- ☐ Physical health program
- ☐ Mental health program
- ☐ Victim services or advocacy group
- ☐ Campus disciplinary or student conduct body
- ☐ Other (please specify): _____

c. Is your organization faith-based?

- ☐ Yes
- ☐ No

D. For-profit entity

a. Which designation <u>best</u> describes your company?

- ☐ Medical facility (hospital, clinic, etc.)
- ☐ Private counseling service or other mental health care provider
- ☐ Private law office/legal firm
- ☐ Other (please specify): _____

48. Did <u>your organization</u> serve victims of human trafficking before your current DVHT project? *Check one.*

- ☐ Yes, foreign national victims
- ☐ Yes, domestic victims
- ☐ Yes, foreign national and domestic victims
- ☐ No

49. Did <u>you</u> have experience working with victims of human trafficking <u>before</u> your current DVHT project? *Check one.*

- ☐ Yes, foreign victims
- ☐ Yes, domestic victims
- ☐ Yes, foreign and domestic victims
- ☐ No

50. Do <u>you</u> have experience providing services to or working with any of the following populations? *Check all that apply.*

- ☐ Victims of domestic violence/dating violence
- ☐ Victims of rape/sexual assault *(adult)*
- ☐ Child victims of physical abuse or neglect
- ☐ Child victims of sexual abuse/assault
- ☐ Justice-involved youth/adults
- ☐ Homeless youth/adults
- ☐ Other *(please specify):* _____

51. What is the highest degree or level of school you have <u>completed</u>? *Please select one.*

- ☐ Grade 1 through 11 [→ Go to 51a]

  51a. Please specify grade 1 – 11 _____
- ☐ 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

- ☐ Regular high school diploma
- ☐ GED or alternative credential

COLLEGE OR SOME COLLEGE

- ☐ Some college credit, but less than 1 year of college credit
- ☐ 1 or more years of college credit, no degree
- ☐ Associate's degree (for example: AA, AS)
- ☐ Bachelor's degree (for example: BA, BS, BSW)

AFTER BACHELOR'S DEGREE

- ☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA, MPH)
- ☐ Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- ☐ Doctorate degree (for example: PhD, EdD)

Thank you for your participation! We appreciate your time to complete this survey. **[END SURVEY]**

OMB No. 0970-0487

Expiration Date: 10/31/2020

Evaluation of the Domestic Victims of Human Trafficking Program: Cohort 3

Project Director Telephone Interview 1

SITE: _____ Date: _____
RTI Interviewer: _____ Respondent(s): _____

Introduction

Thank you for taking the time to talk with us today about your Domestic Victims of Human Trafficking (DVHT) program.

This interview is part of the data collection for the DVHT cross-site evaluation that aims to (1) describe how DVHT grantees approach and accomplish the goals of the DVHT Program and (2) inform Administration for Children and Families (ACF) efforts to improve services for domestic victims of human trafficking. The evaluation is overseen by ACF's Office of Planning, Research, and Evaluation (OPRE), in collaboration with ACF's Office of Trafficking in Persons (OTIP), and conducted by RTI International.

The purpose of today's interview is to review the information that you provided in the survey and ask additional questions to expand our understanding of your organization; DVHT project structure, staff, and partnerships; services offered and service delivery approaches; strategies used to integrate trafficking survivors in service development and delivery; and project implementation successes and challenges.

The interview will take about 2 hours. Your participation in this interview is voluntary and your responses will be kept private to the extent permitted by law. No one outside the RTI evaluation team will know how you answered a specific question and your name will not be used in any report. Information collected from DVHT project staff and partners will be combined for reporting, however some information will be reported at the project level which will identify DVHT projects by name. We may use quotes from interviews to illustrate a theme; however, we will attribute quotes to respondents' general roles (for example, "a DVHT project director" or "a project partner") without naming the project.

We would like to audio record the interview to ensure that we capture everything you say accurately. We will securely store the audio file and after we clean up our notes, we will delete the audio. Is it okay with you if we audio-record this interview?

Finally, I need to let you know that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0487 and the expiration date is 10/31/2020.

Do you have any questions before we begin? *[Address questions.]*

[Begin recording after consent]

[Before interview, review survey responses related to each domain. Ask for clarification and/or additional explanation during interview, if necessary.]

Before we begin, I want to point out that when I use the term "the DVHT project", I am referring to your ACF-funded Domestic Victims of Human Trafficking project, [DVHT project name].

ORGANIZATIONAL AND RESPONDENT CHARACTERISTICS

1. In your survey, you indicated that you've worked in your current role for [X] years. *(PD Survey 3)* How long have you served as project director for the DVHT project? How long have you been with [DVHT org]? How long have you been involved in anti-trafficking activities?

2. Please tell me about your role with respect to the DVHT project. What are your responsibilities?
   - *[If PD supervises staff who provide case management or other direct services to domestic victims of human trafficking (PD Survey 8)]* How many staff do you supervise?

DVHT PROJECT STAFF AND BUDGET

3. In the survey, you indicated that your DVHT project covers [X] full-time and [X] part-time staff at your organization. *(PD Survey 13)*
   - Will you please describe each of their roles and responsibilities?

   - What other roles and responsibilities do DVHT project part-time staff have other than the DVHT project?
     Probe for staff who provide
     - *administrative support*
     - *intake*
     - *case management*
     - *direct services (and type of services)*
     - *survivor leadership*
     - *training and/or community education*

   - *What other roles and responsibilities do DVHT project full-time staff other than the DVHT project?*
     - *administrative support*
     - *intake*
     - *case management*
     - *direct services (and type of services)*
     - *survivor leadership*
     - *training and/or community education*

   - Do case managers participate in (1) DVHT project-level team or partnership meetings and (2) community-level anti-trafficking task force or workgroups?

4. Besides staff salaries at your organization, what other areas of your project does the DVHT project budget cover?
   Probe for
   - *direct services*

- *partner organizations (subcontracts, services, staff)*
- *training*
- *other*

TARGET POPULATION

5. What population does your DVHT program aim to serve?

[*If project <u>does</u> aim to serve specific population]*
- Why did you choose to focus on this specific population?
- Has your choice of target population changed since the beginning of the project? *[If yes]* Why?
- How many trafficking victims/survivors would you estimate has your organization served from this population? How many in total?

<u>OR</u>

[*If project <u>does not</u> aim to serve specific population]*
- Even though your target population is broad, how would you describe the population that your project has predominately served?

6. You reported that your organization *[did/did not]* serve *[foreign-national/domestic/foreign-national and domestic]* victims of human trafficking before your current DVHT project. *(PD Survey 48)*

[If organization <u>did</u> serve HT victims before DVHT project]
- How long has your organization served victims of human trafficking? What services did your organization offer to victims of trafficking before the DVHT project?
- Has the population you have served changed over time? How so?
- What do you see as the most important population now?

<u>OR</u>

[If organization <u>did not</u> serve HT victims before DVHT project]
- What adjustments or changes has your organization made to accommodate domestic victims of human trafficking?
  Probe for changes to
  - *outreach practices*
  - *intake and screening/assessment*
  - *case management*
  - *direct services*
  - *referral mechanisms*
  - *trauma-informed approaches*
  - *training*
- Have these changes been successful?
  - *If so, how has your intake expanded? (Number of victims served, facility increase, increased staff to handle more victims, etc.)*
    - *What techniques have seen the most success?*
    - *Would you recommend those techniques to other DVHT programs?*
  - *If not, what are you looking to change?*

IMPLEMENTATION STATUS

7. You reported that your DVHT project was fully up and running in [month] of [year]. *(PD Survey 19)* Is there anything that you'd like to share regarding early implementation?
Probes
- *What did it take to get your project up and running?*
- *What factors facilitated early project implementation?*
- *What significant barriers or challenges did you face (if any)? How did you overcome those barriers?*

8. Did your DVHT project begin serving clients before, at the same time, or after your project was fully up and running?
Probe for why if the timing is different than full implementation.

9. To date, how many domestic trafficking victims has your DVHT project served since receiving the DVHT grant?
Ask for numbers served by each organization if more than one organization provides services counted by the project.

PARTNERSHIPS

[Before interview, review partnership survey responses. (PD Survey 40-43)]

10. Will you please describe the ways in which you collaborate with your key project partners that you listed in the survey?
Probe for
- *Type of interactions*
- *Reasons for interaction(s)*
- *Activities*

11. How did your DVHT project identify partners? What criteria did/do you use to identify new, potential partners?

12. [DVHT PROJECT ACCOMPLISHMENTS] What do you attribute to your project's *[success/lack of success]* in
- Facilitating meaningful collaboration and coordination with and among community partners? *(PD Survey 46e)*
- Establishing and following protocols for information sharing and client confidentiality? *(PD Survey 46i)*
- Using the National Human Trafficking Hotline as a resource for victims? *(PD Survey 46j)*
- Establishing formal Memoranda of Understanding (MOUs) to delineate partner roles and responsibilities and the sharing of project resources? *(PD Survey 46f)*

COMMUNITY CONTEXT

13. How would you summarize the resources available to trafficking victims in your surrounding community?
- What have you found are the most effective?

14. In what ways are the services offered by your DVHT project different than other services available to domestic trafficking victims in your area?
Probe for
- *How the DVHT project complements existing services (*e.g., any service available, not only those which are specifically designed or intended for trafficking victims).
- *How the DVHT project duplicates existing services, if at all.*

15. *[If PD reported other groups or organizations in the area that are not DVHT project partners that offer trafficking-specific services (PD Survey 33)].* You reported that there are groups or organizations in your area that that offer trafficking-specific services but are not DVHT project partners. Will you briefly describe who these groups/organizations are and what trafficking-specific services they provide? Even though you do not consider them project partners, does your DVHT project overlap with them in any way?
[If overlap] Probe for ways in which there is overlap.

16. Are there other federally-supported anti-trafficking programs in the area?
[If yes] Probe for
- *which programs*
- *if and in what ways they collaborate*

OUTREACH AND AWARENESS

17. [DVHT PROJECT ACCOMPLISHMENTS] What do you attribute to your project's *[success/lack of success]* in raising community awareness about human trafficking through outreach, training and technical assistance activities? *(PD Survey 46a)*
- What has worked well? What challenges has the project encountered?
  Probe for
  - *Specific strategies used*
    - *Training (to whom, with whom [e.g., co-facilitated/planned with partner(s)])*
    - *Task force, work group, or committee participation*
    - *General awareness raising activities*
  - *Innovative approaches*
  - *Collaboration with partners*
  - *Ways in which awareness has been increased*

18. [DVHT PROJECT ACCOMPLISHMENTS] What do you attribute to your project's *[success/lack of success]* in conducting client-level outreach activities? *(PD Survey 46b)*
- What has worked well?
  [If PD reported referrals are received from DVHT project outreach often or frequently (PD Survey 20b)] Probe for
  - *Specific strategies used (e.g., building on outreach conducted by another program within their organization)*
  - *Innovative approaches*
  - *Collaboration with partners (e.g., working with other agencies that do outreach)*
  - Are outreach approaches trauma-informed? Please describe how or how not.
- What challenges has the project encountered?
  - How have you overcome those challenges?

- If you are still working through challenges, what are ways in which you are working to overcome them?
- How have these challenges changed over time?

VICTIM IDENTIFICATION / SCREENING AND ASSESSMENT

19. What is your project's approach to identification of trafficking victimization?
Probe for
- *Specific strategies used*
- *Innovative approaches*
- *Collaboration with partners*
- *Description of how and to what extent identification approaches are trauma-informed*
- *Do strategies used to identify victims differ by organization?*
- *Use of specific assessment tools*

20. How do you determine if clients qualify for DVHT project services?

21. What do you do if individuals don't qualify for DVHT project services?

22. [DVHT PROJECT ACCOMPLISHMENTS] What do you attribute to your project's *[success/lack of success]* in
  - Identifying individuals who have experienced *sex trafficking*? *(PD Survey 46c)*
  - Identifying individuals who have experienced *labor trafficking*? *(PD Survey 46d)*

What has worked well? What challenges has the project encountered?

SERVICE DELIVERY—Program Entry / Referrals

23. What strategies has your DVHT project used to build and strengthen referral pathways to project services (i.e., to ensure potential victims are referred to services)? What has been challenging?
Probe for
- *partnership development*
- *training (internal and external)*
- *community awareness raising activities*
- *outreach efforts*
- *identification through screening/assessment*

[Ask for clarification/additional explanation on survey responses about referral sources, if necessary (PD Survey 20).]

SERVICE DELIVERY—Case Management

24. *[If PD indicated that s/he <u>does</u> provide case management (PD Survey 9 --> 10-12)]* About how much of your time do you spend doing case management/direct services versus project management?

25. [Definition] How would you describe the project's case management model or approach? *(PD Survey 22-27)*
Probe for

- *Specific strategies used*
- *Innovative approaches*
- *Collaboration with partners*
- *Description of how and to what extent identification approaches are trauma-informed*

- How do case managers interact with clients?
  Probe for
  - *What happens when someone is first connected with services; during the first interaction with a client*
  - *Mode and frequency of communication*
  - *How one on one time spent (in office, in community, transport, etc.)*
  - *Groups/classes*
  - *Strategies used to engage and retain clients in case management and services*

26. How long do clients typically stay engaged in case management and other services? How do clients "exit" from services?
Probe for
- *Is there a time limit on case management or any services?*
- *Are cases formally closed?*

27. Do staff members ever work with trafficking victims informally, i.e. not within a formal case management arrangement? What does informal work with victims look like?
Probe for
- *Drop in centers*
- *Outreach programs*

28. Does case management differ for clients who are domestic victims of human trafficking compared to other clients your organization serves?
PROBES:
- *[If applicable]* Is there anything different in providing case management to trafficking victims versus other vulnerable individuals (e.g., homeless/runaway youth, immigrant/refugee, other victims of violence, individuals who have gone through other types of trauma)?

29. [Assessment of success] Does your organization/DVHT project evaluate the delivery of case management services? In what ways? With what tools, processes, or outcome measures?

30. [DVHT PROJECT ACCOMPLISHMENTS] What do you attribute to your project's *[success/lack of success]* in providing victim-centered case management? *(PD Survey 46h)*
- What has worked well? What has been challenging?
- If there are challenges, what are those challenges and how does your organization overcome them?

SERVICE DELIVERY—Service Needs, Availability and Delivery

31. You indicated that the following services are available through your organization or a formal project partner *[list services (PD Survey 31)]*. Will you tell us about those services?
Probes
- *What is provided?*
- *Who provides it?*

- Does your program use a standardized curriculum or program? *[If yes]* Please name and describe it. How did you select this program?
- Do any of the services that you provide as part of your DVHT project include evidence-based interventions? Please describe.

32. You indicated that the following services are not available in your project areas *[list services (PD Survey 31)]*. Will you tell us more about those gaps in services? What strategies are you using to meet victims' needs for these services?

33. Which client needs are most challenging to meet? Are there any client needs that your project cannot meet?
Probe for services reported to be needed by half or more clients (PD Survey 32).
- What are the barriers to meeting clients' need for *[service]*?

34. [DVHT PROJECT ACCOMPLISHMENTS] What do you attribute to your project's *[success/lack of success]* in developing/expanding a comprehensive menu of services for domestic trafficking victims? *(PD Survey 46g)*
Probe for
- *how project has contributed to comprehensive services; specific strategies used*
- *innovative approaches*
- *collaboration with partners*
- *challenges and barriers encountered*

SERVICE DELIVERY—Housing

35. What strategies has your project utilized to meet victims' housing needs?
Probe for strategies that
- *address immediate needs (e.g., shelter, paying for hotels)*
- *address long-term housing needs (e.g., affordable housing programs, rental assistance)*
- *have worked well to meet the unique needs of victims*
- *are innovative (e.g., host home)*
- *are trauma-informed*
- *involve collaboration with project partners*

[If the grantee organization provides housing (PD Survey 31h & 31i)] Will you please describe the *[short-term and/or long-term]* housing available through your organization to trafficking victims?
Probe for benefits of directly providing housing to trafficking victims.

[If residential program is offered]
- Will you please tell us about the residential program?
  Probe for
  - *whether specifically for trafficking victims*
  - *length of stay*
  - *number of individuals served (program capacity and average number in program)*
  - *benefits to providing a residential program for trafficking victims*
  - *any conditions for staying*
  - *challenges encountered*
  - *how challenges were successfully addressed*

OR

[If the grantee organization does not directly provide housing (PD Survey 31h & 31i)] In what ways do you partner with others to meet clients' housing needs?

36. [DVHT PROJECT ACCOMPLISHMENTS] To what do you attribute your project's *[success/lack of success]* in

- addressing the *short-term housing* and shelter needs of victims? *(PD Survey 46o)*
- addressing the *long-term housing* and shelter needs of victims? *(PD Survey 46p)*

What challenges and barriers related to meeting victims' housing needs have you encountered? How have you addressed those challenges successfully?

SERVICE DELIVERY—Mental Health and Substance Use Services

37. What strategies has your project utilized to meet the mental health assessment and treatment needs of domestic trafficking victims?

Probe for strategies that

- *have worked well to meet the unique needs of victims*
- *have not worked well*
- *are innovative*
- *are trauma-informed*
- *involve collaboration with project partners*
  - What are your markers of success?

38. What strategies has your project utilized to meet the substance use assessment and treatment needs of domestic trafficking victims?

Probe for strategies that

- *have worked well to meet the unique needs of victims*
- *have not worked well*
- *are innovative*
- *are trauma-informed*
- *involve collaboration with project partners*
  - What are your markers of success?

39. [DVHT PROJECT ACCOMPLISHMENTS] What do you attribute to your project's *[success/lack of success]* in

- Addressing the *mental health* treatment needs of victims? *(PD Survey 46m)*
- Addressing the *substance use* treatment needs of victims? *(PD Survey 46n)*

What challenges and barriers related to meeting victims' mental health and substance use treatment needs have you encountered?

SERVICE DELIVERY—Trauma-Informed Care

[Review survey responses about trauma-informed practices. (PD Survey 34)]

40. Will you tell me about the ways in which your organization uses trauma-informed approaches?

- Do you think your DVHT project has influenced your organization's utilization of trauma-informed approaches? [If yes] In what ways?

- What are the most important aspects of providing trauma-informed care to trafficking victims?
- How do you define trauma-informed, victim-centered care for trafficking victims?
- What obstacles or challenges to implementation of trauma-informed approaches has the project encountered?

41. How do you assess whether
  - Your organization/organization's service providers are trauma-informed?
  - Partner service providers/agencies use trauma-informed approaches?
  - If the trauma-informed approach chosen was successful?

STAFF QUALIFICATIONS, TRAINING, AND STANDARDS OF CARE

42. *[If at least some staff have received training in trauma-informed care (PD Survey 38)]* Will you please describe the trauma-informed training that staff have received? What other training is offered to DVHT project staff? Who performs the training? If outside partners which outside partners?

43. *[If PD disagreed or strongly disagreed with statement "*DVHT project case management and direct service staff have sufficient training opportunities." (*PD Survey 39a)]* What kind of training or continuing education opportunities do staff need?

44. What training or education qualifications are DVHT project case managers required to have? *If applicable, ask about other direct service staff*.

45. *[If PD disagreed or strongly disagreed with statement "*DVHT project case management and direct service staff have the skills needed to do their job well." (*PD Survey 39b)]* What skills do staff lack?

46. *[If PD agreed or strongly agreed with statement "*My organization has documented guidelines or practice standards for service delivery to victims of human trafficking." *(PD Survey 39c)]* Will you describe your guidelines/practice standards for service delivery to victims of human trafficking?
  - Can you share a copy of them with us?
  - How do you use them?
  - How are they helpful to you?

47. [DVHT PROJECT ACCOMPLISHMENTS] What do you attribute to your project's *[success/lack of success]* in implementing and following guidelines or practice standards for service delivery? *(PD Survey 46l)*

INTEGRATION OF SURVIVORS IN SERVICE DEVELOPMENT AND DELIVERY

48. In what ways has your project involved survivors in program development and/or service delivery? *Probe for more information about how project is using strategies reported on survey. (PD Survey 44)*

49. *[If survivors have formal role(s) in the project (PD Survey 45)]* You reported that survivors fill formal roles in your DVHT project *[state roles reported]*. Will you tell me about these roles?

Probe for
- *Key responsibilities of role(s)*
- *How long survivors have been in role(s)*

- *Paid vs. volunteer status*
- *Number of survivors formally engaged*

50. [DVHT PROJECT ACCOMPLISHMENTS] What do you attribute to your project's *[success/lack of success]* integrating survivors in the development and delivery of services? *(PD Survey 46r)*
  - What approaches to integrating survivors into service development and/or delivery have worked well?
  - What barriers to survivor engagement in service delivery have you experienced?

SUCCESS

51. [Definition & assessment of success] How do you define client progress and success?
  - What does it mean for a client to be "successful?"
  - Can you share a couple of examples of client short-term successes?
  - Can you share a couple of examples of client long-term successes?

52. [DVHT PROJECT ACCOMPLISHMENTS] What do you attribute to your project's *[success/lack of success]* in helping clients identify and achieve their goals? *(PD Survey 46q)*
  - What tools and approaches to case managers/staff use to measure client progress/success?
    - *[If none]* How do you think client success could or should be measured?
    - *Would you apply the same measure to yourself if you were in their situations?*

53. What are the characteristics of domestic trafficking victims who are most likely to experience positive outcomes?

CLIENT AND SERVICES DATA

We would like to understand the data that you collect about clients and services.

- How are you collecting performance measures for your ACF progress and performance reports?
- How are you collecting/tracking information about clients, services provided, and referrals? Do you document the following items?
  - Clients' needs
  - Services provided
    - Whether client received service
    - Attendance, participation
  - Referrals
  - Client progress
- What is the process for data collection and storage?
- Who is collecting the data?
  Probe for one person/multiple people, who enters data, who is the point of contact
- When is the data collected/documented?
- What type of system are you using to store and manage the data?
  Probe for hard copy/electronic, type of database, if the data is exportable, other data reporting required (e.g., OVC, HMIS)

DOCUMENT REVIEW

We would like to obtain any materials pertaining to your DVHT project and client practices (e.g., screening and assessment tools, intake forms, screen shots of database fields pertaining to trafficking clients, case management protocols, key partner list). Is it possible for you to send these via email?

PARTNERSHIP LIST

We will be inviting your community partners to participate in a web-based survey. Will you please provide organization name, contact person (if more than one key contact per organization that is ok), email address, telephone number. We will send you a Word file for you to fill in.

OMB No. 0970-0487

Expiration Date: 10/31/2020

Domestic Victims of Human Trafficking Program: Cohort 3

Case Manager Survey

Introduction

Thank you for taking the time to complete the Case Manager Survey for the Evaluation of the Domestic Victims of Human Trafficking (DVHT) Program.

[GRANTEE ORGANIZATION] was awarded a cooperative agreement in 2016 by the Administration for Children and Families (ACF) to carry out activities under the DVHT Program. The DVHT Program aims to build, expand, and sustain organizational and community capacity to deliver trauma-informed, strength-based, and victim-centered services for domestic victims of severe forms of human trafficking. You are receiving this survey because of your role in providing case management services to individuals served by *[DVHT PROJECT NAME]*. Case managers from all fiscal year (FY) 2016 DVHT projects are being asked to complete this survey.

This survey asks about your organization and organizational practices; your role and case management activities; training; service needs of trafficking victims; service delivery strategies; and your perspectives on the DVHT project's successes and challenges. This survey will take about 20 minutes to complete. You will be able to save your answers and return if you cannot complete the survey in one sitting.

This survey is voluntary and your responses will be kept private to the extent permitted by law. No one outside the RTI evaluation team will know how you answered a specific question and your name will not be used in any report. Information collected from DVHT project staff and partners will be combined for reporting; however, some information will be reported at the project-level which will identify your DVHT project by name.

This survey is part of the data collection for a cross-site evaluation that aims to (1) describe how DVHT projects approach and accomplish the goals of the DVHT Program and (2) inform ACF's efforts to improve services for domestic victims of human trafficking. The evaluation is overseen by ACF's Office of Planning, Research, and Evaluation (OPRE), in collaboration with ACF's Office of Trafficking in Persons (OTIP), and conducted by RTI International, an independent, nonprofit scientific research and development institute.

If you have any questions about the survey or have technical difficulties completing the survey, please contact Jennifer Hardison Walters, Project Director for the Evaluation of the DVHT Program, toll-free at 1-866-784-1958, extension 27724 or by email jhardison@rti.org.

Thank you for your participation!

Throughout this survey, you will see questions referring to your DVHT project. When you see "DVHT project", you should think of *[DVHT PROJECT NAME]*.

This survey uses the term *victim* to refer to individuals who have experienced human trafficking victimization; however, we acknowledge that some people may prefer *survivor* or other terminology.

PROGRAM ENTRY / REFERRALS

1. **For this question, think about the DVHT project client referrals you have received since the beginning the project. By *client referrals* we mean individuals who are confirmed or suspected to be domestic victims of human trafficking who are referred to your DVHT project for services.**

   On average, how often do you receive client referrals from the following sources?

	Service/Resource	Never	Rarely	Occasionally	Often	Very frequently	Don't know
Internal Referral Sources							
a	Internal referrals within your organization (e.g., individual is receiving non-trafficking related services from your organization and is referred for trafficking-related services)	○	○	○	○	○	○
b	Outreach conducted by DVHT project staff (e.g., street outreach)	○	○	○	○	○	○
External Agency Referral Sources							
c	Hospital/ER/other medical	○	○	○	○	○	○
d	Law enforcement (e.g., local police, FBI)	○	○	○	○	○	○
e	Criminal justice (e.g., court, corrections, supervision, defense attorney, public defender, legal aid)	○	○	○	○	○	○
f	Child welfare agency	○	○	○	○	○	○
g	Homeless agency/shelter	○	○	○	○	○	○
h	Runaway homeless youth agency/shelter	○	○	○	○	○	○
i	Domestic violence/sexual assault agency	○	○	○	○	○	○
j	Tribal organization	○	○	○	○	○	○
k	National Human Trafficking Hotline	○	○	○	○	○	○
l	State or local hotline *(please specify)*: _____	○	○	○	○	○	○
m	Other type of agency *(please specify)*: _____	○	○	○	○	○	○
n	Other type of agency *(please specify)*: _____	○	○	○	○	○	○

	Service/Resource	Never	Rarely	Occasionally	Often	Very frequently	Don't know
Other Referral Sources							
o	Client self refers / walks in	○	○	○	○	○	○
p	Client's family member / guardian	○	○	○	○	○	○
q	Client's friend / peer	○	○	○	○	○	○
r	Other source *(please specify)*: _____	○	○	○	○	○	○
s	Other source *(please specify)*: _____	○	○	○	○	○	○

VICTIM IDENTIFICATION / SCREENING AND ASSESSMENT

2. **Does <u>your organization</u> use a standardized screening and/or assessment tool to determine whether individuals have experienced human trafficking victimization?**
   - ☐ Yes
   - ☐ No
   - ☐ Do not know

CASE MANAGEMENT

3. **Do you <u>currently</u> have a caseload of clients that you personally work with through the DVHT project?**
   - ☐ Yes
   - ☐ No [→ Go to 6]

4. **How many <u>active</u> clients are on your DVHT project caseload currently?** *By active, we mean clients who have engaged in case management or other services in the past 8 weeks and who you anticipate you may be in contact with again in the near future.*

   _____

   ☐ Check box if this is an estimate

5. **Is this number fewer, about the same, or more than the number of clients you typically serve on your DVHT project caseload at a given time?**
   - ☐ Fewer
   - ☐ About the same
   - ☐ More

6. **With what portion of your DVHT project clients do you develop a service plan or a formal record to document information such as the services clients received and their needs and goals?**
   - ☐ None of my clients [→ Go to 8]
   - ☐ Some of my clients
   - ☐ Most of my clients
   - ☐ All of my clients

7. **Which of the following elements are included in the service plan or formal record?** *Check all that apply.*
   - ☐ Client service needs
   - ☐ Client goals
   - ☐ Timeline of service plan goals/actions
   - ☐ Client progress toward goals
   - ☐ Services provided to/received by client
   - ☐ Referrals provided for/to client
   - ☐ Goals met
   - ☐ Other *(please specify)*: _____

8. **How often do you <u>typically</u> see or communicate with your DVHT project clients?**
   - ☐ Daily
   - ☐ Several times a week
   - ☐ Weekly
   - ☐ Monthly
   - ☐ A few times a year
   - ☐ Other (please specify): _____

9. **When you communicate with your DVHT project clients, how often do you <u>typically</u> communicate in the following ways?**

	Mode	Never	Rarely	Occasionally	Often	Very Frequently
a	Meet/talk in-person	○	○	○	○	○
b	Talk by phone	○	○	○	○	○
c	Text	○	○	○	○	○
d	Email	○	○	○	○	○
e	Social media (e.g., Instagram, Facebook)	○	○	○	○	○

10. **How often do <u>you</u> personally perform the following activities for your DVHT project?**

	Activity	Never	Rarely	Occasionally	Often	Very Frequently
a	Conduct a client intake	○	○	○	○	○
b	Conduct a screening and/or an assessment using a formal tool (i.e., a standard set of questions)	○	○	○	○	○
c	Meet with a client and other providers and/or supports in a team setting (e.g., multi-disciplinary team)	○	○	○	○	○
d	Have a formal/scheduled meeting with a client	○	○	○	○	○

	Activity	Never	Rarely	Occasionally	Often	Very Frequently
e	Informally "check-in" with a client	○	○	○	○	○
f	Make a referral to **in-house** services	○	○	○	○	○
g	Make a referral to **outside** service providers (at other organizations/agencies)	○	○	○	○	○
h	Communicate with other service providers on behalf of a client	○	○	○	○	○
i	Arrange appointments with/for a client	○	○	○	○	○
j	Accompany a client to an appointment	○	○	○	○	○
k	Accompany a client on errands (e.g., grocery shopping, to pick up paperwork)	○	○	○	○	○
l	Transport a client	○	○	○	○	○
m	Provide one-on-one counseling to a client	○	○	○	○	○
n	Provide advocacy on behalf of a client	○	○	○	○	○
o	Provide crisis intervention to a client	○	○	○	○	○
p	Develop a safety plan with a client	○	○	○	○	○
q	Teach and/or model life skills to/for a client	○	○	○	○	○
r	Facilitate a group activity with two or more clients	○	○	○	○	○
s	Conduct street outreach to identify and engage potential trafficking victims	○	○	○	○	○
t	Conduct training or community awareness-raising activities	○	○	○	○	○
u	Participate in a DVHT project-level team or partnership meeting	○	○	○	○	○
v	Participate in a community-level anti-trafficking task force or workgroup	○	○	○	○	○

11. Please describe any other activities not listed above that you do <u>regularly</u> for your DVHT project.

_____

_____

SERVICE AVAILABILTY

12. For the following list of services and resources, check all the places from where the service is available to DVHT clients—the DVHT grantee/lead organization, a formal DVHT project partner, and/or another organization that is not a formal project partner. *Select the last column if the service is not currently available to DVHT project clients.*

	Service/Resource	Service is available from **DVHT project lead/ grantee organization**	Service is available from **formal project partner organization**	Service is available from **another organization, not formal partner**	Service is **not available**
a	**Basic needs / Personal items** *Material goods or support to obtain goods including but not limited to food, clothing, toiletries*	○	○	○	☐
b	**Child care**	○	○	○	○
c	**Crisis intervention** *Short-term immediate help*	○	○	○	○
d	**Education** *Includes but is not limited to literacy, GED assistance, school enrollment*	○	○	○	○
e	**Employment** *Includes but is not limited to employment assistance, job training, vocational services*	○	○	○	○
f	**Family reunification**	○	○	○	○
g	**Financial assistance** *All types of money given to the client including phone, gas, and gift cards; does not include transportation*	○	○	○	○
h	**Short-term housing**	○	○	○	○
i	**Long-term housing**	○	○	○	○
j	**Legal** *Services to address legal needs, including information from or representation by civil attorneys and prosecutors*	○	○	○	○
k	**Victim advocacy** *Information and support to help client understand and exercise his or her rights as a victim of crime within the criminal justice process*	○	○	○	○

	Service/Resource	Service is available from **DVHT project lead/ grantee organization**	Service is available from **formal project partner organization**	Service is available from **another organization, not formal partner**	Service is **not available**
l	**Life skills training/support** *Services to help clients achieve self-sufficiency; includes but is not limited to managing personal finances, self-care*	○	○	○	○
m	**Public benefits** *Assistance related to obtaining public benefits (e.g., Medicaid, Temporary Assistance for Needy Families [TANF], Supplemental Nutrition Assistance Program (SNAP] and Women Infants and Children [WIC])*	○	○	○	○
n	**Religious/spiritual**	○	○	○	○
o	**Safety planning** *Development of a personalized plan to remain safe in a situation, during the process of leaving, and afterwards*	○	○	○	○
p	**Substance use** *Services to address alcohol and/or chemical dependency; includes assessment and treatment*	○	○	○	○
q	**Mental health** *Services by a licensed mental health provider; includes assessment and treatment; does not include informal counseling or support groups*	○	○	○	○
r	**Reproductive/sexual health** *Services related to gynecological and obstetric care, STD screening and treatment, and family planning*	○	○	○	○
s	**Other Medical**	○	○	○	○
t	**Dental**	○	○	○	○
u	**Vision**	○	○	○	○
v	**Support (individual and group)** *Informal counseling by organization staff or volunteers who are not mental health providers; includes peer support group*	○	○	○	○
w	**Transportation**	○	○	○	○
x	**Other type of service/resource** *(please specify)*:	○	○	○	
y	**Other type of service/resource** *(please specify)*:	○	○	○	

SERVICE NEEDS

13. Think about the domestic human trafficking victims <u>you</u> have worked with since the beginning of the DVHT project. About what portion of them have needed the following services and resources? *Consider clients' needs across the entire time you have worked with them, even if they have cycled in and out of services.*

	Service/Resource	None	Less than half	Approximately half	Most	All
a	**Basic needs / Personal items** *Material goods or support to obtain goods including but not limited to food, clothing, toiletries*	○	○	○	○	○
b	**Child care**	○	○	○	○	○
c	**Crisis intervention** *Short-term immediate help*	○	○	○	○	○
d	**Education** *Includes but is not limited to literacy, GED assistance, school enrollment*	○	○	○	○	○
e	**Employment** *Includes but is not limited to employment assistance, job training, vocational services*	○	○	○	○	○
f	**Family reunification**	○	○	○	○	○
g	**Financial assistance** *All types of money given to the client including phone, gas and gift cards; does not include transportation*	○	○	○	○	○
h	**Short-term housing**	○	○	○	○	○
i	**Long-term housing**	○	○	○	○	○
j	**Legal** *Services to address legal needs, including information from or representation by civil attorneys and prosecutors*	○	○	○	○	○
k	**Victim advocacy** *Information and support to help client understand and exercise his or her rights as a victim of crime within the criminal justice process*	○	○	○	○	○
l	**Life skills training/support** *Services to help clients achieve self-sufficiency; includes but is not limited to managing personal finances, self-care*	○	○	○	○	○

	Service/Resource	None	Less than half	Approximately half	Most	All
m	**Public benefits** *Assistance related to obtaining public benefits (e.g., Medicaid, Temporary Assistance for Needy Families [TANF], Supplemental Nutrition Assistance Program (SNAP] and Women Infants and Children [WIC])*	○	○	○	○	○
n	**Religious/spiritual**	○	○	○	○	○
o	**Safety planning** *Development of a personalized plan to remain safe in a situation, during the process of leaving, and afterwards*	○	○	○	○	○
p	**Substance use** *Services to address alcohol and/or chemical dependency; includes assessment and treatment*	○	○	○	○	○
q	**Mental health** *Services by a licensed mental health provider; includes assessment and treatment; does not include informal counseling or support groups*	○	○	○	○	○
r	**Reproductive/sexual health** *Services related to gynecological and obstetric care, STD screening and treatment, and family planning (does not include abortion)*	○	○	○	○	○
s	**Other Medical**	○	○	○	○	○
t	**Dental**	○	○	○	○	○
u	**Vision**	○	○	○	○	○
v	**Support (individual and group)** *Informal counseling by organization staff or volunteers who are not mental health providers; includes peer support group*	○	○	○	○	○
w	**Transportation**	○	○	○	○	○
x	**Other type of service/resource** *(please specify)*:		○	○	○	○
y	**Other type of service/resource** *(please specify)*:		○	○	○	○

TRAUMA-INFORMED CARE

14. How much do you agree or disagree with the following statements?

When working with domestic victims of human trafficking, my organization…

	Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a	Successfully screens clients for trauma.	○	○	○	○	○
b	Promotes trustworthiness and transparency throughout program delivery.	○	○	○	○	○
c	Ensures safety throughout all aspects of service delivery.	○	○	○	○	○
d	Provides choices for clients throughout service delivery.	○	○	○	○	○
e	Makes efforts to prevent triggering or re-traumatization.	○	○	○	○	○
f	Uses motivational interviewing techniques.	○	○	○	○	○
g	Empowers clients to make their own goals and service delivery plans.	○	○	○	○	○
h	Provides culturally sensitive services and/or referrals.	○	○	○	○	○
i	Provides or makes referrals for language interpretation/ translation services.	○	○	○	○	○
j	Provides age-appropriate services.	○	○	○	○	○
k	Provides access to treatment services specifically designed for individuals who have experienced trauma.	○	○	○	○	○
l	Promotes opportunities for clients to reestablish positive social connections.	○	○	○	○	○
m	Helps clients visualize and pursue their path to economic independence	○	○	○	○	○

STAFF QUALIFICATIONS, TRAINING, AND STANDARDS OF CARE

15. How important do you think the following qualifications (skills, experience, education, and attributes) are for staff who work with domestic victims of human trafficking?

	Qualification	Not important	Somewhat important	Very important
a	Training in and/or experience working with victims of human trafficking	○	○	○
b	Training in and/or experience working with victims of other types of crimes or trauma	○	○	○
c	Training in and/or experience working with individuals with a substance use disorder	○	○	○
d	Training in and/or experience providing case management and advocacy	○	○	○
e	Training in and/or experience providing trauma-informed care	○	○	○
f	Training in and/or experience providing crisis intervention and safety planning	○	○	○
g	Experience working with law enforcement and/or the justice system	○	○	○
h	Knowledge of community-based services and resources	○	○	○
i	Knowledge of the justice system	○	○	○
j	Knowledge of laws relevant to human trafficking	○	○	○
k	Passion for serving victims of human trafficking	○	○	○
l	Being a survivor of human trafficking	○	○	○
m	Training or formal degree in social work, counseling, psychology, or a related field	○	○	○
n	Training in and/or experience assisting persons to find paid employment	○	○	○

16. What additional skills or qualifications not included above do you believe individuals who work with trafficking victims need? *Please describe.*

_____

_____

17. As part of your role as a human trafficking case manager for the DVHT project, have you received training or continuing education?

- ☐ Yes
- ☐ No [→ Go to 20]

18. Please briefly describe the training or continuing education you received, including the number of trainings/courses and topics covered.

_____

19. How much do you agree or disagree with the following statements?

Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
The training and continuing education I received was beneficial to my role and job responsibilities as a case manager serving victims of human trafficking.	○	○	○	○	○

20. How much do you agree or disagree with the following statements?

	Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a	I believe that I have the skills needed to do a good job as a case manager serving victims of human trafficking.	○	○	○	○	○
b	I feel that I need additional training or continuing education to help me do a good job as a case manager serving victims of human trafficking.	○	○	○	○	○
c	My organization has documented guidelines or practice standards for service delivery to victims of human trafficking.	○	○	○	○	○

DVHT PROJECT ACCOMPLISHMENTS

21. How successful would you say your DVHT project has been in carrying out the following activities?

	Activity	Not at all successful	Not very successful	Somewhat successful	Very successful	Extremely successful
a	Raising community awareness about human trafficking through outreach, training and technical assistance activities	○	○	○	○	○
b	Conducting client-level outreach activities	○	○	○	○	○
c	Identifying individuals who have experienced *sex trafficking*	○	○	○	○	○
d	Identifying individuals who have experienced *labor trafficking*	○	○	○	○	○
e	Facilitating meaningful collaboration and coordination with and among community partners	○	○	○	○	○
f	Establishing formal Memoranda of Understanding (MOU) to delineate partner roles and responsibilities and the sharing of project resources	○	○	○	○	○
g	Developing/expanding a comprehensive menu of services for domestic victims of human trafficking	○	○	○	○	○
h	Providing victim-centered case management	○	○	○	○	○
i	Establishing and following protocols for information sharing and client confidentiality	○	○	○	○	○
j	Using the National Human Trafficking Hotline as a resource for victims	○	○	○	○	○
l	Implementing and following guidelines or practice standards for service delivery	○	○	○	○	○
m	Addressing the *mental health* treatment needs of victims	○	○	○	○	○
n	Addressing the *substance use* treatment needs of victims	○	○	○	○	○

	Activity	Not at all successful	Not very successful	Somewhat successful	Very successful	Extremely successful
o	Addressing the *short-term housing* and shelter needs of victims	○	○	○	○	○
p	Addressing the *long-term housing* and shelter needs of victims	○	○	○	○	○
q	Helping clients identify and achieve their goals	○	○	○	○	○
r	Integrating survivors into program development and service delivery roles	○	○	○	○	○
s	Helping adult survivors gain paid employment	○	○	○	○	○
t	Working with adult victims (who are age 18 or older) *[Programming note: Add response option for Not Applicable]*	○	○	○	○	○
u	Working with minor victims (who are age 17 or younger) *[Programming note: Add response option for Not Applicable]*	○	○	○	○	○

21. Please describe any <u>innovative</u> strategies that your organization or your DVHT project have used to assist domestic trafficking victims in meeting their <u>short- and long-term housing</u> needs.

_____
_____

22. Please describe any <u>innovative</u> strategies that your organization or your DVHT project have used to assist domestic trafficking victims in meeting their <u>mental health and substance use treatment</u> needs.

_____
_____

23. Please describe any <u>innovative</u> strategies that your organization or your DVHT project have used to <u>integrate trafficking survivors in the development and delivery of services</u>.

_____
_____

ORGANIZATIONAL AND RESPONDENT CHARACTERISTICS

24. Which of the following best describes your organization? *Please choose one.*

- ☐ Government agency (federal, state, or local) [→ Go to A]
- ☐ Non-profit or faith-based entity [→ Go to B]
- ☐ Educational institution [→ Go to C]
- ☐ For-profit entity [→ Go to D]

A. Government agency

a. At what level of government do you primarily work?

- ☐ Federal
- ☐ State
- ☐ County/city/local
- ☐ Tribal government

b. Which designation <u>best</u> describes your government agency?

- ☐ Public health
- ☐ Child welfare
- ☐ Law enforcement
- ☐ Judicial (courts, prosecution, public defender)
- ☐ Juvenile justice/adult corrections/supervision
- ☐ Multi-agency (e.g., task forces, response teams, etc.)
- ☐ Other government agency *(please specify):* _____

B. Non-profit or faith-based entity

a. Which designation <u>best</u> describes your organization?

- ☐ Medical facility (hospital, clinic, etc.)
- ☐ Mental health services
- ☐ Substance use treatment center
- ☐ Justice or legal center
- ☐ Adult/family homeless shelter/organization
- ☐ Youth homeless shelter/organization
- ☐ Other youth/child services organization
- ☐ Domestic violence, sexual assault, family violence shelter/organization
- ☐ General social services and case management
- ☐ Refugee and immigrant organization
- ☐ Other *(please specify):* _____

b. Is your organization faith-based?

- ☐ Yes
- ☐ No

C. Educational institution

a. At what level of education do you primarily work?

- ☐ College/university
- ☐ K-12
- ☐ Other *(please specify):* _____

b. Which designation <u>best</u> describes your organization?

- ☐ Law enforcement/campus security
- ☐ Physical health program
- ☐ Mental health program
- ☐ Victim services or advocacy group
- ☐ Campus disciplinary or student conduct body
- ☐ Other *(please specify):* _____

c. Is your organization faith-based?

- ☐ Yes
- ☐ No

D. For-profit entity

a. Which designation <u>best</u> describes your company?

- ☐ Medical facility (hospital, clinic, etc.)
- ☐ Private counseling service or other mental health care provider
- ☐ Private law office/legal firm
- ☐ Other *(please specify):* _____

25. Where is your organization located? *If your organization has more than one location, please fill in the location that works most closely with your DVHT project.*
City: _____ State: _____

26. How long have you been employed by your organization?

- ☐ Less than 1 year
- ☐ 1-4 years
- ☐ 5-9 years
- ☐ 10 or more years

27. What is your professional title at your organization?
_____

28. How long have you been in your current position?

- ☐ Less than 1 year
- ☐ 1-4 years
- ☐ 5-9 years
- ☐ 10 or more years

29. Do you work full-time or part-time in your current position?

- ☐ Full-time
- ☐ Part-time

30. On average, what percentage of your time do you work on the DVHT project?
If you are part-time, please indicate the percentage of your total hours that you work on the project. For example, if you are employed 20-hours a week and you spend all 20 hours on the DVHT project, then you would choose "100%."

- ☐ Less than 25%
- ☐ 25-49%
- ☐ 50-74%
- ☐ 75-99%
- ☐ 100% [→ Go to 32]

31. What job responsibilities do you have other than those for the DVHT project?

_____
_____

32. What is the highest degree or level of school you have <u>completed</u>? *Please select one.*

- ☐ Grade 1 through 11 [→ Go to 32a]
  32a. Please specify grade 1 – 11 _____
- ☐ 12th grade – NO DIPLOMA
  HIGH SCHOOL GRADUATE
- ☐ Regular high school diploma
- ☐ GED or alternative credential
  COLLEGE OR SOME COLLEGE
- ☐ Some college credit, but less than 1 year of college credit
- ☐ 1 or more years of college credit, no degree
- ☐ Associate's degree (for example: AA, AS)
- ☐ Bachelor's degree (for example: BA, BS, BSW)
  AFTER BACHELOR'S DEGREE
- ☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA, MPH)
- ☐ Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- ☐ Doctorate degree (for example: PhD, EdD)

33. Did <u>you</u> have experience working with victims of human trafficking <u>before</u> the DVHT project?

- ☐ Yes, foreign national victims
- ☐ Yes, domestic victims
- ☐ Yes, foreign national and domestic victims
- ☐ No

34. Do <u>you</u> have experience providing services to or working with any of the following populations?
Check all that apply.

- ☐ Victims of domestic violence/dating violence
- ☐ Victims of rape/sexual assault *(adult)*
- ☐ Child victims of physical abuse or neglect
- ☐ Child victims of sexual abuse/assault
- ☐ Justice-involved youth/adults
- ☐ Homeless youth/adults
- ☐ Other *(please specify):* _____

35. Is there anything else that you would like to share about the DVHT project?

_____

Thank you for your participation! We appreciate your time to complete this survey. **[END SURVEY]**

OMB No. 0970-0487
Expiration Date: 10/31/2020

Evaluation of the Domestic Victims of Human Trafficking Program: Cohort 3

Partner Survey

Introduction

Thank you for taking the time to complete the Partner Survey for the Evaluation of the Domestic Victims of Human Trafficking (DVHT) Program.

[GRANTEE ORGANIZATION] was awarded a cooperative agreement in 2016 by the Administration for Children and Families (ACF) to carry out activities under the DVHT Program. The DVHT Program aims to build, expand, and sustain organizational and community capacity to deliver trauma-informed, strength-based, and victim-centered services for domestic victims of severe forms of human trafficking. You are receiving this survey because you were identified by *[GRANTEE ORGANIZATION]* as a community partner to its DVHT Program project.

This survey asks about your organization and organizational practices, your partnership with *[GRANTEE ORGANIZATION],* and your perspectives on the DVHT project's successes and challenges. This survey will take about 15 minutes to complete. You will be able to save your answers and return if you cannot complete the survey in one sitting.

This survey is voluntary and your responses will be kept private to the extent permitted by law. No one outside the RTI evaluation team will know how you answered a specific question and your name will not be used in any report. Information collected from DVHT project staff and partners will be combined for reporting; however, some information will be reported at the project-level which will identify the DVHT project you partner with by name.

This survey is part of the data collection for a cross-site evaluation that aims to (1) describe how DVHT projects approach and accomplish the goals of the DVHT Program and (2) inform ACF's efforts to improve services for domestic victims of human trafficking. The evaluation is overseen by ACF's Office of Planning, Research, and Evaluation (OPRE), in collaboration with ACF's Office of Trafficking in Persons (OTIP), and conducted by RTI International, an independent, nonprofit scientific research and development institute.

If you have any questions about the survey or have technical difficulties completing the survey, please contact Jennifer Hardison Walters, Project Director for the Evaluation of the DVHT Program, toll-free at 1-866-784-1958, extension 27724 or by email jhardison@rti.org.

Thank you for your participation!

Throughout this survey, you will see questions referring to your DVHT project. When you see "DVHT project," you should think of *[DVHT PROJECT NAME]*.

This survey uses the term *victim* to refer to individuals who have experienced human trafficking victimization; however, we acknowledge that some people may prefer *survivor* or other terminology.

DVHT PROJECT STAFF AND BUDGET

1. **Would you describe your organization's partnership with *[GRANTEE ORGANIZATION]*, related to the DVHT project as a formal or informal partnership?**
   - ☐ Formal partnership (e.g., an agreement is in place such as a Memorandum of Understanding, your organization receives DVHT project funding)
   - ☐ Informal partnership

2. **Does your organization have a Memorandum of Understanding (MOU) or another formal agreement with *[GRANTEE ORGANIZATION]* related to the DVHT project?**
   - ☐ Yes
   - ☐ No
   - ☐ Don't know

3. **Does your organization receive DVHT Program funding from the DVHT project?**
   - ☐ Yes
   - ☐ No [–> Go to 5]
   - ☐ Don't know [–> Go to 5]

4. **How does your organization use the DVHT Program funding it receives?**
   Check all that apply.
   - ☐ Staff position(s)
   - ☐ Direct client services
   - ☐ Community outreach and awareness activities
   - ☐ Other *(please specify)*: _____

5. **In the <u>past 12 months</u>, how often have you or staff from your organization interacted with *[GRANTEE ORGANIZATION]* staff about the DVHT project?**
   - ☐ Never
   - ☐ Rarely
   - ☐ Occasionally
   - ☐ Often
   - ☐ Very frequently

PARTNERSHIP *[1]*

6. In what ways has your organization participated in the DVHT project <u>over the past 12 months</u>?

Has your organization …

	Activity	Yes	No	Don't know
a	Provided case management to DVHT project clients?	○	○	○
b	Provided direct services to trafficking victims?	○	○	○
c	Referred potential victims of human trafficking to the DVHT project?	○	○	○
d	Conducted outreach to identify and engage potential victims?	○	○	○
e	Conducted training or community awareness activities?	○	○	○
f	Participated in a DVHT project partnership meeting?	○	○	○

7. What other ways not listed above has your organization participated in the DVHT project <u>over the past 12 months</u>?

_____
_____
_____

[Programming note: If 'Yes'' to 6a → Go to 8]

DVHT PROJECT STAFF AND BUDGET

8. How many case managers in your organization work with DVHT project clients?
____ case managers *[Programming note: Text entered should be a number from 0-99.]*

[Programming note: If 'Yes'' to 6b → Go to 9]

SERVICE AVAILABILTY

9. Which of the following services and resources does your organization offer to DVHT project clients?

	Service/Resource	Yes, my organization offers this service	No, my organization does <u>not</u> offer this service
a	**Basic needs / Personal items** *Material goods or support to obtain goods including but not limited to food, clothing, toiletries*	○	○
b	**Child care**	○	○
c	**Crisis intervention** *Short-term immediate help*	○	○

	Service/Resource	Yes, my organization offers this service	No, my organization does <u>not</u> offer this service
d	**Education** *Includes but is not limited to literacy, GED assistance, school enrollment*	○	○
e	**Employment** *Includes but is not limited to employment assistance, job training, vocational services*	○	○
f	**Family reunification**	○	○
g	**Financial assistance** *All types of money given to the client including phone, gas, and gift cards; does not include transportation*	○	○
h	**Short-term housing**	○	○
i	**Long-term housing**	○	○
j	**Legal** *Services to address legal needs, including information from or representation by civil attorneys and prosecutors*	○	○
k	**Victim advocacy** *Information and support to help client understand and exercise his or her rights as a victim of crime within the criminal justice process*	○	○
l	**Life skills training/support** *Services to help clients achieve self-sufficiency; includes but is not limited to managing personal finances, self-care*	○	○
m	**Public benefits** *Assistance related to obtaining public benefits (e.g., Medicaid, Temporary Assistance for Needy Families [TANF], Supplemental Nutrition Assistance Program (SNAP] and Women Infants and Children [WIC])*	○	○
n	**Religious/spiritual**	○	○
o	**Safety planning** *Development of a personalized plan to remain safe in a situation, during the process of leaving, and afterwards*	○	○
p	**Substance use** *Services to address alcohol and/or chemical dependency; includes assessment and treatment*	○	○
q	**Mental health** *Services by a licensed mental health provider; includes assessment and treatment; does not include informal counseling or support groups*	○	○
r	**Reproductive/sexual health** *Services related to gynecological and obstetric care, STD screening and treatment, and family planning (does not include abortion)*	○	○
s	**Other Medical**	○	○
t	**Dental**	○	○
u	**Vision**	○	○

	Service/Resource	Yes, my organization offers this service	No, my organization does not offer this service
v	**Support (individual and group)** *Informal counseling by organization staff or volunteers who are not mental health providers; includes peer support group*	○	○
w	**Transportation**	○	○
x	**Other type of service/resource** *(please specify)*:	○	○
y	**Other type of service/resource** *(please specify)*:	○	○

[Programming note: If 'Yes'' to 6a or 6b → Go to 10]

PROGRAM ENTRY / REFERRALS *[1]*

10. **In the past 12 months, how often has your organization received client referrals from** *[GRANTEE ORGANIZATION]* **or another DVHT project partner to provide services to DVHT project clients?**
    - ☐ Never
    - ☐ Rarely
    - ☐ Occasionally
    - ☐ Often
    - ☐ Very frequently
    - ☐ Don't know

VICTIM IDENTIFICATION / SCREENING AND ASSESSMENT

11. **Does your organization use a standardized screening and/or assessment tool to determine whether individuals have experienced human trafficking victimization?**
    - ☐ Yes
    - ☐ No
    - ☐ Don't know

[Programming note: If 'Yes'' to 6a or 6b → Go to 12]

TRAUMA-INFORMED CARE

12. **How much do you agree or disagree with the following statements?**

When working with domestic victims of human trafficking, my organization…

	Activity	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a	Screens clients for trauma.	○	○	○	○	○
b	Promotes trustworthiness and transparency throughout program delivery.	○	○	○	○	○
c	Ensures safety throughout all aspects of service delivery.	○	○	○	○	○

	Activity	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
d	Provides choices for clients throughout service delivery.	○	○	○	○	○
e	Makes efforts to prevent triggering or re-traumatization.	○	○	○	○	○
f	Uses motivational interviewing techniques.	○	○	○	○	○
g	Empowers clients to make their own goals and service delivery plans.	○	○	○	○	○
h	Provides culturally sensitive services and/or referrals.	○	○	○	○	○
i	Provides or makes referrals for language interpretation/ translation services.	○	○	○	○	○
j	Provides age-appropriate services.	○	○	○	○	○
k	Provides access to treatment services specifically designed for individuals who have experienced trauma.	○	○	○	○	○
l	Promotes opportunities for clients to reestablish positive social connections.	○	○	○	○	○
m	Helps clients visualize and pursue their path to economic independence.	○	○	○	○	○

[Programming note: If 'Yes'' to 6c → Go to 13]

PROGRAM ENTRY / REFERRALS *[2]*

13. <u>In the past 12 months</u>, how often has your organization referred potential victims of human trafficking to the DVHT project?

- □ Never
- □ Rarely
- □ Occasionally
- □ Often
- □ Very frequently
- □ Don't know

[Programming note: If 'Yes'' to 6d → Go to 14]

OUTREACH AND COMMUNITY AWARENESS

14. Please briefly describe the outreach you have conducted as part of the DVHT project to identify and engage potential victims.

_____
_____
_____

[Programming note: If 'Yes'' to 6e → Go to 15]

15. Please briefly describe the training or community awareness activities you have conducted as part of the DVHT project.

_____
_____
_____

[Programming note: If 'Yes'' to 6f → Go to 16 and 17]

PARTNERSHIP *[2]*

16. <u>In the past 12 months</u>, how many times have you or a representative from your organization participated in a DVHT project partnership meeting?

- ☐ Never
- ☐ Once
- ☐ 2-5 times
- ☐ 6-10 times
- ☐ 11 or more times

17. How much do you agree or disagree with the following statements?

	Statement	**Strongly Disagree**	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
a	DVHT project meetings are productive.	○	○	○	○	○
b	DVHT project meetings are positive and collaborative.	○	○	○	○	○
c	DVHT project meetings resulted in improvements to victim identification or assistance.	○	○	○	○	○

PARTNERSHIP *[3]*

18. How much do you agree or disagree with the following statements?

	Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a	There is at least one consistent point of contact at *[GRANTEE ORGANIZATION]* that we communicate with regarding our work on *the DVHT project.*	○	○	○	○	○
b	DVHT project staff at *[GRANTEE ORGANIZATION]* understand my organization and what services we can provide.	○	○	○	○	○
c	In our partnership with *[GRANTEE ORGANIZATION]*, we deal with conflict in a positive way.	○	○	○	○	○
d	Our role in the *DVHT project* is clear to my organization.	○	○	○	○	○
e	When we have questions about the DVHT project or our role, we are able to get answers within 2 business days.	○	○	○	○	○
f	My organization's partnership with *[GRANTEE ORGANIZATION]* is collaborative.	○	○	○	○	○
g	My organization's partnership with *[GRANTEE ORGANIZATION]* is effective.	○	○	○	○	○
h	My organization's participation in the DVHT project reflects the values, goals, and mission of my organization.	○	○	○	○	○
i	My organization's collaboration with [GRANTEE ORGANIZATION] is important to the success of the DVHT project*.*	○	○	○	○	○
j	Because of our involvement in *the DVHT project*, my organization has increased our understanding of human trafficking and how to serve trafficking victims.	○	○	○	○	○
k	Because of our involvement in *the DVHT project*, my organization's relationship with *[GRANTEE ORGANIZATION]* has expanded.	○	○	○	○	○
l	Our agency would be likely to partner with *[GRANTEE ORGANIZATION]* on future projects related to human trafficking.	○	○	○	○	○

DVHT PROJECT ACCOMPLISHMENTS

19. How successful would you say the DVHT project has been in carrying out the following activities?

	Activity	Not at all successful	Not very successful	Somewhat successful	Very successful	Extremely successful	Don't know
a	Raising community awareness about human trafficking through outreach, training and technical assistance activities	○	○	○	○	○	○
b	Conducting client-level outreach activities	○	○	○	○	○	○
c	Identifying individuals who have experienced *sex trafficking*	○	○	○	○	○	○
d	Identifying individuals who have experienced *labor trafficking*	○	○	○	○	○	○
e	Facilitating meaningful collaboration and coordination with and among community partners	○	○	○	○	○	○
f	Establishing formal Memoranda of Understanding (MOU) to delineate partner roles and responsibilities and the sharing of project resources	○	○	○	○	○	○
g	Developing/expanding a comprehensive menu of services for domestic victims of human trafficking	○	○	○	○	○	○
h	Providing victim-centered case management	○	○	○	○	○	○
i	Establishing and following protocols for information sharing and client confidentiality	○	○	○	○	○	○
j	Using the National Human Trafficking Hotline as a resource for victims	○	○	○	○	○	○
l	Implementing and following guidelines or practice standards for service delivery	○	○	○	○	○	○
m	Addressing the *mental health* treatment needs of victims	○	○	○	○	○	○
n	Addressing the *substance use* treatment needs of victims	○	○	○	○	○	○
o	Addressing the *short-term housing* and shelter needs of victims	○	○	○	○	○	○

	Activity	Not at all successful	Not very successful	Somewhat successful	Very successful	Extremely successful	Don't know
p	Addressing the *long-term housing* and shelter needs of victims	○	○	○	○	○	○
q	Helping clients identify and achieve their goals	○	○	○	○	○	○
r	Integrating survivors into program development and service delivery roles	○	○	○	○	○	○
s	Helping adult survivors or their spouses gain paid employment	○	○	○	○	○	○

ORGANIZATIONAL AND RESPONDENT CHARACTERISTICS

20. Which of the following best describes your organization? *Please choose one.*

- □ Government agency (federal, state, or local) [→ Go to A]
- □ Non-profit or faith-based entity [→ Go to B]
- □ Educational institution [→ Go to C]
- □ For-profit entity [→ Go to D]

A. Government agency

a. At what level of government do you primarily work?

- □ Federal
- □ State
- □ County/city/local
- □ Tribal government

b. Which designation <u>best</u> describes your government agency?

- □ Public health
- □ Child welfare
- □ Law enforcement
- □ Judicial (courts, prosecution, public defender)
- □ Juvenile justice/adult corrections/supervision
- □ Multi-agency (e.g., task forces, response teams, etc.)
- □ Other government agency *(please specify):* _____

B. Non-profit or faith-based entity

a. Which designation <u>best</u> describes your organization?

- ☐ Medical facility (hospital, clinic, etc.)
- ☐ Mental health services
- ☐ Substance use treatment center
- ☐ Justice or legal center
- ☐ Adult/family homeless shelter/organization
- ☐ Youth homeless shelter/organization
- ☐ Other youth/child services organization
- ☐ Domestic violence, sexual assault, family violence shelter/organization
- ☐ General social services and case management
- ☐ Refugee and immigrant organization
- ☐ Other *(please specify):* _____

b. Is your organization faith-based?

- ☐ Yes
- ☐ No

C. Educational institution

a. At what level of education do you primarily work?

- ☐ College/university
- ☐ K-12
- ☐ Other *(please specify):* _____

b. Which designation <u>best</u> describes your organization?

- ☐ Law enforcement/campus security
- ☐ Physical health program
- ☐ Mental health program
- ☐ Victim services or advocacy group
- ☐ Campus disciplinary or student conduct body
- ☐ Other *(please specify):* _____

c. Is your organization faith-based?

- ☐ Yes
- ☐ No

D. For-profit entity

a. Which designation <u>best</u> describes your company?

- ☐ Medical facility (hospital, clinic, etc.)
- ☐ Private counseling service or other mental health care provider
- ☐ Private law office/legal firm
- ☐ Other *(please specify):* _____

21. Where is your organization located? *If your organization has more than one location, please fill in the location that works most closely with the DVHT project.*

City: _____ State: _____

22. **Did <u>your organization</u> serve victims of human trafficking before your organization's involvement in the DVHT project?** *Check one.*
    - ☐ Yes, foreign national victims
    - ☐ Yes, domestic victims
    - ☐ Yes, foreign national and domestic victims
    - ☐ No
    - ☐ Don't know

23. **Do you or other staff at your organization participate in a community-level (e.g., city-, county- or state-level) anti-trafficking task force, advisory board, or workgroup that is separate from the DVHT project?**
    - ☐ Yes
    - ☐ No
    - ☐ Don't know

24. **Do you work with other anti-trafficking organizations in the community?**
    - ☐ Yes
    - ☐ No
    - ☐ Don't know

25. **How long have you been employed by your current organization?**
    - ☐ Less than 1 year
    - ☐ 1-4 years
    - ☐ 5-9 years
    - ☐ 10 or more years

26. **Are you employed full-time or part-time at your current organization?**
    - ☐ Full-time
    - ☐ Part-time

27. **Which <u>best</u> represents your role at your current organization?** *Please check one.*
    - ☐ Executive Director /Administrator
    - ☐ Program Director
    - ☐ Case Manager
    - ☐ Social Worker
    - ☐ Advocate
    - ☐ Substance Use Counselor
    - ☐ Lawyer
    - ☐ Law Enforcement Officer
    - ☐ Local Elected Official (city councilperson, county commissioner, etc.)
    - ☐ Mentor/Peer Counselor
    - ☐ Other *(please specify)*: _____

28. How long have you been in this role?

- ☐ Less than 1 year
- ☐ 1-4 years
- ☐ 5-9 years
- ☐ 10 or more years

29. Is your position a supervisory position?

- ☐ Yes
- ☐ No

30. Is there anything else that you would like to share about the DVHT project?

_____

Thank you for your participation! We appreciate your time to complete this survey. **[END SURVEY]**

OMB No. 0970-0487

Expiration Date: 10/31/2020

Evaluation of the Domestic Victims of Human Trafficking Program: Cohort 3

Site Visit Interview Guide

SITE: _____ Date: _____
RTI Interviewer: _____ RTI Notes: _____
Respondent(s): _____

Introduction

Thank you for taking time out of your schedule to talk to us today.

As you may know, the Administration for Children and Families (ACF) awarded cooperative agreements to 13 projects across the country to carry out activities under the Domestic Victims of Human Trafficking (DVHT) Program. This interview is part of the data collection for a cross-site process evaluation that aims to (1) describe how DVHT projects approach and accomplish the goals of the DVHT Program and (2) inform ACF's efforts to improve services for domestic victims of human trafficking. The evaluation is overseen by ACF's Office of Planning, Research, and Evaluation (OPRE), in collaboration with the Office of Trafficking in Persons (OTIP), and conducted by RTI International, an independent, nonprofit scientific research and development institute.

We are visiting a subset of the DVHT projects to talk with project staff, partners, and clients. The purpose of our interview today is to gain a better understanding of the operation of the *[DVHT PROJECT NAME]*, including service delivery, partnerships, and strategies used to identify and serve domestic victims of human trafficking. We are interested in hearing your perspectives on project successes and challenges, and the lessons you have learned throughout project implementation.

The interview will take between 1 and 2 hours, depending on your role on the project. This interview is voluntary and your responses will be kept private to the extent permitted by law. No one outside the RTI evaluation team will know how you answered a specific question and your name will not be used in any report. Information collected from DVHT project staff and partners will be combined for reporting, however some information will be reported at the project-level which will identify DVHT projects by name. We may use quotes from interviews to illustrate a theme; however, we will attribute quotes to respondents' general roles (for example, "a case manager" or "a DVHT project partner") without naming the project.

Also, I need to let you know that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0487 and the expiration date is 10/31/2020.

With your permission, we would like to audio record the interview to ensure that we capture what you say accurately. We will securely store the audio file and after we clean up our notes, we will delete the audio. Is it okay with you if we audio-record this interview?

Before we begin, do you have any questions about RTI, the site visit, or the interview?

[Begin recording after consent]

OVERARCHING EVALUATION QUESTIONS

- How do DVHT projects address the goals of the DVHT Program (identifying victims, expanding collaborations, and providing services) within their community context?
- What are the challenges and strengths of both stand-alone and integrated models in achieving program outputs? [new programs]
- What are the relative strengths of stand-alone and integrated models in delivering services that are comprehensive, trauma informed, and culturally competent? [experienced programs]

[NOTE: Project Leadership includes the Project Director (PD) and other grantee or DVHT project staff who help manage and lead the DVHT project. Before interviews with PDs, review PD telephone interview notes to identify questions for which additional information or clarification is needed.]

Before we begin, I want to point out that when I use the term "the DVHT project", I am referring to your ACF-funded Domestic Victims of Human Trafficking project, *[DVHT project name]*. Also, the questions use the term *victim* to refer to individuals who have experienced human trafficking victimization; however, we acknowledge that some people may prefer survivor or other terminology.

ORGANIZATIONAL AND RESPONDENT CHARACTERISTICS

Project Leadership **Case Manager(s) and Direct Services Staff** **Partner**	*REVIEW SURVEY RESPONSES: TIME SPENT ON PROJECT (PD 6-7; CM 29-31) AND HT EXPERIENCE (PD 4, 49, 50, CM 33, 34)* **You indicated that you have you been involved in anti-trafficking activities for *[X—PD 4]* years. In what ways were you involved before your DVHT project?** **When did you become involved in the DVHT project (e.g., before/during proposal stage)?** **Does your organization have funding or participate in other initiatives to address human trafficking besides the DVHT project?**
Survivor Leader	**How long have you been involved in anti-trafficking activities?** **When did you become involved in the DVHT project?**
Partner	**On average, what percentage of your time do you work on the DVHT project?** **You reported on your organization's prior experience serving victims of trafficking. What about yourself? Did you have experience working with victims of human trafficking (or on the issue of human trafficking) before this project?** *[IF YES] PROBES:* ▪ In what capacity? Where? ▪ Foreign national, domestic, or both?

IMPLEMENTATION STATUS

Project Leadership	**Did the DVHT project extend or enhance an existing program or enable you to start a new program?**
Project Leadership **Partner**	**How would you describe the implementation status of the DVHT project?** **How would you rate the extent to which you have implemented your project on a scale of 1 to 5 with 5 being fully implemented and 1 being not at all implemented?** **Is there anything that you would like to share about early project implementation that is worth noting?** *PROBES:* ▪ What factors helped to facilitate early project implementation? ▪ Did the project experience significant implementation delays or challenges? If so, how did you address or overcome them?

DVHT PROJECT STAFF AND BUDGET

Partner	*REVIEW SURVEY RESPONSES (PTR 3, 4); PD INTERVIEW 4 (FOR PARTNER ROLES)* *[IF PARTNER REPORTED RECEIVING DVHT PROGRAM FUNDING (PTR 3)]* **Will you describe how your organization uses the DVHT project funds you receive from [GRANTEE ORGANIZATION]?** *PROBES:* ▪ *[If partner reported DHVT project-funded staff (PTR 4)]* How many full-time and part-time staff are covered by the DVHT project? What are their roles?

COMMUNITY CONTEXT

Project Leadership (other than PD) **Case Manager(s) and Direct Services Staff** **Partner** **Survivor Leader**	*REVIEW PD INTERVIEW 13* **How would summarize the resources available to trafficking victims in your surrounding community?**
Case Manager(s) and Direct Services Staff **Partner**	**In what ways do you think the DVHT project has <u>complemented</u> existing services available to domestic victims of trafficking in your project's service area?** (By 'existing services' we mean any service available, not only those which are specifically designed or intended for trafficking victims.) <u>AND/OR</u> **In what ways has the project <u>duplicated</u> existing services available to victims in your project's service area?** *REVIEW PD INTERVIEW 14-16*

	Are there other anti-trafficking efforts in the area that are separate from the DVHT project? *PROBES:* ▪ *[If yes]* Do you work together? ▪ Do you or others from your organization participate in a community-level (city-, county-, statewide) anti-trafficking task force or workgroup? What is the role of the task force? Do the DVHT project and the task force collaborate and if so, in what ways? ▪ Are there other federally-supported anti-trafficking programs that you/your organization/the DVHT project collaborates with?

PARTNERSHIPS

- How do grantees and partners work together to increase outreach and awareness of human trafficking, identify victims, and serve victims?
  - What are the areas of collaboration between grantees and partners?
  - Who are the partners and what are their roles?
  - Which organization leads?
  - What is the nature and quality of the partnerships?
  - What is the criteria for identifying potential partners?

Project Leadership	*[FOR EACH PARTNER REPORTED TO BE IMPORTANT TO THE SUCCESS OF THE PROJECT (PD 43)]* **In your survey, you reported on the extent to which your partnership with each of your key partners impacts the success of your project. How does your partnership with *[partner(s)]* help the DVHT project meet its goals? What role(s) does *[partner(s)]* play in the DVHT project?** *PROBES:* ▪ *increasing awareness of trafficking (e.g., training)* ▪ *conducting client outreach* ▪ *identifying victims* ▪ *providing services* *[FOR EACH PARTNER THAT WAS REPORTED TO <u>NOT</u> HAVE AN IMPACT ON THE SUCCESS OF THE PROJECT (PD 43)]* **Will you elaborate on the reasons why *[partner(s)]* are not important to your project's success?** **With respect to collaborating with community partners to meet the goals of the DVHT project, what has worked well? What could be improved?** *PROBES:* ▪ Are there any key areas/services missing from your partnerships? What are they? ▪ Did any partnerships turn out to be/work differently than anticipated/expected? ▪ Are there partnerships that you would like to see grow and develop more? Please explain. ▪ What factors have helped the project develop or expand collaborations? ▪ What factors have hindered collaboration? ▪ [Goals] What are your project's goals for partnerships? Are you meeting your goals? Why or why not?

Case Manager(s) and Direct Services Staff	*REVIEW SURVEY RESPONSES (CM 21e, 21f, 21i)* **How do you collaborate with DVHT project partner organizations?** *PROBES:* ▪ What role do case managers/direct service providers play in facilitating meaningful collaboration and coordination with and among community partners? ▪ Can you provide an example of when collaboration worked well? ▪ How do you share and receive information with/from partners? *REVIEW SURVEY RESPONSES (CM 21j)* **Do you work with the National Human Trafficking Hotline (NHTH)? If yes, how?** *PROBES:* ▪ How important is the NHTH in helping you identify trafficking victims? ▪ Is your organization in the NHTH's referral directory? Do you receive referrals from the NHTH? **Do you work with state hotlines? If yes, how?**
Partner	*REVIEW SURVEY RESPONSES (PTR 1, 2, 5, 6, 7, 13-18)* **How does your organization participate in the DVHT project?** *PROBES:* ▪ What is your organization's role? ▪ How long has organization been involved in the DVHT project? (e.g., helped develop the proposal, brought in as a partner after award, etc.) ▪ Did your organization collaborate with [GRANTEE ORG] before the DVHT project? *REVIEW SURVEY RESPONSES (PTR 17a, 17b, 18a-l)* **What has been your experience as a partner on the DVHT project?** *PROBES:* ▪ What has worked well? ▪ What challenges have you experienced? *[Probe on disagree survey responses to 17a, 17b, 18a-l)]* *REVIEW SURVEY RESPONSES (PTR 19e)* **With respect to community partner collaboration and coordination to meet the goals of the DVHT project, what has worked well from your perspective? What could be improved?** *PROBES:* ▪ Are there any key partners missing from the project? Who? Have you reached out to them to get them involved? ▪ Did your partnership with the DVHT project turn out to be/work differently than expected? ▪ What factors have helped to facilitate collaborations? ▪ What factors have hindered collaboration?

OUTREACH AND COMMUNITY AWARENESS

- How do grantees and partners work together to increase outreach and awareness of human trafficking?
- What strategies do grantees use to identify and serve clients in outreach?

Project Leadership	[Goals] **We asked about strategies you've used to increase community awareness and client outreach over the phone. Now we'd like to ask about these activities from a different angle.** • **What are your project's goals for community awareness? Who is your target audience? How are you communicating your messaging to them? Are you meeting these goals? Why or why not?** • **What are your project's goals for client-level outreach? Are you meeting your goals? Why or why not?** **What strategies have you used to increase community partners' capacity to identify trafficking victimization?**
Case Manager(s) and Direct Services Staff	*REVIEW SURVEY RESPONSES (CM 10s, 10t)* **Are you currently or have you been involved in client outreach or community awareness activities**? *[If yes]* How so? *REVIEW SURVEY RESPONSES (CM 21a)* **In what ways has your DVHT project increased awareness about domestic human trafficking?** *PROBES:* ▪ Which strategies do you feel have worked well? Which strategies have not worked well (and why)? *REVIEW SURVEY RESPONSES (CM 21b, 1b -referrals from outreach)* **In what ways has your DVHT project conducted client-level outreach?** *PROBES:* ▪ Are there any outreach strategies you/the DVHT project has used to identify and connect with victims that you feel are innovative? ▪ Are outreach approaches trauma-informed? Please describe how or how not.
Partner	*REVIEW SURVEY RESPONSES (PTR 15)* **Have you or your organization been involved in the DVHT project training and/or community awareness raising activities?** *[If yes]* How so? *REVIEW SURVEY RESPONSES (PTR 14)* **Have you or your organization been involved in the DVHT project client-level outreach**? *[If yes]* How so? *PROBES:* ▪ Are outreach approaches trauma-informed? Please describe how or how not. *REVIEW SURVEY RESPONSES (PTR 19a, 20b)* **In what ways have you seen the DVHT project increase community awareness about domestic human trafficking? Client-level outreach?**

VICTIM IDENTIFICATION / SCREENING AND ASSESSMENT

- What strategies do grantees use to identify clients?
  - How do grantees provide or utilize trauma-informed, victim-centered approaches to identify victims?
  - What innovative approaches do DVHT projects implement to identify victims?
  - How do grantees and partners work together to identify victims?
- To what extent do grantees describe strategies as working well? What strategies have grantees found to be less effective?

Project Leadership	[Goals] **What are your project's goals for victim identification? Are you meeting your goals? Why or why not?**
Case Manager(s) and Direct Services Staff **Partner**	**How would you describe the DVHT project's approach to identification of trafficking victimization?** *PROBES:* ▪ What specific strategies has the DVHT project used to identify sex trafficking victims? Labor trafficking victims? ▪ Are there strategies that your project has used to identify victims that you feel are innovative? If so, can you explain the strategy? ▪ How have community partners worked together to identify sex/labor victims? ▪ Are victim identification approaches used trauma-informed? Please describe how or how not. **How do you determine if clients qualify for the DVHT project services?** *REVIEW SURVEY RESPONSES (CM 21c, 21d; PTR 19c, 19d)* **What has worked well in terms of identifying sex trafficking victims? Labor trafficking victims? What has been challenging?**
Case Manager(s) and Direct Services Staff **Partner**	*REVIEW SURVEY RESPONSES (CM 2; 10b; PTR 11)* *[IF RESPONDENT/ORG REPORTED USING A STANDARDIZED SCREENING & ASSESSMENT TOOL FOR HT VICTIMIZATION (CM 10b; PTR 11)]* **What is the name of the standardized screening and/or assessment tool your organization uses to determine whether individuals have experienced human trafficking victimization?** *PROBES:* ▪ How is it administered? When (e.g., at intake, before being assigned a case manager)? By whom? ▪ Who is screened (e.g., all the organization's clients or only a subset)? ▪ Was the tool developed in-house or is the tool unique to your organization? ▪ Is the tool used project-wide or only by your organization? *[IF RESPONDENT REPORTED THAT THEIR ORG DOES NOT USE A STANDARDIZED TOOL] Probe for details on how screening/assessment is done, if additional clarification is needed following discussion about identification of trafficking victimization.*

SERVICE DELIVERY

- What strategies do grantees use to serve victims in case management and other direct services?
  - How do grantees provide or utilize trauma-informed, victim-centered approaches to serve victims?
  - What innovative approaches do DVHT projects implement to meet victims' needs?
  - How do grantees and partners work together to serve victims?
- To what extent do grantees describe strategies as working well? What strategies have grantees found to be less effective?

Program Entry / Referrals

Project Leadership **Case Manager(s) and Direct Services Staff**	**How do clients find out about or come into services?** **What happens if someone doesn't qualify for DVHT project services?** *Probe for possible reasons that someone would not qualify (age, foreign national, experience does not meet definition of human trafficking, i.e., labor exploitation)*
Case Manager(s) and Direct Services Staff	*REVIEW SURVEY RESPONSES (CM 1)* **How are referrals made among your partners? How do you refer clients to *[project/partners]*? How do they refer clients to you?** **What strategies has the DVHT project used to build and strengthen referral pathways to project services (i.e., to ensure potential victims are referred to services)?** *PROBES:* ▪ internal referrals, informal referrals ▪ Do you have ideas as to what factors influence whether partners/other organizations refer a potential client to the DVHT project?
Partner	*REVIEW SURVEY RESPONSES (PTR 13)* **What factors have influenced whether you/your organization refers potential clients to the DVHT project? Or receives potential clients from DVHT project?** *PROBES:* ▪ Have any of the following influenced your referrals to DVHT project services: training (internal and external), community awareness activities, outreach, identification approaches (e.g., screening tool)?

Case Management

Project Leadership	**What do you think are the most important aspects of providing case management to trafficking victims?** [Goals] **What are the DVHT project's goals for case management? Is the project meeting its goals? Why or why not?**
Case Manager(s) and Direct Services Staff	*REVIEW SURVEY RESPONSES (CM 3-11)* **Will you walk us through how you provide case management to trafficking victims?** *PROBES:*

	▪ Please describe a typical 'first interaction' with a client. ▪ Please describe your intake and assessment process. ▪ What strategies do you use to build rapport and trust? o Are case managers mandated reporters? Does that impact case managers' ability to build trust with clients and if so, how? ▪ How do you engage and retain clients over time? What strategies do you use to keep clients engaged? ▪ How do you communicate (i.e., mode) and how frequently? How much one on one time do you spend (in office, in community, transport, etc.)? ▪ *[If applicable, based on survey responses (CM 6, 7)]* How do you use a service plan in your work with clients? ▪ When and how do clients "exit" from services? Are cases formally closed? ▪ How long do clients typically stay engaged in case management? Is there a time limit on case management or any services? ▪ *[If necessary, based on survey responses (CM 8, 9, 10)] Probe for clarification or more thorough understanding of frequent and infrequent case manager activities* **Do staff members ever work with clients informally, i.e. not within a formal case management arrangement? What does informal work with clients look like?** **Does case management differ for clients who are domestic victims of human trafficking compared to other clients your organization serves?** *PROBES:* ▪ *[If applicable]* Is there anything different in providing case management to trafficking victims versus other vulnerable individuals (e.g., homeless/runaway youth, immigrant/refugee, other victims of violence, individuals who have gone through other types of trauma)? **What do you think are the most important aspects of providing case management to trafficking victims?** [Assessment of success] **Does your organization/the DVHT project evaluate the delivery of case management services? In what ways? With what tools or processes?** *REVIEW SURVEY RESPONSES (CM 21hg)* [DVHT PROJECT ACCOMPLISHMENTS] **What do you attribute to the DVHT project's *[success/lack of success]* in providing victim-centered, comprehensive case management?** *PROBES:* ▪ What has worked well in terms of providing victim-centered case management? ▪ What has been challenging? How have you addressed these challenges?

Partner *[if partner provides case management (see survey response (PTR 6a)]*	[Definition] **How would you describe the DVHT project's case management model or approach?** *PROBES:* ▪ Are there strategies that the DVHT project has used to provide comprehensive case management that you feel are innovative? ▪ How have community partners worked together to provide comprehensive case management? ▪ Are case management approaches used trauma-informed? Please describe how or how not. Are specific trauma-informed approaches used in case management? ▪ Does case management differ across DVHT project service organizations (i.e., are DVHT clients receiving case management in different ways)? How so? Is your organization's approach to case management different from other DVHT project partners' approaches? *REVIEW SURVEY RESPONSES (PTR 20g)* [DVHT PROJECT ACCOMPLISHMENTS] **What do you attribute to the DVHT project's *[success/lack of success]* in providing victim-centered, comprehensive case management?** *PROBES:* ▪ What has worked well in terms of providing victim-centered, comprehensive case management? ▪ What has been challenging? How have you addressed these challenges? ▪ [Goals] What are the DVHT project's goals for case management? Is the project meeting its goals? Why or why not? ▪ [Assessment of success] Does your organization/the DVHT project evaluate the delivery of case management services? In what ways? With what tools or processes?

Service Needs, Availability and Delivery

- To what extent do grantees report that they could meet victims' needs?
  - Which services do grantees identify as needed for victims of HT?
  - What services did DVHT projects provide to victims?
  - How do the types of services provided to DVHT vary across different types of agencies delivering the services?

Project Leadership **Case Manager(s) and Direct Services Staff**	*REVIEW SURVEY RESPONSES REGARDING CLIENT SERVICE NEEDS (PD 32, CM13) AND ABILITY TO MEET NEEDS (PD INTERVIEW 33)* **What are the primary service needs of the clients that the DVHT project has served?** *PROBES:* ▪ Do any of the service needs surprise you (i.e., are any unexpected)? ▪ In what ways do needs differ for victims of sex trafficking and victims of labor trafficking? **What strategies has the DVHT project used to meet clients' needs?** *PROBES:* ▪ Are there strategies that you feel are innovative?

	▪ How have community partners worked together to provide a comprehensive menu of services? Please describe any new services created or made available through your collaboration with other organizations. ▪ Are service delivery approaches used trauma-informed? Please describe how or how not. Are specific trauma-informed interventions used in service delivery? *[PD INTERVIEW 33)]* **Which client needs are the most challenging to meet?** *PROBES:* ▪ What barriers to service delivery have you encountered? ▪ Are there any available services that are challenging for victims to access? *[If yes]* Please describe. **From your experience, what is "best practice" for service delivery to trafficking victims?** In other words, what are the most important aspects or components of a program for or approach to providing services to trafficking victims?
Case Manager(s) and Direct Services Staff	*REVIEW SURVEY RESPONSES REGARDING SERVICE AVAILABILITY (CM 12)* **Will you tell me more about the services (other than case management) that are available to clients through your organization and project partners?** *PROBES:* ▪ *[If necessary, based on survey responses (CM 12)] Ask for clarification or for more details to better understand what services are provided by whom* ▪ Does your program use a standardized curriculum or program? *[If yes]* Please describe. How did you select this program? ▪ Do any of the services that you provide as part of the DVHT project include evidence-based interventions (e.g., trauma-focused cognitive behavioral therapy)? *[If yes]* If so, how are these models implemented in practice? ▪ Are there services that you offer/prepared to provide that are not needed? ▪ What strategies are you using to meet clients' needs for services that are unavailable? *REVIEW SURVEY RESPONSES (CM 21g)* [DVHT PROJECT ACCOMPLISHMENTS] **What do you attribute to your project's *[success/lack of success]* in developing/expanding a comprehensive menu of services for victims?** *PROBES:* ▪ Do you have anything to add beyond what you've already shared regarding strategies and challenges?
Partner	**What are the service needs of the DVHT clients with whom you've worked?** *REVIEW SURVEY RESPONSES (PTR 9)* **What strategies does your organization use to meet clients' various service needs?** *PROBES:* ▪ Are there strategies that your organization has used to meet clients' needs that you feel are innovative? ▪ What collaborative strategies have you used (involving other project partners)? ▪ Are service delivery approaches used trauma-informed? Please describe how or how not. Are specific trauma-informed interventions used in service delivery?

	▪ Do any of the services that you provide as part of the DVHT project include evidence-based interventions (e.g., trauma-focused cognitive behavioral therapy)? *[If yes]* If so, how are these models implemented in practice? ▪ Does your organization use a standardized curriculum or program with trafficking clients? *[If yes]* Please describe. How did you select this program? **What challenges related to service delivery have you encountered?** *PROBES:* ▪ How has your organization addressed each of these challenges? **From your experience, what is "best practice" for service delivery to trafficking victims?** *REVIEW SURVEY RESPONSES (PTR 20f)* [DVHT PROJECT ACCOMPLISHMENTS] **What do you attribute to your project's *[success/lack of success]* in developing/expanding a comprehensive menu of services for victims?** *PROBES:* ▪ From your perspective, in what ways is service delivery to DVHT clients working well? ▪ What could be improved?

Trauma-Informed Care

- How do project staff and partners define trauma-informed, victim-centered care for trafficking victims?
- How do grantees provide or utilize trauma-informed, victim-centered approaches?
  - Which trauma-informed interventions and approaches do projects use?
  - What challenges and obstacles to implementation of trauma-informed approaches do projects encounter?

Case Manager(s) and Direct Services Staff ▪ **Partner** **Survivor Leader**	**Will you tell me more about the ways in which <u>your organization</u> uses trauma-informed, victim-centered approaches?** *PROBES:* ▪ How do you define trauma-informed, victim-centered care for trafficking victims? ▪ Please describe strategies used to ensure that the environment/services you provide o are sensitive to the types of trauma that clients may have experienced *[probe for allowing victim to tell own story, elimination of trauma trigger words]*; o are a good match to clients' race, ethnicity, sexual orientation, and gender identity *[probe for access to staff/resources that speak client's language, awareness of culture, respecting cultural norms or concerns, documents translated in client's language]*; and o are a good match for clients' age and developmental state *[probe for language appropriate to age or level of understanding; provide documents at appropriate reading level]*.

	▪ What are the most important aspects of providing trauma-informed care to trafficking victims? **Does your organization offer any trauma-specific interventions[1]?** *[If yes]* How is *[curriculum/program]* being implemented? *PROBES:* ▪ When it is offered? For how long? ▪ Who receives it? ▪ What are the benefits/challenges of using that curriculum? **What obstacles or challenges to implementation of trauma-informed approaches have you encountered?** **How do you assess whether your organization/another service provider is trauma-informed?**

Housing

- How do grantees address victims' immediate and long-term housing needs?
- What strategies, innovative approaches do grantees employ?
- With whom do grantees develop multi-disciplinary partnerships?
  - What kind of agency partnerships are important to develop to support housing needs of victims?
- How do grantees offer housing supports that are trauma-informed and meet the unique needs of HT victims?
- What challenges do grantees encounter?
  - How do they address challenges encountered?
- To what degree do grantees report that they are able to meet victims' housing needs?
  - Which needs are they least able to meet?

Project Leadership	*REVIEW SURVEY RESPONSES REGARDING HOUSING AVAILABILITY (PD 31h & 31i) AND NEEDS (PD 32h, 32i); ACCOMPLISHMENTS PD 46o, 46p); PD INTERVIEW 35, 36* **During our telephone interview we discussed the strategies that your project is using to meet the immediate and long-term housing needs of domestic trafficking victims. *[Recap strategies].* Are there additional approaches that you'd like to tell us about?** *PROBES:* ▪ How are you addressing immediate housing needs? ▪ How are you addressing long-term housing needs?

[1] Trauma-specific intervention examples:

- Addiction and Trauma Recovery Integration Model (ATRIUM)
- Essence of Being Real
- Risking Connection
- Sanctuary Model
- Seeking Safety
- Trauma, Addiction, Mental Health, and Recovery (TAMAR)
- Trauma Recovery and Empowerment Model (TREM and M-TREM)

	What are the main challenges that you have encountered to helping domestic trafficking victims meet their housing needs? How has your project addressed these challenges? *PROBES:* ▪ *Emergency shelter that is equipped to serve trafficking victims* ▪ *Transitional housing* ▪ *Affordable long-term housing* ▪ *Challenges accessing HUD sponsored housing support* ▪ *Residential options for clients that need extra support (i.e., transitional housing for homeless, runaway youth)* ▪ *Safe housing* ▪ *Financial resources to help support clients' housing needs* ▪ *Housing options that clients want* ▪ *Trauma-informed housing supports* ▪ *Specific populations (e.g., men, boys, LGBTQ, clients with children, clients with criminal histories, clients with mental illness or other challenges)* **Are there any special considerations for providing housing support to trafficking victims?** *PROBES:* ▪ What advice would you give to an organization who wants to provide housing to domestic human trafficking victims?
Case Manager(s) and Direct Services Staff	*REVIEW SURVEY RESPONSES REGARDING HOUSING AVAILABILITY (CM 12h, 12i), NEEDS (CM 13h, 13i), AND INNOVATIVE STRATEGIES (CM 21)* ***[Summarize survey responses regarding extent of need for housing** (CM 13h, 13i)**]*** **What strategies has the DVHT project used to meet the <u>immediate</u> housing needs of domestic trafficking victims?** **What strategies has the DVHT project used to meet the <u>long-term</u> housing needs of domestic trafficking victims?** *PROBES:* ▪ Are there innovative approaches that you've tried? P*robe for use of host home approach* ▪ How do you collaborate with project partners to address housing? ▪ How have you addressed the DVHT Program goal of offering housing that is trauma-informed and meets the unique needs of domestic trafficking victims? *[IF GRANTEE OR FORMAL PARTNER ORGANIZATION PROVIDES HOUSING]* **Will you please describe the *[short-term and/or long-term]* housing available to trafficking victims?** *PROBES:* ▪ What are the benefits of directly providing housing to trafficking victims? *[IF RESIDENTIAL PROGRAM IS OFFERED]* Will you please tell us about the residential program? *PROBES:* ○ Is program specifically for trafficking victims ○ What is the length of stay

	○ How many individuals are served (program capacity and average number in program) ○ What are the benefits of providing a residential program for trafficking victims? ○ What challenges have you encountered in the program? *[IF NEITHER GRANTEE NOR FORMAL PARTNER PROVIDES HOUSING]* **In what ways do you partner with others to meet clients' housing needs?** [DVHT PROJECT ACCOMPLISHMENTS] **To what do you attribute to your project's *[success/lack of success]* in** ○ **addressing the *short-term housing* and shelter needs of domestic trafficking victims?** *(CM 21o)* ○ **addressing the *long-term housing* and shelter needs of domestic trafficking victims?** *(CM 21p)* **Are there any special considerations for providing housing support to trafficking victims?**
Partner	*[IF THE PARTNER PROVIDES HOUSING (PARTNER SURVEY ITEMS 8H & 8I)]* **Will you please describe the *[short-term and/or long-term]* housing available through your organization to domestic trafficking victims?** *[IF RESIDENTIAL PROGRAM IS OFFERED]* Will you please tell us about the residential program? *PROBES:* ○ Is program specifically for trafficking victims ○ What is the length of stay ○ How many individuals are served (program capacity and average number in program) ○ What are the benefits of providing a residential program for trafficking victims? ○ What challenges have you encountered in the program? **Are there any special considerations for providing housing support to domestic trafficking victims?** [DVHT PROJECT ACCOMPLISHMENTS] **To what do you attribute to the DVHT project's *[success/lack of success]* in** ○ **addressing the *short-term housing* and shelter needs of victims**? *(PTR 20n)* ○ **addressing the *long-term housing* and shelter needs of victims?** *(PTR 20o)*

Mental Health and Substance Use Treatment Services

- How do projects address victims' needs related to mental health and substance use?

Project Leadership	*REVIEW SURVEY RESPONSES REGARDING AVAILABILITY OF MH (PD 31o) AND SUBSTANCE USE TREATMENT (PD 31t) AND NEEDS (PD 32o, 32t); ACCOMPLISHMENTS (PD 46m, 46n); AND STRATEGIES (PD INTERVIEW 37-38)* **During our telephone interview we discussed the strategies that your project is using to meet the mental health and substance use treatment needs of domestic trafficking victims. *[Recap strategies** (PD INTERVIEW 37, 38)**].* Are there additional approaches that you'd like to tell us about?** *PROBES:* ▪ How are you addressing needs related to mental health? ▪ How are you addressing needs related to substance use assessment and treatment (including detox and longer-term treatment)? ▪ Are there ways in which these services can be improved to better meet the needs of domestic victims of human trafficking? *[IF NOT ANSWERED SUCCIFICIENTLY IN PD INTERVIEW (39)]* **To what extent has the DVHT project been able to meet the mental health and substance use treatment needs of domestic trafficking victims?** *[IF NOT ANSWERED SUCCIFICIENTLY IN PD INTERVIEW (39)]* **What are the main challenges that you have encountered to helping domestic trafficking victims meet their mental health needs? How has your project addressed these challenges?** *PROBES:* ▪ Mental health screening/assessment ▪ Referrals ▪ Service delivery *[IF NOT ANSWERED SUCCIFICIENTLY IN PD INTERVIEW (39)]* **What are the main challenges that you have encountered to helping domestic trafficking victims meet their substance use treatment needs? How has your project addressed these challenges?** *PROBES:* ▪ Substance use screening/assessment ▪ Referrals ▪ Service delivery
Case Manager(s) and Direct Services Staff	*REVIEW SURVEY RESPONSES REGARDING AVAILABILITY OF MH (CM 12o) AND SUBSTANCE USE TREATMENT (CM 12t) AND NEEDS (CM 13o, 13t); ACCOMPLISHMENTS (CM 21m, 21n), AND INNOVATIVE STRATEGIES (CM 22)* ***Summarize survey responses regarding extent of need for mental health** (CM 13o) **and substance use treatment** (CM 13t) **services.*** **How do you identify mental health and substance use treatment needs?**

	Can you walk us through what happens when you identify a client that needs mental health and substance use treatment? What do you do to meet that need? *PROBES:* ▪ What services are offered? *(CM 12o, 12t)* ▪ How are these services offered? ▪ What strategies do you use to meet clients' needs? ▪ What innovative approaches have you used? *(CM 22)* ▪ How do you collaborate with partners to meet these needs? [DVHT PROJECT ACCOMPLISHMENTS] **To what do you attribute to your project's *[success/lack of success]* in** o **addressing the *mental health* treatment needs of victims?** *(CM 21m)* o **addressing the *substance use* treatment needs of victims?** *(CM 21n)* PROBES: ▪ To what extent has the DVHT project been able to meet the mental health treatment needs of domestic trafficking victims? Substance use treatment needs? o *Probe for screening/assessment, referrals, service delivery (including detox and longer-term substance use treatment)* ▪ What has worked well? ▪ What are the main challenges that you have encountered to helping victims meet their mental health needs? Substance use treatment needs? How has your project addressed these challenges?
Partner	*[IF PARTNER PROVIDES MENTAL HEALTH AND/OR SUBSTANCE USE TREATMENT SERVICES (PTR 9m & 9r)]* **Will you please describe the *mental health services* available through your organization to domestic trafficking victims?** **Will you please describe the *substance use treatment services* available through your organization to domestic trafficking victims?** **Are there any special considerations for providing mental health treatment to trafficking victims? Substance use treatment (detox and longer-term treatment)?** [DVHT PROJECT ACCOMPLISHMENTS] **To what do you attribute to the DVHT project's *[success/lack of success]* in** o **addressing the *mental health* treatment needs of domestic trafficking victims?** *(PTR 20l)* o **addressing the *substance use* treatment needs of domestic trafficking victims?** *(PTR 20m)* PROBES: ▪ To what extent has the DVHT project been able to meet the mental health and substance use treatment needs of trafficking clients? o *Probe for screening/assessment, referrals, service delivery* ▪ What has worked well?

	▪ What are the main challenges that you have encountered to helping victims meet their mental health and substance use treatment needs? How have you addressed these challenges?

INTEGRATION OF SURVIVORS IN SERVICE DEVELOPMENT AND DELIVERY

- How do grantees define "survivor engagement"?
- To what extent do grantees report they engage and integrate survivors in program development and service delivery?
  - In what ways are survivors involved in DVHT program development and service delivery?
- What processes do grantees use to recruit, screen hire, train, and support survivors to be involved in service delivery?
  - Do projects use a screening tool to vet survivors?
  - Are survivors compensated for their time or do they serve as volunteers or both?
- What are the characteristics of survivors who are engaged in DVHT projects?
- What factors influence survivors' interest in and readiness to engage as peer leaders?
- In what ways is survivor engagement beneficial in achieving organizational goals and objectives?
- What are the barriers to survivor engagement?
  - How do survivors and grantee/partner staff address these barriers?
  - Are there any negative implications in using survivors in program development and service delivery?

NOTE: THROUGHOUT THIS SECTION, WE USE THE TERM "SURVIVOR LEADERS" AS A BROAD TERM TO REFER TO SURVIVORS WHO ARE ENGAGED AS STAFF OR VOLUNTEERS. WE USE THE TERM "PEER MENTOR" AS SURVIVORS WHO SERVE AS A MENTOR TO OTHER CLIENTS WHO HAVE EXPERIENCED TRAFFICKING. THE INTERVIEWER SHOULD ADJUST THESE TERMS TO REFLECT THE TERMINOLOGY THAT THE SITE USES.

Project Leadership	*REVIEW SURVEY RESPONSES REGARDING STRATEGIES (PD 44, 45) AND ACCOMPLISHMENTS (PD 46r); PD INTERVIEW 48-50* **As you know, ACF is interested in understanding how DVHT projects engage human trafficking survivors in developing programs and providing services. During our telephone discussion, you shared about the ways in which your DVHT project is integrating survivors in service development and delivery.** *[Summarize key points from survey/interview.]* **What are the characteristics of survivors who are involved in your DVHT program's development/service delivery?** *PROBES:* ▪ How many survivors of trafficking are engaged in your DVHT project currently? ▪ Has the number of survivors who are engaged in program development/delivery changed since we last spoke [telephone interview]? ▪ Of the survivors engaged in your DVHT project, how many have received prior services from your agency or "graduated" from your trafficking program?

	▪ What factors influence survivors' interest in and readiness to engage as peer leaders? **What process did you use to identify, recruit, and hire survivors to be involved in program development and service delivery?** *PROBES:* ▪ Tell us more about the candidate recruitment and hiring process you used. ▪ Did you use a screening tool or other approach to vet survivors? ▪ Did you experience any challenges in the recruiting, hiring process? ▪ When do you offer the opportunity for survivors to become engaged in service development and delivery (e.g., after they "finish" formal program services)? ▪ How do you identify which leadership role the survivor wants to do and has capacity/qualifications to do? ▪ How do you determine if a survivor is ready to be involved in service development? Service delivery? How do you gauge a survivor's "capacity" to perform a formal role in service development/delivery? **What types of training and support do you provide to survivor leaders?** *PROBES:* ▪ What training did survivor leaders receive? ▪ Please describe the supervision and support you provide. ▪ Does training and support differ for survivors who are paid employees versus volunteers? ▪ Did you experience any challenges to supervising, and/or supporting survivors in their leadership roles? *[If yes]* How have you addressed them? **How is the survivor engagement component of your program working?** *PROBES:* ▪ What is working well? ▪ In what ways is survivor engagement beneficial in achieving organizational goals and objectives? ▪ To what extent do survivors inform project decisions and implementation? ▪ What challenges have you encountered related to survivor integration in your DVHT project? What are the barriers to survivor engagement in service development/delivery? How have you and the survivor leaders addressed these barriers? ▪ Are there any negative implications in using survivors in program development and service delivery? *[For projects that engage survivors as peer mentors]* ▪ What does the peer mentor role entail? ▪ What benefits to having peer mentors have you witnessed? ▪ What are the challenges? ▪ Did you model the peer mentor program after other programs, models, or interventions?

	▪ What are the key lessons you've learned related to the peer mentor component? **What feedback have you received from survivors that you have integrated into your project?** ▪ What feedback, if any, from survivors have you been surprised by? Why?
Case Manager(s) and Direct Services Staff	*REVIEW SURVEY RESPONSES REGARDING ACCOMPLISHMENTS (CM 21r) AND INNOVATIVE STRATEGIES (CM 23)* **ACF is interested in understanding how projects engage human trafficking survivors in developing programs and providing services. In what ways has the DVHT project involved survivors in program development and/or service delivery?** *PROBES:* ▪ *Ask for more information about how project is using innovative strategies (CM 25)* [DVHT PROJECT ACCOMPLISHMENTS] **What do you attribute to your project's *[success/lack of success]* integrating survivors in the development and delivery of services?** *(CM 21r)* o What approaches to integrating survivors into service development and/or delivery have worked well? o What barriers to survivor engagement in service delivery have you experienced?
Partner	**Do you obtain feedback or perspectives from trafficking survivors to inform your programs or the services that you offer?** *[If yes]* Please explain. **Does your organization include survivors of human trafficking in service development or delivery?** *[IF YES] PROBES:* ▪ In what ways? ▪ What roles do survivors play? ▪ Volunteer or paid positions? ▪ (If applicable) How did you recruit, hire? ▪ What training and support do survivors receive? ▪ What does "survivor leadership" look like in your project? ▪ What is working well? ▪ In what ways is survivor engagement beneficial in achieving organizational goals and objectives? ▪ To what extent do survivors inform project decisions and implementation? ▪ What challenges have you encountered related to survivor integration in your DVHT project? What are the barriers to survivor engagement in service development/delivery? How have you and the survivor leaders addressed these barriers? ▪ Are there any negative implications in using survivors in program development and service delivery?

	REVIEW SURVEY RESPONSES ACCOMPLISHMENTS (PTR 20q) [DVHT PROJECT ACCOMPLISHMENTS] **What do you attribute the DVHT project's *[success/lack of success]* in integrating survivors in the development and delivery of services?** *(PTR 20q)*
Survivor Leader	**ACF is interested in understanding how DVHT projects engage human trafficking survivors in developing programs and providing services.** **How did you become involved in the DVHT project?** *PROBES:* ▪ Did you receive prior services from this agency or "graduated" from a program here? ▪ What made you interested in being a survivor leader? ▪ How did you know you were "ready" to be involved professionally in this work? **What is your role as a survivor leader?** *PROBES:* ▪ Are you working on a volunteer basis or are you a paid employee? ▪ What are your day-to-day duties? ▪ Please describe any work that you do with clients. ▪ Are you given the opportunity to inform project decisions and implementation? *[If yes]* o What input have you provided that has been implemented in the project? o Do you feel like your input is used to inform project decisions and implementation? Please explain. *[For survivor leaders that serve as peer mentors]* ▪ What does the peer mentor role entail? ▪ What are the benefits of having a peer mentor? ▪ What are the challenges? ▪ What are the key lessons you've learned about being a peer mentor? What works well? What could be improved? ***[If applicable]* What process did you go through to become hired as a survivor leader?** *PROBES:* ▪ Tell us about the recruitment and hiring process. ▪ Did you feel that the recruitment and hiring process worked well? Why or why not? **What types of training and support have you received?** *PROBES:* ▪ What training did you receive? Was the training sufficient for your work as a survivor leader? Do you feel that the training could be improved? ▪ Please describe the supervision and support you receive in your work.

	How is the survivor engagement component of the DVHT program working? *PROBES:* ▪ What is working well? ▪ What are the benefits of having survivor engagement as part of the DVHT program? ▪ What challenges have you encountered as a survivor leader? ▪ Are there any ways that the DVHT project could improve how they work with survivor leaders?

STAFF QUALIFICATIONS, TRAINING, AND STANDARDS OF CARE

- What standards of care do grantees and partners utilize?
  - What qualifications (education, skills, experience, and attributes) do DVHT program staff have and need?
  - What types of training and continuing education is offered to staff?

Project Leadership	*REVIEW SURVEY RESPONSES (PD 36-39); PD INTERVIEW 42-47* **You rated the following qualifications as very important *[summarize survey results, including additional qualifications described]*.** *(PD 36)* **Why are these qualifications important?** *PROBES:* ▪ Are there additional skills, attributes, or areas of experience that you'd like to expand on? ▪ When hiring staff to work with trafficking victims, what do you think are the most important qualities and areas of experience to look for? ▪ Are there any skills or areas of knowledge/experience that you feel <u>you</u> lack to be able to do your job well? *[If DVHT project staff have received training in TIC (PD 38)]* **Will you please describe the training in trauma-informed care that DVHT project staff have received?** *PROBES:* ▪ When did they receive training? Who received it? Who provided the training? **Will you please describe the supervision offered to DVHT project staff?** **What resources and opportunities are offered to case managers and direct service staff for self-care?** *[If disagree (PD Survey 39c)]* **Does your organization have <u>informal or unwritten</u> guidelines or practice standards for service delivery to victims of human trafficking?** *PROBES:* ▪ *[If yes]* Please describe. ▪ *[If no]* Do you feel guidelines or practice standards for service delivery to victims of human trafficking would be helpful to you? *[If yes]* In what ways? What type of standards/guidelines would be helpful?

Case Manager(s) and Direct Services Staff	*REVIEW SURVEY RESPONSES REGARDING QUALIFICATIONS, TRAINING, AND PRACTICE STANDARDS (CM 15-20, 21l)* **Case managers rated the following qualifications as very important *[summarize survey results, including additional qualifications described]*.** *(CM 15, 16)* **Why are these qualifications important?** *PROBES:* ▪ What are the 2-3 most important qualifications? ▪ Are there any skills or experience that you feel you lack to be able to do your job well? *[Frame question based on survey responses (CM 17-20b)]* **Will you describe the training/continuing education that you *[received/feel you lack]*?** *PROBES:* ▪ Was the training/continuing education a one-time session or is there a training "program" that focuses on continuing development? ▪ *[If received]* Was the training skills or knowledge based? **Will you please describe the supervision you receive?** **What opportunities and support do you have for self-care?** *[Frame question based on survey response (CM 20c)]* *[If agree]* **Will you describe the documented guidelines or practice standards for service delivery to victims of human trafficking your organization has?** *PROBES:* ▪ How do you use them? ▪ How are they helpful to you? OR *[If disagree]* **Does your organization have <u>undocumented</u> guidelines or practice standards for service delivery to victims of human trafficking?** *PROBES:* ▪ *[If yes]* Please describe. ▪ *[If no]* Do you feel guidelines or practice standards for service delivery to victims of human trafficking would be helpful to you? *[If yes]* In what ways? What type of standards or guidelines would be helpful? [DVHT PROJECT ACCOMPLISHMENTS] **What do you attribute the DVHT project's *[success/lack of success]* in implementing and following guidelines or practice standards for service delivery?** *(CM 21l)* *PROBES:* ▪ *[If successful]* In what ways has the DVHT project been successful? What has worked well? ▪ *[If <u>not</u> successful]* Has this created any problems? Please describe.
Partner	**From your perspective, what qualifications (skills, experience, education, and attributes) do staff who work with victims of human trafficking need?** *PROBES:*

	▪ Experience: Working with victims (HT and other); case management/advocacy; crisis intervention/safety planning; law enforcement/judicial system ▪ Knowledge: community based services/resources; legal terminology/court practices; laws relating to HT, DV, crime victims ▪ Passion for serving HT victims ▪ Being a survivor ▪ Other **Do you feel the DVHT project case management and other staff are well qualified and sufficiently trained to do their jobs well?** **What type of training and/or continuing education have you and staff at your organization had related to human trafficking? Trauma-informed care? Other?** *PROBES:* ▪ Was the training a one-time training or is there a training "program" that focuses on continuing development? ▪ Was the training skills or knowledge based? *REVIEW SURVEY RESPONSES ACCOMPLISHMENTS (PTR 20k)* [DVHT PROJECT ACCOMPLISHMENTS] **What do you attribute the DVHT project's *[success/lack of success]* in implementing and following guidelines or practice standards for service delivery?** *(PTR 20k)* *PROBES:* ▪ *[If successful]* In what ways has the DVHT project been successful? What has worked well? ▪ *[If <u>not</u> successful]* Has this created any problems? Please describe.

DVHT PROJECT ACCOMPLISHMENTS / SUCCESS

- How do grantees define and assess "success" with regard to
  - victim identification
  - case management and comprehensive, coordinated service delivery
  - trauma-informed care (adoption of principles and practices that promote a culture of safety, empowerment, and healing)
  - client progress and success
  - partnerships
  - community awareness
  - survivor engagement
- Which program elements do grantees define as most successful? Least successful?
  - What factors do grantees and partners identify as affecting success?
- To what extent do victims served by DVHT programs experience positive outcomes in domains of safety, well-being, social connectedness and self-sufficiency?
  - What are the characteristics of victims who are most likely to experience positive outcomes in different domains?

Project Leadership	*REVIEW SURVEY RESPONSES REGARDING ACCOMPLISHMENTS (PD 46); PD INTERVIEW 12, 17, 18, 22, 30, 34, 36, 39, 47, 50, 52* **Which aspects/components of the DVHT project do you feel have been the most successful so far?** *PROBES:* ▪ Why? What do you believe are the main factors that have contributed to the success of your DVHT project? (*Possible probes: organizational capacity, previous experience or expertise working with trafficking victims, strong partnerships, experienced and capable staff, ability to directly provide services, partnerships with law enforcement or the justice system*) ▪ Which have been the least successful? **Overall, what do you feel are the strengths of the project? What are the project's limitations?**
Case Manager(s) and Direct Services Staff	[Definition & assessment of success] **How do you define client progress and success?** *PROBES:* ▪ What tools and approaches do case managers/staff use to measure client progress/success? ▪ What does it mean for a client to be "successful"? Can you share a couple of examples of client successes? [DVHT PROJECT ACCOMPLISHMENTS] **What do you attribute to your project's *[success/lack of success]* in helping clients identify and achieve their personal goals?** *(CM 21q)* **Based on your experience of working with domestic human trafficking victims, what do you think are the characteristics of victims who are most likely to experience positive outcomes?** *PROBES:* ▪ safety ▪ social connectedness ▪ self-sufficiency ▪ other? **Overall, what do you feel are the strengths of the project? What are the project's limitations?**

Partner	[Definition & assessment of success] **How do you define client progress and success?** *PROBES:* ▪ What tools and approaches to staff use to measure client progress/success? ▪ What does it mean for a client to be "successful"? Can you share 1-2 examples of client successes? ▪ What successes have you had in terms of providing care for trafficking victims? What facilitated these successes? [DVHT PROJECT ACCOMPLISHMENTS] **What do you attribute [DHVT PROJECT]'s *[success/lack of success]* in helping clients identify and achieve their personal goals?** *(PTR 19q)* **What do you think has been the most successful in terms of your partnership with the DVHT project?** **Overall, what do you feel are the strengths of the project? What are the project's limitations?**
Survivor Leader	[Definition & assessment of success] **How do you define client progress and success?** *PROBES:* ▪ What does it mean for a client to be "successful"? Can you share a couple of examples of client successes? **What do you think are the characteristics of domestic human trafficking victims who are most likely to experience positive outcomes?** PROBES: ▪ safety ▪ social connectedness ▪ self-sufficiency

CLIENT AND SERVICES DATA

Project Leadership	*Review any answers from telephone interview that need clarification or are lacking details.*
Case Manager(s) and Direct Services Staff **Partner *[if organization provides case management]***	**We would like to understand the data that you collect about clients and services. How are you collecting/tracking information about clients, services provided, and referrals?** *PROBES:* ▪ Do you document the following? - Clients' needs - Services provided (Whether client received service, attendance/participation) - Referrals - Client progress

	▪ What is the process for data collection and storage? ▪ Who is collecting the data? *(Probe for one person/multiple people, who enters data, who is the point of contact)* ▪ When is the data collected/documented? ▪ What type of system are you using to store and manage the data? *(Probe for hard copy/electronic, type of database, if the data is exportable, other data reporting required [e.g., OVC, HMIS])*

MODEL

Project Leadership **Case Manager(s) and Direct Services Staff** **Partner**	From your experience your DVHT project and working with domestic victims of human trafficking, what are your thoughts about the type of program or organization that is best suited for serving trafficking victims? *PROBE:* ▪ Do you think that programs/organizations that are solely anti-trafficking focused or trafficking-specific are the best venue for addressing trafficking in your community? Or do you think that anti-trafficking work and services for victims can be and should be integrated into existing service organizations such as domestic violence or sexual assault organizations, public health/medical agencies, child advocacy organizations, etc.? Why?

OMB No. 0970-0487
Expiration Date: 10/31/2020

Evaluation of the Domestic Victims of Human Trafficking Program: Cohort 3

Client Interview Guide

Introduction

[Before interview begins, confirm that participant is OK with two RTI staff in the room.]

Thanks for agreeing to talk with me today. My name is *[use first name]*, and this is *[introduce note taker, if one; use first name]*.

I want to review some key points on this form *[hand consent/assent form to participant]*.

We are doing an evaluation of programs like [PROGRAM/ORG NAME] in different parts of the country. We We're interested in learning more about [PROGRAM/ORG NAME] and your experiences here. I'll be asking you questions about how you came to [PROGRAM/ORG], your experiences here, the services you've used, and what things you like and dislike about [PROGRAM/ORG NAME]. We'll use this information to help make programs like [PROGRAM/ORG NAME] better.

This is your interview—we're here to learn from you. I'll be asking questions, but mostly I'm the listener. There are no right or wrong answers, and you can choose not to answer any of the questions. We want to know about your experiences with [PROGRAM/ORG]. It is your decision how much you want to share about yourself and your life.

Your participation is completely voluntary. Nothing about the services you get from [PROGRAM/ORG] will change based on you talking with us or not talking with us. If there are any questions that you do not want to answer, or if you would like to end the interview at any time, that is okay. *[Ask participant to confirm that he/she understands they can skip any questions and/or end the interview at any time.]* The interview should last about 1 hour or less. You will receive a $25 gift card for your participation.

You do not have to tell us your real name, and we do not want you to tell us the real names of others, such as your friends and family. It is OK to use the names of the staff at [PROGRAM/ORG]. You can make up first names for others if you want to.

Any comments you make here will be kept private to the extent permitted by law. Your name will never be connected to what you tell us today, and we will not tell anyone who works at [PROGRAM/ORG] what you share with us in a way that can identify you.

[Name of note taker, if there is a note taker] will be taking notes on the laptop while I ask the questions. If it is okay with you, we would like to record this interview so we don't miss anything in our notes. We will not include your name in the recording. The recording will be used only by us and not shared with anyone. After we review our written notes, we will delete the audio recording. Are you okay with us recording the interview? [*If participant agrees to audio recording, say:* We appreciate your willingness to let us record the discussion.]

I feel it is important for you to know that if you tell us that you intend to seriously harm yourself or another person or if we have reason to believe that a child, elder, or dependent adult *will be* abused or a crime committed, I may need to tell [PROGRAM/ORG] staff or the local authorities. [***NOTE: This language will be modified based on individual state reporting laws for each interview location]:*** If you tell me about *[current or past]* abuse you *[are experiencing/have experienced]*, *[I will not tell anyone unless you ask me to/I may have to report to someone who can help you. You can be involved in making the report]*.]

Here is a list of resources that may be able to help if you feel that you need it that you may take with you if you choose *[provide printed list of hotlines]*.

I'm also required to let you know that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0487 and the expiration date is 10/31/2020.

Before we begin, I want to give you the opportunity to ask questions you might have about this interview. Is there anything you would like to know?

OK, let's get started.

[If participants seem nervous or resistant, ask about questions they may have about you and why you are doing this interview.]

[If participants agreed to audio recording, ***TURN ON RECORDER NOW.*** *Let them know that you have turned on the recorder. Remind them that they can ask you to turn it off at any point during the interview.]*

Program Entry

- Let's start by talking about when you first came to [PROGRAM/ORG]. How did that happen (how did you hear about the program)? *[NOTE: client may talk about trafficking circumstances that led to program entry; be open to but don't ask directly.]*
  Probes:
  - Was it difficult to come to the program (if so, in what way)?
  - Were you seeking help or services before you found [PROGRAM/ORG]? *[If yes]* For how long were you looking before you came to [PROGRAM/ORG]?
  - Do you think that people in your community or circles are aware of the services that [PROGRAM/ORG] offers?

Program Engagement

- What was your first impression of [PROGRAM/ORG]?

- Did you feel you had a choice as to whether or not to keep coming here? If so, what things made you decide to continue coming here?

- What were the things that the program staff did or provided to encourage you to keep coming here, or to make it easier to keep coming here?

- Did you have any concerns about coming here? What do you think about those concerns now—did they turn out to be problems?

Service Needs

- What kinds of help did you want or need when you first came to [PROGRAM]?
- Have your ideas about what you needed changed since you first came here?

Comprehensive, Victim-Centered Services and Trauma-Informed Care

- What is it like [*when you come here / staying here / living here*]?
  Probes:
  - What kinds of things do you do when you are with your case manager/advocate?
  - How often do you meet with your case manager/advocate?

- What are some of the services that you have used here at [PROGRAM/ORG]?
  For each service mentioned:
  - About how long did you or have you received [service]?
  - What has worked well about [service]?
  - Is there anything about [service] that you wish were different?
  - [If applicable] For what reason(s) did you stop receiving [service]?

  <u>Housing</u>
  [If the client reported that they received housing services through the project]:

  - Will you tell me more about the housing help/services that you received?
    Probes:
    - *[If applicable]* How long did you stay in *[shelter/housing arrangement]*? Did anyone, such as a family member, stay with you?
    - What did you like about the housing?
    - What about it worked well for you?
    - Was there anything about the housing help/services that didn't work well for you?
    - Was there anything that you needed that you didn't receive or anything that you wished you had received that you didn't?

  - What are your current living arrangements, or where do you usually stay (for example, in an apartment with a friend)?

    _____

  <u>Mental Health and Substance Use Treatment</u>
  [If the client reported that they received mental health and/or substance use treatment services through the project]:

  - You said that you received *[specific **mental health** service]*. Will you tell me a little more about this service/help that you received?
    Probes:
    - What did you like?
    - What worked well?
    - Did you feel like you got the help you needed or wanted?
    - Did you feel that the people (e.g., clinician, doctor, therapist) you saw listened to you and provided helpful feedback?
    - Was the option you needed available to you?
    - How long did you wait to receive what you needed?

    - Was there anything about the *[specific mental health service]* that didn't work well for you?

- You said that you received *[specific **substance use treatment** service]*. Will you tell me a little more about this service/help that you received?
  Probes:
    - What did you like?
    - What worked well?
    - Did you feel like you got the help you needed or wanted?
    - Was the option you needed available to you?
    - How long did you wait to receive what you needed?
    - Was there anything about the *[specific substance use treatment service]* that didn't work well for you?

- Has [PROGRAM/ORG] helped you get help—services or resources—from other places?
  Probes:
    - What kind of help?
    - How did they do this?
    - Was there a fee for *[service/resource]*? *[If yes]* Did you or someone else cover the cost?
    - Are you continuing to receive/access *[service/resource]*? *[If applicable]* Who covers the cost?

- Are there any services or kinds of help that [PROGRAM/ORG] has not been able to provide or help you get?
  Probe:
    - Can you tell me a little about the reasons why you haven't been able to get the service(s)?

- Are there services or types of help that [PROGRAM/ORG] suggested or wanted you to use that you did not use?
  Probe:
    - Can you tell me a little bit about why you didn't want to use the service(s)?

- Do you feel like your privacy and confidentiality are protected when you are here?
  Probe:
    - What kinds of things make you feel that way?
    - *[If no]* How can the program improve this?

- Do you feel safe when you come here?
  Probe:
    - What kinds of things make you feel that way?
    - *[If no]* How can the program improve your safety?

- Do you feel like your opinion is valued here?
  Probe:
    - What kinds of things make you feel that way?
    - *[If yes]* Can you think of an example to share of a time that you felt that your opinion was valued?
    - *[If no]* How can the program improve this?

- Do you feel like you have choices about the services you receive and how they are provided?
  Probe:
    - What kinds of things make you feel that way?
    - *[If yes]* What are those services?

- *[If no]* Who decides what services you get or what activities you participate in? Can you give me some examples?

- Do you feel comfortable and "at home" here? Do you think [PROGRAM/ORG] is a good place for people who want/need the same kind of help you wanted/needed?
  - *[If no]* How can the program make you more "at home"?

Progress Toward Outcomes

- Has [PROGRAM/ORG] helped you make changes you wanted to make in your life?
  Probes:
  - What kinds of changes?
  - What helped you make them?
  - *[If no]* How could the [PROGRAM/ORG]?
- Has the [PROGRAM/ORG] helped you to plan out long-term goals?
  Probe for goals such as education and work/career.

- Are there changes that you have wanted to make but haven't been able to? Could [PROGRAM/ORG] be of more help for you in reaching those goals? If so, how?

Program Strengths and Weaknesses

- Thinking about all the things we've discussed, what would you say has worked well for you at [PROGRAM]?

- Is there anything that you wish [PROGRAM/ORG] had done differently or could do better?

- What services should be added that were not available or offered by [PROGRAM/ORG]?

Survivor Engagement

- Do you currently or have you ever worked for or been asked to provide input on [PROGRAM/ORG]?
  [If yes] Probes:
  - What is/was your role (e.g., peer mentor, survivor leader, speaker, other type of staff, volunteer)?
  - Did you have to apply for or interview for your role?
  - What made you want to be involved with [PROGRAM/ORG] in this role?
  - Did you receive training of any kind for your role? [If yes] Will you tell me about it?
  - Have you received support to be in this role? [If yes} what kind of support have you received?
  - What do you think about how [PROGRAM/ORG] involves you and others in [PROGRAM/ORG] operations and/or planning?
  - What works well?
  - What could be improved?

  [If no (and [PROJECT] has a survivor engagement component)] Probes:
  - Do you know if [PROGRAM/ORG] individuals who used to be or currently are clients here help out with the program in anyway?
  - *[If yes]* How do they help with the program? In what ways does [PROGRAM/ORG] empower or create opportunities for clients or former clients to become involved with the program?

Client Demographics

- Before we finish, can I ask you a few questions about you like your age and where you usually stay?
    a. How old are you?

        _____

        □ Prefer not to answer

    b. Are you Hispanic, Latino/a, or Spanish origin? *[Check no or all yes options that apply.]*
        □ No, not of Hispanic, Latino/a, or Spanish origin
        □ Yes, Mexican, Mexican American, Chicano/a
        □ Yes, Puerto Rican
        □ Yes, Cuban
        □ Yes, Another Hispanic, Latino/a or Spanish origin

    c. What is your race? *[Check all that apply.]*
        □ White
        □ Black or African American
        □ American Indian or Alaska Native
        □ Asian Indian
        □ Chinese
        □ Filipino
        □ Japanese
        □ Korean
        □ Vietnamese

    d. What sex were you assigned at birth, on your original birth certificate?
        □ Male
        □ Female
        □ Refused
        □ Don't know

    e. Do you currently describe yourself as male, female, or transgender?
        □ Male
        □ Female
        □ Transgender
        □ None of these
        □ Refused

    f. *[If sex assigned at birth (23d) does not equal current identity (23e), ask]* Just to confirm, you were assigned {FILL ITEM 23d RESPONSE} at birth and now describe yourself as {FILL ITEM 23e RESPONSE}. Is that correct?
        □ Yes
        □ No
        □ Refused
        □ Don't know

g. Which of the following terms best represents how you think of yourself?
   - ☐ Straight, that is not lesbian or gay
   - ☐ Lesbian or gay
   - ☐ Bisexual
   - ☐ Something else
   - ☐ I don't know the answer
   - ☐ Refused

Wrap Up

Those are all the questions I have. Is there anything else about [PROGRAM/ORG] or about your experiences with [PROGRAM/ORG] that you think I should know? Is there anything you want to ask me?

Thank you for sharing your ideas today. What you have told us will help other programs like [PROGRAM] do better. I wish you well.

OMB No. 0970-0487

Expiration Date: 10/31/2020

Evaluation of the Domestic Victims of Human Trafficking Program: Cohort 3

Project Director Telephone Interview 2

SITE: _____ Date: _____

RTI Interviewer: _____ RTI Notes: _____

Respondent(s): _____

Introduction

Thank you for taking the time to talk with us today about your Domestic Victims of Human Trafficking (DVHT) project.

This interview is part of the data collection for the Evaluation of the DVHT Program. The purpose of today's interview is to offer an opportunity for DVHT project directors to reflect on their DVHT project's successes and challenges and lessons learned.

The interview will take about 1.5 hours. Your participation in this interview is voluntary and your responses will be kept private to the extent permitted by law. No one outside the RTI evaluation team will know how you answered a specific question and your name will not be used in any report. Information collected from DVHT project staff and partners will be combined for reporting, however some information will be reported at the project-level which will identify DVHT projects by name. We may use quotes from interviews to illustrate a theme; however, we will attribute quotes to respondents' general roles (for example, "a DVHT project director" or "a project partner") without naming the project.

As before, we would like to audio record the interview to ensure that we capture everything you say accurately. We will securely store the audio file and after we clean up our notes, we will delete the audio. Is it okay with you if we audio-record this interview?

Finally, I need to let you know that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0487 and the expiration date is 10/31/2020.

Do you have any questions before we begin? *[Address questions.]*

[Begin recording after consent]

IMPLEMENTATION STATUS

1. To date, how many clients has your DVHT project served?
Ask for numbers served by each organization if more than one organization provides services counted by the project

2. We reviewed your ACF Performance Progress Reports (PPR) to gain an understanding of your project's activities, accomplishments, and challenges to date.

[Summarize key achievements from PPR review. Ask for clarification/additional explanation as needed.]

- Would you like to provide additional information about any of your achievements?
- Has your project accomplished additional successes not included in the PPR?
  Probe for successes in
  - *community awareness*
  - *client outreach*
  - *intake and screening/assessment*
  - *case management*
  - *direct services*
  - *referral mechanisms*
  - *trauma-informed approaches*
  - *training*

AND

[Summarize key challenges from PPR review. Ask for clarification/additional explanation as needed.]

- Would you like to provide additional information about any of your project's challenges?
- Has your project encountered additional challenges not included in the PPR?
  Probe for challenges to
  - *community awareness*
  - *client outreach*
  - *intake and screening/assessment*
  - *case management*
  - *direct services*
  - *referral mechanisms*
  - *trauma-informed approaches*
  - *training*
- What strategies did you employ to address or overcome those challenges? Have you made progress toward addressing or overcoming those challenges? If yes, how so?

DVHT PROJECT STAFF AND BUDGET

3. Since our *[first interview/site visit]* in *[month/year]*, have there been any changes or turnover in DVHT project staff? Changes in responsibilities of existing staff?

- *[If yes]* What contributed to the change/turnover, i.e., for what reason(s) did the change/turnover occur?

4. Has your DVHT project budget changed significantly in any way?
   - *[If yes]* Will you please explain how the budget has changed and for what reason(s)?

PARTNERSHIPS

5. Did your project experience changes in partnerships since we last talked/visited?
Probe for
- *new partners; why added; if MOUs established*
- *partnerships that ended; why*
- *frequency of collaboration*
- *type of collaboration*
- *if any partnerships turned out differently than anticipated/expected*

6. In what ways is collaboration with your partners important to the success of your project? How have your partnerships helped your project to
   - increase outreach and awareness of trafficking?
   - identify victims?
   - provide a comprehensive menu of services?
   - offer victim-centered, trauma-informed services?

7. Do you feel your project achieved its goals related to partnerships and collaboration?
[If yes] How do you assess success?
[If no] In what ways did you not succeed? What were the primary barriers to success?

OUTREACH AND AWARENESS

8. Since our *[first interview/site visit]* in *[month/year]*, has your project used new strategies or strategies you feel are innovative to increase outreach and awareness about domestic human trafficking? Please describe.

9. Do you feel your project achieved its goals related to community awareness? Client outreach?
[If yes] How do you know that you have succeeded?
[If no] In what ways did you not succeed? What were the primary barriers to success?

VICTIM IDENTIFICATION / SCREENING AND ASSESSMENT

10. Since our *[first interview/site visit]* in *[month/year]*, has your project used new strategies or strategies you feel are innovative to identify trafficking victimization? *[If yes]* Please describe. Do you believe the strategies have worked well? How do you know (i.e., how do you measure success)?
Probe for changes to how project
- *screens for trafficking victimization*
- *determines eligibility for DVHT program services*

11. Do you feel your project achieved its goals related to identifying victims of sex trafficking? Labor trafficking?
[If yes] How do you know that you have succeeded?
[If no] In what ways did you not succeed? What were the primary barriers to success?

SERVICE DELIVERY—Program Entry / Referrals

12. Since our *[first interview/site visit]* in *[month/year]*, has your project used new strategies or strategies you feel are innovative to encourage referrals to your program? *[If yes]* Please describe. Do you believe the strategies have worked well? How do you know (i.e., how do you measure success)?
Probe for
- *partnership development*
- *training (internal and external)*
- *community awareness raising activities*
- *outreach efforts*
- *identification through screening/assessment*

SERVICE DELIVERY—Case Management

13. Since our *[first interview/site visit]* in *[month/year]*, have case management services changed in any way?
Probe for
- *strategies used to engage and retain clients in case management and services*
- *practice guidelines, protocols*
- *groups/classes offered by CMs*
- *case planning*
- *techniques*

14. Do you feel your project achieved its goals related to providing victim-centered case management? *[If yes]* How do you know that you have succeeded?
[If no] In what ways did you not succeed? What were the primary barriers to success?

SERVICE DELIVERY—Service Needs, Availability and Delivery

15. What have you learned about the needs of domestic trafficking victims?

16. Since our *[first interview/site visit]* in *[month/year]*, has the availability of services or access to services for victims changed in any way?
Probe for in-house, partner, and other community services
Has your DVHT project stopped offering any services? For what reason?

17. Since our *[first interview/site visit]* in *[month/year]*, has your DVHT project helped to develop or gain access to any new or additional services for domestic trafficking victims that weren't previously available? Used new strategies or strategies you feel are particularly innovative to meet victims' needs?

SERVICE DELIVERY—Housing

18. Since our *[first interview/site visit]* in *[month/year]*, has your DVHT project used new strategies or strategies you feel are particularly innovative to meet victims'
  - short-term housing needs?
  - long-term housing needs?

Probe for strategies involving partners

19. Do you feel your project achieved its goals related to meeting victims' short-term housing needs? Long-term housing needs?
[If yes] How do you know that you have succeeded?
[If no] In what ways did you not succeed? What were the primary barriers to success to meeting victims' housing needs?

SERVICE DELIVERY—Mental Health and Substance Use Services

20. Since our *[first interview/site visit]* in *[month/year]*, has your DVHT project used new strategies or strategies you feel are particularly innovative to meet victims'
- mental health treatment needs?
- substance use treatment needs?

Probe for strategies involving partners.

21. Do you feel your project achieved its goals related to meeting victims' mental health needs? Substance use treatment needs?
[If yes] How do you know that you have succeeded?
[If no] In what ways did you not succeed? What were the primary barriers to success?

SERVICE DELIVERY—Trauma-Informed Care

22. Over the course of your DVHT project, has your organization evolved in its implementation or use of trauma-informed approaches and practices? In what ways? To what extent did the DVHT project influence that evolution? Has the project influenced partner organizations to use more trauma-informed approaches and practices?

23. What have you learned about the application of trauma-informed approaches when working with domestic victims of human trafficking?

24. Do you feel your project achieved its goals related to trauma-informed care, i.e., the adoption of principles and practices that promote a culture of safety, empowerment, and healing?
[If yes] How do you know that you have succeeded?
[If no] In what ways did you not succeed? What were the primary barriers to success?

STAFF QUALIFICATIONS, TRAINING, AND STANDARDS OF CARE

25. Since our *[first interview/site visit]* in *[month/year]*, has your organization or DVHT project *[developed/improved]* documentation of guidelines or practice standards for service delivery to victims of human trafficking?
[If yes] Are you able to share those guidelines/standards with us?

26. *[If PD disagreed with statement "*DVHT project case management and direct service staff have the skills needed to do their job well (*PD Survey 39b)]*
When we talked before (*[first interview/site visit]*), you felt that DVHT project case management and direct service staff did not have the knowledge and skills needed to do their job well. Has that changed? *[If yes]* Please describe. What contributed to the change?

27. Have DVHT project staff participated in additional training or continuing education since our *[first interview/site visit]* in *[month/year]*?

28. Have you made changes to the support or supervision staff are provided since our *[first interview/site visit]* in *[month/year]*?

29. Have you learned lessons related to hiring staff to serve trafficking victims that you'd like to share?

INTEGRATION OF SURVIVORS IN SERVICE DEVELOPMENT AND DELIVERY

30. Since our *[first interview/site visit]* in *[month/year]*, has your DVHT project used new strategies or strategies you feel are particularly innovative to integrate survivors in program development and/or service delivery? *[If yes]* Please describe the strategies you have used to integrate survivors.

31. What challenges have you experienced in your efforts to integrate survivors? How have you addressed and/or overcome these challenges?

32. Do you feel your project achieved its goals related to integrating survivors in the development and delivery of services?
[If yes] How do you know that you have succeeded?
[If no] In what ways did you not succeed? What were the primary barriers to success?

SUCCESS

33. Do you feel your project achieved its goals related to helping clients identify and achieve their goals?
[If yes] How do you know that you have succeeded?
[If no] In what ways did you not succeed? What were the primary barriers to success? What if anything do you plan to do differently as a result?

LESSONS LEARNED

34. Looking back, what do you think are the most important lessons you've learned?

35. Is there anything that you would have done differently?

36. What advice would you give to
- a new anti-trafficking program?
- a new grantee?
- ACF?
- other community providers working with victims?

Potential probes: partnerships, case management, data collection, screening and identification, community outreach and training

37. What are the fundamental program elements necessary for a successful program for domestic trafficking victims?

38. What are your thoughts about stand-alone/independent anti-trafficking programs versus approaches and services that are integrated into existing programs/organizations? Which model would be better to meet the needs of victims and why?

39. What training and/or resources from your federal funder would be beneficial in improving your program implementation objectives? What resources from your federal funder have you found most helpful in achieving your program objectives?

Thank you for your time and willingness to share your perspectives on your DVHT project with us.

Appendix B:
DVHT Project Descriptions

Alaska Native Justice Center (Alaska)	
Alaska's Domestic Victims of Human Trafficking (DVHT) project aimed to deliver a coordinated approach to providing comprehensive victim-centered services and case management to ensure that the diverse needs of victims were met, with the overall goal of autonomy and economic self-sufficiency. Working with partners, the lead organization took a "no wrong door" approach to provide services that addressed housing, mental health, education, employment, substance use disorder services, and medical care.	
Geographic Area Served	Anchorage and surrounding communities
Target Population	Adult and minor domestic victims of sex and labor trafficking, with a specific focus on at-risk and vulnerable populations, including Alaska Native/American Indians and runaway and homeless youth
Grantee Lead Organization Background	Alaska Native Justice Center (ANJC) is a non-profit organization that aims to address unmet needs of Alaska Natives and American Indians (AN/AI) within Alaska's civil and criminal justice systems. ANJC offers a variety of services including education, restorative justice, victim advocacy, and legal support and advocacy. ANJC also serves Alaskan Tribes through legal representation in Indian Child Welfare Act matters and training and technical assistance for tribal justice. All ANJC initiatives are rooted in Alaska Native culture. Since 1993, ANJC has been Anchorage's only advocacy and legal service provider of victim services designed specifically for AN/AI survivors of sexual assault, domestic violence and/or stalking in the Anchorage service area. ANJC has provided culturally competent advocate services for more than twenty years and served more than 900 survivors since 2008. Before the DVHT project, AJNC's experience included direct service provision and engagement in community coordination. AJNC reported that they knew trafficking victims were within service population, but ANJC's systematic identification of trafficking victimization was a more recent development.
Project Structure	The Alaska DVHT project implemented a coordinated model of service delivery for trafficking victims. AJNC served as a coordinating body and five partner organizations identified clients and provided case management and direct services (later in the grant period, AJNC also offered direct services). This approach expanded services to populations that were outside of AJNC's

	target population. Project partners met regularly to discuss clients, caseloads, and client referrals.
Community Partners *Grantee subrecipients *Note: This list identifies the DVHT project's key partners; however, it is not a comprehensive inventory of all the community agencies and resources with which the project collaborated (e.g., met with, referred to or received referrals from).*	• **Abused Women's Aid in Crisis (AWAIC)*** offers short term and transitional housing and case management to victims of domestic violence. • **Cook Inlet Tribal Council (CITC)*** offers substance abuse treatment (i.e., in-patient and out-patient), mental health counseling and peer support specialists. • **Covenant House Alaska*** offers short term and transitional housing to youth including victims of human trafficking, as well as case management, permanency assistance, education and vocational training, basic needs. • **Priceless*** provides housing and comprehensive case management to adult female victims of sex trafficking. • **Standing Together Against Rape (STAR)*** provides case management and support (e.g., mental health, assistance with housing) to victims of sexual assault, including sex trafficking.
Community Outreach and Training	AJNC and project partners worked to reach out in the community to make contacts, offer information, provide training, and raise awareness about human trafficking in the community.
Victim Service Model	
AJNC served as the coordinating body of the DVHT project. Case management and direct services were provided by the project's five partners (i.e., subrecipients). AJNC coordinated services based on client needs and referred to the project partners to address these needs. Towards the end of the grant, AJNC shifted their role and provided direct services as well. Each partner had a slightly different population and approach to case management. DVHT project formal partners and AJNC met regularly to discuss clients and caseloads and coordinate referrals.	
Victim Identification and Client Engagement	Clients could enter the DVHT project through any of the project partners. DVHT project organizations received external referrals from other community providers and professionals, such as healthcare professionals and law enforcement. All formal project partners adopted OTIP's Adult Human Trafficking Screening Tool as a baseline to identify potential trafficking victims. Each partner organization oversaw their own process for identifying victims.

	One partner, Covenant House, used a coordinated entry system to identify and serve clients. Project staff reported that the DVHT grant improved coordination and referrals among partner organizations and as a result, facilitated access to supportive services for victims of trafficking.
Case Management	Each DVHT partner organization that offered case management used a slightly different approach. When ANJC works with a client, they start by asking clients to identify their goals and the purpose for wanting to enter services. For instance, some of their clients want to figure out how to live on their own, others want to work more towards goals around education, etc. Each client forms an individualized plan and case managers help guide clients in deciding how to best approach and make progress towards these goals. ANJC also utilizes Recovery Services case managers who meet with clients weekly or bi-weekly depending on the intensity of client needs. Each client is also offered a peer support specialist, who can be another support person who has lived experience. Some partners have different case management models, such as Covenant House who uses a coordinated entry process with their clients. Permanency navigators work directly with clients and are specially trained to identify and serve trafficking victims.
Housing	ANJC relied on partner organizations to assist clients with emergency, transitional, and permanent housing. Nearly all DHVT formal partners provided some form of emergency, short-term, or transitional housing options. Additionally, housing options were available through partnerships with other organizations that ran housing programs or offered housing vouchers. Long-term housing and options specifically for human trafficking victims were challenging for the project to provide. AWAIC and Priceless provided emergency shelter if there was room available. AWAIC also had a small transitional house available to female clients who had experienced domestic violence. Transitional housing for youth was offered through Covenant House, which reduced barriers to access by reducing or eliminating various requirements such as having to be enrolled in educational or vocational programming. STAR had housing vouchers and provided shelter for female victims of sex trafficking via partnership with hotels.

Behavioral Health	Project partners STAR and AWAIC employed trauma counselors who supported the mental health care needs of DVHT clients. Recovery Services offered mental health assessments through tele-psychiatrists, which facilitated access for clients in more rural areas. Southcentral Foundation had a walk-in clinic with mental health counselors who can assist with psychiatric medication as needed. They primarily serve AN/AI clients but are working to broaden their services to anyone. CITC Recovery Services offered substance use disorder therapy and also took referrals. If ANJC had a client in-need of services, they would meet with CITC Recovery Services in advance to gather all the paperwork needed to administer the assessment and make their appointment. Project partners have a standing appointment time with ANJC so that clients can be seen quickly and do not have to wait the typical 3- to 4-week period.
Survivor Engagement	ANJC did not report engaging survivors to inform their project, although they reported wanting to integrate survivor involvement in the future. Priceless had three or four mentors who were former clients who served in the same role as other mentors within the Priceless program. Priceless also had survivors speak at their annual fundraiser. Recovery Services employed a Peer Support Specialist, who had lived experience, although not necessarily human trafficking. STAR conducted a satisfaction survey with clients to gather feedback about quality of the services received. Covenant House has a youth task force (which includes youth who have been victims of trafficking) that provides input to their programs and put on a leadership conference.

Ambassadors for Christ Youth Ministries (Arkansas)	
The purpose of the Arkansas Domestic Victims of Human Trafficking (DVHT) project was to coordinate efforts in Arkansas to address human trafficking and establish rapid, protective responses to child victims of sexual exploitation.	
Geographic Area Served	Little Rock and Pine Bluff
Target Population	Male and female domestic minor victims of sex and labor trafficking (up to the age of 21)
Grantee Lead Organization Background	Ambassadors for Christ Youth Ministries (AFC) is a faith-based nonprofit organization in Pine Bluff, Arkansas. AFC was formed in 2006 to provide mentorship and youth development programming to at-risk, underprivileged, homeless, and displaced youth. Services offered include a drop-in center, shelter services, and outreach programming. Since 2013, AFC has worked to address the needs of domestic trafficked youth through their outreach activities, crisis line, and drop-in center. Before the DVHT project, they had served trafficking victims through their homeless and at-risk youth programming. The DVHT project was sought to support service delivery coordination for trafficking clients.
Project Structure	AFC's DVHT project engaged in outreach and education events with partners to promote awareness of human trafficking and available services. Referrals to DVHT services were received from various community agencies and organizations. Following a coordinated intake process, DVHT clients received individualized case management. Services delivered depended on the clients' individual needs and availability of the needed services. The DVHT project established MOUs with many community partners.
Community Partners *Note: This list identifies some of the DVHT project's key partners; however, it is not a comprehensive inventory of all the community agencies and resources with which the project collaborated (e.g., met with, referred to or received referrals from).*	• **Arkansas Workforce** worked with DVHT program clients to provide job training services. • **Center for Arkansas Legal Services** provided legal assistance and services to clients in need of these services. • **Center for Youth and Family Services** provided direct services to clients who are identified through DVHT project outreach and awareness activities. • **Children's Advocacy Center** conducted outreach in community to share information about services available through the DVHT project.

	• **Partners Against Trafficking Humans (PATH)** provided and coordinated referrals between partners to ensure that DVHT clients were connected to holistic services to meet their needs. • **Pine Bluff Children's Clinic** administered health screenings and medical care to DVHT clients. • **University of Arkansas at Pine Bluff** facilitated one-on-one and/or small group gatherings between college students and AFC youth clients and helped to identify mentors for youth.
Community Outreach and Training	AFC's DVHT project established collaborations for awareness and outreach activities with groups and agencies including schools, the Pine Bluff Police Department, a neighborhood watch program, and prevention programs. Project staff distributed materials to hotels and truck stops to facilitate victim identification. Other community activities included a survivor-led conference and a school wellness fair where informational resources and tools were made available. The project conducted monthly human trafficking trainings focused on stakeholders serving at-risk populations who could be potential partners, such as community-based organizations, anti-trafficking groups, faith-based organizations, law enforcement, schools, and health care providers. AFC also partnered with PATH to pass legislation that required training for school professionals.
Victim Service Model	
AFC used case management to conduct a comprehensive intake and then facilitate referrals to partner providers who provided services and support. AFC provided some employment and life skills trainings internally as well as financial assistance. Mostly, the DVHT case manager facilitated referrals to project partners who provided housing, behavioral health, legal services, peer-to-peer mentoring, and other services.	
Victim Identification and Client Engagement	Most DVHT clients were identified through referrals from the community (e.g., runaway homeless youth agencies, child welfare, a local judge). Referrals from PATH were reciprocal, with AFC receiving youth who entered into PATH's program first. AFC DVHT staff provided direct outreach to potential victims to facilitate identification. The Rapid Screening Tool for Child Trafficking was used for initial screening among runaway and homeless youth served by AFC. When trafficking was identified, the project then used the Comprehensive Screening and Safety

	Tool (with clients under the age of 18) or the Screening Tool for Victims of Human Trafficking (with clients 18 and older). Assessments of substance use were conducted using the Global Appraisal of Individual Needs (GAIN).
Case Management	The client intake process conducted by case managers included assessment of youth's health, medical/dental, mental health, substance use, legal, employment, educational, shelter, and housing needs within 48-72 hours of identification. This information was used by case managers to develop and implement an individualized treatment/service plan with each client. Youth met regularly with their case manager to receive support to achieve goals and to modify their plans as needed.
Housing	Housing assistance depended on clients' individual factors (e.g., age) and specific needs. AFC encouraged reunifications, if possible. Options for youth under the age of 18 are limited; usually staff engaged Child Protective Services. Centers for Youth and Families offers a transitional housing program (up to 18 months) for homeless youth who are 18-21 years old. Once youth have achieved independence, the DVHT project partnered with the local HUD Continuum of Care to assess available housing options, including vouchers.
Behavioral Health	During intake, the behavioral health needs of clients were assessed by a clinician. As needed, referrals for mental health care were made to Centers or to Southeast Arkansas Health Facility. To address substance use, AFC used the *GAIN* to identify clients' needs. Referrals to Centers for Youth and Families were made for treatment. The availability of mental health and substance use services are limited due to the rurality of the area.
Survivor Engagement	To engage survivors, AFC coordinated a survivor-led conference to enhance community awareness. Additionally, they revamped their youth advisory council for survivor input. AFC partners with PATH to advocate for legislative changes and survivors are invited to share their experiences.

UMOM New Day Centers (Arizona)	
The purpose of Arizona's Domestic Victims of Human Trafficking (DVHT) project was to meet the needs of domestic victims of human trafficking in Maricopa and Pima Counties in collaboration with community partners. The project also aimed to build on survivor-led initiatives and increase the availability of legal assistance to trafficking victims, a key need identified for victims in Arizona.	
Geographic Area Served	Maricopa and Pima Counties
Target Population	Adult and minor domestic victims of sex and labor trafficking
Grantee Lead Organization Background	The DVHT project grantee was originally Tumbleweed Center for Youth Development, a non-profit organization that had provided direct services to homeless and vulnerable youth since 1975. In 2017, Tumbleweed was absorbed by UMOM New Day Centers, a faith-based non-profit agency that provides shelter, housing programs, and other supportive services. In 2014, Tumbleweed launched the Arizona Partnership to End Domestic Trafficking with a FY 2014 DVHT Demonstration Project award from ACF's Family and Youth Services Bureau. When UMOM took over Tumbleweed's programs, UMOM reapplied for and received a DVHT Program award to continue the project. UMOM did not offer services specifically for human trafficking victims prior to assuming oversight of the DVHT project.
Project Structure	Arizona's DVHT project supported the continuation of the Arizona Partnership to End Domestic Trafficking established in 2014. Partnership members worked together to raise awareness and conduct trainings throughout the service area. Tumbleweed/UMOM and two partner organizations identified victims and delivered case management and other direct services to DVHT clients (with DVHT funding). This strategy expanded the availability of comprehensive service delivery under the DVHT project. All three case management providers integrated DVHT project services into their existing programming and identified clients among their existing clientele (i.e., individuals engaged in other services offered by the organization, such as shelter). Partnership members met quarterly to coordinate project activities.

Community Partners *Grantee Subrecipients *Note: This list identifies some of the DVHT project's key partners; however, it is not a comprehensive inventory of all the community agencies and resources with which the project collaborated (e.g., met with, referred to or received referrals from).*	• **Arizona Coalition to End Sexual and Domestic Violence*** provided training to staff and community on trafficking. • **Arizona State University's Office of Sex Trafficking Intervention Research (STIR), Dr. Dominique Roe-Sepowitz*** coordinated trainings on human trafficking and ran Sex Trafficking Awareness Recovery groups. • **Our Family Services (OFS)***, a homeless youth services program in Tucson, served as an entry point for and provider of DVHT case management services. • **Phoenix Dream Center*,** a faith-based homeless provider, served as an entry point for and provider of DVHT case management services. • **Project Arizona Legal Women and Youth Services (ALWAYS)*** support the legal service and advocacy needs of DVHT clients. • **Training Resources United to Stop Trafficking (TRUST)***, a program of the Arizona Anti-Trafficking Network, delivered community-based training.
Community Outreach and Training	TRUST and STIR's director, Dr. Dominique Roe-Sepowitz, provided community trainings and resources to service providers and numerous other stakeholders. TRUST and STIR play key roles in an annual statewide sex trafficking summit (i.e., conference). Along with ASU's STIR office, the Arizona Coalition to End Domestic and Sexual Assault and Native American Connections partnered to provide annual trainings specific to the Arizona Partnership, and two semi-annual half-day trainings, which covered topics such as clinical responses to trafficking and engaging victims who use substances.

Victim Service Model

The DVHT project delivered case management services through the formal partnership of Tumbleweed/UMOM, Our Family Services, and Phoenix Dream Center. Led by Tumbleweed/UMOM, all three organizations identified victims and served as a point of entry for DVHT project services. The three organizations provided case management services and coordinated service delivery for their clients, connecting to additional providers as needed to address needs.

Case management and housing were the main services provided by Our Family Services, Dream Center, and Tumbleweed/UMOM. As needed, ALWAYS provided legal assistance and support. Sex Trafficking Awareness and Recovery (STAR) groups were offered at Tumbleweed/UMOM.

Victim Identification and Client Engagement	Although the DVHT project received some referrals from community partners, many DVHT project clients were identified during their engagement in shelter and other services offered at Tumbleweed/UMOM, Our Family Services, and Phoenix Dream Center. Tumbleweed and Our Family Services also conducted street outreach to identify victims and connect with potential clients. All three organizations used the same trafficking assessment tool, the Arizona Partnership Trafficking Assessment. To facilitate referrals and information sharing, partners established release of information forms.
Case Management	Tumbleweed/UMOM, Our Family Services, and Phoenix Dream Center all provided case management, advocacy, and other direct services to trafficking victims; however, they each provided case management and delivered direct services in accordance with their organization's practices and approaches.
Housing	Tumbleweed offered multiple youth-centric housing options including emergency shelter and two apartments designated for victims of trafficking, as well as transitional, permanent supportive, and rapid re-housing programs. These programs used a coordinated entry system for youth along with Native and LGBTQ service providers. These housing programs closed when Tumbleweed closed in 2017. After UMOM assumed the DVHT grant, they offered a women's/family shelter. Dream Center's campus offered housing for homeless youth and adults (no age restrictions), including a residential program for female victims of trafficking (up to 2 years). Our Family Services offered scattered site shelter as well as longer-term options including transitional, permanent supportive, and rapid re-housing. OFS had the capacity to support child welfare involved youth (12-17 years old).
Behavioral Health	Arizona State University's STIR office created a website that presents a list of vetted trafficking-specific services available across the state, including mental health providers who have been trained by STIR and the Arizona Partnership. Two providers who worked with the DVHT project facilitated STAR groups. Other external funding has supported the hiring of professional/licensed counselors.

	Clients who need substance use services are referred to various available treatment providers in the community. Clients have also been referred to Native American Connections, a housing and substance use program.
Survivor Engagement	The DVHT project supported a survivor consultant who participated in the project in a few different ways, including attending quarterly Partnership meetings, providing feedback to direct service providers, and reviewing materials. The consultant also connected the project to other potential survivor leaders with whom they could contract. Dream Center employed staff who identified as trafficking survivors.

Volunteers of America Los Angeles (California)	
Volunteers of America of Los Angeles (VOALA) recognized that many of their programs, particularly the homelessness and youth-focused programs, were already serving trafficking victims. They also recognized that the number of homeless people in Los Angeles, who are particularly vulnerable to trafficking, was steadily increasing. VOALA's Domestic Victims of Human Trafficking (DVHT) project, Victims' Assistance Sanctuary (hereinafter referred to as Sanctuary), was designed to identify trafficking victims and provide comprehensive services to meet their needs. With the DVHT project, VOALA aimed to build on their informal experience assisting trafficking victims and create a program specifically tailored to the needs of domestic trafficking survivors.	
Geographic Area Served	Los Angeles County
Target Population	Adult and minor domestic victims of sex and labor trafficking
Grantee Lead Organization Background	VOALA is a non-profit human services organization committed to serving people in need, strengthening families, and building communities. VOALA provides a wide array of supportive services to the most vulnerable populations in the Los Angeles area—serving over 35,000 people annually—including individuals and families experiencing homelessness, at-risk children and youth, veterans, older adults, victims of sexual assault and domestic violence, and individuals in need of mental health or substance abuse treatment. VOALA is a leading provider of affordable, supportive, permanent housing and emergency and transitional shelter in Los Angeles and has a long history of providing substance abuse treatment, employing a full staff of licensed substance abuse counselors. VOALA estimated that in the 3 years before the DVHT project started, case management and supportive services were provided to over 600 trafficking victims through its many programs.
Project Structure	VOALA integrated DVHT project services into its existing organizational programming. VOALA had a large network of referral sources through which it received and made client referrals. To foster relationships and expand the network, Sanctuary staff regularly participated in meetings with other area service providers and organizations across Los Angeles County (e.g., human trafficking task forces, homelessness coalitions/workgroups, and Los Angeles Service Planning Area workgroups). Case management, housing, and other direct

	services were provided in-house; clients were referred to other community organizations for additional services as needed.
Community Partners *Note: This list identifies some of the DVHT project's key partners; however, it is not a comprehensive inventory of all the community agencies and resources with which the project collaborated (e.g., met with, referred to or received referrals from).*	• **Angel's Flight** is an emergency shelter who was a primary housing referral partner of the DVHT project. • **Coalition to Abolish Slavery and Trafficking (CAST)** provided legal assistance to DVHT clients who needed such assistance. • **Gems Uncovered**, an anti-trafficking organization, referred potential clients to Sanctuary and provided mentorship to Sanctuary staff. • **Humansave**, a trafficking-specific mental health organization, provided mental health services. • **Los Angeles Regional Human Trafficking Task Force** helped coordinate the response to trafficking in the region. • **Southern California Drug and Alcohol Program** provided substance use services for DVHT clients on an as needed basis.
Community Outreach and Training	In addition to building partnerships through collaborative meetings, Sanctuary staff promoted the DVHT project by providing information about eligibility criteria and available services to community agencies and attending community events (e.g., Compton Pride) to raise awareness about trafficking and the project. Sanctuary staff created the Trafficking Awareness Prevention (TAP) training, which focused on six life skills that may serve as protective factors against trafficking: leadership, respect, self-care, employability, safety planning, and establishing healthy relationships. The training was provided to youth (over 200 as of July 2018) and to organizations (e.g., schools, hospitals, juvenile halls, Department of Children and Family Services) to raise community awareness and improve trafficking identification and prevention. Sanctuary staff also created a youth leadership program, #Hope, based on TAP and incorporated other topics (e.g., opioid prevention). The program was provided over a 5-week period to high school students who received a $200 stipend upon program completion. The project employed a social media specialist to disseminate information with the goal of preventing trafficking and connecting victims to services.

Victim Service Model	
DVHT project (i.e., Sanctuary) staff—case managers, a housing specialist, and a social media specialist—were primarily located at Sanctuary's drop-in center. VOALA homeless youth program and opiate prevention program staff were co-located at the drop-in center which was open weekdays and one Saturday per month. The drop-in center provided a safe place for victims to be for the day and access resources like hygiene products, food, clothing, showers, and internet. Project intake was completed at the drop-in center. Sanctuary staff provided comprehensive case management, general support, and resources to meet clients' basic needs (e.g., food, hygiene products) and assist them with obtaining important documents, public assistance, employment, and education. Financial assistance was available for needs such as transportation, clothing, and household goods. A variety of in-house housing programs—including a trafficking-specific transitional living program—were available as well as services to address substance use and addiction. External referrals were made to other community organizations for mental health, medical, housing, substance abuse treatment, legal, domestic violence, and LGBTQ-specific services.	
Victim Identification and Client Engagement	Sanctuary staff conducted street outreach weekly, usually in teams with other organizations or law enforcement. Staff carried items like food, water bottles, and safe sex kits to distribute. Program information was discreetly included with items distributed. The project received internal referrals from VOALA's homeless youth street outreach team and other in-house programs. External referrals were received from numerous sources (e.g., community organizations, shelters, law enforcement, district attorneys, the national human trafficking hotline). TAP trainings, social media dissemination, and distribution of materials (e.g., handouts, flyers) on school campuses and at community events, sometimes resulted in client self-referrals. Staff completed a brief screening tool to verify basic project eligibility and a brief assessment (tailored for minors or adults) to verify trafficking victimization. Intakes were completed at the drop-in center by a case manager or the housing specialist. Clients were asked to agree to abide by the program's confidentiality guidelines and complete release of information forms.
Case Management	Individualized case management was provided to Sanctuary clients using a harm reduction approach and motivational interviewing practices. Clients were encouraged to set their own goals. Staff provided support (e.g., helping to complete

	paperwork, accompanying them to an appointment). Client check-ins occurred at least every two weeks at the drop-in center or in the community. Sanctuary staff reminded clients about appointments and followed up with them afterwards, providing informal support by reaching out from time to time. Case managers also led Couch & Coffee at the drop-in center, which was developed to provide a time for survivors to come together and have safe, open discussion. Case management was typically provided for 6 to 12 months, although there was no set time limit. Usually, once clients transitioned to long-term housing, they were assigned another case manager and Sanctuary case management ended (although staff may have checked-in with clients and let them know they could always reach out if needed). Clients were considered out of the program if the project was not able to contact them for 90 or more days; however, clients could return.
Housing	If the client identified housing as a need, they met with the housing specialist who conducted a housing assessment to determine the level of housing needed, the types of housing assistance for which the client qualified, and the areas of Los Angeles that were preferred or should be avoided. The housing specialist reviewed the options immediately available and, as needed, explained the qualifications for other preferred options. The housing specialist referred the client to housing based on the level of need and client choice and conducted a warm handoff to the housing provider contact. If needed, emergency housing could be provided immediately. In addition to referral options to VOALA and external shelters, the project director (who managed several of VOALA's housing programs) set aside beds in a VOALA transitional living program for Sanctuary clients to temporarily use while long-term housing was being obtained. Most housing was provided by VOALA, but clients were referred to partner organizations if external housing options were more appropriate (e.g., the client wanted to live in a particular area or needed housing with more intensive support than was through VOALA). VOALA ran a trafficking-specific transitional living program, First Step, which only housed Sanctuary clients. Additionally, VOALA offered a range of transitional and long-term housing options to Sanctuary clients (all VOALA housing is substance-free). A continuum of housing options, from emergency to transitional to permanent housing, were available

	from other community providers. The housing specialist developed and regularly updated a resource binder containing information about housing providers, including landlords who accepted rental subsidies, across Los Angeles County.
Behavioral Health	The primary resource for mental health services for Sanctuary clients was the Los Angeles Department of Mental Health (DMH). Clients were referred to the DMH and the primary DMH staff person who collaborated with the DVHT project would come to the drop-in center when needed. Mental health services were also provided by Humansave, a trafficking-specific organization that provides individual treatment where clients are living. Clients living at VOALA's First Step program were provided on-site behavioral health services. For clients living elsewhere who needed intensive support for substance use disorders were referred to VOALA's Southern California Drug and Alcohol Program. If less intensive support was appropriate, referrals were made to other substance abuse treatment providers (e.g., SHIELDS for Families, LA Centers for Alcohol & Drug Abuse). Clients could also meet with the opioid prevention specialist at the drop-in center, if appropriate.
Survivor Engagement	Several survivors had been employed in a case manager/peer support position and the project also utilized survivor mentors (none were with the project at the time of data collection). Survivor staff provided input to improve outreach strategies and clients were asked for feedback about services. Additionally, the TAP training was developed with input from a former client to identify helpful and appropriate topic areas.

STOP-IT, The Salvation Army-Chicago (Illinois)	
The primary goal of Illinois' Domestic Victims of Human Trafficking (DVHT) project was to increase the number of domestic victims identified in Cook County and nine surrounding counties and to enhance the availability of services to help survivors recover from their exploitation.	
Geographic Area Served	Boone, Cook, DeKalb, DuPage, Kane, Kendall, Lake, McHenry, Will and Winnebago Counties
Target Population	Adult and minor victims of domestic sex and labor trafficking
Grantee Lead Organization Background	The Salvation Army is a faith-based non-profit organization with a long history of serving the impoverished and under resourced people in the United States and internationally. The Salvation Army's Trafficking Outreach Program and Intervention Techniques (STOP-IT) serves domestic and foreign-born victims of sex and labor trafficking through awareness and training, prevention and outreach, survivor services and recovery, and partnership and advocacy. STOP-IT has provided direct services to domestic and foreign-born victims of trafficking since 2007. They have worked in partnership with the Cook County State's Attorney's Office to lead the Cook County Human Trafficking Task Force since 2010 which is jointly funded by the U.S. Department of Justice's Bureau of Justice Assistance (BJA) and the Office for Victims of Crime (OVC) through the Enhanced Collaborative Model program.
Project Structure	STOP-IT's DVHT project supported the operation of a drop-in center that served as a hub for victim identification and service delivery. STOP-IT's long-term partnerships through their Task Force and formal service network were a source of referrals to DVHT services and served as resources to meet DVHT clients' needs. Other funding sources provided a foundation for community outreach activities.
Community Partners	**Cook County Human Trafficking Task Force** is a multidisciplinary steering committee comprised of approximately 30 members from law enforcement and social and legal service agencies that work together on human trafficking cases. **Coordinated Service Referral Network (CSRN)** is a membership-based anti-trafficking network of providers who commit to a set of core values and service standards in their service provision.

	For the DVHT project, STOP-IT leveraged their collaborative partnerships with members of the Cook County Human Trafficking Task Force and the CSRN. The Task Force and the CSRN served as a broad referral network of vetted services.
Community Outreach and Training	Community outreach and training are an integral part of STOP-IT's program and STOP-IT staff are often in the community for the purpose of increasing awareness and providing training. To facilitate victim identification, STOP-IT shifted their outreach approach away from outreach directly to potential clients, to a focus on conducting community trainings, building relationships, and educating others on what trafficking may look. STOP-IT leads an annual CSRN training for providers who want to formally join the referral network. The 2-day training covers introductory information about human trafficking and appropriate responses to survivors (e.g., trauma-informed care, de-escalation techniques, basic safety, and engagement) and the types of remedies available for survivors (e.g., expungement, the Violence Against Women Act).
Victim Service Model	
STOP-IT's drop-in center, which was supported by the DVHT project, was one of the avenues through which clients entered DVHT services. Designed based on feedback from clients, the center offered a low-barrier, safe space for clients—including those with children—to spend time, access basic needs, have a hot meal, and connect with staff to receive support, resources, and referrals. The drop-in center was open two days a week. Over time, the program adapted to include support groups and case management for drop-in clients. STOP-IT staff aimed to connect clients with trauma-informed, victim centered providers to address clients' needs. STOP-IT's involvement with the Task Force and the CSRN uniquely positioned them to have a thorough understanding of and connections to a broad array of trained and committed service providers in the Chicago area. STOP-IT staff made referrals for medical, dental, and psychiatric care; financial assistance; education; employment; and housing.	
Victim Identification and Client Engagement	DVHT clients entered services through the drop-in center as well as through referrals from current and former clients, community providers (e.g., legal and health care agencies, shelters, transitional housing programs), schools, law enforcement, the National Human Trafficking Hotline, and Task Force and CSRN partners. In addition to the DVHT project, STOP-IT also had a Look Beneath the Surface (LBS) grant from the ACF's Office on Trafficking in

	Persons, which supported an outreach specialist and community outreach efforts. Project staff reported that it was beneficial to have both grants so that individuals identified through LBS could be connected to DVHT project services. Individuals who did not qualify for DVHT project services could be referred to and served through STOP-IT's Enhanced Collaborative Model grant. When clients were referred for services, staff conducted a basic intake during the first official contact with a client. Identification of victimization was viewed as a process; as individuals who engaged in drop- in center services may share information over time that indicated their eligibility for and interest in further DVHT services. To assess eligibility for additional services, staff completed a safety risk assessment utilizing questions from the Vera Screening for Human Trafficking; however, staff had discretion on how to use the tool and whether they wanted to skip questions as needed to be more trauma informed. For instance, clients who were referred who had already been screened for human trafficking were asked fewer questions to avoid duplicating information already confirmed through the referral source.
Case Management	Case management was provided at STOP-IT's office, the drop-in center, and/or in the community (at various safe locations). Clients could participate in drop-in center activities and access resources without participating in case management; case management was voluntary and not required. However, those who wanted to work with a case manager could sign up for case management sessions. During case management sessions, case managers provided emotional support and discussed goals, service needs, referrals, and problem solving with clients. Case managers used a self-sufficiency matrix to assess client progress every 60 days. Financial support was a major component of DVHT project case management services. Clients who were engaged in case management services could receive up to $150 per month for bus fare, meal cards, and to help with bills and personal care needs. Drop-in clients could receive $40-$100 per month and a fast-food gift card for participating in activities and working with a case manager on their goals.
Housing	STOP-IT provided some emergency housing, but mostly referred to partners for additional emergency shelter and transitional and permanent housing. STOP-IT's referral network consists of several

	shelter programs as well as large, non-profit service providers (e.g., Heartland Alliance) and local government resources (e.g., Chicago Public Housing Authority). For longer-term housing needs, STOP-IT referred to five residential facilitates specifically designed for human trafficking survivors, as well as other transitional and supportive living facilities throughout the city. Additional options included various agencies that assist with short- and long-term housing, vouchers, and supportive housing options.
Behavioral Health	STOP-IT staff connected clients to mental health professionals, as needed. To reduce the burden on clients to access services, staff prioritized referrals to community-based mental health providers who were willing to meet clients in the community instead of the client having to travel. STOP-IT works with several hospitals and clinics in and around the Chicago area to which they routinely referred, including one in-patient provider. They also helped coordinate services for clients who live outside of Cook County. To meet clients' substance abuse treatment needs, staff referred to community-based substance treatment centers. Staff reported that while behavioral health providers can prioritize human trafficking victims, often the waitlists for treatment were long.
Survivor Engagement	STOP-IT worked with a survivor consultant who filled multiple roles. The survivor consultant helped educate staff on survivor leadership and meaningful survivor input, conducted outreach activities, served as a peer mentor, and reviewed program materials. The consultant encouraged DVHT staff to consider how clients may be able to participate while still on their healing journey. STOP-IT staff also occasionally invited survivors to outreach events to participate in the discussions. Client feedback was solicited through periodic focus groups at the drop-in center. According to STOP-IT staff, feedback was used to guide decisions around the drop-in center space, client intake forms, group activities, and a peer-to-peer group manual.

Empower 225 (Louisiana)	
As Empower 225 conducted trainings and its referral network grew, identification of trafficking victimization also increased; however, the organization did not have the staff capacity nor funds to provide services and support to all trafficking survivors. The organization applied for the Domestic Victims of Human Trafficking (DVHT) grant to address this need and provide comprehensive services to trafficking survivors.	
Geographic Area Served	State of Louisiana
Target Population	Adult and minor domestic victims of sex and labor trafficking
Grantee Lead Organization Background	Empower 225 (formerly Healing Place Serve) is a faith-based, non-profit organization in Baton Rouge, Louisiana. Empower 225's mission is to empower youth in the capital region who are at risk of homelessness and dependency to reach their highest potential through educational support, life-skills training, career preparedness, housing, and mentorship. Through its work with youth experiencing or at-risk for homelessness, Empower 225 recognized the need to raise awareness about human trafficking and provide targeted services to survivors. Prior to the DVHT project, the organization had received funding from ACF, the Office for Victims of Crime, and other sources to increase trafficking awareness, improve victim identification, and provide services.
Project Structure	Empower 225 integrated DVHT project services into its existing organizational programming. The project built a large referral network through community training efforts through which it received client referrals. Comprehensive case management and direct services were provided in-house; clients were referred to other community organizations for additional services as needed.
Community Partners *Note: This list identifies some of the DVHT project's key partners; however, it is not a comprehensive inventory of all the community agencies and resources with which the project collaborated (e.g., met with, referred to or received referrals from).*	• **Covenant House** (New Orleans) and **Metanoia** (Baton Rouge) provided housing through residential programs across the state. • **Open Healthcare** was a primary resource for medical care, including reproductive healthcare, and dental care. • **Southeast Legal** provided civil legal services. The DVHT project coordinated with other in-house programs, including the Empower 225's independent living, mentoring, employment, and afterschool and summer programs.

Community Outreach and Training	The DVHT project leveraged Empower 225's Louisiana Children's Anti-Trafficking Initiative (LACAT) to increase awareness of human trafficking and expand their partner and referral network across the state. LACAT and DVHT staff collaborated to host and conduct trainings including Human Trafficking 101, Trauma-Informed Care, and Trauma Speak, which was co-developed by a survivor. The trainings were provided to any group or organization that requested training. Trainings were provided to law enforcement, hospitals, judges and attorneys, school boards, Native American tribes in the state, hotel associations, service providers, private businesses, and other community stakeholders. Additionally, all DVHT project partners and Empower 225 staff and volunteers received training. DVHT project staff and some of the project's partners attended monthly meetings of the Capital Area Commercial Sexual Exploitation of Children Multidisciplinary Team in Baton Rouge.
Victim Service Model	
The DVHT project office was located at the Baton Rouge Dream Center where direct services staff, including the DVHT case manager and survivor leader, were co-located with LACAT staff to facilitate collaboration. DVHT project staff provided comprehensive case management and direct support such as facilitating peer-to-peer support and connecting clients with resources to meet their needs. Financial assistance was available to support needs including housing, utilities, transportation, and classes. Based on client-identified needs, DVHT staff referred clients to in-house programs and resources (such as the independent living program, mentoring, job skills training). External referrals were made for emergency, transitional, and long-term housing; mental health and substance abuse treatment services; medical care; and legal assistance.	
Victim Identification and Client Engagement	The project used a variety of strategies to identify trafficking victims including street outreach and in-house referrals. External referrals came from a myriad of sources including hospitals, the legal system, Children's Advocacy Centers, DCFS, the National Human Trafficking Hotline, and other community organizations. About half of external referrals were received from areas outside of Baton Rouge. Empower 225 used a client intake form created by Empower 225 that included questions to determine DVHT project eligibility. Within 24 hours of referral, DVHT staff completed the intake form with the potential client, in-person, either in the community or at the DVHT project office. The project received referrals from across the state, therefore when a referral was received from a

	faraway location, a screening call was conducted followed by an in-person intake within 72 hours. These clients were then connected to a trained provider in their region. If the individual was determined to be eligible and agreed to enroll in the project, the client and case manager reviewed and signed the DVHT Client Policy and Procedures form that described the services that could be provided and specified the program's expectations of clients. Clients had to agree to participate in counseling and work toward an employment or education goal.
Case Management	Case management was provided by the DVHT case manager and DVHT survivor leader. After intake, the case manager and client developed a safety plan and service plan based on the client's individual needs and goals. Clients were provided immediate assistance to meet basic needs (e.g., food, clothing, hygiene products) as well as longer term assistance to help clients meet their service plan goals. This may include helping to obtain important documents or apply for public assistance, providing financial assistance, helping to find housing, and providing referrals for other supportive services (e.g., behavioral health services, medical care, job skills training, education, independent living skills, a mentoring program, civil legal assistance). Clients met with project staff in-person or by telephone once or twice a month, depending on the clients' individual needs. Clients could call or text project staff during regular business hours or outside hours if an emergency. The frequency of client and project staff contact decreased over time as clients reached increasing levels of self-sufficiency. While the provision of case management was time-limited, there was no defined timeframe. Cases were closed out when a client reached their goals or if the project could make contact with a client for at least 3 months; however, clients were always welcome to return if the need arose.
Housing	Emergency and transitional housing were provided primarily through partners and referrals to other community resources. The project developed a resource binder containing information about housing providers across the state and beyond. For emergency housing, clients were referred to crisis programs or, as a last resort, were placed in a hotel where staff had been trained and procedures put in place to help keep clients safe. Primary transitional housing options to which clients were

	referred included trafficking-specific residential programs offered by partners Metanoia (for female youth), Covenant House (for youth and adults), and Purchased (for adult females). These three provided case management, supportive services, and connections to long-term housing. Other resources for transitional and long-term housing (e.g., general transitional living programs, sober living housing) were also available. The project also provided direct financial assistance to clients who were ready to live on their own. The project could help cover initial costs (e.g., deposit) and rent. Thereafter the amount provided each month decreased as employment was secured.
Behavioral Health	Clients were advised at intake that meeting with a counselor was required. Project staff recognized that some clients were not immediately ready to engage in counseling and therefore were committed to working with them until they were ready. The counselor conducted an assessment to determine which behavioral health services were appropriate (e.g., outpatient counseling, referral for psychiatric evaluation). Clients with immediate needs, such as detoxification or inpatient treatment, were referred to Seaside Healthcare or Baton Rouge Detox.
Survivor Engagement	The DVHT project employed survivors, including a survivor leader who provided case management and peer-to-peer support and was an integral part of training and awareness efforts (e.g., facilitating trainings, serving on the governor's Human Trafficking Prevention Commission Advisory Board). Project services were informed by clients, particularly for behavioral health counseling. The project faced challenges identifying counselors who were qualified to provide trauma-specific services and felt that feedback on the quality of counseling was important to ensure that clients received the appropriate level of care. To help ensure they were referring clients to appropriate mental health care providers, a survivor leader trained mental health providers on the issue of trafficking, which served as an opportunity to enhance providers' knowledge and skills and identify providers who would be a good fit for their clients. Furthermore, survivor input on the project's intake form was obtained.

My Life My Choice, Justice Resource Institute (Massachusetts)	
The overarching goals of the Massachusetts Domestic Victims of Human Trafficking (DVHT) project were to strengthen collaboration to identify and provide services for domestic adult and minor trafficking victims and strengthen cross-sector capacity for an effective response to human trafficking through training and awareness activities.	
Geographic Area Served	Greater Boston
Target Population	Domestic minor and adult victims of sex and labor trafficking
Grantee Lead Organization Background	My Life My Choice (MLMC) is a nationally recognized survivor-led program that seeks to stem the tide of commercial sexual exploitation of adolescent girls. MLMC offers a continuum of services including provider training, exploitation prevention groups for vulnerable adolescent girls, case consultation, and survivor mentoring to young victims of exploitation. MLMC's parent organization, Justice Resource Institute (JRI), is a not-for-profit agency that operates clinical, educational, residential, and human service programs in Massachusetts, Connecticut, Rhode Island, and Pennsylvania. Founded in 2002, MLMC has been providing specialized survivor-led mentoring services to minor victims of commercial sexual exploitation since 2004. In 2006, MLMC was recognized by the U.S. Department of Justice as a national model for sex trafficking prevention.
Project Structure	The Massachusetts DVHT project leveraged existing collaborations to bring together a core group of partners to meet aims of the DVHT Program. MLMC provided subcontracts to five organizations that supported a coordinated referral and service delivery process for domestic minor victims of commercial sexual exploitation; enhanced the availability and coordination of services to specific populations outside of MLMC's scope (adult women, male and transgender youth); and addressed key service needs (identification of and support for victims who need substance abuse treatment; specialized mental health services for exploited LGBTQ youth and young adults; and specialized housing and support for youth and young adult victims, with a particular focus on youth who age out of the child welfare services). Leaders from formal project partner organizations met regularly to enhance service coordination.

Community Partners *Grantee subrecipients *Note: This list identifies some of the DVHT project's key partners; however, it is not a comprehensive inventory of all the community agencies and resources with which the project collaborated (e.g., met with, referred to or received referrals from).*	• **Boston GLASS***, a program of JRI, provided culturally-specific mental health services to LGBTQ young people who have experienced exploitation. • **EVA Center***, a survivor-led program for adult women who have been commercially sexually exploited, provided safe housing and case management services. • **BUILD program, Roxbury Youthworks Incorporated*** provided culturally specific services to minor male and transgender trafficking victims and those at high risk of victimization. • **Bridge Over Troubled Waters (BRIDGE)***, a runaway and homeless youth provider, served as a referral partner. • **Support to End Exploitation Now (SEEN) Program, Children's Advocacy Center of the Suffolk County*** conducted initial intake and coordinated services for minor trafficking victims.
Community Outreach and Training	Throughout the project, MLMC coordinated the assessment of training needs and the delivery of trainings to multiple sectors (e.g., law enforcement, child welfare, schools, health care, youth residential programs) with the goal of improving participants' ability to identify and respond to victims of sexual exploitation and trafficking. Project partners also provided training in collaboration with MLMC and to each other (e.g., GLASS trained MLMC staff on LGBTQ issues).
Victim Service Model	
MLMC provided one-on-one survivor mentoring to youth with whom they work. Each client (i.e., mentee) was paired with a trained, adult survivor mentor who provided long-term support and connection to services to the youth wherever they resided (e.g., treatment facility, foster home). MLMC offered in-house recovery- and empowerment- focused services and access to a variety of community-based services to meet clients' individual needs. A recent longitudinal evaluation of MLMC services conducted by researchers at Boston University and Northeastern University demonstrated that MLMC survivor mentor program participants experienced less exploitation, drug use, and delinquent behavior, and improved well-being.[1]	

[1] Rothman, E.F., Preis, S.R., Bright, K.T., Paruk, J., Bair-Merritt, M., & Farrell, A. (2019). A longitudinal evaluation of a survivor-mentor program for child survivors of sex trafficking in the United States. *Child Abuse and Neglect, 100*. https://doi.org/10.1016/j.chiabu.2019.104083

Project partners, EVA Center and Roxbury Youthworks BUILD program, also offered comprehensive case management and advocacy services under the DVHT grant. Similar to MLMC, both EVA Center and BUILD utilized a mentoring approach. EVA Center provided survivor-led support and services to adult women exiting commercial sexual exploitation. BUILD's Life Coaches provided mentor-based services to cisgender males, transgender and gender nonconforming youth to assist them to recover from sexual exploitation or prevent trafficking victimization. EVA Center and BUILD clients were provided in-house programming and supports, as well as connected to community services and resources, as needed.	
Victim Identification and Client Engagement	MLMC's victim identification strategy was to train law enforcement, service providers, and other professionals who may come in contact with potential trafficking victims to identify and refer. Roxbury Youthworks conducted targeted outreach to locations and programs where runaway and homeless youth gather as well as connected with clients through its drop-in center. Project partner, the Children's Advocacy Center of Suffolk County, leads the SEEN program—a multi-disciplinary team of over 35 area agencies that work together to coordinate responses to cases of commercial sexual exploitation of minors. The DVHT project funding supported the SEEN coordinator who, upon receiving a referral of a domestic minor sex trafficking victim, would facilitate coordination and communication among law enforcement and service providers. The SEEN coordinator referred each minor trafficking victim to a partner agency for case management—female victims were referred to MLMC and male and transgender clients were referred to the Roxbury Youthworks BUILD program. Adult female victims of sex trafficking identified by community providers and others were referred to EVA Center. MLMC, Roxbury Youthworks BUILD program, and EVA Center each conducted their own distinct intake process. Participation in all the programs was voluntary.
Case Management	MLMC, Roxbury Youthworks BUILD program, and EVA Center all provided comprehensive case management services to their clients who were served under the DVHT project. MLMC added case manager positions to take on intensive or ad hoc case management as needed, to support and free up mentors to focus on mentoring. Staff reported that more intensive case management was often needed by clients who are nearing the age of 18 and clients in crisis; additionally, case managers could

	assist a client who returns to the program when 20 or 21 years old, for example, seeking support.
Housing	Most of the youth served by MLMC are provided placement by the Massachusetts Department of Children and Families (DCF) through their involvement with child protective services. MLMC worked to build capacity within group homes and residential treatment centers to better identify and serve trafficked youth in their care. Additionally, through the DVHT grant, MLMC worked with DCF to identify the policies related to youth's eligibility for DCF services after they reach 18 years of age; discuss the barriers to accessing those services that youth experienced; and improve DCF's adherence to the policies. MLMC integrated the DCF policy into their training to educate and equip other providers to advocate for eligible services on behalf of their clients. MLMC and Roxbury Youthworks referred minor clients who are not DCF-involved to area programs, including BRIDGE. BRIDGE offers a continuum of housing services including emergency, transitional, and supportive housing designed for homeless youth (although none are specifically designed for trafficking victims). To address the significant challenge of identifying appropriate housing for DVHT minor and young adult clients, DVHT project funds helped support a Housing Outreach Specialist at Roxbury Youthworks. In 2017 EVA Center opened a safe home for nine adult women who are experiencing sexual exploitation and their children. The safe home filled a gap in services for this population. The program consists of two phases—emergency placement (first 30 days) and a longer-term program (12-14 months).
Behavioral Health	The DVHT grant supported a half-time clinician at Boston GLASS to provide specialized culturally-appropriate mental health services to LGBTQ clients. MLMC and project partners referred clients to JRI's community-based mental health services and other medical providers who provided mental health services (e.g., Boston Medical Center and its affiliated community health centers, North Suffolk). The DVHT grant supported a full-time substance abuse specialist/advocate at EVA who conducted outreach at treatment programs to identify and serve trafficking victims and help clients in need of substance abuse treatment to connect with services.

	DVHT project partners referred clients to substance abuse treatment providers as needed.
Survivor Engagement	Survivor mentoring is at the cornerstone of MLMC's services, advocacy, and training. MLMC was co-founded by a survivor and 18 of the program's staff, including four in leadership positions, are women who identify as survivors of the commercial sex industry. All direct services, with exception of case management (not by design) are provided by survivors. EVA Center, also founded by a survivor, provides survivor-designed and survivor-led services, including peer mentorship and educational support groups run by survivors.

Sanctum House (Michigan)	
Geographic Area Served	Macomb, Oakland, and Wayne Counties
Target Population	Adult female survivors of sex trafficking
Grantee Lead Organization Background	Sanctum House is a nonprofit organization with a mission to provide a sanctuary and safe haven to victims of sex trafficking through shelter and resources. Sanctum House began in 2013 when a survivor of human trafficking founded the organization to provide support to other victims of human trafficking. The program originally began as a crisis referral line. The Domestic Victims of Human Trafficking (DVHT) award supported the program's expansion to offer long-term residential services to adult women who were survivors of sex trafficking.
Project Structure	The DVHT project supported Sanctum House, a freestanding (i.e., not part of another organization), residential program that provided a variety of services in-house, including peer-to-peer mentoring and counseling. The program also coordinated referrals to external community resources to address clients' varied needs. Partners provided services to Sanctum House clients in the community or at Sanctum House's residential facilities.
Community Partners *Note: This list identifies some of the DVHT project's key partners; however, it is not a comprehensive inventory of all the community agencies and resources with which the project collaborated (e.g., met with, referred to or received referrals from).*	• **Alternatives for Girls** was a referral resource and collaborator. • **Common Ground** referred to the program and offered mental health services to Sanctum House clients. • **Flint Odyssey House** provided substance use and addiction resources for Sanctum House clients as needed. • **Michigan Human Trafficking Task Force** provided access to over 100 different organizations and coordinated trainings to improve responses to trafficking victims in the state. • **Oakland University** coordinated for nursing staff to provide health check- ups and follow ups to Sanctum House clients. • **Salvation Army, Eastern Michigan Division** referred to the program and engaged in collaborative efforts. • **Sisters of Mercy** coordinated mentorship for Sanctum House clients.

	• **Wayne County Safe** was a referral resource and collaborator.
Community Outreach and Training	Outreach and training were supported by and coordinated with members of the Joint Anti-Trafficking Task Force, led by the Michigan State Police and The Salvation Army Eastern Michigan Division, of which Sanctum House was a member.
Victim Service Model	
Through the DVHT project, Sanctum House offered a two-year residential program. Residents were provided individualized case management and an array of services through Sanctum House, including food, shelter, clothing, personal hygiene items, transportation, peer support group and individual counseling advocacy. Case managers referred residents to a variety of specialized services not available in-house including substance abuse treatment, mental health evaluations and resources, legal advocacy, medical services, dental care, domestic violence and sexual assault prevention services, economic empowerment and education advocacy, counseling, and financial assistance. Residents were given a personal comprehensive community partner assessment, or progress report, that included short and long-term outcome narratives that providers completed. The progress report helped Sanctum House monitor resident progress and evaluate the quality of services residents were receiving from external providers. Clients progressed through program phases.	
Victim Identification and Client Engagement	Sanctum House runs a 24-hour crisis line through which they received and coordinated referrals or arranged for transportation to their residential housing. They also received referrals from the National Human Trafficking Hotline and other community organizations and agencies. To qualify for services, residents could not use any substances nor have children in need of housing. Program staff conducted a phone interview with each potential client to determine trafficking victimization and program eligibility. An extensive intake process was designed to ensure that residents were ready to engage in the work to heal and recover. The residential (live-in) case manager conducted the initial intake. A second intake assessment was completed 48-hours later to assess the emotional, psychological, and physical needs of the resident.
Case Management	Case managers conducted initial and ongoing weekly assessments. They also created progress reports which detailed short- and long-term outcome goals and associated services for each client. These reports were discussed with clients and feedback was gathered from providers about how to modify the plan to better address clients' needs and goals. Residents had

	access to Alcoholics Anonymous, Narcotics Anonymous, Human Trafficking Anonymous, peer groups, and Self-Management and Recovery Training (SMART) that could be incorporated in their recovery program routine.
Housing	The program is a long-term (2-year) residential program.
Behavioral Health	Mental health support was provided through university practicum students. The program also provided trauma-informed therapy at the residential house three times a week. Human Trafficking Anonymous groups (12-step trafficking-specific program) were also offered to clients which incorporated some substance abuse treatment and behavioral health components.
Survivor Engagement	Sanctum House hired a licensed social worker who is also a survivor to provide weekly peer support to residents.

Center for Family Services (New Jersey)	
New Jersey's Domestic Victims of Human Trafficking (DVHT) project aimed to develop, expand, strengthen, coordinate, and oversee the delivery of services to domestic victims of human trafficking within a three-county area.	
Geographic Area Served	Camden, Cumberland, and Gloucester Counties
Target Population	Adult and minor domestic victims of sex and labor trafficking
Grantee Lead Organization Background	Center for Family Services (CFS) has been providing services to the southern New Jersey region since 1920 with a mission to support and empower individuals, families, and communities to achieve a better life through vision, hope, and strength. CFS offers a wide range of services including early childhood education, family support and prevention, safe and supportive housing, workforce development, victim services, substance abuse treatment, and counseling and behavioral health. Two years before their DVHT project, CFS received a grant to serve foreign victims of human trafficking through the Administration for Children and Families' Rescue & Restore Victims of Human Trafficking campaign. Working with collaborative partners, they have identified foreign victims of human trafficking and provided services and connections to other providers to meet victims' needs.
Project Structure	The New Jersey DVHT project was situated in Services Empowering Rights of Victims (SERV), a CFS program that provides support to victims and survivors of sexual violence, domestic violence, and human trafficking. DVHT project staff raised awareness of their trafficking services and developed connections with collaborators through community-level networking and by providing training to stakeholders. Clients received case management and direct services, many of which were provided in-house through referrals to CFS's many other programs. Referrals to community partners were made on a case-by-case basis, as needed, to meet clients' individual needs.
Community Partners	New Jersey's DVHT project partnered internally with other CFS programs to address clients' needs as well as informally partnered with a variety of community partners.

Community Outreach and Training	The DVHT project provided training to CFS staff in other programs (e.g., youth emergency shelter) and a variety of community partners. CFS offered human trafficking 101, training about trafficking of minors, as well as separate trainings designed for specific sectors including social services, health care, and law enforcement. The DVHT project also created several webinars to train providers and share information about available services. These webinars were often created in partnership with existing contacts the DVHT grantee organization had. For example, a webinar aimed at medical service providers was created with help from a medical partner. These webinars were made available on the program's website. Staff also attended relevant meetings in the community and participated in community events such as health fairs and service provider nights at local schools in each county to make connections and share information about available services. Additionally, project staff distributed outreach materials at hair and nail salons, bodegas and local retail establishments, flea markets, houses of worship, community centers, medical emergency departments, strip clubs, hotels, and service provider organizations. The project strategically reached out to Spanish-speaking communities with public service announcements on Spanish radio stations and in a local Spanish language newspaper.
Victim Service Model	
Embedded within a large social service agency, SERV's DVHT project provided case management to domestic victims of human trafficking and facilitated support through connecting clients to in-house and external resources. Project staff collaborated with service providers within CFS and at external agencies across the three-county service area to address clients' unique needs.	
Victim Identification and Client Engagement	To identify and connect with potential clients, staff conducted regular, extensive outreach in high-risk areas and locations. Over the course of the project, staff created a short screening form that they used during street outreach to identify potential trafficking victims or at the office to screen individuals for trafficking. SERV's 24-hour crisis line served as a source of client referrals to DVHT services. Additionally, many of the project's referrals came through other CFS programs and community agencies. Project staff attributed referrals to their collaborative trainings that

	raised awareness about the availability of services for trafficking survivors. At intake, and periodically thereafter, case managers assessed the frequency and severity of clients' trauma-related symptoms using the Trauma Symptom Checklist-40 (a 10-minute, self-report questionnaire).
Case Management	Case managers conducted client intakes and met regularly with clients. Utilizing a victim-centered and client-led approach, case managers developed service and safety plans with clients which were reviewed regularly and updated as clients' needs evolved. Case managers assisted clients to connect to resources and access services to meet their unique needs such as basic necessities (e.g., clothing, food), safe housing, behavioral health, educational/vocational training, health care, and employment support. Case management services were provided as long as needed; there was no specified cutoff for when services had to end.
Housing	CFS operates a continuum of housing services. For short-term housing needs, DVHT clients could be referred to a variety of CFS programs, depending on their age and situation (e.g., a domestic violence safehouse, a shelter program for women and their children, emergency and non-emergency youth shelters and centers). Case managers used a phone app called *Bedfinders* that assisted them to quickly locate a safe bed at a shelter or other location. For longer-term housing needs, case managers collaborated with the Camden Housing Authority and Twin Oaks (that provided housing for clients with mental health issues) to meet clients' needs, as appropriate. In the second half of the DVHT project period, CFS was awarded a transitional housing grant through which DVHT clients could access housing for up to two years.
Behavioral Health	Clients could be assessed by a psychiatrist who conducted assessments at a boarding location or by other local programs if additional screenings were needed. DVHT clients could access outpatient care and long-term recovery support through CFS programs that offered mental health and substance abuse treatment. Additionally, SERV partnered with a community-based treatment center for outpatient and residential substance abuse treatment services. Detox inpatient treatment was unavailable and a challenge to provide. Under a separate grant, SERV hired

	dedicated counselors to work with trafficking survivors and peer recovery specialists.
Survivor Engagement	The SERV program has formed a survivor alumni program for clients who had passed through the program with the intention that these individuals could serve as mentors. However, the program had not had any clients who had reached a point in their recovery in which they felt that they could help others in the capacity as an alumnus [at the time of evaluation data collection]. With the support of another grant, SERV hired a survivor advocate to facilitate peer support groups. Additionally, survivors were recruited to participate as members of the Coalition (which already has survivor members). SERV conducted a client satisfaction survey to assess how well they were meeting clients' needs.

Off the Streets, Cincinnati Union Bethel (Ohio)	
The goals of the Ohio Domestic Victims of Human Trafficking (DVHT) project were to develop a screening process for victims, increase public awareness, and provide timely recovery and shelter services through Off the Streets (OTS) to assist survivors to heal. The project aimed to increase the number of victims served through the addition of new staff and implementation of outpatient services.	
Geographic Area Served	Hamilton County
Target Population	Adult female domestic victims of sex trafficking
Grantee Lead Organization Background	Cincinnati Union Bethel (CUB) is a non-profit organization with a history of social service to men, women, children, and families of Cincinnati that dates to 1830. CUB's current mission is to empower women to break the cycles of poverty, addiction, and human trafficking. CUB's facility houses the OTS program and the Anna Louise Inn, which has provided safe affordable housing for women since 1909. The OTS program began in 2006 following a collaborative community-level planning effort to address the issue of women who had prostitution charges cycling through the justice system and back to the streets.
Project Structure	CUB's DVHT project supported the OTS program, a residential program for adult women who have experienced sex trafficking victimization. OTS provides comprehensive case management and culturally-sensitive, trauma-informed services to support women to recover from addiction and trauma and lead healthy lives. OTS's long-standing and strong community-wide partnerships were the source of referrals to the OTS program and provided linkages to an array of resources to meet clients' individual needs.
Community Partners *Note: This list identifies some of the DVHT project's key partners; however, it is not a comprehensive inventory of all the community agencies and resources with which the project collaborated (e.g., met with, referred to or received referrals from).*	• **Blue Ash Police Department** participated in the Human Trafficking Working Group of Southwest Ohio. • **Center for Addiction Treatment (CAT)** is a residential substance abuse treatment facility that offers detox and medication-assisted treatment. CAT and OTS refer clients to each other. • **End Slavery Cincinnati** advocates for human trafficking victims through awareness raising efforts. • **Hamilton County River City Correctional Center** is a community-based, residential, alternative-to-prison

	program where OTS staff conducted information sessions about trafficking and their services. • **Ohio Justice and Policy Center** provides supportive legal services for clients, including legal clinics at OTS several times a year. • **Strategies to End Homelessness** assisted OTS clients to secure long-term housing. • **Talbert House**, a community-based substance abuse treatment provider that operates a treatment program at the **Hamilton County Justice Center**, was a common source of referrals to OTS. OTS staff regularly presented to Talbert House residents and conducted assessments to identify potential OTS clients. • **University of Cincinnati School of Social Work** faculty provided clinical consultation, mental health assessments, group meditation classes, and graduate-level social work student interns.
Community Outreach and Training	OTS staff conducted presentations in the community about human trafficking and, in collaboration with the program's contracted clinical social worker, facilitated trainings for providers and professionals about trauma informed care. OTS staff also worked to educate their community about the difference between trafficking and prostitution. OTS staff were members of the Human Trafficking Working Group of Southwest Ohio, led by End Trafficking Cincinnati. Members include local and state law enforcement, local advocates, and other provider agencies. The group facilitates networking among stakeholders and engages in community outreach and public awareness activities.
Victim Service Model	
Clients resided at the OTS program facility where they received culturally-sensitive, trauma-informed support and comprehensive case management from staff with lived experience; a variety of in-house groups, services, and resources; and connections to other community services to meet their individual needs. Clients progressed through three program phases: (1) Safety and Stabilization, (2) Recovery, and (3) Empowerment. The program did not have a set length; however, clients typically did not stay for more than 1 year.	
Victim Identification and Client Engagement	Clients were referred to OTS from a variety of sources including local law enforcement agencies, Change Court, drug and alcohol treatment programs, 12-step groups, the National Human Trafficking Hotline, a local hotline (End Slavery Cincinnati), and

	clients' family members and friends/peers. When referrals were received, the program coordinator conducted a brief pre-screening assessment to determine eligibility for OTS services. OTS aimed to make their referral and intake process as easy and seamless as possible. Staff reported that most of their community partners were familiar with their services. OTS connected with many potential clients through their jail in-reach at Talbert House's substance abuse treatment program at the Hamilton County Justice Center. OTS staff presented regularly to female jail residents about trafficking and the OTS program and conducted one-on-one assessments with potential clients to determine eligibility for the OTS program. If accepted into the program OTS and Talbert House staff worked together to plan for the client's transition to OTS residential services upon discharge from jail. Once accepted into the OTS program, all participants received a standardized screening to understand trafficking victimization experiences (that was developed in consultation with National Human Trafficking Training and Technical Assistance Center staff).
Case Management	OTS case managers met with clients within 24-hours of their arrival to the program. Case managers worked with clients to develop individual recovery plans; provided emotional and tangible support to assist clients achieve their short- and long-term goals; and referred them to in-house and community services. Diagnostic mental health assessments (completed by a licensed social worker) and biopsychosocial assessments dictated the type of individual and group therapy services that clients received in-house, as well as guided decisions regarding referrals to community services. In-house services offered included medical providers, legal clinics and alternative therapeutic classes such as art, mindfulness meditation and dance.
Housing	During OTS program enrollment, clients live at the OTS facility. During their stay, clients work with OTS staff to obtain long-term permanent housing through referrals and connections to community resources (e.g., rent vouchers, long-term supportive housing). Housing placement is based on a client's Vulnerability Index -Service Prioritization Decision Assistance Tool (VI-SPDAT) score. When a housing option becomes available to a client and the client is ready to accept the housing, OTS staff and community partners will provide support for them to make the transition out of the program residence; however, program

	support can continue after clients leave the OTS residence. A client may choose to remain at the OTS residence if she does not feel ready (financially, emotionally, etc.) to leave. OTS's mental health clinician will confirm housing readiness when a housing program requires confirmation from a mental health professional.
Behavioral Health	Recovery mental health treatment and support were central to OTS's approach. Each OTS client received diagnostic assessments to determine mental health and substance abuse treatment needs within two weeks of program enrollment. Most OTS clients have a substance use disorder. OTS case managers, all who had Chemical Dependency Counselor Assistant (CDCA) certification, facilitated multiple drug and alcohol support groups. OTS staff were trained to administer Narcan. Referrals to community partners were made when clients needed detox (usually immediately before entering the program), medication management, or a higher level of care than OTS provides. Frequent partners include CAT, Talbert House, First Step Home, and Hope Over Heroin. OTS contracted with a clinical social worker (faculty at UC) who conducted mental health assessments for new clients, supervised graduate-level social work interns, assisted with developing OTS programming related to mental health and substance use, and provided general consultation around the clinical needs of the clients. Services provided in-house included assessments, individual and group counseling, and support groups. Clients who needed more intensive treatment were referred to various local mental health providers.
Survivor Engagement	OTS is largely a survivor-led program. The program director and several other staff have similar lived experiences as program clients; five staff are former OTS clients. The program's commitment to employing survivors helps staff successfully connect with and support clients. In addition to providing direct services, staff who are survivors help guide other providers (who do not have lived experience) to determine the best treatment for clients. Clients are encouraged to provide feedback informally, through a comment box, and in an exit survey. Clients have also participated in delivering group activities (e.g., a client helped present a dance group).

J Bar J Youth Services, Cascade Youth and Family Center (Oregon)	
The purpose of the Oregon Domestic Victims of Human Trafficking (DVHT) project was to meet an unmet need of services for victims of trafficking in Eastern Oregon. At the time of their DVHT Program application, there was a clear presence of trafficked individuals in Eastern Oregon, but no services for domestic victims of trafficking in the region. J Bar J aimed to identify victims and provide comprehensive services through trauma-informed, strengths-based, and victim-centered approaches.	
Geographic Area Served	Eastern Oregon including the counties of Baker, Crook, Deschutes, Gilliam, Grant, Harney, Hood River, Jefferson, Klamath, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, and Wheeler.
Target Population	Adult and minor domestic victims of human trafficking, with a focus on youth and minors who had experienced or were at high risk for trafficking victimization
Grantee Lead Organization Background	J Bar J Youth Services is a community-based nonprofit organization based in Bend, Oregon. Founded in 1968, it is currently the largest provider of services to youth and families in Central Oregon through their programs for at-risk minors and youth. Programs offered include behavioral health and rehabilitation, services for pregnant and parenting youth, runaway and homeless youth services and shelter, therapy, mentoring, and youth crisis services. J Bar J has provided services for runaway and homeless youth since 1992. The Cascade Youth and Family Center (CYFC), a program of J Bar J, had experience working with domestic and foreign-born victims of human trafficking through their work with high-risk youth populations. The DVHT Program award was the first human trafficking-specific funding the organization had received and J Bar J's first project that included services to adult trafficking victims.
Project Structure	DVHT project services were integrated into J Bar J's services for runaway and homeless youth, Cascade Youth and Family Center, when Oregon's FY 2016 DVHT Program grant began. In 2019, J Bar J's services for victims of child sex trafficking became a separate program. The organization leveraged its expansive network throughout Eastern Oregon—that included community-based youth-serving organizations, resources for low-income populations, medical

	services, behavioral health, and law enforcement—for referrals and service delivery. Comprehensive case management and direct services were provided in-house. Clients were referred externally to other organizations for additional services as needed.
Community Partners *Note: This list identifies some of the DVHT project's key partners; however, it is not a comprehensive inventory of all the community agencies and resources with which the project collaborated (e.g., met with, referred to or received referrals from).*	• **Deschutes County Behavioral Health** provided mental and behavioral healthcare to DVHT clients. They screened and referred patients to the DVHT program as appropriate. • **Deschutes County District Attorney's Office** hosted a Victim's Assistance Program that provided victim and legal advocacy to DVHT clients. They also participated in the Deschutes County commercial sexual exploitation of children (CSEC) multidisciplinary team (MDT). • The **KIDS Center,** within the Children's Advocacy Center, conducted forensic interviews. They referred to the DVHT program as appropriate and chaired the Deschutes County CSEC MDT. • The **Housing and Urban Development** Continuum of Care Board secured rapid rehousing funding for trafficking victims, as well as provided funded for deposits and emergency housing. • **Mosaic Medical** provided medical and dental services to DVHT clients. • **BestCare Treatment Services** provided inpatient treatment services for substance use and addiction. • **Saving Grace** is a domestic violence/sexual assault provider who offered legal advocacy and shelter to DVHT adult clients.
Community Outreach and Training	J Bar J conducted community awareness trainings on human trafficking. They provided training to various sectors, such as law enforcement and the hospitality industry.
Victim Service Model	
Clients were identified for DVHT services internally through J Bar J's other programs and by referrals from community partners, the National Human Trafficking Hotline, and other external sources. The DVHT case manager and other J Bar J staff provided individualized case management and other direct services including assistance accessing housing, resources to meet basic needs, and other services to meet clients' specific needs (e.g., referrals to work placement programs, flights back to home state, tattoo removal).	

Victim Identification and Client Engagement	DVHT project clients were referred to the program by a variety of community partners, connected to services through crisis situations (e.g., raids), or identified through their participation in other in-house programs. J Bar J often identified trafficking victimization through intake or ongoing conversations between clients and case managers. They also used the Commercial Sexual Exploitation Identification Tool to assess minor and youth clients. Additional screening to identify trafficking victimization was not completed with individuals referred to DVHT project services who had already been identified as a trafficking victim. Ongoing screening was conducted within the runaway and homeless youth program to identify youth who experienced trafficking victimization during their engagement with the organization.
Case Management	The DVHT project employed one case manager specifically to work with project clients but other staff also provided case management services to project clients. Utilizing a case management plan template, case managers assessed clients' baseline needs (e.g., housing, education, basic needs, behavioral health); reassessment of needs was conducted on an ongoing basis. Clients determined their own goals. Case managers met with clients about once a week on average to work on the clients' goals (or to change the goals depending on how a client was doing). Case managers used motivational interviewing to help clients clarify what was important to them. For some individuals, such as those who connected to J Bar J through a raid or a crisis, the program only conducted "one-and-done" case management meetings. Some clients were given assistance to leave the Eastern Oregon area and return to their home state or city. These clients were helped to connect to a service provider in their new location.
Housing	J Bar J directly offered multiple housing options to meet the housing needs of DVHT clients based on their age and situation. J Bar J's Cascade Youth and Family Center program has an emergency shelter for homeless youth. Homeless youth, who are 16 to 20 years old could access transitional housing for up to 24 months through Living Options for Teens (LOFT). J Bar J offered housing to pregnant and parenting minor and youth mothers (including some DVHT clients) through Grandma's House. The project set aside funds to use for deposits and emergency housing, which was primarily used to meet the housing needs of

	adult victims who did not qualify for J Bar J's housing programs. Some adult DVHT clients also obtained housing through Saving Grace. J Bar J partnered with the HUD Continuum of Care Board for Homeless Services, which allowed them to collaborate with the local HUD Authority to obtain housing. They worked with HUD to provide Rapid Rehousing to qualifying DVHT clients. J Bar J received a grant from the City of Redmond to purchase a home, which was used to house a family in which the mother, who had been a victim of trafficking, needed housing for her family after reuniting with her children.
Behavioral Health	J Bar J partnered with Deschutes County Behavioral Health (DCBH) to provide behavioral and mental health care. Through the DVHT project, a Memorandum of Understanding was established that specified that DCBH would provide an assessment and treatment within 72 hours when a DVHT client needed substance use services. J Bar J also had a therapist who provided therapy for sexual assault survivors, including DVHT clients who had experienced sex trafficking. Clients with immediate needs, such as detoxification or inpatient treatment, were referred to BestCare treatment services.
Survivor Engagement	The DVHT project initially contracted with a local survivor to provide feedback on program planning and trainings. Later in their project, they employed a part-time survivor mentor who provided mentorship services.

Refugee and Immigrant Center (Utah)	
The Utah DVHT Project aimed to expand anti-trafficking efforts throughout the state of Utah to deliver high quality services to domestic victims of human trafficking and provide victim-centered, trauma-informed care to support survivor healing and self-sufficiency.	
Geographic Area Served	State of Utah
Target Population	Adult and minor domestic victims of sex or labor trafficking
Grantee Lead Organization Background	Refugee and Immigrant Center (RIC) of the Asian Association of Utah is a non-profit organization founded in 1977 in Salt Lake City. RIC seeks to improve the quality of life for refugees and immigrants in Utah. RIC has provided direct services to victims of human trafficking since 2010 with funding from various sources, including the Office for Victims of Crime (OVC), the Administration for Children and Families' (ACF) Office of Refugee Resettlement, and ACF's Family and Youth Services Bureau. RIC was a FY 2014 DVHT demonstration grantee.
Project Structure	The Utah DVHT project was based in Salt Lake City but leveraged existing strong partnerships with various organizations across Utah. The project received most referrals from external community partners. RIC operated a drop-in center through the DVHT project that was available to female clients. In addition to case management, some direct services were offered in-house through RIC's other programs. Clients were referred to a variety of external partners for additional services, as needed.
Community Partners *Grantee Subrecipients *Note: This list identifies some of the DVHT project's key partners; however, it is not a comprehensive inventory of all the community agencies and resources with which the project collaborated (e.g., met with, referred to or received referrals from)*	• **Fourth Street Clinic*** provided medical services to DVHT clients at the RIC drop-in center so that DVHT project clients could access medical care on-site in a safe environment. • **Housing Authority of the County of Salt Lake** offered rapid re-housing vouchers and collaborated to explore how to establish longer-term, safe housing options for victims of trafficking. • **South Valley Services** is a domestic violence/ sexual assault program that offered shelter, food, and secure housing options for male and female victims of sex and labor trafficking. • **Utah Domestic Violence Coalition (UDVC)***operated the 24-hour crisis response line (Lifeline) and provided

	training around the state on domestic violence and human trafficking. • **Utah Legal Services** provided assistance on family and civil matters related to trafficking victimization, assistance pursuing efforts to vacate a victim's criminal conviction and/or expunge a victim's criminal record, and general advocacy and assistance relating to human trafficking victimization. • **Utah Support Advocates for Recovery Awareness** provided peer-to-peer support to address substance use. • **Volunteers of America (VOA)*** conducted street outreach with funding support from the DVHT project; the DVHT project supported a community outreach position. VOA's partnership expanded RIC's capacity to identify victims and provide detox services to adult clients. • **YWCA Utah** offered shelter.
Community Outreach and Training	RIC developed and administered training for over 2000 people in the state of Utah. The content of trainings progressed from the basics to red flags to how to work with and support victims of human trafficking. Staff drew upon eight different discipline-specific modules to tailor trainings to specific audiences. Examples of groups that received training included law enforcement agencies, schools, community groups, medical facilities, and justice centers. Many of RIC's presentation requests came from individuals who had attended a training and subsequently requested a training for their organization. Additionally, to raise awareness in the community, the DVHT project advertised on buses and in other public places.
Victim Service Model	
The hub of the Utah DVHT project was RIC's drop-in center where female clients could access a safe space to relax, meet with project staff, access basic needs (e.g., food, hygiene products), receive medical care (through an external partner who provided services at the center), and be connected to other services. In addition to case management services, available in-house services included education, behavioral health (e.g., group and individual therapy), transportation, financial assistance, life skills, and support for housing. Referrals were made to partner organizations and other community resources, as needed, to meet clients' individual needs.	
Victim Identification and Client Engagement	Program entry happened through a variety of avenues. The project mostly received clients through referrals from street outreach with VOA's homeless outreach team, the crisis response

	hotline (operated by the Utah Domestic Violence Coalition), law enforcement, medical providers, and other community partners (e.g., runaway homeless providers). Clients also self-referred after learning of services through word-of-mouth or accessing drop-in center services. Staff used the Action-Means-Purpose Model to screen individuals for potential trafficking.
Case Management	Case managers conducted a needs assessment with all clients called the Arizona Self Sufficiency Matrix that includes 17 components (e.g., education, medical, mental health, dental transportation needs, housing). The matrix places clients into different tiers, which define a case manager's approach and indicated the level of support a client needed. Based on the needs identified in the assessment, the case manager and client developed an individual service plan that included both short and long-term goals. DVHT project staff valued client choice and autonomy. Case managers and project staff aimed to meet clients where they were and support them to make their own decisions (instead of directing them on what to do).
Housing	To address immediate/crisis housing needs, RIC worked with 14 shelters across the state (13 with which RIC had established a memorandum of understanding). RIC's primary partners for shelter were South Valley Sanctuary, YWCA, and Safe Harbor, all of which are domestic violence shelters that also serve human trafficking survivors. For an after-hours housing need, RIC referred to the UDVC for assistance to obtain shelter for a client. In emergency situations, the DVHT project could provide a motel/hotel room for a few nights. The DVHT project had housing vouchers from the Housing Authority of the county of Salt Lake that could be provided to clients who were engaged in case management. Additionally, the RIC had designated funds for housing through additional grants, including a Department of Workforce Services TANF Housing Grant, which supported housing for clients with children, and two grants that supported longer-term housing, including a 6-24 month transitional housing option for survivors of trafficking.
Behavioral Health	RIC provided mental health treatment through in-house therapists who used trauma-informed, evidence-based interventions. Therapists were accessible through the drop-in center weekly for crisis mental health services. Clients who

	needed longer-term mental health services were referred to RIC's in-house mental health program. DVHT project partner, Fourth Street Clinic, accepted DVHT project clients into their mental health services if they were a better fit for a client than RIC's services. Outpatient substance abuse treatment was available through RIC. RIC referred clients who needed inpatient and detox services to external agencies, including DVHT partner, VOA. RIC and VOA worked together to create pathways that are trauma-informed and reduce stigma for human trafficking victims seeking access to these services.
Survivor Engagement	Survivor leaders served in multiple roles. A survivor leader/case manager was employed by the DVHT project. Survivor leaders provided input on service delivery and helped raise awareness at speaking engagements, community events, and other venues to promote RIC's trafficking services. The RIC was in the process of creating a survivor leadership board (at the time of evaluation data collection) and working with survivor leaders to strategize ways to grow their mentorship program.