Evaluation of Domestic Victims of Human Trafficking Demonstration Projects

Evaluation of Domestic Victims of Human Trafficking Demonstration Projects: Final Report from the Second Cohort of Projects

Kathleen Krieger, Jennifer Hardison Walters, Marianne Kluckman, Rose Feinberg, Merissa Gremminger, Steve Orme, Shilpi Misra, and Deborah Gibbs, RTI International

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Overview

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

This report documents the experiences of the second cohort of demonstration projects (awarded in 2015) that implemented 2-year projects in Billings, Montana; North Dakota and Clay County, Minnesota; and Multnomah County, Oregon. ACF's Office of Planning, Research, and Evaluation (OPRE), in collaboration with FYSB, oversaw a cross-site process evaluation of these demonstration projects conducted by RTI International. The purposes of the cross-site process evaluation were to inform ACF's efforts to improve services for domestic trafficking survivors, enhance performance measurement, and guide future evaluation. Key evaluation questions pertain to the approaches used to foster partnerships, enhance community response, expand access to services, and provide coordinated case management; survivors' experiences with the program; and costs of program components. Data presented were gathered through in-person and telephone interviews with project staff, key partners, and clients from each project; case narrative interviews with case managers; a review of project materials and documents; cost questionnaires; and information on clients served, services provided, and clients' progress toward proximal outcomes reported by each project. Throughout the evaluation, the evaluation team worked closely with OPRE, FYSB, and the training and technical assistance provider, the Runaway and Homeless Youth Training and Technical Assistance Center (RHYTTAC), to ensure coordination and alignment of the programmatic and evaluation processes.

Key Findings

- **Projects carried out a variety of activities and collaborated with diverse project partners to develop and expand organizational and community capacity to identify and serve trafficking victims.** Through community and organizational needs assessments, projects assessed community awareness of trafficking, available resources and services, and areas for improvement. Through the provision of training and information distribution, projects raised awareness about domestic human trafficking; identified and engaged partners; and enhanced other organizations' capacity to identify, serve, and refer trafficking victims. Projects collaborated with a variety of partner organizations. Partners provided direct client services, made and received referrals for services, participated in collaborative meetings, aligned resources, and facilitated connections to additional collaborators. Additionally, all projects engaged in a local or state-level anti-trafficking task force.

- **Projects' diverse organizational backgrounds, target populations, community contexts, and partners shaped the design and implementation of innovative and unique service delivery models.** For the second cohort, the demonstration projects were two runaway and homeless youth organizations, both based in rural service areas, and a sexual assault resource center located in an urban setting. Demonstration projects and their partners implemented a variety of services tailored to the specific needs of trafficking survivors, including host homes, substance abuse treatment groups, and a transitional group shelter.

- **A total of 159 clients (representing 148 unique individuals) were provided case management services across the three projects.** Out of this 159, 147 clients were reported to have been trafficked. Among the 147 trafficked clients, 111 (76%) were sex trafficked, 23 (16%) were labor trafficked, and 13 (9%) experienced sex *and* labor trafficking. The varied characteristics of clients reflect the diversity of projects' service models and referral sources.

- **Projects and partners offered comprehensive case management and a variety of services to meet client needs; however, lack of appropriate, accessible services and individual-level client factors were key barriers to service engagement and delivery.** The most commonly provided services were emotional support, personal items (e.g., clothing, toiletries), and housing financial assistance. Projects encountered barriers to delivering services to clients: Some services were not available in the service area, and in some cases, clients were reluctant or not ready to access available services, particularly mental health services. The services most likely to be associated with service delivery barriers included mental health treatment, employment, substance abuse treatment, education, and life skills.

- **Case managers and partner staff employed several strategies and techniques to serve trafficking victims**. Across projects, staff used various approaches to provide trauma-informed, victim-centered, culturally relevant, and developmentally appropriate services. Some approaches included motivational interviewing, behavior change and harm reduction strategies, offering opportunities for survivor engagement and feedback, partnering with organizations that serve specific subpopulations (e.g., Native American tribes), and providing services specifically tailored for young adult or minor trafficking victims.

- **Client "successes" ranged from small to large accomplishments and were unique to clients' individual goals and personal situations.** Although definitions and indicators of client success varied greatly, clients achieved several types of desired goals, from establishing a safety plan, to short-term goals (e.g., obtaining medical care, submitting job applications), to completing a long-term goal (e.g., receiving a GED). Many clients reported making strides toward increased resilience, self-esteem, and confidence throughout service engagement.

- **Evaluation outcomes varied with clients' status at intake and their length of program engagement.** Positive outcomes were identified among clients with greater needs at intake and longer engagement in project services, based on the

evaluation's Assessment of Client Status. However, negative changes were identified among clients with more positive assessments at intake who engaged in services for 1 year or more. Possible explanations for this finding are discussed in Chapter 6 in the Assessment of Client Status section.

- **Clients were satisfied with demonstration project services.** All clients interviewed (N=21) reported that they were satisfied with demonstration project services. Some clients (n=4) described dissatisfaction with services received from partner organizations. Clients attributed demonstration projects for helping them achieve safety and stability and progress toward healing and their personal goals. Across projects, clients said that consistent and non-judgmental support, advocacy, and assistance from their case manager was the most important aspect of their experience with demonstration project services.

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1. Introduction

Background

Domestic human trafficking involves forced labor and sexual exploitation of United States citizens and lawful permanent residents including men and women; and children, youth, and adults. The extent of human trafficking in the United States is unknown; 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. Populations that may be especially vulnerable to domestic human trafficking include children in the child welfare and juvenile justice systems; runaway and homeless youth; people with disabilities; and lesbian, gay, bisexual, transgender, and intersex individuals (Clawson, Dutch, Salomon, & Goldblatt Grace, 2009a; Fedina, Williamson, & Perdue, 2016; Polaris, n.d.; 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**
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> ♦ 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.
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> (Source: Trafficking Victims Protection Act of 2000)

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

Domestic Victims of Human Trafficking Demonstration Projects

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services, awarded three cooperative agreements[2] in 2014 to implement demonstration projects to improve services for

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

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

domestic trafficking survivors. FYSB awarded three additional cooperative agreements in 2015. The intent of the demonstration program was 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."[3] FYSB selected organizations for the second cohort of demonstration awards that served populations vulnerable to trafficking but

that historically had not provided tailored services for victims of domestic human trafficking or that had only recently begun to identify trafficking victims and provide some specialized services to meet their needs. This approach allowed FYSB to examine the extent to which these organizations could build capacity to serve domestic victims of human trafficking.

The specific objectives of the second demonstration cooperative agreements that began October 2015 and ended September 2017 were as follows:

- Assess community needs and build capacity to connect providers who will work to conduct outreach and identify and provide services to domestic victims of severe forms of trafficking.[4]

- Develop and strengthen within the community a comprehensive victim-centered services model that includes case management and direct victim response services (i.e., victim assistance and response plans) for domestic victims of severe forms of human trafficking.

- Address housing and shelter needs of victims through a continuum of flexible housing supports including emergency, transitional, and housing first strategies.

- Foster collaborations and partnerships that facilitate communication and coordination between victim assistance service providers while enhancing the community response to human trafficking.

- Develop networks within the community to expand access to services for which victims are eligible while providing a means to make referrals to other appropriate programs for ineligible victims.

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[3] Demonstration Grants for Domestic Victims of Human Trafficking Funding Opportunity Announcement: https://ami.grantsolutions.gov/files/HHS-2015-ACF-ACYF-TV-0959_0.htm

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

- Promote effective, culturally and linguistically appropriate, trauma-informed services that improve the short- and long-term health, safety, and well-being of victims.[5]

Process Evaluation

Demonstration projects provide an opportunity to conduct formative evaluation of service delivery approaches that are new or have not yet been documented in specific practice settings. In 2014, ACF's Office of Planning, Research, and Evaluation (OPRE) awarded RTI International a contract to conduct a cross-site process evaluation of the first cohort of Domestic Victims of Human Trafficking (DVHT) demonstration projects and to develop evaluation design options for evaluation of future DVHT programs. Findings from the cross-site process evaluation of the first cohort of DVHT demonstration projects were published in August 2017.[6]

Subsequently, RTI planned and implemented a process evaluation with a second cohort of three demonstration projects that were awarded 2-year cooperative agreements in 2015. The evaluation was designed to build on and be compatible with data produced by the original cohort; however, it incorporated several differences, including a greater focus on the content and delivery of case management services, measures of progress toward proximal outcomes, inclusion of client perspectives, and broader assessment of partnership composition and functioning. The evaluation's domains and guiding evaluation questions are presented in **Exhibit 1**.

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

Final Report

This report documents the experiences of the second cohort of three cooperative agreement awardees that implemented DVHT demonstration projects[7] from October 2015

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[5] 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] Hardison Walters, J. L., Krieger, K., Kluckman, M., Feinberg, R., Orme, S., Asefnia, N., & Gibbs, D. A. (2017). *Evaluation of domestic victims of human trafficking demonstration projects: Final report from the first cohort of projects* (Report #2017-57). Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from https://www.acf.hhs.gov/opre/resource/evaluation-domestic-victims-human-trafficking-demonstration-projects-final-report-first-cohort-projects

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

through September 2017 in Billings, Montana; North Dakota and Clay County, Minnesota; and Multnomah County, Oregon, to improve services to domestic victims of human trafficking in their communities. Chapter 2 briefly describes the three projects, and Chapter 3 details the evaluation design. Chapters 4, 5, and 6 present evaluation findings pertaining to how projects expanded community capacity to identify and respond to domestic trafficking victims, the characteristics and experiences of survivors served by the projects, how projects provided comprehensive victim services, and the cost of case management. Chapter 7 summarizes overall lessons learned and considerations for future programs.

Exhibit 1.   Evaluation Questions for the Second Cohort of DVHT Demonstration Projects

Domain	Evaluation Questions
Community and Organizational Capacity	**What is the community's capacity to respond to trafficking?** ▪ What policies affect identification of and response to trafficking within the community? ▪ What are the community's resources for preventing trafficking and responding to victims? ▪ To what extent does the Administration for Children and Families demonstration project serve trafficking victims who are not served by other federally funded trafficking programs? ▪ How do grantees expand resources and inform policy? **What is the grantee's organizational capacity to respond to trafficking?** ▪ What grantee resources support the demonstration project? ▪ How do organizational resources such as leadership, staff skills, and services change over time? ▪ How do grantees use the community needs assessment to identify key partners and guide program development?
Partnership Composition and Functioning	**How do grantees partner with other organizations to serve victims of trafficking?** ▪ What is the nature and quality of the partnerships? ▪ How do grantees engage, expand, and diversify partner networks? ▪ How do partnerships change over time? ▪ What factors facilitate or impede partnership expansion? **How does collaboration among partners facilitate identification of and response to trafficking?** ▪ What service linkages are created to identify and serve victims of trafficking? ▪ How do partners share information and make referrals to identify and respond to clients? ▪ What factors facilitate or impede successful partnership functioning? ▪ How do grantees identify clients as at risk of trafficking or as confirmed victims of trafficking?
Comprehensive Victim-Centered Services	**How do grantees use case management to support clients?** ▪ What activities and areas of focus comprise case management? ▪ What strategies do grantees use to engage clients and retain them in services? ▪ How effectively do grantees support and supervise case managers? **To what extent are case management and other services victim centered?** ▪ To what extent are case management and other services trauma informed, culturally appropriate, and developmentally appropriate? ▪ To what extent do case management services reflect a victim-centered model? ▪ What do project directors, case managers, and clients see as the strengths and weaknesses of the program?

(continued)

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Exhibit 1.   Evaluation Questions for the Second Cohort of DVHT Demonstration Projects (continued)

Domain	Evaluation Questions
	To what extent is service delivery comprehensive? ▪ What services are provided and how? ▪ What services are not provided and why? ▪ Are any needed services not available? **What are the costs of responding to trafficking victims? What are the labor, other direct, and indirect costs of key services?**
Survivor Characteristics, Experiences, and Early Outcomes	**What are the characteristics of clients served?** ▪ What are clients' demographic characteristics? ▪ What is the status of clients at the time of intake to the program in areas such as system involvement, education, employment, and living situation? ▪ To what extent have clients previously interacted with service systems? ▪ What are clients' trafficking experiences? ▪ What are clients' service needs, as identified by clients and case managers? **How do clients use program services?** ▪ How do clients enter programs? ▪ What types of services do clients want, and to what extent do clients access the services that best meet their needs? ▪ Which needs are difficult to meet, and what factors affect use of needed services? ▪ How long do clients remain engaged with programs, and for what reasons do they exit programs? **To what extent do clients make progress toward outcomes?** ▪ To what extent do clients make progress toward short-term indicators of health, safety, well-being, permanent connections, and self-sufficiency? ▪ To what extent do clients make progress toward their individual goals?

2. Demonstration Projects

The three cooperative agreement awardees that comprised the second cohort of DVHT demonstration projects in 2015 were Tumbleweed Runaway Program in Montana, Youthworks in North Dakota and Minnesota, and Multnomah County Department of Community Justice in Oregon. The following provides a brief overview of the three demonstration projects.

Build and Expand Community Collaborations to Serve Human Trafficking Victims:
Tumbleweed Runaway Program, Billings, Montana

The Tumbleweed Runaway Program is a community-based organization in Billings, Montana, that serves runaway, homeless, and at-risk youth and their families. Under the DVHT demonstration program, Tumbleweed's project focused on expanding services within its organization to trafficking victims[8] and enhancing the response to human trafficking across south central and eastern Montana.[9] They conducted extensive outreach and education to

State	Project Name	Lead Organization
Montana	Build and Expand Community Collaborations to Serve Human Trafficking Victims	Tumbleweed Runaway Program
North Dakota and Minnesota	Human Trafficking Host Home Project	Youthworks
Oregon	Multnomah County Domestic Victims of Human Trafficking Program	Multnomah County Department of Community Justice

community and local government partners and developed a network through which bidirectional referrals were made to and from partners including a substance abuse treatment center, tribal reservations, and the Federal Bureau of Investigation (FBI).

Human Trafficking Host Home Project:
Youthworks, Bismarck and Fargo, North Dakota

Youthworks (Mountain Plains Youth Services) led the Human Trafficking Host Home[10] Project across North Dakota, with an emphasis on six North Dakota counties and Clay County, Minnesota.[11] Youthworks leveraged partnerships with law enforcement and social service

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[8] Beginning here, the term "trafficking victims" is used in place of the lengthier term "domestic victims of severe forms of human trafficking."

[9] Most of Tumbleweed's services were provided in Billings, Montana; however, Tumbleweed conducted outreach and training throughout south central and eastern Montana and helped trafficking victims in these areas obtain transportation to Billings for services.

[10] "Host homes" are private homes of individuals or families that allow an individual to live in a safe home environment that is supportive of recovery, life skills building, and the individual's goals, as well as meeting the individual's living needs. They may provide housing and care for short- or long-term durations. They have been used to serve runaway and homeless youth and adults with disabilities.

[11] Youthworks' service area included all of North Dakota; however, they placed a concerted effort in implementing host homes and services in six specific counties: Cass, Grand Forks, Mountrail, Ramsey, Ward, and Williams. Youthworks' DVHT project's service area also included Clay County, Minnesota (adjacent to Cass County, North Dakota).

agencies in these regions, as well as runaway and homeless youth centers in Fargo and Bismarck to identify potential trafficking victims. In these service areas, Youthworks offered case management services and temporary placement in licensed and specially trained host homes. To offer host homes to clients, the project recruited, trained, and licensed host homes that were specifically prepared to house trafficking victims. Additionally, the project provided trainings on human trafficking, victim identification, trauma-informed care, and information about local resources to social service agencies, law enforcement, and host home providers throughout North Dakota. Key program partners included the North Dakota Department of Human Services, the local FBI, and county social service agencies in North Dakota and Clay County, Minnesota.

Multnomah County Domestic Victims of Human Trafficking Program:
Multnomah County Department of Community Justice, Portland, Oregon

The Multnomah County Department of Community Justice (MCDCJ) oversaw the Multnomah County DVHT Program in Portland, Oregon. MCDCJ managed the cooperative agreement, conducted local human trafficking training efforts, and led collaborative activities across multiple sectors and agencies in the county. MCDCJ partnered with the Sexual Assault Resource Center (SARC) to provide case management, advocacy, and direct services to program clients. Building on a program for minors who had experienced commercial sexual exploitation of children (CSEC), SARC developed the Resilient Young Adult Survivor Empowerment (RYSE) program, a young adult program for trafficking victims. The RYSE program offered comprehensive case management, 24-hour crisis response, a drop-in resource center, survivor support groups, a jail in-reach program, and a direct service volunteer program. Other key partners included Janus Youth Programs, which offered housing resources and dedicated shelter services for trafficking victims, and LifeWorks Northwest, which provided substance abuse treatment groups specifically designed for recovering trafficking victims.

3. Evaluation Design

This evaluation was grounded in a process evaluation design. The evaluation sought to obtain a deep understanding of each of the demonstration projects, including their case management models, collaboration strategies, partnership functioning, clients' service needs, and promising strategies for serving trafficking victims. To this end, we applied a mixed-methods design that included systematically collected quantitative client-level data; qualitative data collected through interviews with a diverse set of stakeholders; project cost data; training data; and project documents, materials, and reports.

Evaluation Design Development

Throughout 2015, RTI developed and refined evaluation design options for the evaluation of the second cohort of DVHT demonstration projects. The evaluation plan implemented with the first cohort of DVHT demonstration projects (Hardison Walters et al., 2017) served as the foundation for design planning. The evaluation team considered additional performance measures and explored data collection methods and measures to assess the following domains:

- Organizational and community capacity
- Trafficking victim identification
- Case management
- Trauma-informed, culturally appropriate care
- Service dosage
- Client progress toward proximal outcomes
- Cost of case management and services
- Partnership composition and functioning

The evaluation team conducted several activities to further inform the evaluation design including the assembly and review of the following resources:

- Previous evaluations of services to trafficking victims (Caliber, 2007; Clawson, Dutch, Salomon, & Goldblatt Grace, 2009b; Gibbs, Hardison Walters, Lutnick, Miller, & Kluckman, 2014; Heffernan & Blythe, 2014; Potocky, 2010), other human services program evaluations (Lee, Kolomer, & Thomsen, 2012; Lutnick et al., 2014; Riger & Staggs, 2011; Rush, 2014; Saunders, Evans, & Joshi, 2005), and other resources related to the evaluation domains (Macy & Johns, 2010)

- Trauma-informed care materials (Fallot & Harris, 2006; Guarino, Soares, Konnath, Clervil, & Bassuk, 2009; Hopper, Bassuk, & Olivet, 2010) and literature on case management (Center for Substance Abuse Treatment, 1998; Clawson & Dutch, 2008; Fukui et al., 2012; Milaney, 2011; National Association of Social Workers, 2013a,

2013b; Rapp & Goscha, 2004; Substance Abuse and Mental Health Services Administration, 2014; University of Kansas, 2007)

- The second cohort project funding opportunity announcement, project applications, and data forms (when available)
- Written and verbal input from the study's expert consultants (which included practitioners, experienced trafficking researchers, and evaluation professionals) and representatives from OPRE, FYSB, and ACF's Office on Trafficking in Persons

Based on findings from these activities, RTI finalized the second cohort evaluation design. The second cohort evaluation was designed to be compatible with data produced by the first cohort of demonstration projects. However, it also incorporated several important additions:

- Greater focus on the content and delivery of case management services
- Individual-level data on services received by program clients
- Measures of progress toward proximal outcomes
- Inclusion of client perspectives
- Broader assessment of partnership composition and functioning

Data Sources

The evaluation team used a mixed-methods approach that included qualitative and quantitative components. Data collection included program-collected data on community-level trainings delivered, clients served, services provided, and clients' progress toward outcomes. Additionally, the evaluation team conducted semi-structured interviews with project staff and partners and case narrative interviews with case managers, reviewed project documents and materials, and collected cost and labor questionnaires that were completed by project and organizational finance staff.

Client and Services Program Data

Demonstration projects[12] recorded information about the clients they served through their DVHT project–funded case management, the services they were provided, barriers to service provision, and clients' progress toward outcomes using five forms: *Client Status at Intake*, *Service Log*, *Barriers to Service Use and Delivery*, *Case Closing Status*, and *Assessment of Client Status* (**Appendix A**). **Exhibit 2** displays the domains and dimensions of these forms. The evaluation team created electronic versions of these forms in Microsoft Excel. Case managers from the three demonstration projects completed the electronic forms based on their

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[12] Generally, the demonstration projects' organizational or agency names and respective states—Tumbleweed (MT), Youthworks (ND), and Multnomah County/SARC (OR)—are used throughout the report when referring to work completed by the demonstration project. SARC is included with Multnomah County because although Multnomah County Department of Community Justice oversaw the cooperative agreement, SARC provided client case management services for the project.

knowledge of and work with clients, as well as information recorded in their organization's client database or clients' case files. Forms were not completed by clients. Projects shared completed forms with the evaluation team every 2 months from May 1, 2016, through September 15, 2017, via a secure file transfer protocol web portal. Forms included a program-created unique identifier for each client but no personally identifiable information.

To ensure data quality, the evaluation team provided training and ongoing technical assistance to project staff on the client and services forms. Immediately after receiving data forms, the evaluation team reviewed them for completeness and followed up with project staff to obtain any missing forms and clarify the content of text-based fields, as necessary. Furthermore, the Excel version of the forms contained integrated audits that required all fields be completed and prevented the entry of inconsistent data (e.g., the *Client Status at Intake* form contained a check to ensure that the referral date entered preceded the intake date entered).

Although many steps were taken to ensure the quality of the client and services data, it is important to note their limitations. As described previously, the data are based on case managers' knowledge of and work with clients and information documented in clients' case files or in their organization's client database. The data pertaining to clients' status reflect only information that clients shared with case managers (or intake and other staff) and may reflect case managers' perceptions and biases. The individuals served by the three demonstration projects were neither a random nor a representative sample of individuals who have experienced trafficking; therefore, these data are not generalizable to the larger population of trafficking victims.

Exhibit 2.   Client and Services Program Data Elements

Domain	Dimensions	Program Data
Client Status at Intake		
Survivor Characteristics, Experiences, and Early Outcomes	Program entry	• Referral date • Referral source • Intake date • Court mandated to services
	Demographic characteristics	• Age • Citizenship status • Gender identity • Sexual orientation • Race/ethnicity • Primary language • Children • Education level • Employment status • Public benefits status

(continued)

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

Domain	Dimensions	Program Data
	Trafficking	• Type of trafficking (sex, labor, both) • Current and past trafficking • Type of industry (for labor trafficking only)
	Service needs	• Presenting needs
	System involvement	• Case worker in other service systems (child welfare, mental health, domestic violence, homeless services, substance abuse treatment, criminal justice)
Service Log		
Comprehensive Victim-Centered Services	Case management and service delivery	• Case management activities, services delivered, referrals made • Case management duration and intensity (derived analytically)
Barriers to Service Use and Delivery		
Comprehensive Victim-Centered Services	Barriers to service delivery	• Barriers to service delivery and service use
Case Closing Status		
Survivor Characteristics, Experiences, and Early Outcomes	Program exit	• Date case closed • Length of program engagement (derived analytically) • Reasons for case closing
Assessment of Client Status		
Survivor Characteristics, Experiences, and Early Outcomes	Progress toward proximal outcomes	• Status on outcome areas at intake, reassessment, and case closing: – Basic needs and public benefits – Housing/shelter – Physical safety – Emotional/behavioral/mental health – Physical health/medical – Dental – Sexual health – Reproductive health – Substance abuse – Human/labor rights awareness – Legal issues – Family support – Parenting – Support network – Education/literacy – Job skills/employment – Life skills – Financial self-sufficiency

Training Logs

Projects collected data on the trainings they conducted for agencies, professionals, and others to document how they were expanding community capacity and conducting community outreach to engage diverse partners. Project staff recorded the training dates, training topics, number of attendees, and attendees' service sectors (e.g., law enforcement, health care workers, domestic violence services) in a training log (**Appendix B**). Projects were asked to share their training logs with the evaluation team every 2 months from May 1, 2016, through September 15, 2017.

Project Staff and Partner Interviews

The evaluation team conducted 41 interviews during winter 2016/2017 and summer 2017. Interview participants included project directors (n=3), case managers (n=7), other project staff (n=11), individual representatives from partner organizations (n=16), and host home family members (n=4). Most interviews were conducted in person during site visits; however, interviews were held via telephone or videoconference with project staff and partners in North Dakota in winter 2016/2017 and in Montana in summer 2017. Interview topics included community and organizational capacity; partnership composition and functioning; collaboration and coordination of services; information sharing; community outreach and training; implementation challenges; and service provision, including screening and assessment, case management services, referrals, service availability, and service delivery strategies. Project director, case manager, and partner interview guides are provided in **Appendix C**.

Client Interviews

The evaluation team conducted interviews with 21 clients during site visits to the demonstration project sites (or over the telephone) during winter 2016/2017 and summer 2017. Interviews were conducted with individuals who had received case management services from one of the demonstration projects. Interview topics included program entry, program engagement, services used, case management, victim-centered services, program strengths and weaknesses, and the helpfulness of the program. Clients were invited to participate in an interview by their case managers or other staff with whom they worked closely. Project staff did not invite clients whom they deemed to be in crisis, who had severe mental or behavioral health issues, or for whom the interview could cause emotional distress. Evaluation team members talked clients through an informed consent process that included details about the types of questions that would be asked during the interview. Clients were given a $25 gift card for their time to participate in the interview. The client interview guide is in **Appendix D**.

Case Narrative Interviews

In addition to the client interviews, the evaluation team compiled six case narratives through interviews with case managers across the three demonstration projects. Case narratives provided an opportunity to gain a deeper understanding of individual clients'

backgrounds, service engagement, and progress toward their short-term goals from the case manager's perspective. This approach also allowed researchers to ask more sensitive questions about a client's trafficking experiences in a way that maintained client confidentiality and avoided the need for victims to recount their trafficking experiences, which could be traumatizing for them. The evaluation team requested that case managers select a diverse sample of client cases that staff knew well for case narratives, including sex and labor trafficking victims; minors and adults; lesbian, gay, bisexual, transgender, and queer (LGBTQ) clients; clients whom case managers regarded as successful; and cases that presented challenges to service provision. Interviews were conducted by telephone using a semi-structured interview guide. Case narratives did not include any information that could be used to identify the client; case managers used pseudonyms when describing clients, and if any information was inadvertently shared (e.g., the client's first name) during an interview, the information was not recorded in the evaluation team's notes. The case narrative guide is in **Appendix E**.

Cost

The cost evaluation assessed the value of the resources used to provide comprehensive case management to clients of Cohort 2 DVHT projects. Cost data were collected using a systematic activity-based costing method. Although the method was originally developed to assess substance abuse treatment costs, it can be readily tailored to assess costs in other settings (Anderson, Bowland, Cartwright, & Bassin, 1998; French, Dunlap, Zarkin, & Karuntzos, 1998; Fuehrlein et al., 2014; Norton, 1998; Zarkin, Dunlap, & Homsi, 2004).

The evaluation team adapted the Substance Abuse Services Cost Analysis Program instrument (Zarkin, Dunlap, & Homsi, 2004) to fit the context in which the DVHT projects operated, including modifying the activity categories to capture the specific components of case management and administrative support activities. The modified instrument was first used to collect cost information from the first cohort of DVHT demonstration projects. The evaluation team collected cost data from two Cohort 2 projects: Tumbleweed (MT) and Youthworks (ND). Project directors completed the cost instrument with assistance from financial staff at their respective organizations. Partner organizations' costs are excluded from the cost assessment. Multnomah County/SARC (OR) was excluded because the data needed for analysis were not available.

The cost instrument contained the Cost Module and Labor Module (both in **Appendix F**). The Cost Module captured annual expenditure information for each DVHT project over a 12-month period.[13] These annual expenditures included costs for regular paid employees and contracted employees, as well as annual costs for contracted services, building space, depreciation, supplies and materials, miscellaneous resources, and overhead expenses. It also collected the value of any volunteer or in-kind labor that may be used to provide services at the program and true market value of any building space that may be subsidized or used free of charge. Capturing the market value of donated resources will help future projects use the

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[13] Youthworks (ND) completed the questionnaire for January through December 2016. Tumbleweed (MT) completed the questionnaire for July 2016 through June 2017.

estimates to budget appropriately. The Labor Module collected staff labor hours across four components of case management activities and four program and administrative activities. The Labor Module also collected average weekly number of sessions, average session lengths, average number of clients receiving a service per session or per week, and staff wages.

Document Review

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

- demonstration program proposals,

- a capacity-building self-assessment,

- semi-annual progress reports,

- memoranda of understanding (MOUs),

- referral protocols,

- case management protocols and forms,

- screening and assessment tools, and

- materials describing services (e.g., groups, classes, trainings).

The documents provided additional information on key program elements, informed the refinement of interview questions, and informed and contextualized findings from the site visits. In addition, the evaluation team reviewed information shared by projects during two peer exchange meetings in Washington, DC, in January 2016 and September 2017.

Data Analysis

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

Quantitative Data

Analysis was performed on the program-collected client data extracted from the *Client Status at Intake*, *Service Log*, *Barriers to Service Use and Delivery*, *Assessment of Client Status*, and *Case Closing Status* forms (**Appendix A**). Demonstration project staff maintained their own data files and sent a copy of each file to the evaluation team every 2 months. The evaluation team reviewed the data for completeness and asked project staff to provide any missing data forms. The evaluation team reviewed and evaluated "other, specify" responses to determine whether they fit into an existing category or required a new category. Any necessary changes to the data were performed by project staff. The analysis performed was descriptive in nature and consisted of frequencies and comparisons between the projects. The quantitative data analysis

for this paper was generated using SAS® software, Version 9.4 of the SAS System for Windows. Copyright © 2017 SAS Institute Inc.[14]

Qualitative Data

The evaluation team's qualitative analysis approach applied well-established methods (MacQueen, McLellan, Kay, & Milstein, 1998; Miles & Huberman, 1994). First, the evaluation team developed a set of deductive codes[15] and subcodes based on the evaluation questions. For example, the evaluation team created the code "partnership facilitators and barriers" to represent the evaluation questions related to factors that facilitated or hindered partnerships. Then the evaluation team applied the deductive evaluation codes to the qualitative data using NVivo software. After the qualitative data were coded, the evaluation team generated code reports for each evaluation question code. Team members reviewed the code reports to identify patterns across and within demonstration projects and developed written code report summaries describing these syntheses of patterns and themes. The summaries served as a foundation for the qualitative findings presented in this report.

Cost Data

To estimate the average total cost per hour and per unit (i.e., per session or per consumer) for specific case management components, we combined the labor data and non-labor costs collected by the Cost and Labor Modules. For each activity, listed in **Exhibit 3**, the staff time spent doing the activity, direct labor, was multiplied by the hourly wages (including benefits and taxes) of each staff person involved. Each case management activity was then divided by the hours assigned to the activities to produce the hourly labor cost. To calculate the total hourly costs of case management activities, the administrative labor costs and non-labor costs were apportioned over the staff hours used on case management activities. For example, if a program spent 20% of its total reported case management service hours on outreach, then 20% of the total non-labor and indirect labor costs would be allocated to outreach. After, the labor costs of administrative activities were proportionally allocated across the case management activities. Similarly, the annual costs of non-labor resources were divided by 52 (weeks in the year) and by the total labor hours per week for an hourly non-labor cost.

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[14] SAS and all other SAS Institute Inc. product or service names are registered trademarks or trademarks of SAS Institute Inc., Cary, NC, USA.

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

Exhibit 3.   Activities and Definitions[16]

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

Collaboration with FYSB and RHYTTAC

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

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

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

One aim of the DVHT demonstration program was to develop and strengthen the community's comprehensive victim-centered services, including case management and direct victim response services; housing and shelter; and building capacity to connect outreach and service providers to domestic trafficking victims. Demonstration projects accomplished this through assessing community resources and needs, conducting training and outreach, and collaborating with partner organizations.

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

- Tumbleweed (MT) staff and partners conveyed that before the DVHT project, the community's awareness of human trafficking and capacity to address it were very limited. They described that some communities did not believe that human trafficking was taking place in their towns. Project staff felt that their DVHT project's training and outreach efforts enhanced awareness of the issue and led to the creation of services specifically for victims of human trafficking.

- Youthworks (ND) staff and partners expressed that, in North Dakota, general awareness of human trafficking and community capacity to address the issue were lacking. They felt that heightened attention was given to human trafficking after the recent "oil boom" but that there was a general misconception that when the oil boom subsided, the incidence of human trafficking decreased as well. Project staff reported that services available to trafficking victims before the DVHT project were short term and did not adequately address their complex, long-term needs. They believed that their training and outreach efforts were highly successful in enhancing the community's understanding of trafficking and the availability of victim services.

- Multnomah County/SARC (OR) staff and partners reported a highly comprehensive network of services and resources for victims of trafficking, as well as substantial awareness of domestic human trafficking across systems. Project staff and partners reported that they were able to better align services for victims and strengthen connections between providers over the course of the grant.

Organizational and Community Assessments

All three projects completed a capacity-building self-assessment as part of their programmatic requirements. The capacity-building self-assessment tool included specific assessment questions related to each organization's capacity surrounding comprehensive victim-centered services, community collaboration and partnerships, community outreach and education, program performance, and organizational capacity. The self-assessment tool was developed by the TTA provider, RHYTTAC, in collaboration with FYSB and RTI. RHYTTAC used

results from the self-assessment to help identify TTA needs and guide the development of a site-specific TTA plan.

The DVHT demonstration program also specified that projects should assess community needs as a step in the process of expanding community capacity. The purpose of this step was to give DVHT projects the opportunity to assess service gaps through community conversations and expand partnerships to implement the program. These activities were intended to inform decision-making about the target population, adoption of screening and assessment tools, and strategies and activities to implement the program model.

Tumbleweed (MT) collected information through a survey of key stakeholders, including law enforcement, judges, and service providers in every county. The overall finding from the survey was a general lack of awareness of human trafficking and knowledge of trafficking incidents in their respective communities. Project staff felt that the information gathered through the survey was instrumental in identifying and prioritizing locations to target their outreach and training efforts. Multnomah County/SARC (OR) reported that the community assessment process allowed them to assess service availability, "forms, and processes" across agencies and areas for improvement. Youthworks (ND) capitalized on their cross-state Enhanced Collaborative Model Task Force project to assess community needs related to trafficking across the state.

Training

As a strategy for expanding community capacity, all DVHT projects developed and conducted a variety of in-person trainings for local organizations and professionals such as social services employees, law enforcement personnel, judges, medical providers, educators, child protective services staff, first responders, foster parents, and youth. Trainings usually included an overview of human trafficking, local human trafficking statistics and issues, "red flags" or indications that someone might be a trafficking victim, information on providing trauma-informed care, a description of local victim services, state laws related to human trafficking, and additional available resources. Projects tailored trainings

Exhibit 4. Trainings Conducted by Demonstration Projects

Demonstration Project	Partners Trained	Professionals Trained
Tumbleweed (MT)	68	3,325
Youthworks (ND)	19	371
Multnomah County/SARC (OR)	69	2,363

to the specific needs of each given audience. **Exhibit 4** shows the number of partner organizations and individual professionals trained by each demonstration project.

Tumbleweed (MT) created a 1-hour in-person training that was focused primarily on increasing general awareness of human trafficking and key indicators of trafficking victimization. Tumbleweed tailored their core training for three different audiences: (1) a general audience, (2) professional counselors and case managers, and (3) child protective services staff. Staff conducted trainings with community organizations in and around Billings,

such as domestic violence shelters, hospitals, and counseling centers, and with public health departments and local law enforcement in towns in Tumbleweed's (MT) expansive rural service area. Additionally, based on the results of their needs assessment survey, project staff reported sending approximately 500 postcards to agencies and organizations across the state to promote their awareness training.

Youthworks (ND) staff conducted general trainings to raise awareness throughout the state as well as trainings to instruct participants on using the *North Dakota Human Trafficking Task Force Rapid Indicator Guide*[17] to identify potential victims of human trafficking. A colleague experienced in community education provided support for training preparation, such as reviewing training materials.

Multnomah County/SARC (OR) staff usually co-delivered trainings with representatives from other agencies serving victims of trafficking. Project staff reported that jointly delivering training demonstrated the value of collaboration and partnership across stakeholders. Multnomah County/SARC (OR) organized trainings using a three-tiered model: Informed, Responsive, and Specific. The Informed trainings were intended for anyone who may come in contact with human trafficking victims (e.g., public transportation personnel, convenience store cashiers) and designed to prepare attendees to respond in a trauma-informed, helpful way. The Responsive trainings were for providers who wanted to develop responsive services tailored to the needs of human trafficking victims. The Specific trainings were designed for providers who specifically serve victims of human trafficking and aimed to increase participants' skills to serve trafficking victims. At the time of data collection, project staff reported that they had conducted Informed and Responsive trainings and were looking for additional funding to support the delivery of Specific trainings.

"After trainings or during trainings people will say, 'Wow, I can think of 10 people that I helped before that I totally missed the boat on,' and, 'You know, they're not alone in that, we all feel that way and that's the really frustrating part… we knew something was wrong but didn't know what to do about it or didn't know that it was trafficking.'"

Project director

"There were approximately 25 social workers from [a medical center] that received training, and within 6 weeks we had three calls of identified victims that they had identified because of that training. And then we received calls from department heads requesting additional, more specific training for their departments."

Project director

Across projects, staff reported that trainings were important and useful components of the projects. Specifically, trainings helped do the following:

- **Raise awareness about human trafficking and confronting misconceptions:** Project staff reported that trainings helped raise consciousness about human trafficking and the resources available to victims. This was particularly true in North Dakota and Montana, where staff and partners reported to the evaluation team that communitywide awareness of human trafficking at the beginning of the project was lower than what staff and partners

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[17] The *North Dakota Human Trafficking Task Force Rapid Indicator Guide* is available here:
https://www.futureswithoutviolence.org/wp-content/uploads/NDHTTF-Indicator-Tool-Service-Map.pdf. 🔗

reported in Multnomah County, Oregon. Youthworks (ND) and Tumbleweed (MT) staff reported that the trainings dispelled myths about human trafficking and helped participants recognize it in their own communities. Youthworks (ND) staff reported seeing a shift in general understanding of trafficking and stereotypes typically held by community members about trafficking victims. Tumbleweed (MT) staff recounted that upon receiving a training card in the mail, a public health department requested training for its nurses, providers, front staff, and human resources personnel.

- **Identify and engage partners:** Project staff explained that trainings helped them to identify and engage partners. Due to the rural characteristics in Montana and North Dakota, Tumbleweed (MT) and Youthworks (ND) relied heavily on their trainings to identify potential partners. Tumbleweed (MT) staff described the trainings as an opportunity to pinpoint individuals in each county or region to serve as points of contact to assist with referrals and resources for local agencies that identify victims of trafficking. Some of the Multnomah County/SARC (OR) trainings designed to enhance the functioning of existing partnerships, particularly between law enforcement and victim advocates, predated the demonstration project. Staff described that these trainings underscored the shared goal of victim restoration to help bridge the divide between the two disciplines.

- **Build capacity:** All demonstration projects used training to build capacity among organizations. Tumbleweed (MT) developed a plan to train each county's public health department as a way to reach the necessary people across an expansive state. Often, those trainings were also attended by local law enforcement and other local service providers. Youthworks (ND) provided training on the *North Dakota Human Trafficking Task Force Rapid Indicator Guide*, an instrument designed to identify red flags of trafficking, to any organization that requested it. Additionally, Youthworks (ND) trained each host home on the complex needs of human trafficking victims and strategies for providing a safe, victim-centered, and trauma-informed environment. Multnomah County/SARC (OR) tailored trainings to each audience with whom they worked. They focused on increasing organizations' capacity to identify potential trafficking victims in their specific setting, provide trauma-informed care to trafficking victims, and refer victims to existing services.

Outreach

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

- **Task forces and collaboratives:** All three demonstration projects were involved in local or state-level task forces or collaboratives.

  - In Montana, the Yellowstone Area Human Trafficking Task Force is composed of approximately 200 members from more than 50 agencies. Because of the large number of members, the task force was organized into several subgroups,

including victim services, community awareness, prosecution, and law enforcement. Tumbleweed (MT) staff co-chaired the victim services and community awareness subgroups. Additionally, during the DVHT demonstration project period, Tumbleweed (MT) and partner agencies formed a multidisciplinary team in Billings to coordinate victim response protocols and service delivery and to share information.

– Youthworks (ND) staff participated in the statewide North Dakota Human Trafficking Task Force, which comprised partners, including the attorney general, Department of Human Services, service providers, the University of Mary, and trafficking survivors. In addition, Youthworks (ND) staff were involved in multidisciplinary teams, which were community-based teams of professionals who developed and implemented community-specific protocols when cases of trafficking were identified.

– The Multnomah County/SARC (OR) project built on a foundation of collaboration that originated around the issue of CSEC. The Multnomah County CSEC Collaborative, created with federal grant funds in 2009, is an ongoing effort with more than 200 partners. The collaborative's mission is to enhance efforts to investigate, prosecute, and supervise offenders; better identify and support survivors of CSEC; and increase education, prevention, and engagement in the community. With support from the DVHT demonstration project, Multnomah County/SARC (OR) developed a leadership team called the Sex Trafficking Enhancement Project (STEP) to serve as a subcommittee to the larger collaborative focused on partnership and service development. Project staff reported that a key success of STEP was the creation of the report titled *Collaborative Crisis Response for Commercially Sexual Exploited Youth and Young Adults*.[18] The report specifies collaborative partners' roles and responsibilities with regard to crisis response.

- **Prevention education and outreach:** Two projects conducted outreach and prevention education to youth. Tumbleweed (MT) reported that schools in small communities requested presentations for their students. Project staff conducted a community night for parents and presented at a school assembly. Multnomah County/SARC (OR) staff conducted prevention programming to middle and high school students.

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[18] The report is available on Multnomah County's website: https://multco.us/file/65798/download. 🔗

- **Innovative outreach:** To raise awareness about trafficking and available services, Tumbleweed (MT) commissioned a graphic design team to create a public campaign and paint information on an oil tanker truck whose route covered an extensive area from Canada through North Dakota, Wyoming, and farther west.

Tumbleweed's trafficking awareness message on an oil tanker truck.

Partnerships

Partnerships and Service Linkages

Partner organizations played a key role in all three demonstration projects. In addition to assisting with and receiving trainings, partners' roles involved providing direct client services and bidirectional referrals, participating in collaborative meetings, coordinating resource allocation, and facilitating connections to additional collaborators. Demonstration projects collaborated formally and informally with partners who participated at varying levels in the demonstration projects. Formally, Youthworks (ND) and Multnomah County/SARC (OR) obtained signed MOUs from some project partners that delineated the goals and objectives of the partnerships. Informally, across all projects, partners collaborated with the demonstration project in other ways, such as referring clients or receiving clients for specialized services. The following describes the different roles that partners played across the demonstration projects:

- **Provided direct services to clients:** Partners across all demonstration project sites provided a range of services to trafficking clients, including assistance with housing, mental health services, substance abuse treatment, and legal advocacy. Usually, partners provided services at their organization's location. However, in some cases, partners provided assistance at the lead organization's site; for example, in the case of Multnomah County/SARC (OR), during resource hours at SARC's (OR) drop-in space.

- **Engaged in bidirectional referrals:** All projects made and received referrals among their partner networks. One partner explained, "There's a lot of communication… and we all refer back and forth to each other." Client needs varied greatly, from housing assistance to education, and projects worked with their partners to provide services to clients and meet their needs.

- **Participated in task force, workgroup, and coalition meetings:** Multiple projects participated in regular working meetings with community stakeholders. 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.

- **Collaborated around funding for service provision:** Youthworks (ND) staff described a collective approach to assembling funding for trafficking services. By combining resources across partners and various federal state funding streams, partners jointly supported the provision of appropriate services.

- **Facilitated connections to and credibility with other community partners:** Staff from all projects noted that by working with certain partners, particularly those with tribal connections and those in law enforcement, they were viewed with more credibility by other community stakeholders. For example, partnering with law enforcement helped Youthworks (ND) and Multnomah County/SARC (OR) gain buy-in from certain social services organizations and other law enforcement entities.

Referrals between Partners

The service linkages and relationships described in the previous section facilitated bidirectional referrals between demonstration projects and their community partners. Bidirectional referrals supported projects' ability to provide comprehensive service delivery to their clients. Projects typically received referrals *from* partners for assessment, case management, and trafficking-specific services. To promote incoming referrals, projects trained partner organizations to identify potential signs of trafficking victimization and refer at-risk clients to demonstration project services for further assessment. Projects typically made referrals *to* partners when clients required services that could not be met in-house. Projects conducted extensive outreach to external partners to understand what services were available in the broader community. Common external referrals were related to legal, medical, mental health, and substance use treatment needs.

Projects used formal and informal referral processes:

- **Informal processes:** Some referral processes were informal; for example, one project director described calling their partners "all the time" when they needed to coordinate services or refer

> *"Actually sharing resources [is key]. So if we have something to offer, offering that and not worrying about who gets the credit or counts the number but staying focused on meeting needs. That has paid off in terms of accessing partnerships."*
>
> Executive director

clients to each another. Another partner echoed this sentiment, stating that, "I'll just call [the project] if I have a case. They are not hard to get ahold of." In smaller communities in Montana and North Dakota, projects relied on their knowledge of the local service provider landscape to determine what referrals were possible for specific clients. Partners in Billings described quickly driving over to meet clients at Tumbleweed (MT) because of their geographic proximity.

- **Formal processes:** Despite the often informal nature of the referral networks, all projects discussed the importance—and logistics—of establishing appropriate legal agreements when sharing client information. Tumbleweed (MT) and Youthworks (ND) used release of information forms when sharing sensitive client information with partners. These forms were typically signed by the clients themselves, but Youthworks (ND) noted that when clients were in county custody, the social services agency was ultimately the responsible signee. Multnomah County/SARC (OR) received referrals from partners through an encrypted email system, and all referral emails containing client information were password protected. This process was established before the demonstration project.

All demonstration projects had long-standing referral relationships with at least some existing partners to refer clients to services. For example, one Multnomah County/SARC (OR) partner described an established process for making in-person handoffs to project staff when referring a client to their care. However, stakeholders also reported that the DVHT demonstration project facilitated connections between organizations and the development of new referral mechanisms.

Partnership Strategies

Demonstration project staff and partners described strategies they used to foster and maintain collaboration between agencies. The following strategies were the most commonly reported across projects:

- **Develop trust and strong personal relationships:** Project staff and partners from all three demonstration projects emphasized that strong relationships were a fundamental element of collaboration. Several stakeholders mentioned the importance of relating on a personal level, with one partner stating, "It makes a big difference when you can connect." Another described the project lead organization as a "safe place" to go to for support and advice and credited the character of the project staff members for creating that supportive dynamic. Some partners also described the role that trust played in their willingness to make referrals to project sites. One stated that the project's commitment to trauma-informed approaches was a factor in their decision to collaborate with them on the DVHT award. Another partner expressed appreciation for being able to trust that project staff would appropriately meet a client's needs without micromanaging.

- **Focus on relationship building with hard-to-reach partners:** Staff from all three projects described the importance of building connections with community stakeholders that were initially more difficult to engage. Examples included tribal reservations (two projects) and law enforcement agencies (two projects). Project staff described the importance of having "ins" and making connections with other contacts who could help them gain buy-in. Projects successfully made progress building relationships by working with organizations and individuals who already had credibility with these stakeholders and relying on these contacts to facilitate

introductions and meetings, and—in the case of one project—organize a day-long summit on a reservation. Staff from another project noted that by partnering with law enforcement from the beginning of the DVHT award, other criminal justice organizations viewed them more credibly.

- **Communicate openly and intentionally:** Project staff and partners discussed the critical role of strong communication in their work together. Several partners mentioned that project staff members were available whenever they had a question or a referral. One partner explained, "any time of day or night, either one of us could reach the other."

> *"Every time somebody says, either formally or informally, 'We should get the team together,' I think that's a success."*
>
> Project director

Given the busy schedules of all stakeholders, several mentioned the importance of being intentional around communication, such as having clear goals and agendas for meetings.

- **Maintain shared goals:** Interviewees across all stakeholder types cited the importance of having a shared goal to facilitate collaboration. This shared goal allowed stakeholders to overcome differences of opinion and differing service provision approaches.

> *"I think the partnership works because we all ultimately want the same thing and I think that we've built sort of trusting, friendly, warm relationships between one another. So we can engage in conversations where we might have different thoughts or ideas about what might happen, and we do so respectfully and with so much warmth that troubleshooting things doesn't seem hard."*
>
> Project partner

Explained one project director, "We may all have our different philosophies or our different approaches, but if we have a common vision and a common goal, we can all agree to come back to that and all can work towards that together." Another project supervisor explained that they have been able to work through difficult professional relationships by focusing on building relationships that will be beneficial to their clients.

- **Prioritize collaboration above competition:** Two projects described making progress in shifting away from a territorial approach to clients and toward a collaborative, wraparound approach. By building personal relationships with contacts at other organizations, and by presenting their service offerings in an informative and non-territorial manner, they were able to start changing the community dynamics and laying a foundation for team-based service delivery. Staff from one project described their approach as "you help from here, we're going to help from here, and we'll all come together because we're working for the same thing." A partner with a different project cited a lack of competition among their team as key to their success: "No one is territorial. Everyone understands that we're all here to do the same work, and as long as the work gets done, no one is possessive of a case."

- **Develop processes to facilitate exchange of information:** Information sharing was a key facilitator to all the collaboration described among the demonstration projects. Projects and partner staff explained that processes to promote free exchange of information provided them with the information they needed to best serve clients who were referred among organizations. For some partners, this involved release of information forms to provide legal safeguards when sharing clients' personal information. In addition to legal facilitators, some partners described the importance of creating a culture where all organizations felt willing to share information.

Partnership Challenges

Projects also described challenges that they felt impeded the collaboration process.

- **Competition among community partners:** One demonstration project expressed that service providers in their community were often competitive with one another in serving clients, especially when grants or other sources of funding were involved. Many funding opportunities require organizations to note the number of clients served, making some organizations territorial over their clients and hesitant to make referrals. However, project staff noted that through the DVHT demonstration project, they succeeded in shifting the collective attitude away from competition and toward collaboration and partnership.

- **Differing organizational cultures:** Project staff from two demonstration sites noted challenges associated with navigating diverse cultural contexts among their partner organizations. One example was tribal reservations, which can be wary of non-tribal organizations that attempt to access their community, and which also may have strong cultural norms around sex and gender roles. Another example was faith-based organizations that offer prayer as their core approach to trafficking but do not typically make referrals to non-religious service providers. Another project noted that domestic violence organizations, with which they often collaborate, often do not accept individuals who are trafficking victims because they do not clearly meet the definition of a victim of domestic violence, and they are not prepared to meet the complex needs of victims of trafficking. One demonstration project acknowledged that diverse partners can direct their differing approaches toward a shared goal but also noted that "until we all quit vying for who is going to be the lead, I think we're going to struggle."

- **Different definitions of human trafficking:** One partner organization expressed concerns about the definition of human trafficking used by their area's DVHT project. This created a challenge in aligning numbers of

> *"If your collaboration doesn't have a common goal, it can lead to more disjointed efforts. Having a common goal is vital because then even if you're coming at it from your necessary but different vantage points, the common goal grounds everybody."*
>
> Project partner

clients served and coordinating referrals between the two organizations, because some clients were considered trafficking victims by one organization but not the other.

- **Limited time:** One partner organization felt that busy schedules and a high volume of work prevented their partnership with the demonstration project from expanding beyond its current limited capacity.

- **Information-sharing barriers:** Information sharing presented challenges, particularly around release of information forms. Although project staff said that they recognized the importance of the forms, one project staff member described delays in service provision during emergency situations while trying to obtain necessary documentation from all involved parties. Staff noted that release of information forms are more challenging for young adult clients, because they can decide what information (if any) is shared and may be hesitant to sign if they see law enforcement or certain service providers on the form.

Policy and Practice Changes

All projects attributed some changes in policy and practice—ranging from the organizational level to the broader community and state levels—to the DVHT demonstration project. The following are policy and practice changes that projects attributed to the project activities:

- **Organizational:** All three demonstration projects relayed that the DVHT demonstration award helped formalize their practices around identifying and serving trafficking victims. In Montana, the award spurred the development of relevant screening and assessment processes for all youth in Tumbleweed's (MT) drop-in center. Grant funding also allowed Tumbleweed (MT) to direct greater funding and dedicated staff members to trafficking victims, resulting in a wider range of available services for these clients. Furthermore, the project team provided internal trainings on sex and labor trafficking to the organization as a whole, which they reported helped all staff to become well-versed in trafficking risk factors, red flags, and trauma-informed approaches. Similarly, all Youthworks (ND) staff were provided training on human trafficking. Youthworks (ND) project staff reported that this training led to shifts in practice in other parts of the organization, such as the street outreach team. The demonstration funding allowed the Multnomah County/SARC (OR) project to expand its organizational capacity to serve young adult trafficking victims in addition to its ongoing focus on minor trafficking victims. The project enabled the hiring of additional case managers, expansion of jail in-reach efforts, and the formalization of its internal data collection and evaluation processes.

- **Community:** Stakeholders from all three projects reported that the project brought about changes in community-level perceptions of and responses to trafficking, ranging from acknowledgement of trafficking as a problem in their communities by local stakeholders to better identification of potential victims and referral provision by law enforcement and

> *"When I do trainings, I always have an evaluation done and afterwards people typically say things like, 'This changed my viewpoint on things' and 'I'll change my practice by doing X, Y, and Z.'"*
>
> Project staff member
>
> *"Since the funding started, we've made really significant gains from some communities having very little knowledge and capacity to at least having law enforcement and social services involved and trained and able to identify some of those red flags, and know who to call if [trafficking] is occurring. "*
>
> Project director

service providers. Project staff felt that the many trainings they conducted helped to shift community attitudes and practices. Tumbleweed (MT) and Youthworks (ND) staff reflected that the DVHT demonstration award helped to establish them as community experts on trafficking and provided momentum for their involvement in the area human trafficking task forces and community multidisciplinary teams. Multnomah County/SARC (OR) reported that the DVHT demonstration expanded their community's capacity to serve young adult trafficking victims, a subpopulation that previously had no designated local resources and enabled them to create a resource for local service providers and public agencies: a report titled *Collaborative Crisis Response for Commercially Sexually Exploited Youth and Young Adults*.

- **State:** Tumbleweed (MT) staff felt that DVHT demonstration funding allowed them to position themselves as experts on trafficked youth in the state. In North Dakota, DVHT funding facilitated the development of the community-wide host home model that was implemented in several communities in the state. Multnomah County/SARC (OR) staff reported that the grant spurred collaboration and discussion around political efforts in Oregon that would affect trafficking victims. One project staff member explained that there was proposed state legislation to vacate prostitution convictions for trafficking victims and that she was able to bring this to their partners' attention through the established collaborative. The collaborative brought together stakeholders with a variety of viewpoints on this issue (including those from the district attorney's office and from victim service providers) and provided a platform for discussion.

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

Demographics

A total of 159 clients across the three demonstration projects (Tumbleweed [MT], 76; Youthworks [ND], 27; Multnomah County/SARC [OR], 56) were provided DVHT project case management services between October 2015 and September 2017.[19] The ages of clients served ranged from 13 to 27 years. The median age of all clients was 19 years (Tumbleweed [MT], 19 years; Youthworks [ND], 16 years; Multnomah County/SARC [OR], 19 years). Overall, 97% of clients were U.S. citizens, and another 1% were legal permanent residents. English was the primary language of almost all clients (99%). Overall, 78% of clients served were female. As shown in **Exhibit 5**, Tumbleweed (MT) served the highest percentage of male clients (39%), and Multnomah County/SARC (OR) served the highest percentage of transgender clients (4%).

Exhibit 5.   Gender of Clients Served

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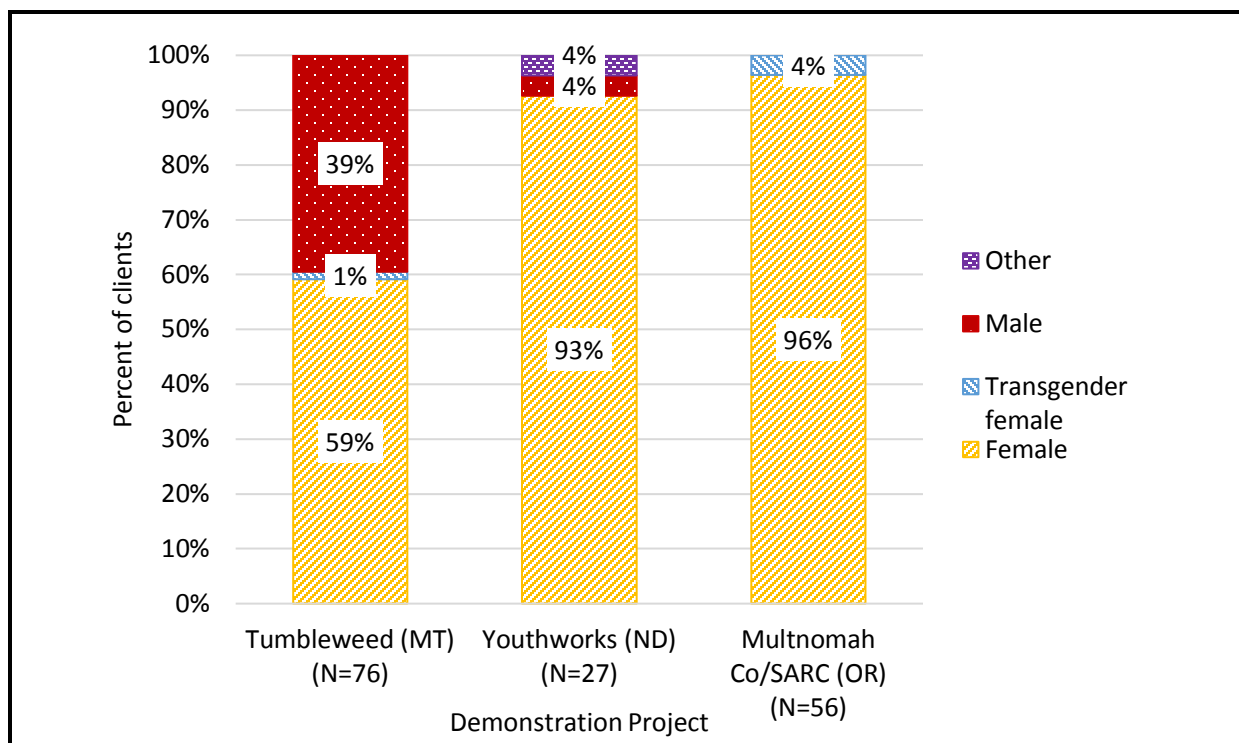
[19] It was possible for an individual to be counted as multiple clients if their case was closed but then reopened. The count of 159 clients represents 148 unique individuals (Tumbleweed [MT], 73; Youthworks [ND], 25; Multnomah County/SARC [OR], 50). Also, it is important to note that projects' varied target populations and approaches to case management influenced their methods for counting clients served. Furthermore, although projects recorded detailed information about clients to whom they provided case management services, it is possible that projects served potential trafficking victims through means other than case management (e.g., street outreach, crisis intervention, drop-in center) that they did not count for evaluation purposes.
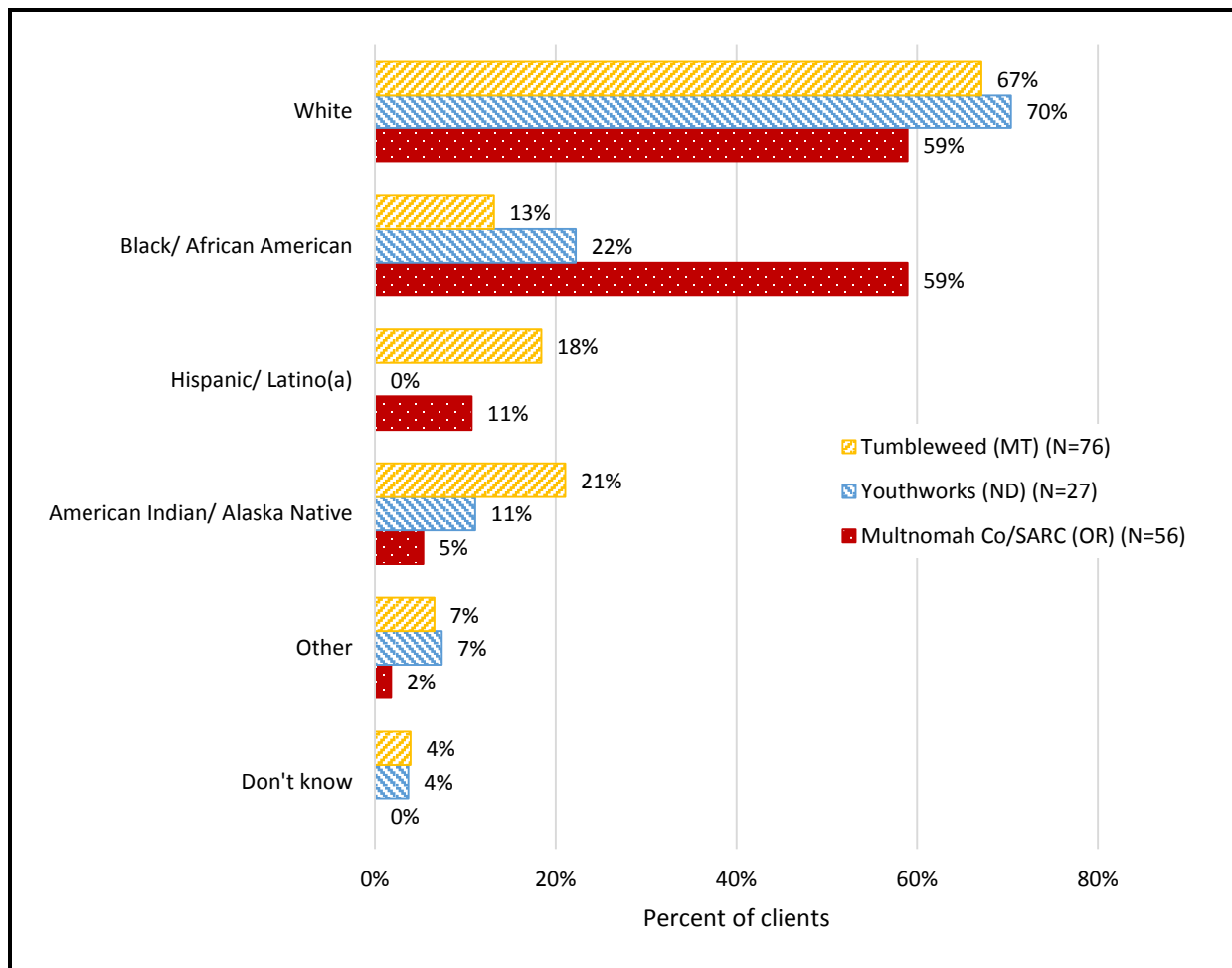
Across all projects, more than 11% of clients identified as LGBQ (see **Exhibit 6**).

Exhibit 6.   Sexual Orientation of Clients Served
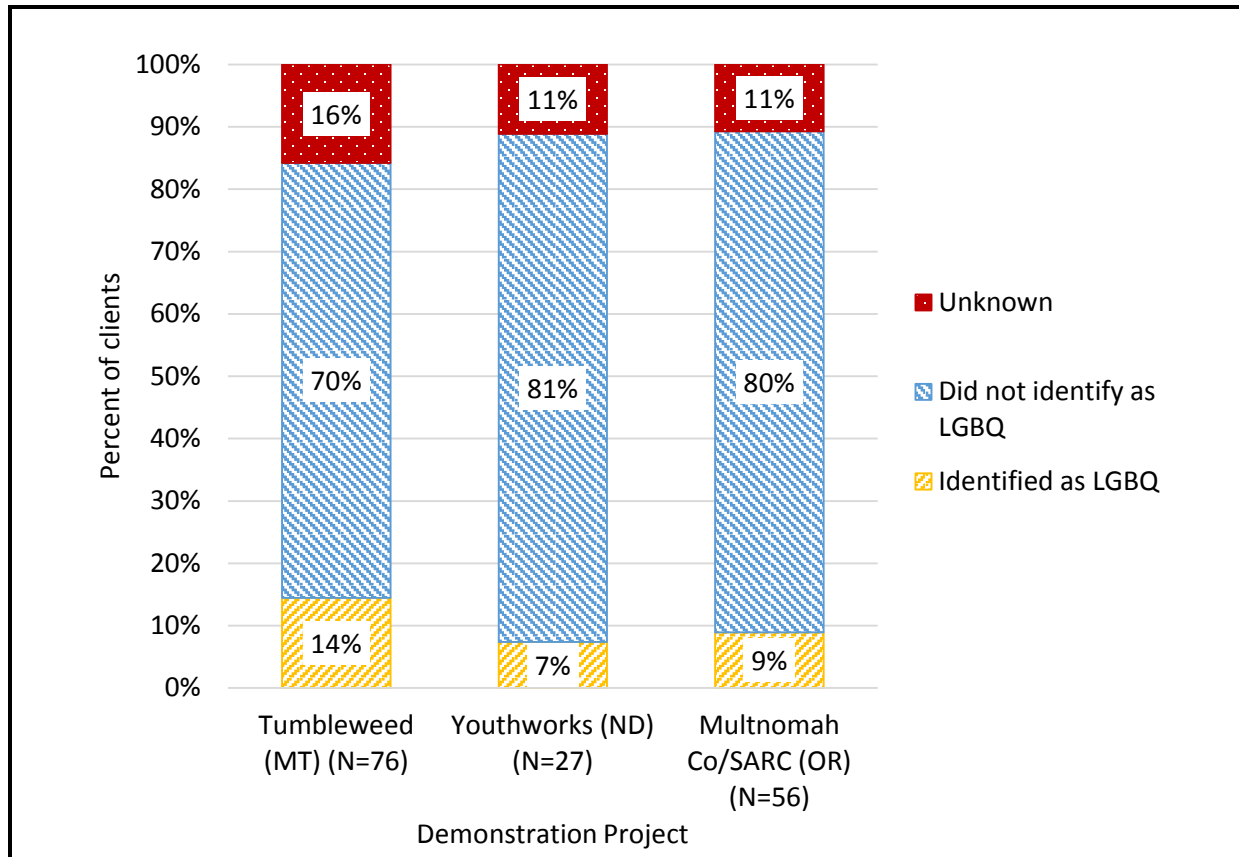
The largest race/ethnic group served was White, overall (65%) and for each individual project. Almost a third (31%) of the clients served were Black/African American, with percentages ranging from 13% to 59% for individual projects (**Exhibit 7**). Overall, 12% of clients served were American Indian/Alaska Native, with percentages ranging from 5% to 21% for individual projects, and 10% of clients across projects were identified as Hispanic/Latino (18% of Tumbleweed [MT] clients and 11% of Multnomah County/SARC [OR] clients).

Exhibit 7. Race/Ethnicity of Clients Served

White
- Tumbleweed: 67%
- Youthworks: 70%
- Multnomah Co/SARC: 59%

Black/ African American
- Tumbleweed: 13%
- Youthworks: 22%
- Multnomah Co/SARC: 59%

Hispanic/ Latino(a)
- Tumbleweed: 18%
- Youthworks: 0%
- Multnomah Co/SARC: 11%

American Indian/ Alaska Native
- Tumbleweed: 21%
- Youthworks: 11%
- Multnomah Co/SARC: 5%

Other
- Tumbleweed: 7%
- Youthworks: 7%
- Multnomah Co/SARC: 2%

Don't know
- Tumbleweed: 4%
- Youthworks: 4%
- Multnomah Co/SARC: 0%

Legend:
- Tumbleweed (MT) (N=76)
- Youthworks (ND) (N=27)
- Multnomah Co/SARC (OR) (N=56)

Percent of clients

Note: Multiple responses allowed. Totals may add to more than 100%.

Status at Intake

Twenty-eight percent of clients were known to have children, ranging from 11% (Youthworks [ND]) to 36% (Multnomah County/SARC [OR]) (**Exhibit 8**). Most children (91%) were younger than age 18. Most (90%) of the Multnomah County/SARC (OR) clients were living with their children, whereas none of the Tumbleweed (MT) clients were living with their children.

**Exhibit 8.   Children Among Clients Served**
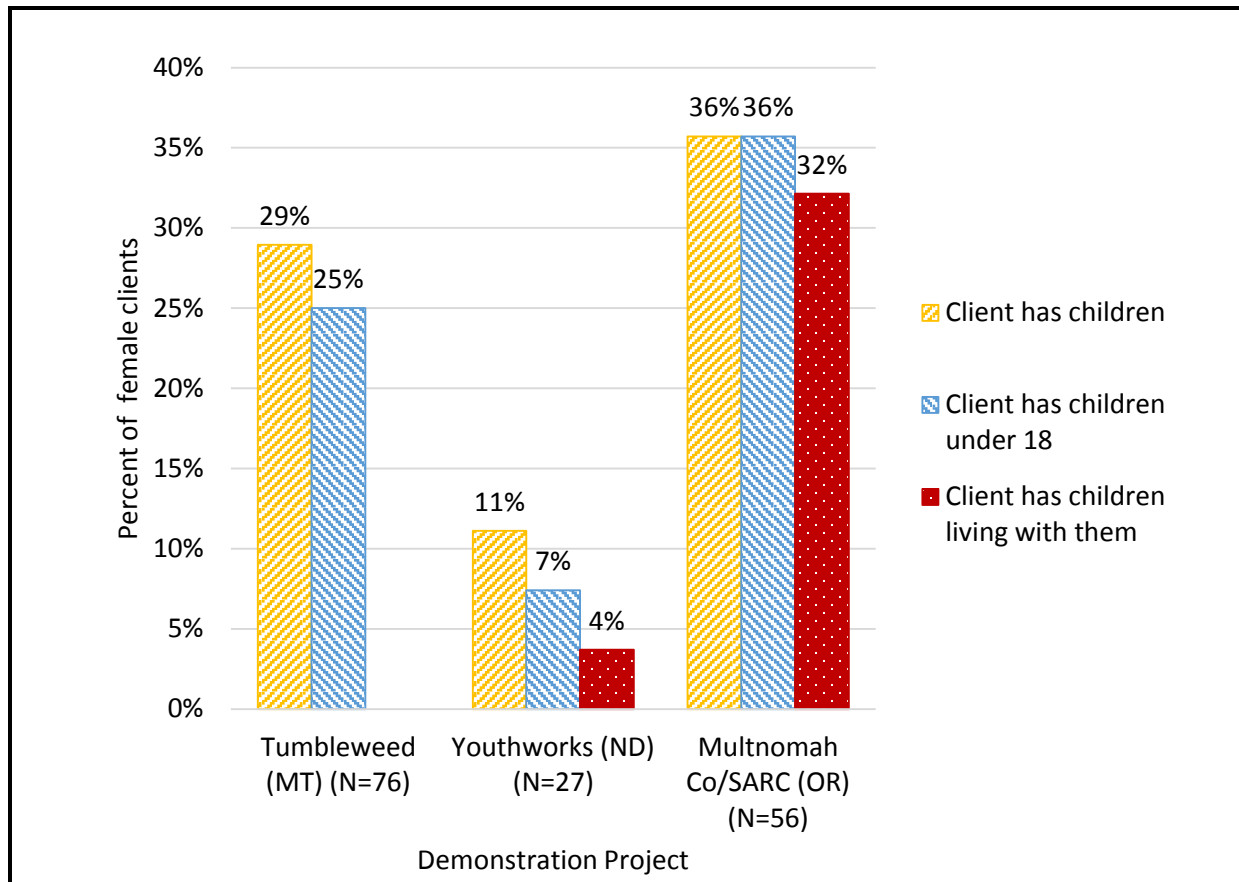
Across the programs, 57% of clients were neither enrolled in school nor working (**Exhibit 9**). However, 32% of Multnomah County/SARC (OR) clients were working, and about half of Youthworks (ND) (48%) and Multnomah County/SARC (OR) (56%) clients were in school.

**Exhibit 9.   School Enrollment and Employment Status at Intake**
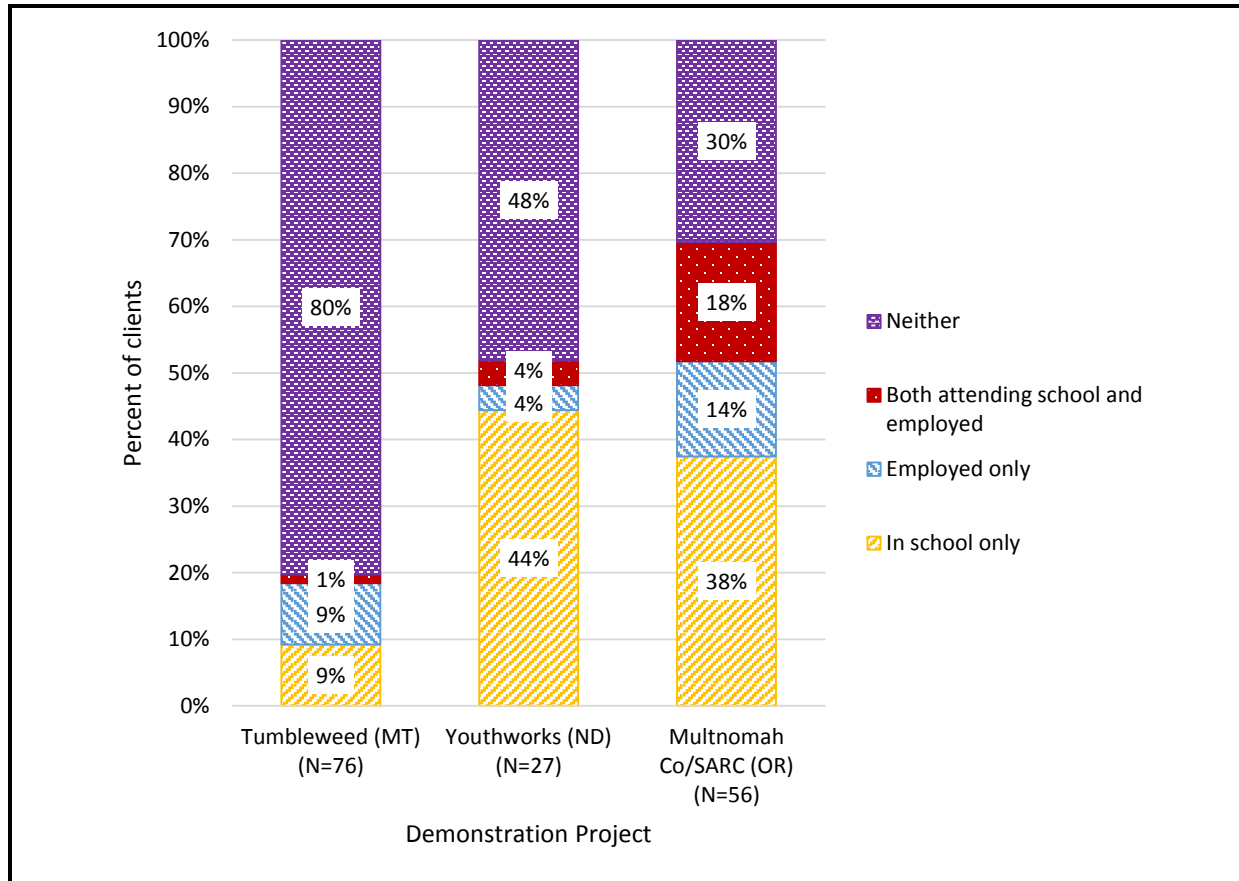
The percentage of clients who had received public benefits at the time of intake varied across projects (**Exhibit 10**): 50% of Tumbleweed (MT) clients, 43% of Multnomah County/SARC (OR) clients, and 33% of Youthworks (ND) clients received some type of public benefits.

**Exhibit 10.   Public Benefits Enrollment at Intake**
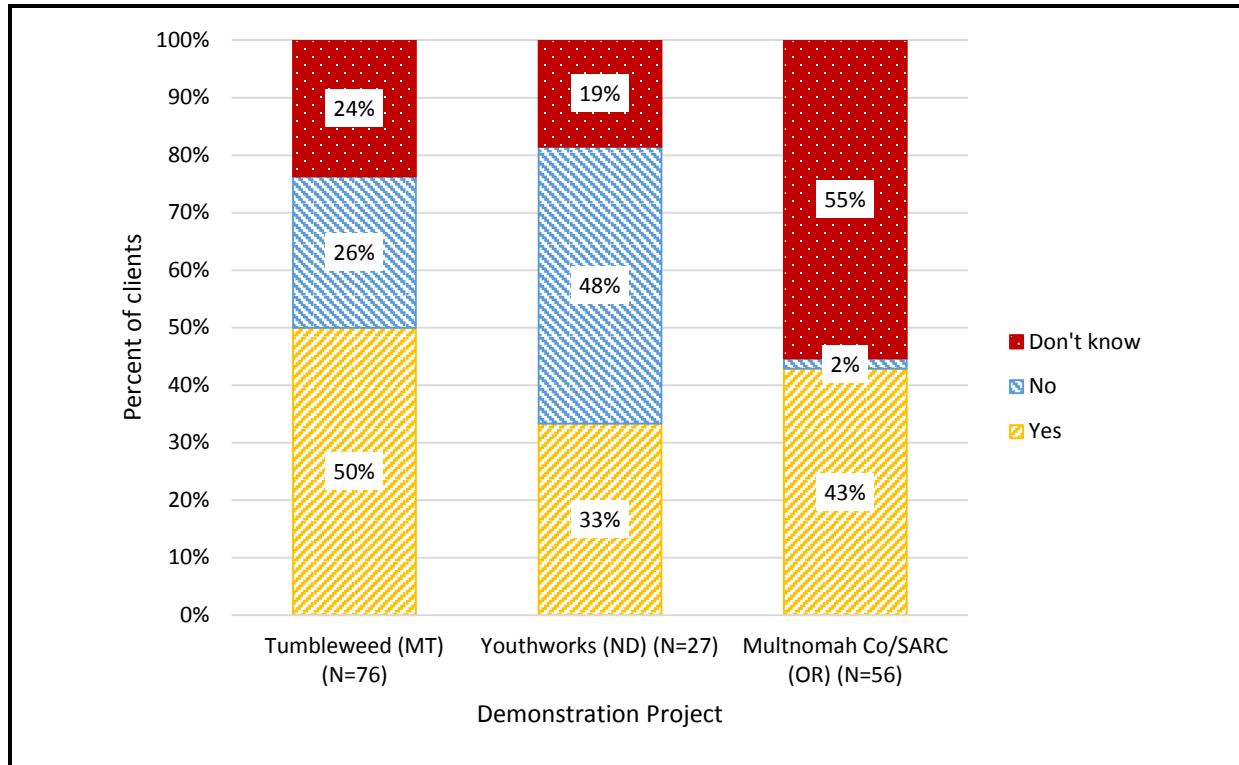
More than two-thirds of Tumbleweed (MT) (68%) clients and more than half of Youthworks (ND) (56%) clients were reported as using alcohol and/or other substances (**Exhibit 11**). No substance use was indicated for most (59%) Multnomah County/SARC (OR) clients.

Exhibit 11.   Substance Use Status at Intake
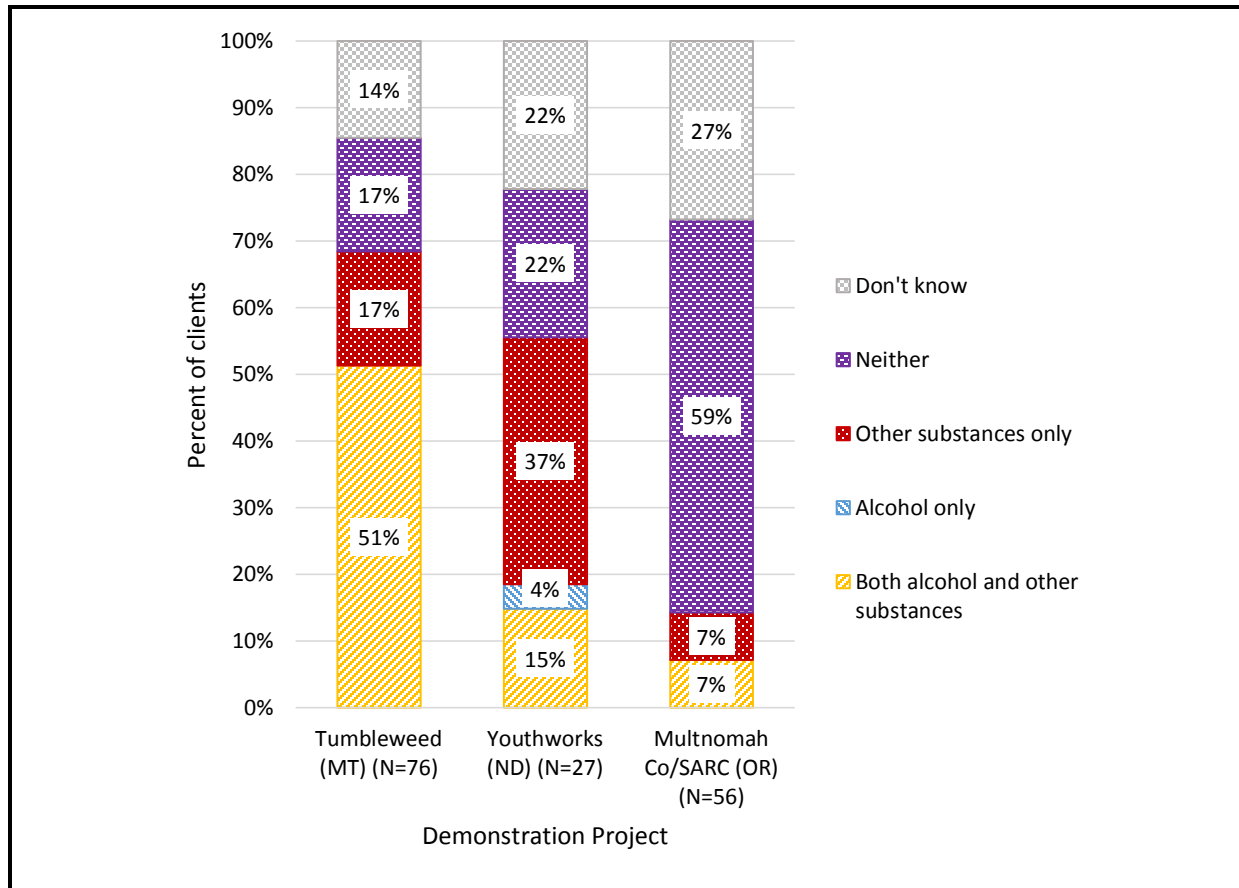
More than half of Youthworks (ND) (56%) clients and almost half of Multnomah County/SARC (OR) (45%) clients were involved in the criminal justice system at the time of intake (**Exhibit 12**). A smaller percentage (26%) of clients at Tumbleweed (MT) were involved in the criminal justice system at the time of intake, but this information was unknown for a larger percentage of clients (39%) than the other two projects.

Exhibit 12.   Current Criminal Justice Involvement at Intake
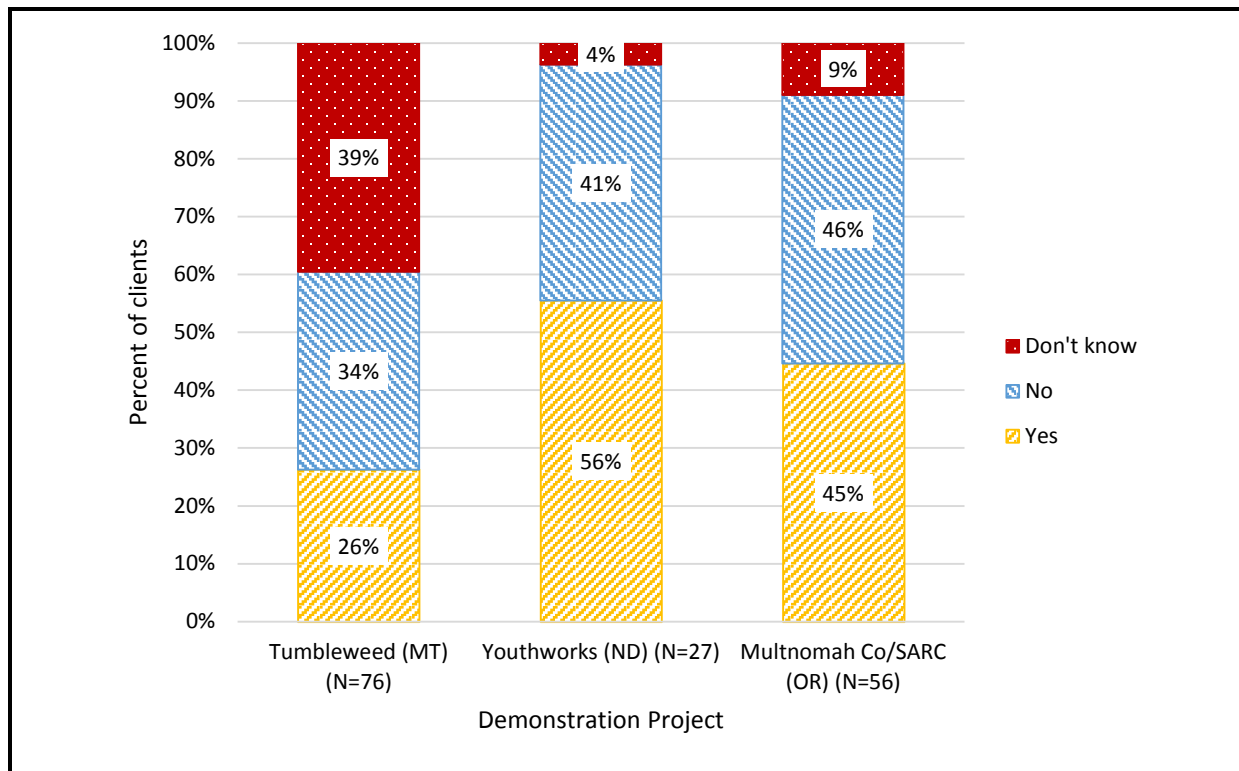
Client involvement with other service delivery systems varied greatly among projects (**Exhibit 13**). A majority of clients served by DVHT projects were involved with at least one service system, ranging from 58% for Tumbleweed (MT) to 81% for Youthworks (ND). More than half (52%) of clients served by Multnomah County/SARC (OR) were involved in more than one system.

**Exhibit 13.   Social Service Systems Involvement at Intake**

System	Percentage of Clients Involved in System		
	Tumbleweed (MT) (N=76)	Youthworks (ND) (N=27)	Multnomah County/SARC (OR) (N=56)
Mental health	18	26	38
Domestic violence	4	4	5
Homeless program/shelter (adult)	30	15	29
Substance abuse treatment	7	4	32
Probation	12	15	32
FBI victim advocate*	5	4	—
Other agency	1	11	7
Child welfare	3	48	24
Child welfare dependency	—	33	19
Youth homeless program/shelter	25	30	19
At least one system involved	58	81	75
Multiple systems involved	32	41	52
One system involved	26	41	23

*Not asked of everyone, answers written in as "other."
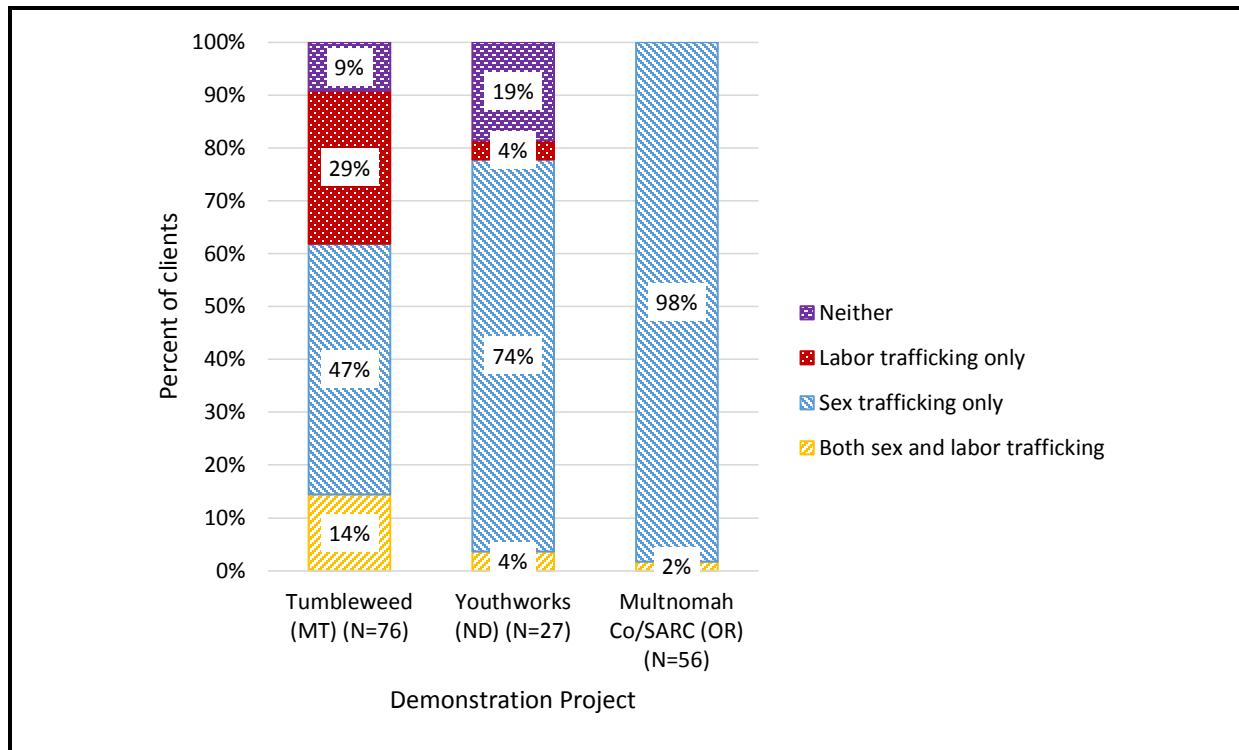
Trafficking

Across all programs, 78% of clients served were identified as "probably" or "definitely" having ever been sex trafficked, with all Multnomah County/SARC [OR] clients identified as "definitely" having been sex trafficked (**Exhibit 14**). Fewer clients (23%) were identified as "probably" or "definitely" having ever been labor trafficked, with percentages ranging from 2% for Multnomah County/SARC (OR) to 43% for Tumbleweed (MT).

Exhibit 14.   "Ever Trafficked" Status at Intake
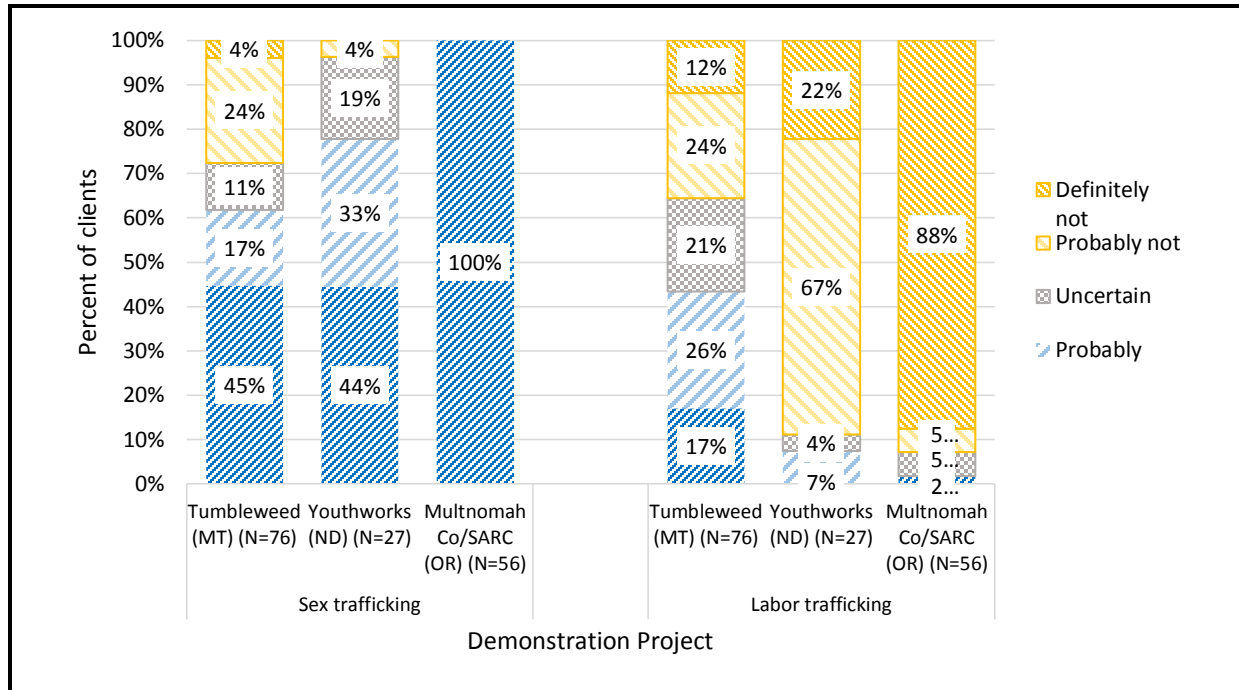
As shown in **Exhibit 15**, the percentage of clients identified as "probably" or "definitely" having ever been sex and/or labor trafficked ranged from 81% for Youthworks (ND) to 91% for Tumbleweed (MT) and 100% for Multnomah County/SARC (OR). Tumbleweed (MT) had the largest percentage of clients who were identified as labor trafficked, with 14% of clients identified as both sex and labor trafficked and an additional 29% identified as having experienced labor trafficking only.

**Exhibit 15.   Identified Type of Trafficking at Intake**

Across all demonstration projects, a total of 124 clients were identified as having ever been sex trafficked. The percentage of clients who were "probably" or "definitely" currently being sex trafficked was less than 20% at Youthworks (ND) and Multnomah County/SARC (OR) (19% and 16%, respectively) but almost half at Tumbleweed (MT) (49%).

A total of 36 clients were identified as having ever been labor trafficked. The majority (92%) of these were Tumbleweed (MT) clients. Because so few labor-trafficked clients were reported by the other programs, information presented in the rest of this section includes only identified labor-trafficked clients at Tumbleweed (MT). Of these 33 clients, 45% were "probably" or "definitely" currently being trafficked.

The most commonly reported type of labor trafficking was selling drugs (70%) (**Exhibit 16**).

Exhibit 16.   Labor Trafficking Industry
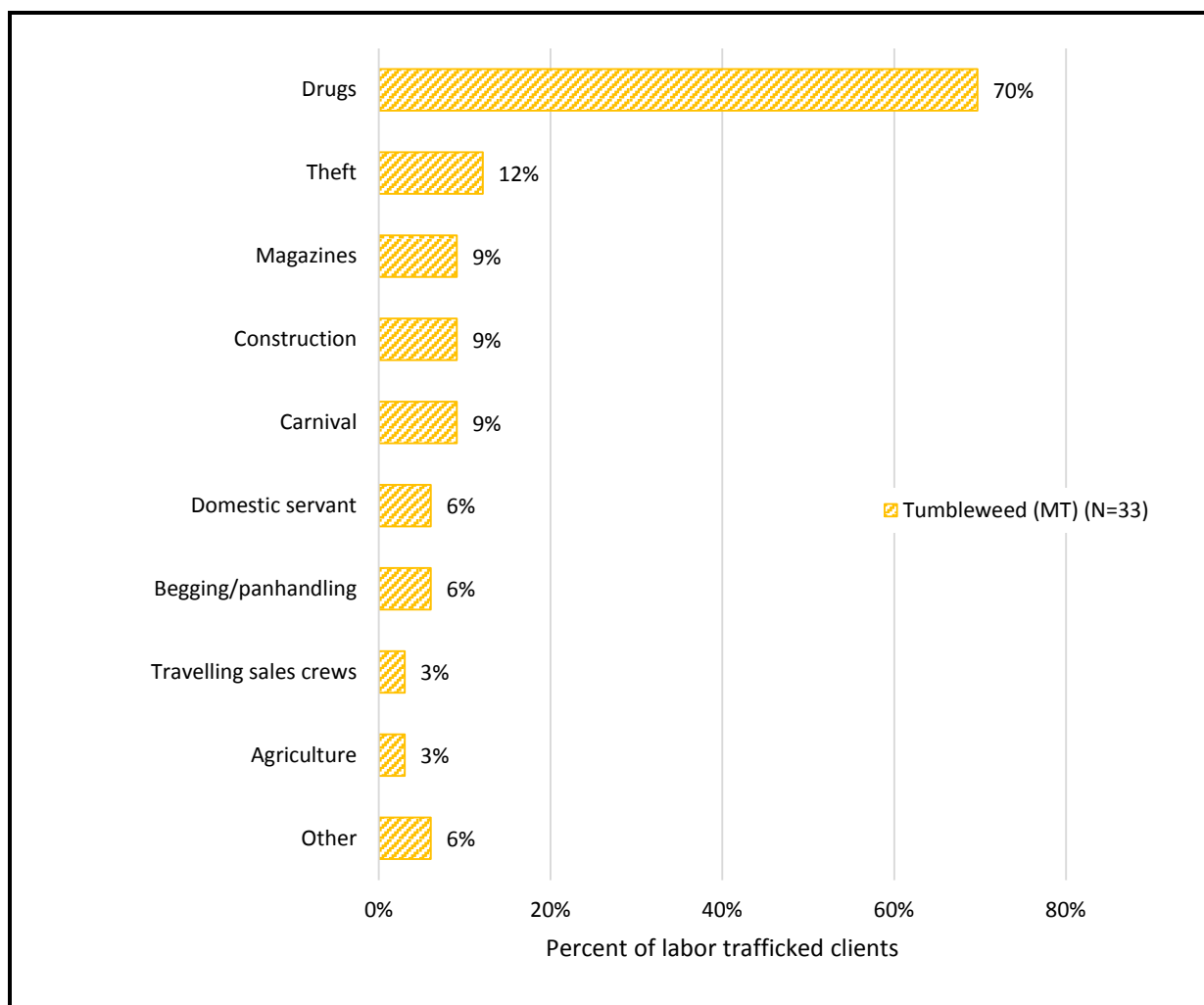
Note: Multiple responses allowed. Totals may add to more than 100%.

Service Needs at Intake

Projects documented clients' needs at intake. Some needs were common among all projects, as shown in **Exhibit 17**. A majority of clients served by each project needed emotional support, personal items (e.g., clothing, toiletries), life skills training, mental/behavioral health services, housing advocacy, employment, and education. Sizeable numbers of clients at each program also needed safety planning and social services advocacy. In addition, almost two-thirds of Multnomah County/SARC (OR) and half of Tumbleweed (MT) clients needed victim advocacy, and around half of Tumbleweed (MT) and Youthworks (ND) clients needed transportation assistance. Each project's clients also had higher needs in unique areas. Specifically, more than half of Tumbleweed (MT) clients needed financial assistance and substance abuse services, whereas more than half of Youthworks (ND) clients needed medical services. Although only one-fifth of Multnomah County/SARC (OR) clients needed child care, this was a much higher percentage than that among clients served by the other two projects.

Exhibit 17.   Client Service Needs at Intake

Area of Need	Percentage of Clients with This Need at Intake			
	Tumbleweed (MT) (N=76)	Youthworks (ND) (N=27)	Multnomah County/SARC (OR) (N=56)	Total (N=159)
Emotional support	84	93	96	90
Personal items	92	67	66	79
Life skills training	74	52	77	71
Mental/behavioral health	76	59	61	68
Housing advocacy	66	63	63	64
Employment	75	52	50	62
Education	61	63	54	58
Safety planning	67	44	52	58
Social services advocacy	68	33	36	51
Victim advocacy	50	15	64	49
Financial assistance	51	30	39	43
Reproductive/sexual health	46	30	45	43
Substance abuse services	59	19	16	37
Transportation	50	48	13	36
Legal	37	19	39	35
Medical	30	52	21	31
Housing financial assistance	17	22	41	26
Family reunification	28	30	5	20
Dental	16	26	4	13
Child care	3	4	20	9
Other need	—	4	4	2

Status Assessment at Intake

Case managers rated clients' status in each of 18 service categories at the time of intake or soon thereafter, every 8 weeks after intake, and at closing (1=in crisis, 2=vulnerable, 3=stable, 4=growing, 5=thriving) using the *Assessment of Client Status* form (**Appendix A**). For analysis, these service categories were grouped into five overall service category groups, and the mean ratings for each client were calculated among non-missing ratings.[20] The mean ratings at clients' initial assessment for each demonstration project are shown in **Exhibits 18–20** (the mean change from first to last assessment is shown in **Exhibit 31**). Although suggested situations were given for each rating in each service category, staff at each project site interpreted the ratings in different ways. Thus, it is impossible to tell if any differences between project sites are due to differences in client circumstances or differences in the way the forms were completed. For this reason, comparisons across projects should not be made.

Clients at Tumbleweed (MT) had the lowest initial ratings on financial self-sufficiency (1.5), basic needs and public benefits (1.6), and housing/shelter (1.6). Additionally, although the number of clients with a rating were smaller, the initial ratings for parenting and reproductive health (both 1.5) were similar. The service categories with the highest initial rating were legal issues (3.2) and education/literacy (2.6).

Exhibit 18.   Initial Assessments: Tumbleweed (MT)

Category Group	Individual Service Category	Mean Rating Given (Total N=76)
Basic needs	Basic needs and public benefits	1.6 (n=71)
	Housing/shelter	1.6 (n=68)
Education and employment	Education/literacy	2.6 (n=60)
	Job skills/employment	2.1 (n=43)
	Life skills	2.3 (n=44)
	Financial self-sufficiency	1.5 (n=57)
Family/interpersonal connections	Family support	2.0 (n=46)
	Parenting	1.5 (n=13)
	Support network	1.7 (n=42)
Health and safety	Physical safety	2.2 (n=58)
	Emotional/behavioral/mental health	1.9 (n=50)
	Physical health/medical	2.3 (n=30)
	Dental	1.9 (n=14)
	Sexual health	2.1 (n=31)
	Reproductive health	1.5 (n=12)
	Substance abuse	1.8 (n=58)
Legal support and advocacy	Human/labor rights awareness	2.3 (n=50)
	Legal issues	3.2 (n=37)

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[20] A rating was missing if the case manager did not have enough information to provide a rating or if the service category was not applicable to the client. For example, if the client did not have children, the parenting rating would be missing.

Youthworks (ND) clients had the lowest initial ratings on financial self-sufficiency (1.9), reproductive health (1.9 with a smaller n), housing/shelter (2.0), and job skills/employment (2.0). The highest initial ratings where given in the service categories of legal issues (3.5), education/literacy (2.8), dental (2.7 with a smaller n), and human/labor rights awareness (2.7).

Exhibit 19.   Initial Assessments: Youthworks (ND)

Category Group	Individual Service Category	Mean Rating Given (Total N=27)
Basic needs	Basic needs and public benefits	2.2 (n=22)
	Housing/shelter	2.0 (n=25)
Education and employment	Education/literacy	2.8 (n=24)
	Job skills/employment	2.0 (n=20)
	Life skills	2.1 (n=23)
	Financial self-sufficiency	1.9 (n=20)
Family/interpersonal connections	Family support	2.4 (n=24)
	Parenting	2.3 (n=3)
	Support network	2.2 (n=23)
Health and safety	Physical safety	2.2 (n=24)
	Emotional/behavioral/mental health	2.2 (n=24)
	Physical health/medical	2.2 (n=20)
	Dental	2.7 (n=11)
	Sexual health	2.2 (n=14)
	Reproductive health	1.9 (n=10)
	Substance abuse	2.6 (n=20)
Legal support and advocacy	Human/labor rights awareness	2.7 (n=15)
	Legal issues	3.5 (n=22)

The initial ratings for clients at Multnomah County/SARC (OR) were the lowest for housing/shelter (3.4) and financial self-sufficiency (3.4) and the highest on dental health (4.8, with fewer than half of clients having a rating) and education/literacy (4.6).

Exhibit 20. Initial Assessments: Multnomah County/SARC (OR)

Category Group	Individual Service Category	Mean Rating Given (Total N=56)
Basic needs	Basic needs and public benefits	3.7 (n=50)
	Housing/shelter	3.4 (n=50)
Education and employment	Education/literacy	4.6 (n=49)
	Job skills/employment	3.7 (n=49)
	Life skills	4.2 (n=49)
	Financial self-sufficiency	3.4 (n=48)
Family/interpersonal connections	Family support	4.1 (n=48)
	Parenting	4.4 (n=21)
	Support network	4.0 (n=49)
Health and safety	Physical safety	4.1 (n=50)
	Emotional/behavioral/mental health	3.8 (n=49)
	Physical health/medical	4.3 (n=49)
	Dental	4.8 (n=26)
	Sexual health	4.4 (n=32)
	Reproductive health	4.4 (n=32)
	Substance abuse	4.4 (n=44)
Legal support and advocacy	Human/labor rights awareness	4.4 (n=26)
	Legal issues	4.2 (n=49)

Exhibit 21 shows the mean initial ratings for the grouped categories shown in **Exhibits 18–20**. Again, although all three project sites are shown in one graph, comparisons of the actual category means across projects should not be made. Among the three projects, initial ratings were lowest for the basic needs group and highest for legal support and advocacy.

Exhibit 21. Initial Assessment Grouped Ratings
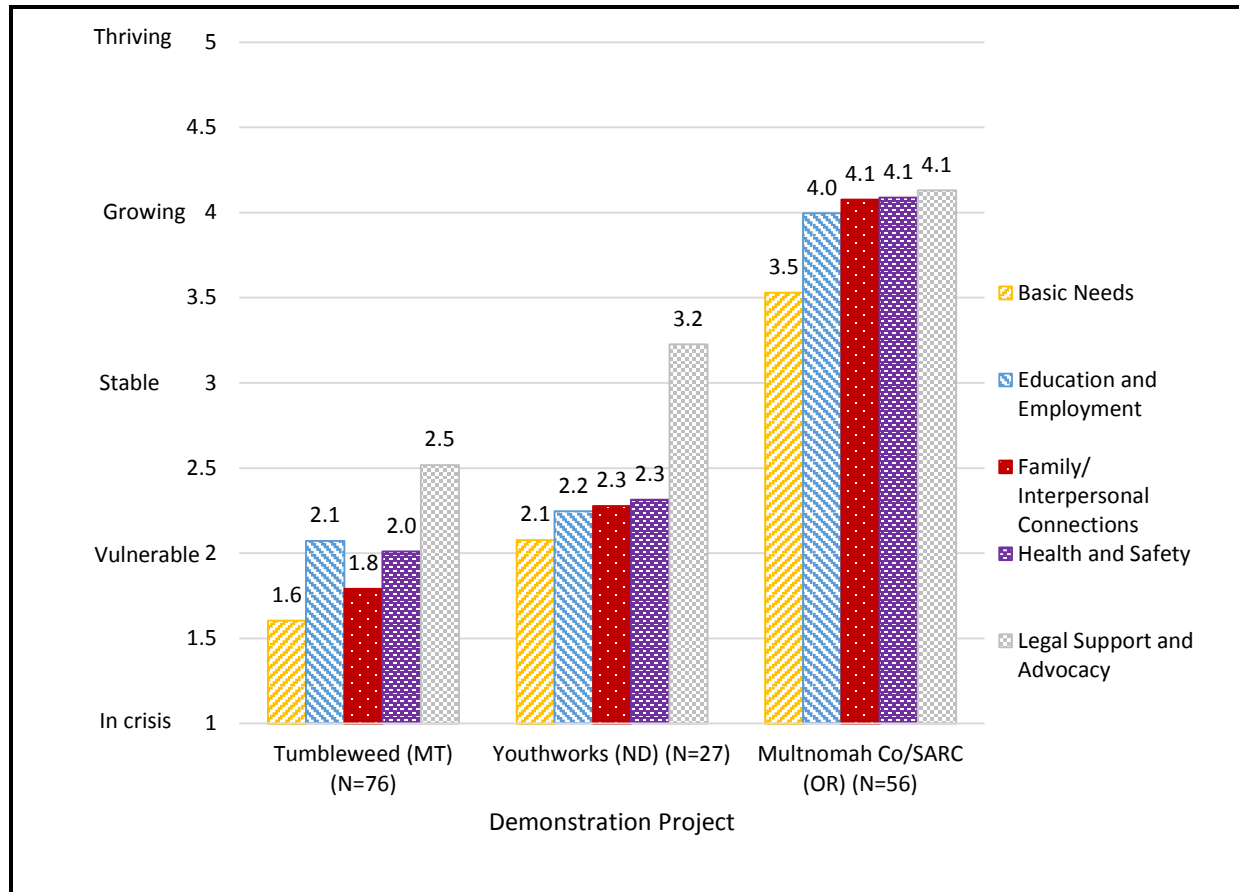
6. How Did Projects Provide Comprehensive Victim Services?

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

All three projects proactively offered case management services to all DVHT project clients. Tumbleweed (MT) and Youthworks (ND) hired staff to provide case management services. Multnomah County/SARC (OR) provided case management through SARC's (OR) case management team. Some clients also received case management or advocacy services through Multnomah County/SARC's (OR) partners, Janus Youth Programs and LifeWorks Northwest.

Although most DVHT projects' clients engaged in comprehensive case management services, some Tumbleweed (MT) and SARC (OR) clients received crisis assistance or drop-in advocacy services. These clients qualified for DVHT services but did not want to receive comprehensive case management yet. Project staff aimed to build enough trust and support to fully engage these individuals in full case management services.

Similar to case management approaches used by the first cohort of DVHT demonstration projects, all of the DVHT projects' case management services included intake and assessment, some type of service planning or goal setting, one-on-one case management meetings or communication, assistance locating and accessing services, and ongoing reassessment of needs. Case managers consistently reiterated the importance of building relationships, rapport, and trust continuously throughout the service delivery process, as well as using victim-centered, trauma-informed, culturally appropriate, and developmentally appropriate approaches and practices.

Program Entry

Clients typically entered DVHT projects via other services offered by the lead DVHT project organization, such as emergency shelter, drop-in services, or other programming; through referrals from partners, local agencies, family, friends, or self-referral; or as a result of client outreach efforts, including street outreach and jail in-reach.

- **Emergency shelters and drop-in centers:** All three projects provided emergency shelters or drop-in centers as part of their broader service menu during the DVHT project period. Many clients entered DVHT services through these existing services. As runaway and homeless youth organizations, Tumbleweed (MT) and Youthworks (ND) identified potential clients for their DVHT program through interactions with youth who used their emergency shelters. Similarly, Janus Youth Programs (OR)

identified potential clients for the Multnomah County/SARC (OR) DVHT project through their emergency shelter or drop-in programs. SARC (OR) ran a drop-in center specifically for young adult victims of sex trafficking.

- **Referrals:** The DVHT projects documented the referral source for each client who entered the program. Demonstration projects received referrals from formal and informal sources. As **Exhibit 22** shows, the majority of clients were referred through formal sources, including homeless agencies/shelters, internal programs, law enforcement agencies, child protective services, domestic violence agencies/shelters, or other formal agencies. The percentage of clients referred through formal sources ranged from 83% for Tumbleweed (MT) to 95% for Multnomah County/SARC (OR). Tumbleweed (MT) received 64% of their referrals from a homeless agency/shelter (which included internal referrals from their own emergency shelter). Most Multnomah County/SARC (OR) clients (77%) entered DVHT project services through the SARC (OR) youth program. These individuals had participated in SARC's (OR) ongoing CSEC program but had aged out upon turning 18. Youthworks (ND) referrals were more varied, with no one source contributing a majority. The main sources, counting for about a quarter of referrals each, were child protective services (26%) and other formal agencies (22%).

Exhibit 22.   Referral Sources to Demonstration Projects
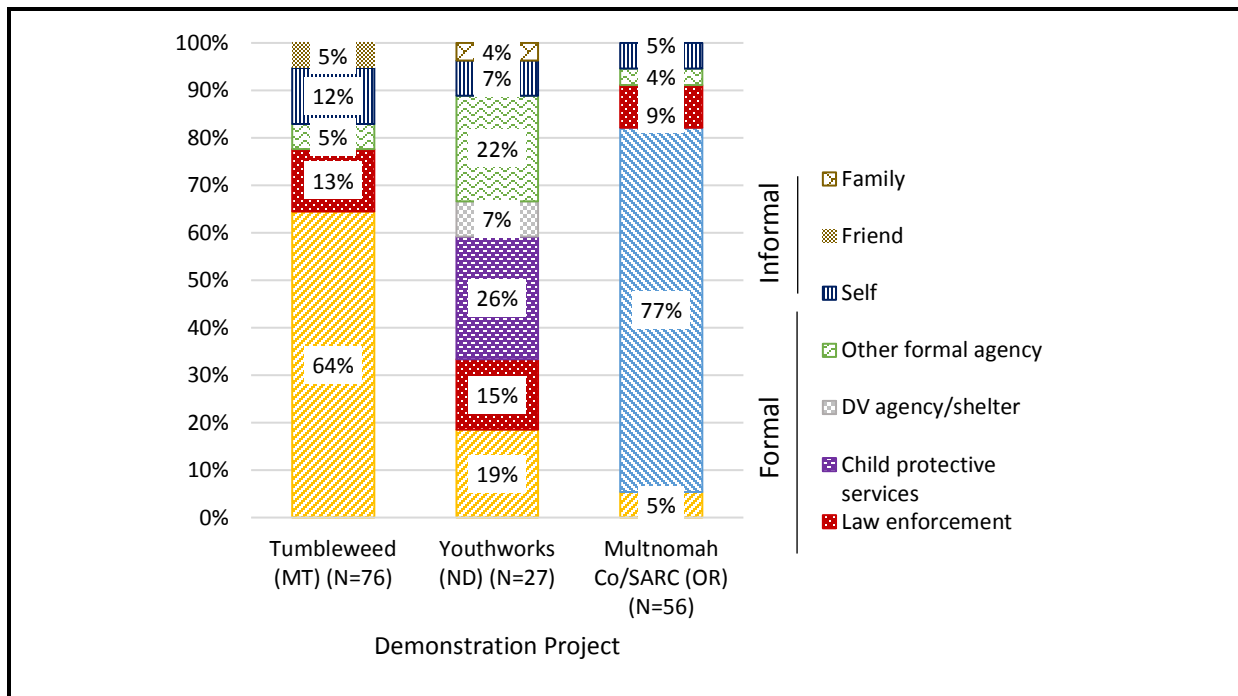
- **Street outreach:** The Youthworks (ND) and Multnomah County/SARC (OR) projects used street outreach to identify and offer services to potential clients. Youthworks

(ND) had an existing street outreach program for connecting with and serving homeless youth. For its DVHT project, Youthworks (ND) trained its street outreach staff to look for signs of human trafficking and provide information about the DVHT project to potential clients. The Multnomah County/SARC (OR) project partner Janus Youth Programs conducted street outreach on behalf of the DVHT project. Janus Youth Programs had two street outreach workers specifically tasked to conduct street outreach to identify potential human trafficking victims and disseminate information about the program. They traveled around locations where they suspected potential victims to be, such as around malls and on public transportation. They also conducted "stationary outreach" in which they positioned themselves in one location for a given amount of time and provided complimentary food, water, and other supplies to potential clients.

- **Jail in-reach:** In addition to typical outreach, Multnomah County/SARC (OR) ran a jail in-reach program that served incarcerated victims of trafficking. The program's overarching goal was to develop and foster relationships between trafficking victims and case managers to support victims' reentry from incarceration to the community. Staff reported that an existing relationship between SARC (OR) and jail staff aided in their efforts to identify individuals who would potentially benefit from the program.

Youthworks (ND) used this street outreach van to connect with and offer services to homeless youth.

Intake and Assessment

All demonstration projects used an intake and assessment process to initiate service delivery.[21] Projects conducted intake and assessment for two reasons: to determine the

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[21] Although case management services included some form of intake and assessment, street outreach, crisis intervention, and drop-in center services were offered without a formal intake and assessment.

eligibility of a client for their DVHT project services and to assess a client's needs. Intake and assessment occurred in one single meeting or over several meetings and was completed by a DVHT case manager or other staff member during a one-on-one session. Typically, intake and assessment happened during project enrollment or shortly after the client was enrolled in the program. Referral organizations sometimes provided information on a client's trafficking-related experiences or risks.

Trafficking Victimization Assessment

DVHT projects used different approaches to assess clients for trafficking victimization. However, all DVHT project staff asserted that it was imperative to conduct trafficking assessments in a trauma-informed and sensitive manner. To accomplish this, staff sometimes did not ask direct questions to potential clients early on but allowed time to build rapport and trust and learn more about each client's situation over time.

- **Trafficking assessments used by referral organizations:** Youthworks (ND) and SARC (OR) obtained trafficking victimization information about potential clients through assessments completed by referral organizations. Youthworks' (ND) partners were trained to use the *North Dakota Human Trafficking Task Force Rapid Indicator Guide*, which included a series of trafficking indicators, to determine whether someone may be at risk or a victim of trafficking (also see page 19 of this report). SARC's (OR) referral form included the question "Has there been or suspected of having been an exchange of a sex act for something of value?" as an indicator of potential trafficking. Both projects used this information as a starting point and further assessed each client's situation after they were referred to their project.

- **Victim identification tools:** Youthworks (ND) employed the *Colorado High Risk Human Trafficking Identification Tool*[22] as a way to assess all clients served by the organization for potential indicators of human trafficking. The tool did not include direct questions to be answered by the client and instead included indicators of trafficking that might have come up in conversations with clients during service provision. Staff used the tool to identify indicators of potential trafficking, then had a more comprehensive screening if someone was suspected of having been trafficked. Tumbleweed (MT) conducted an initial intake process with all youth who entered the organization that included some questions related to human trafficking. If a youth was confirmed to have been a victim of trafficking or suspected to have been a victim of trafficking, DVHT project case managers used a standardized human trafficking assessment tool (adapted from the *Trafficking Victim Identification Tool*

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[22] Formerly known as the *Jefferson County High Risk Human Trafficking Identification Tool*, the *Colorado High Risk Human Trafficking Identification Tool* is used in human services agencies throughout Colorado to identify potential trafficking victims. The tool is currently not available online but can be accessed by contacting the Jefferson County Department of Human Services at https://www.jeffco.us/formcenter/142/142. 🖷

developed by the Vera Institute of Justice [2014][23]) to more thoroughly investigate potential trafficking victimization.

- **Self-identification:** Tumbleweed (MT) also passed out palm cards that were intended to help youth self-identify or identify someone that they knew as a victim of human trafficking. Tumbleweed's (MT) contact information was included on the front of the card, and questions about trafficking experiences and information about services were on the back of the card.
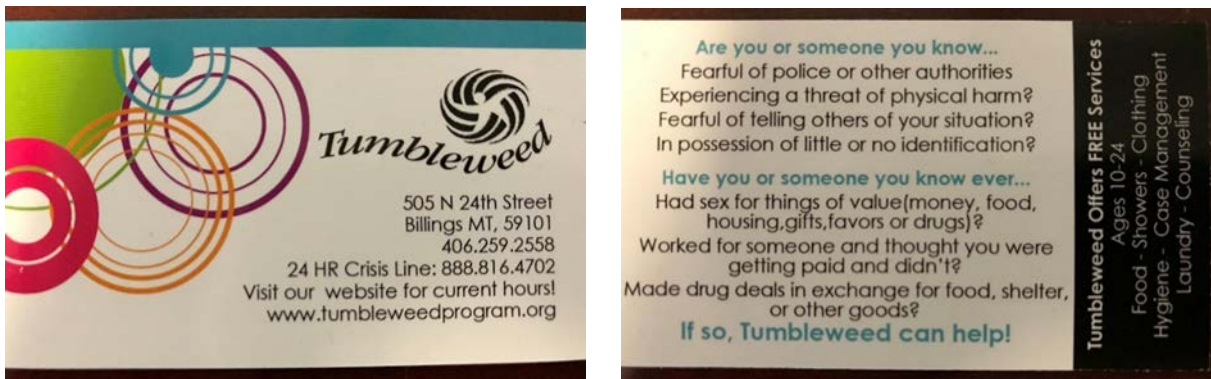
Front (left) and back (right) of Tumbleweed's (MT) trafficking self-identification palm card.

- **Conversational assessment:** Once referred to SARC's (OR) DVHT program, SARC (OR) staff employed an open-ended conversation to help determine whether an individual was appropriate for their services. Instead of asking standardized questions that would indicate potential trafficking victimization, the case manager described the program and the people for whom the program was intended to the potential client. After this, the case manager would ask the client whether they thought they fit the criteria and if so, if they would like to receive the DVHT services. This approach allowed clients to elect to engage in services on their own terms without being required to provide sensitive and potentially triggering information right away. Case managers explained that clients often shared their trafficking experiences over time and through the course of program engagement. They also noted that they did not have problems with individuals who elected to participate in the program who did not fit the criteria.

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[23] Two versions of the tool (long and short) and accompanying guidelines are available online: https://storage.googleapis.com/vera-web-assets/downloads/Publications/out-of-the-shadows-identification-of-victims-of-human-trafficking/legacy_downloads/human-trafficking-identification-tool-and-user-guidelines.pdf.
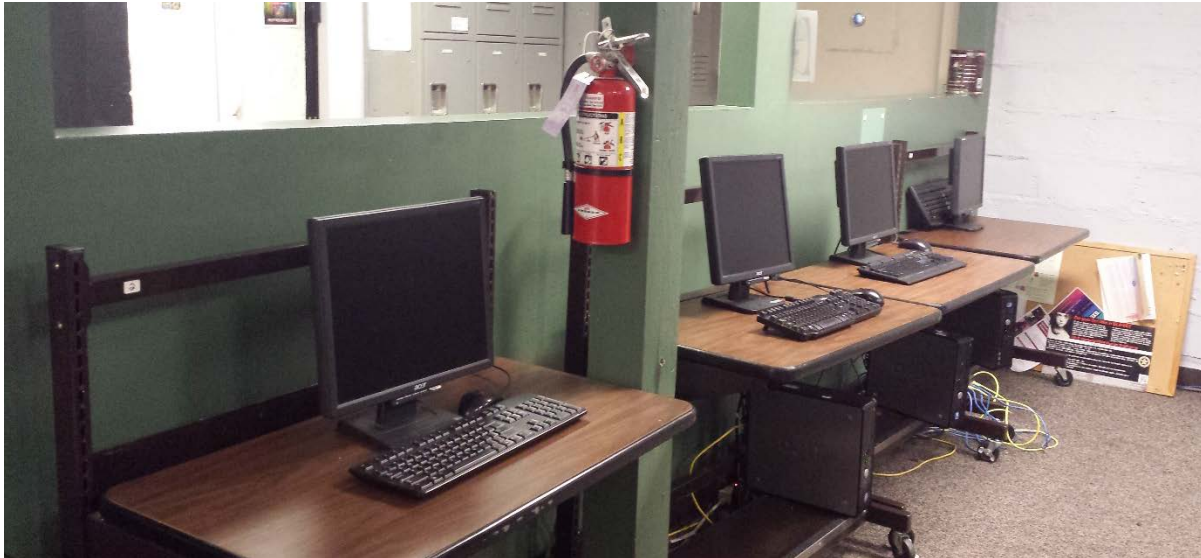
Tumbleweed's (MT) drop-in center offers computer access.

Intake

All DVHT projects included an intake process in which staff would ask clients about their immediate needs and work with clients to make plans to meet those needs. Intakes were conducted for clients who came into the Tumbleweed (MT) and Youthworks (ND) DVHT projects through their shelter or drop-in programs. When these clients moved to the DVHT projects, they would meet one-on-one with a DVHT case manager to receive a DVHT-specific intake (which, in the case of Tumbleweed [MT], also included an in-depth trafficking assessment as described previously). Clients who were moved from SARC's (OR) minor CSEC program to the DVHT program continued care and therefore did not receive a new intake. Across all three DVHT projects, clients who directly entered the DVHT project through an external referral received an intake from a DVHT case manager.

Across projects, the intake process typically included the following:

- Rapport building and getting to know the client

- Information about DVHT project services

- Questions to collect the client's demographic information, background and history, and how the client entered the program

- An assessment of the client's current situation, immediate needs (e.g., safety, emergency housing, food, transportation, medical issues, dental issues, child care, chemical dependence), and long-term needs (e.g., education, employment, long-term housing, mental health)

51

Case Management

Demonstration projects offered comprehensive, individualized case management services. Case management activities varied by each client's personal situation, needs, and preferences. None of the DVHT programs followed a standardized or formal case management model. All demonstration projects' case management components typically involved ongoing one-on-one meetings with clients that ranged from once a month to every day. Case managers met with clients in various locations, including in case managers' offices, in transit to and from appointments or errands with a client, and at clients' housing location.

Tumbleweed (MT) and SARC (OR) provided some level of case management for clients who did not fully engage in their DVHT program. Tumbleweed (MT) categorized their DVHT project clients into two categories: "casual case management" and "intensive case management." Casual case management meant that case managers were helping support clients who were not interested in comprehensive case management on a need-by-need basis, such as assisting clients with access to emergency shelter, food, or other basic needs. Intensive case management was provided to clients who wanted to receive more thorough case management services. Similarly, SARC (OR) served potential trafficking victims who were in emergency situations but who did not want to engage fully in their DVHT project. SARC (OR) and Tumbleweed (MT) staff noted that sometimes clients went in and out of emergency services and comprehensive case management, depending on their current situations and their interest in engagement in services at a given time.

Similarly, case management approaches varied slightly for clients who were minors and clients who were young adults. Youthworks (ND) case managers noted that they served many clients who were adolescents (aged 12 to 17) and their approaches needed to align with their custodians' preferences. For young adults, their case management approach was driven by each client's specific goals and preferences.

Goals and Service Planning

None of the three DVHT projects used standardized service planning models per se, but all projects worked with clients to determine clients' needs and establish goals. Service planning happened over time and through multiple meetings. Clients' goals and services delivered were adjusted as clients' situations changed. Case managers often helped guide goal setting by discussing potential issues that a client might need to address (e.g., obtaining benefits, housing, medical care), but goals were ultimately established by the clients. All DVHT case managers met one-on-one with clients to discuss their personal needs and goals; however, DVHT projects' timing and approach to service planning varied.

> *"I think that your belief in their ability to do it, it might take longer and it might be like steps this big, but I think just continuing to say, 'You know you can do this,' 'You know you got this,' you know, "This is great about you,' and then building on each little thing that you can pick up from, you know, a positive rather than pointing out all the negatives…"*
>
> Project director
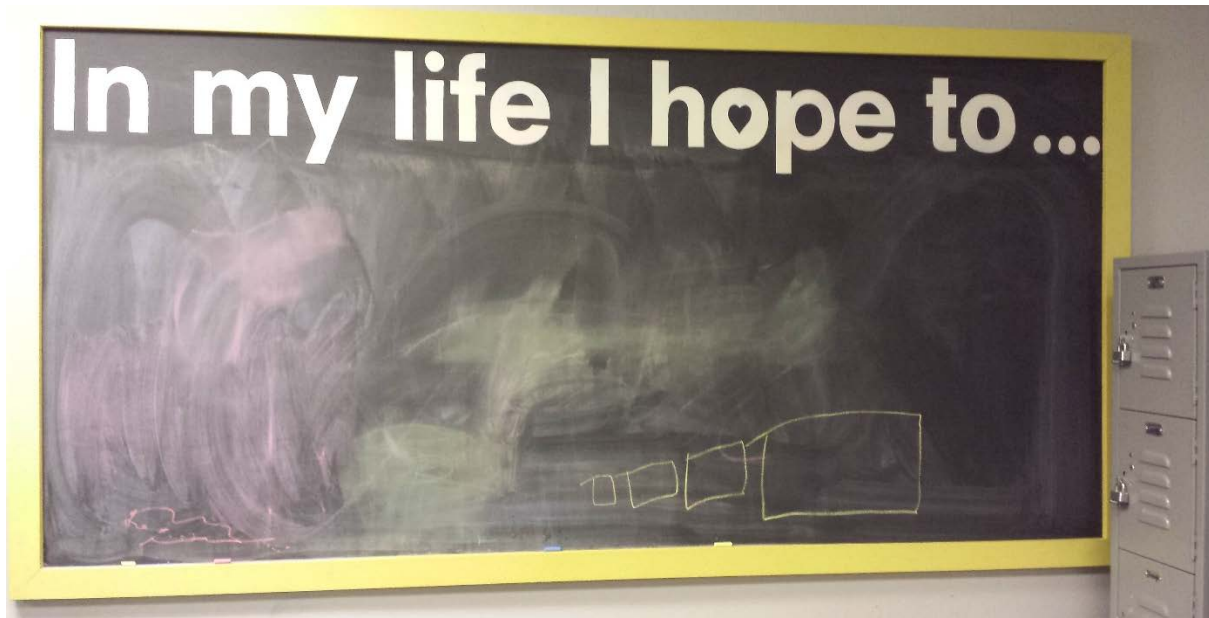
A chalkboard in SARC's (OR) RYSE drop-in center encouraged clients to write out their hopes.

- **Tumbleweed (MT)** DVHT case managers discussed client needs and established actions to take at client meetings. Although Tumbleweed's (MT) DVHT project did not use a formal service plan, case managers documented each client's needs, goals, and progress in a file. Clients were asked to identify goals for 3 weeks, 3 months, 6 months, and 2 years. Each client's file also included their initial intake, the trafficking assessment tool that was completed with them, documents related to applications (e.g., for SNAP benefits or Medicaid) and appointments, and notes about each client's needs.

- **Youthworks (ND)** case managers helped clients address their immediate needs and establish measurable goals. One case manager explained that clients could pick any goals they wanted, from short-term and small goals, such as getting a haircut or making an art project, to more ambitious and long-term goals, such as completing their GED or becoming a doctor. Case managers would routinely check in with clients about their goal progress and help them update their goals as they were completed or priorities shifted.

- **SARC (OR)** case managers met with clients to discuss their ongoing needs, challenges, and goals. Although SARC (OR) case managers did not use a standardized service plan, they used "goal sheets" to document clients' self-identified goals. SARC (OR) case managers explained that they also documented how often they met with clients, the services that the clients requested, and the services that were provided. SARC (OR) case managers explained that it was important to them to limit the records of each client. They kept minimal records for two reasons: (1) they wanted to prevent sensitive client information from being subpoenaed, and (2) they wanted to keep notes about clients as brief and objective as possible (without extensive opinion-based narratives).

Case Management Activities

DVHT case management activities included the following:

- **Emotional support:** One of the primary components of DVHT projects' case management was the provision of ongoing emotional support. The most commonly cited case management activity in client interviews was emotional support. Similarly, most case managers expressed that emotional support was integral to the provision of case management. Emotional support activities included checking in with clients, giving clients space to talk about their feelings, being non-judgmental and listening, and "just being that constant person."

- **Safety:** All DVHT case managers noted the importance of assessing safety issues and discussing safety plans with their clients. Case managers assessed safety in terms of safety from traffickers and interpersonal violence and in terms of safety associated with behavioral risks clients may take (e.g., substance use). One case manager explained that they took a harm reduction approach when discussing safety, noting, "for me safety planning is more like, 'Okay, so if this is the reality that you're living in, how do I help you do it in a safer way?'"

> *"My number one concern when working with clients is safety."*
>
> Case manager

- **Referrals and service coordination:** DVHT case managers offered information and options about community resources and services not available through their organizations. Case managers also coordinated services, such as assisting clients with access to substance abuse treatment and transitional housing. Referrals happened through warm handoffs[24] or written or verbal referrals. A detailed description of referrals and service coordination is in the Service Delivery section.

- **Applications:** DVHT case managers from all three projects assisted clients with completing applications for benefits (e.g., food stamps, Medicaid), identification (e.g., Social Security cards, driver's licenses), other programs (e.g., low-income or free housing, substance abuse treatment enrollment), aid (e.g., Free Application for Federal Student Aid), and job applications. Case managers often helped clients complete these applications during meetings.

- **Appointments:** Case managers spent time with clients making appointments (e.g., medical, dental, social services), providing transportation, and accompanying clients to appointments. Sometimes case management appointments would be planned during the same time a client had another appointment. Case managers sometimes went to medical appointments with clients if the client wanted additional support.

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[24] Case management staff often provided a "warm handoff" to the referred organization. A warm handoff involved helping connect a client to services either by physically going with them to the referred organization or by facilitating a call between the client and the referred organization.

- **Life skills:** Sometimes case managers worked with clients one-on-one to build their life skills. Examples of activities included shopping for groceries, cooking, cleaning, applying for jobs, and paying rent.

- **Education or activity planning:** Case managers who worked with minor clients assisted them with planning how to spend their time. Because most host home guardians had to be at work during the day, Youthworks (ND) case managers had to find appropriate activities in which their minor clients could engage. Examples of daytime activities they identified included attending school, going to fitness or pool facilities, and engaging with faith-based groups. Young adult clients also needed help sometimes with planning their time during DVHT project engagement. Tumbleweed's (MT) transitional living program and Janus Youth Programs' (OR) Athena House program required certain hours of "productive time" for each client. Case managers helped young adult clients plan their productive time, which may include working on educational and employment goals, life skills, or other healthy personal goals (e.g., learning yoga, swimming).

Case Management Days and Length of Service Engagement

Case managers at each of the demonstration projects engaged and communicated with their clients in different ways and for different lengths of time.

- **Number of case management days:** As shown in **Exhibit 23**, the amount of time case managers met with clients or worked on their behalf ranged from an average of 15 days (Youthworks [ND]) to an average of 30 days (Tumbleweed [MT]). Case managers described that their communication with clients ranged from daily check-ins to talking once a month but that they tried to meet with or communicate with their active clients at least once a week. Case managers explained that many clients, particularly those who did not have stable housing or who were dealing with substance use issues, would go in and out of services for periods at a time.

- **Length of engagement in services:** The length of time clients engaged in case management services[25] ranged from 13 to 42 weeks. As shown in **Exhibit 24**, Multnomah County/SARC (OR) had the highest average number of days a client was engaged in services (294 days/42 weeks), followed by Tumbleweed (MT) (188 days/27 weeks) and Youthworks (ND) (88 days/13 weeks).

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[25] Length of service was calculated using intake date and the date the client's case was closed. If the client's case was open at the end of data collection, then that date (September 15, 2017) was used; however, some clients may have continued to receive services after data collection ended.

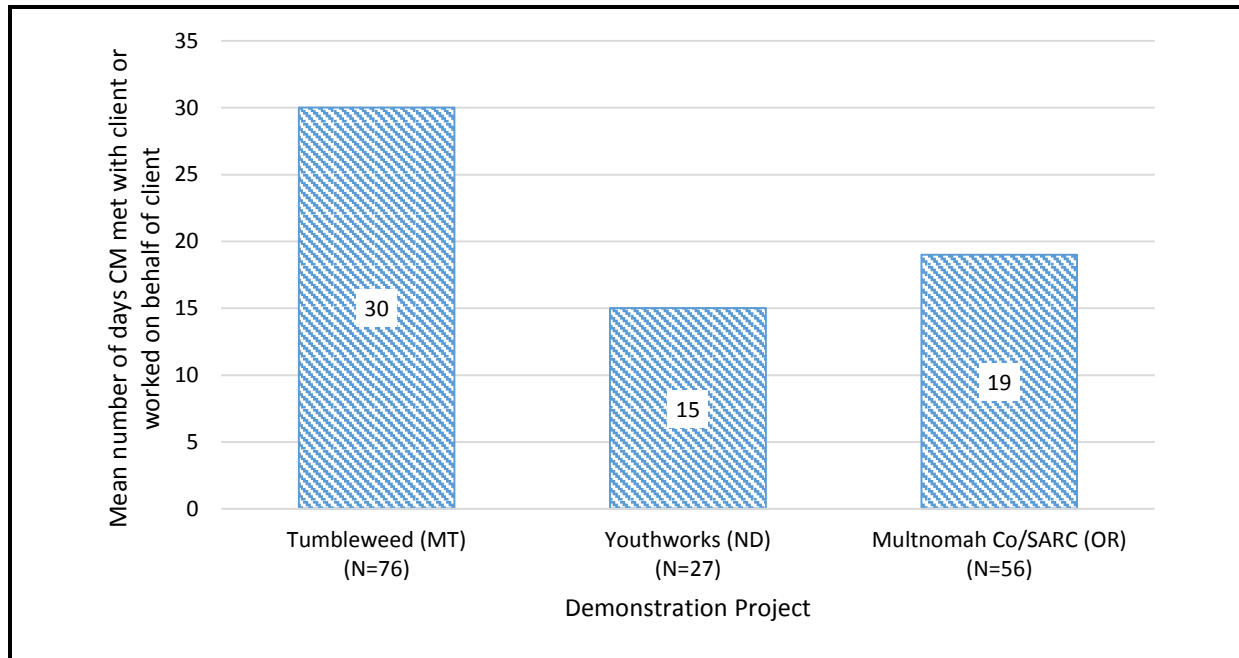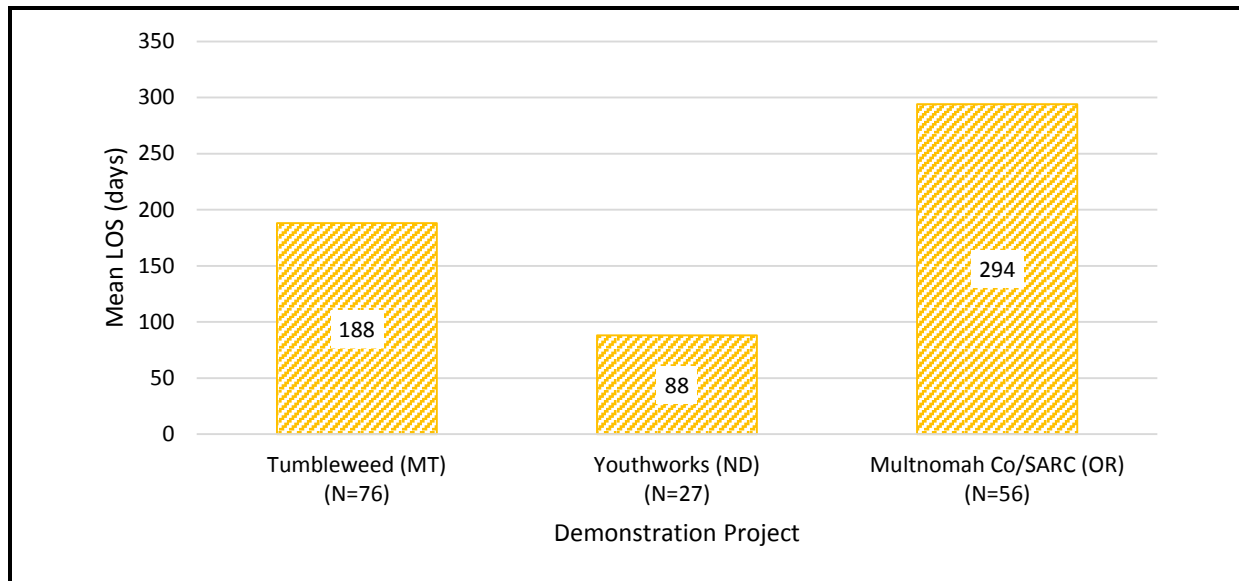**Exhibit 23.   Average Number of Case Management Days**

Exhibit 24.   Average Length of Services (in Days)

Service Delivery

As previously described, across all demonstration projects, a key aspect of comprehensive case management was helping clients locate and access needed services and resources. Case managers connected clients to in-house services provided by their organizations and referred clients to external services offered by project partners and other organizations.

Demonstration projects were tasked with providing or helping clients locate and access a variety of direct services, including assistance to meet basic unmet needs (e.g., food, clothing, transportation, and interpreter or translation services); shelter and housing (e.g., emergency shelter, transitional and long-term housing); safety planning; victim advocacy and information about crime victims' rights; legal advocacy and services; behavioral health, medical, and dental health services; literacy and education assistance; life skills training; and job training and employment assistance.

Exhibit 25 indicates the types of services[26] that were typically offered in-house and externally (at partner or other organizations). Most demonstration projects' in-house services included housing advocacy, emergency housing, transitional and long-term housing, safety planning, financial assistance, social service advocacy/services, education and employment services, life skills, emotional support, crisis intervention, and family reunification. Several services were mostly offered externally from partner or other community-based organizations, including interpreter/translator services; legal advocacy and services; medical, reproductive, dental, and mental health services; substance abuse treatment; and child care. Some services were provided through a mix of in-house and external resources, such as victim advocacy, transportation, and personal items (e.g., clothing, toiletries).

Exhibit 25. In-House and Partner Services Offered to Clients

Service	Tumbleweed (MT)	Youthworks (ND)	Multnomah County/SARC (OR)
	●*=in-house service*		
	°*=external service (from partner or other organization)*		
Housing advocacy	●	●	●
Housing financial assistance	●	●	●
Emergency shelter	●	● ○	○
Housing (transitional and long-term)	● ○	● ○	○
Safety planning	●	●	●
Legal advocacy and services	○	○	○
Victim advocacy	● ○	● ○	● ○
Transportation	●	● ○	● ○

(continued)

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[26] **Exhibit 32** includes descriptions of each of the service categories.

Exhibit 25. In-House and Partner Services Offered to Clients (continued)

	Tumbleweed (MT)	Youthworks (ND)	Multnomah County/SARC (OR)
Personal items	●	● ○	● ○
Financial assistance	●	●	● ○
Interpreter/translator	○	○	○
Social service advocacy	●	● ○	● ○
Education	○	○	○
Employment	● ○	● ○	● ○
Medical	○	○	○
Reproductive/sexual health services	○	○	○
Dental	○	○	○
Mental/behavioral health	○	○	○
Substance abuse services	○	○	○
Life skills	●	● ○	● ○
Family reunification	●	●	● ○
Child care	○	○	● ○
Emotional support	●	● ○	● ○

Demonstration projects and their partners used multiple service approaches to meet the needs of clients. Some services were specifically designed to serve trafficking victims, whereas others were offered to a broader population of vulnerable youth. The services offered are described as follows.

Housing: Demonstration project and partner staff explained that housing was a crucial need for their clients and one of the most challenging services to offer and obtain. All demonstration projects directly offered housing advocacy and financial assistance. Emergency shelter, short-term housing, and transitional housing options varied among projects.

- **Emergency shelter:** Youthworks (ND) and Tumbleweed (MT) directly offered emergency shelter through their youth shelter programs. Multnomah County/SARC (OR) offered emergency shelter through their partner, Janus Youth Programs (OR). All of these shelters were generally offered to young people aged 24 years or younger.

- **Transitional living:** Youthworks (ND), Tumbleweed (MT), and Janus Youth Programs (OR) offered transitional housing options to DVHT project clients. Youthworks (ND) offered host homes (for more information as follows) and a transitional living program that included up to 22 months of housing, case management, and assistance with employment and education. Tumbleweed (MT) offered transitional living opportunities through rent-free shared homes and apartments. Clients using the transitional living program continued to work with a case manager, worked on life skills development, and were required to work toward educational or

employment goals. Janus Youth Programs (OR) offered Multnomah County/SARC (OR) clients housing funds to help support rent payments for DVHT project clients who were gainfully employed. They also had a transitional living program specifically for trafficking survivors (for more information as follows).

- **Host homes:** Host homes for trafficking victims were a signature component of the Youthworks (ND) DVHT project. Host homes, which function similar to foster homes in that vulnerable individuals are placed in a home atmosphere instead of an institution or group home, have been used with other vulnerable populations (e.g., runaway and

> "[My host home] made me feel like I have a family, like for the first time. They're so accepting of me and everything about me. I can look at [them] like they're my moms and I've never really had that before, and so I just feel like I actually belong somewhere now. And I know that once I move out of here and I'm on my own, like they're still going to be around."
>
> Client

homeless youth, disabled youth and adults). Youthworks (ND) decided to implement the host home approach because they wanted to offer a personalized caring and family-like atmosphere for trafficking victims up to 22 years who were in transition (e.g., unaccompanied minors who normally would have had to stay in detention while waiting to testify on a trafficking case, young adults who needed short-term housing and support while they determined longer-term plans). Because Youthworks' (ND) service area covered mostly rural areas, they also wanted to offer host homes in areas in which no other services were available for trafficking victims. Youthworks (ND) recruited, trained, licensed, and compensated host homes across North Dakota (and one host home in Clay County, Minnesota). Youthworks (ND) offered host homes as an option to DVHT project clients who were in transition. They placed interested clients in host homes for varying amounts of time, depending on the client's situation and how well they "fit" with their host home. Clients stayed with their host home from a couple of days to several months or longer.

- **Trafficking-specific group housing:** Multnomah County/SARC (OR) referred eligible and interested clients to a trafficking-specific transitional group housing program, Athena House, that was operated by its partner, Janus Youth Programs (OR). Athena House was available to sex trafficking survivors who were aged 14 to 21. Youth could stay for up to 18 months, but Athena House also offered emergency shelter to sex trafficking survivors. The Athena House program offered comprehensive services, case management (often in tandem with SARC's [OR] case management), and a structured recovery program. The program consisted of four stages: shield, olive branch, wings, and owl. During the shield stage (21 days) clients focused on getting used to Athena House and becoming stabilized. The next three stages required increasing amounts of productive time per week, which could include activities such as meeting with a SARC (OR) case manager, looking for employment, healthy habits (e.g., exercise), volunteering, and doing activities to help them develop a safe and supportive network. The

olive branch, wings, and owl stages required 20, 30, and 50 hours of productive time, respectively.

Entrance sign at Harry's Mother, one of Janus Youth Programs' (OR) emergency drop-in shelters.

Safety planning: All demonstration projects provided safety assessment and planning. Safety planning was part of initial intake and assessment and was conducted on an ongoing basis. Safety planning involved conversations with clients about matters such as potentially unsafe relationships, substance use, and living situations. Case managers often used motivational interviewing to help guide clients to create a safety plan based on their unique situations.

> *"Safety planning for me is really about the realism, the pragmatic aspect of constantly holding that tension of what does your ideal life look like and what or where are you at currently. And what are the steps to be at that ideal."*
>
> Project partner

Legal advocacy and services and victim services: Although case managers explained that most clients were not interested in pursuing legal action against their traffickers, case managers offered information about available legal services and options for pursuing prosecution of their traffickers. They also connected clients to other legal services for help with issues such as child custody, restraining orders, or vacating charges against the client. SARC (OR) case managers served as court advocates if a client was involved in a court case.

> *"[My case manager] used to come to court every day, and it was only my advocates. I never had moms, I didn't have friends, I didn't have anybody. I just had advocates. [They] really looked out for me. And, you know, it meant the world to me to have somebody come to court."*
>
> Client

Basic needs: All DVHT demonstration projects offered assistance to help clients meet basic needs, including transportation, personal items (e.g., food, clothing, hygiene), and financial assistance. Additionally, all three DVHT projects worked with partners to provide basic needs. Approaches varied depending on clients' involvement with housing or other specialized services provided by a partner organization. For example, Youthworks' (ND) host homes were compensated for providing basic needs and transportation to clients, whereas Janus Youth Programs (OR) covered basic needs for DVHT project clients who participated in its Athena House program. Tumbleweed (MT) offered comprehensive basic needs in-house. All demonstration projects provided transportation, directly or through public transportation passes and cab vouchers.

Education: Although the DVHT demonstration projects did not directly provide education programs, they generally provided resources, options, and advocacy related to education (e.g., completing GEDs, coordinating school enrollment, filling out federal student aid forms). DVHT project clients who wanted to continue their education received direct services from local public schools, alternative education programs, and tutoring services.

Employment: All DVHT demonstration projects provided employment-related resources and assistance. For example, project staff helped clients complete job applications and supported clients with getting to their jobs (e.g., transportation). Tumbleweed (MT) had a youth resource center connected to its drop-in center where clients could get help with applying for jobs and making connections with area businesses. Across the three projects, staff reported that some clients took on volunteer work instead of employment as a way of building job skills and positively contributing to the community.

Health services: Although none of the DVHT demonstration projects directly offered medical, dental, mental health, or reproductive health services, all had relationships with local health services to which they helped clients connect for assistance. DVHT project and partner staff also noted that they connected clients to dental services, primary care medical providers, pediatric care for newborns, and mental health services. All projects worked with at least one client who needed help accessing prenatal and maternal delivery care. All DVHT projects also helped clients apply for Medicaid or the Oregon Health Plan (for Multnomah County/SARC [OR] clients). Youthworks (ND) helped cover the costs of health care service fees for clients. Case managers often transported and accompanied clients to appointments (if they wanted such support).

Substance abuse services: All DVHT demonstration projects referred clients to local substance abuse treatment organizations. Local substance abuse treatment services varied by each project's service region.

- **Trafficking-specific treatment services:** Multnomah County/SARC's (OR) project partnered with LifeWorks Northwest to provide trafficking-specific treatment services to clients. LifeWorks Northwest's program New Options for Women (NOW) was an intensive outpatient program developed for women aged 18 or older who have experienced sex trafficking. The program was 5 days a week and included

group therapy, individual therapy, case management, and evidence-based curricula (e.g., Beyond Your Trauma, Early Recovery and Relapse Prevention, Seeking Safety, Living in Balance) and approaches (e.g., moral recognition therapy). NOW case management staff were trafficking survivors who were in recovery for a substance addiction. Clients received a thorough intake and assessment and were provided support with accessing housing, transportation, and other services to meet basic needs. LifeWorks Northwest also offered inpatient care, but these services were not specifically designed for trafficking victims. To help raise awareness about the availability of LifeWorks Northwest's services, NOW program staff presented NOW service options to DVHT project clients at SARC's (OR) drop-in center.

- **Local treatment services:** Tumbleweed (MT) had a strong partnership with the local treatment center, Rimrock. Rimrock provided residential treatment for some of Tumbleweed's (MT) clients, which included monitoring and mentoring from addiction counselors; a 12-step program; housing, meals, and laundry; group counseling; individual counseling; and classes about the addiction and recovery process. Youthworks (ND) also worked with local programs, such as the Human Service Center, which conducted substance misuse assessments and helped clients access services. Multnomah County/SARC (OR) referred individuals who did not meet the eligibility requirements for the NOW program (e.g., minors, males) to LifeWorks Northwest's other treatment programs.

Life skills: Life skills classes were available at all three demonstration projects. Youthworks (ND) and Tumbleweed (MT) offered life skills classes at their drop-in centers. SARC's (OR) RYSE group included life skills classes as part of its support group. Topics were based on life skills that were of interest to group participants. Across all three projects, life skills topics typically included financial literacy (e.g., budgeting, saving, doing your taxes), living on your own (e.g., renting, paying utilities, cooking, cleaning), setting and obtaining short- and long-term goals, sexual health, healthy relationships, and healthy behaviors and self-care.

Family reunification: All DVHT projects provided family reunification services for clients if they desired them. Family reunification services typically included assisting clients with contacting family members, transportation and travel arrangements, and coordination with family members.

Child care: Only SARC (OR) provided child care, which was offered during RYSE support group meetings. Tumbleweed (MT) and Youthworks (ND) linked clients to local resources for child care.

Emotional support: As previously described (under Case Management Activities), one of the key aspects of DVHT case management was providing emotional support to clients, which all demonstration projects did. Additionally, partners of Youthworks (ND) and Multnomah County/SARC (OR) provided emotional support to clients. Youthworks' (ND) host home families provided DVHT project clients in their care with emotional support in a family atmosphere.

Janus Youth Programs (OR) staff provided emotional support to clients residing at Athena House.

Youthworks (ND) main office in Fargo, North Dakota.

Information Sharing between Partner Organizations

Projects and many of their partner organizations often shared information with one another. The following is a summary of common themes related to information sharing that project staff and partners discussed:

- **Release of information forms:** Across all DVHT demonstration projects, project staff and their partners did not share information with one another unless the client had signed a release of information form. The type of information shared generally pertained to coordinating services. Youthworks (ND) primarily worked with minors, which meant that minor clients' legal guardians (often county social service agencies) signed release of information forms. Most project and partner staff said that clients were open to project staff sharing their information with a partner organization. There were some instances in which coordination of release of information forms was challenging because of delays in obtaining forms from partners.

- **Client confidentiality and mandatory reporting:** DVHT demonstration projects took measures to ensure their clients' confidentiality by not sharing client information with others unless the client explicitly gave approval. Project or partner staff who were mandated reporters explained that they let clients know what they could and could not keep confidential, based on their mandated reporting requirements.

However, they noted that their status as a mandated reporter was sometimes a barrier to clients talking freely with them. Some partners also noted that restrictions surrounding client confidentiality sometimes caused problems between agencies, particularly with law enforcement. SARC (OR) case managers explained that none of their staff were designated as mandated reporters (i.e., no staff had to report anything under any circumstances) and that this ability to be completely confidential was an enormous benefit to their success with clients.

Case Management Focus

Program staff maintained a daily log of services provided to clients. These data showed that, although there were some similarities, the three demonstration projects provided different services to clients.

Among all projects, the most common service provided was emotional support, which was provided on 96% of the case management days, as shown in **Exhibit 26**. Case managers at Tumbleweed (MT) focused almost exclusively on providing three services for their clients: emotional support, personal items, and housing financial assistance (these services represented more than 95% of case management days). Case managers at Youthworks (ND) and Multnomah County/SARC (OR) spent the vast majority of their days providing emotional support but also spent time providing services in many other areas. Youthworks (ND) and Multnomah County/SARC (OR) more often provided life skills, safety planning, transportation, and housing advocacy than Tumbleweed (MT). Youthworks (ND) provided a broader variety of services more frequently than did Tumbleweed (MT) and Multnomah County/SARC (OR). This may have been due to Youthworks' (ND) clients having more diverse needs or to differences in the way projects' case managers recorded their case management activities in their daily log.

Exhibit 26. Case Management Focus

	Percentage of Client Management Days When Service Provided			
Area of Need	**Tumbleweed (MT) (N=2,376)**	**Youthworks (ND) (N=410)**	**Multnomah County/SARC (OR) (N=1,107)**	**Total (N=3,893)**
Emotional support	100	80	95	96
Personal items	99	29	13	67
Housing financial assistance	95	2	3	59
Life skills	6	31	23	14
Social service advocacy	16	12	9	14
Safety planning	6	28	12	10
Mental/behavioral health	7	24	9	9
Transportation	5	20	14	9
Housing advocacy	2	28	13	8
Employment	5	11	7	6

(continued)

Exhibit 26. Case Management Focus (continued)

Area of Need	Percentage of Client Management Days When Service Provided			
	Tumbleweed (MT) (N=2,376)	Youthworks (ND) (N=410)	Multnomah County/SARC (OR) (N=1,107)	Total (N=3,893)
Check-in group[a]	—	—	17	5
Legal advocacy and services	2	4	7	4
Substance abuse services	6	2	1	4
Victim advocacy	4	11	3	4
Education	2	11	2	3
Financial assistance	3	8	1	3
Medical	2	21	0	3
Reproductive/sexual health services	2	5	5	3
Family reunification	1	3	3	2
Other[b]	0	1	6	2
Dental	0	5	—	1
Child care	—	3	1	0

[a]Not a pre-printed category; responses were written in as an "other" service provided/referred.

[b]Some examples of other responses include visits to Oak Creek Youth Correctional Facility, identification, and resource hours.

Exhibit 27 presents the top three most frequently provided services by DVHT demonstration project case managers.

Exhibit 27. Top Three Case Management Focus Areas by Each Demonstration Project

Tumbleweed (MT)	Youthworks (ND)	Multnomah County/SARC (OR)
• Emotional support (100%)	• Emotional support (80%)	• Emotional support (95%)
• Personal items (99%)	• Life skills training (31%)	• Life skills training (23%)
• Housing financial assistance (95%)	• Personal items (29%)	• Check-in group (17%)

Percentage refers to percentage of case management days.

Barriers to Service Delivery

Every 8 weeks, case managers documented information about the barriers to service receipt that clients had encountered. For the most part, clients were able to get the help they needed. However, accessing some services presented more obstacles than others. **Exhibit 28** shows the percentage of reporting periods in which barriers were reported for clients by each service category. The percentage in which a barrier was not reported included clients who did not need the service or who were able to obtain the service without any barriers. Across all programs, almost half (44%) of the reporting periods included barriers to obtaining mental/behavioral health services. Additionally, Tumbleweed (MT) program staff reported barriers about half the time for substance abuse services (54%), employment services (52%), and life skills (51%). Mental/behavioral health services was the only service for which Youthworks (ND) and Multnomah County/SARC (OR) reported a barrier for more than one-third of the time.

Barriers to service delivery were reported less often by Youthworks (ND) and Multnomah County/SARC (OR) case managers than by Tumbleweed (MT) case managers. This may have been due to several factors, including the limited resources in Tumbleweed's (MT) service region and lack of human trafficking–specific resources; and the higher proportion of Tumbleweed (MT) clients who were not interested in or willing to access needed services compared with clients served by the other two projects.

Exhibit 29 shows the five service categories to which the most barriers were encountered as reported by case managers. Mental/behavioral health and substance abuse services were among the top five at all three demonstration projects.

Exhibit 28. Barriers to Service Delivery

Service	Definition	Percentage of Reporting Periods in Which There Was a Barrier to Service Delivery			
		Tumbleweed (MT) (N=308)	Youthworks (ND) (N=54)	Multnomah County/SARC (OR) (N=287)	Total (N=649)
Mental/behavioral health services	Services provided by a licensed mental health provider; includes assessment and treatment	51	41	38	44
Employment services	Activities and services related to assistance with obtaining employment; includes but not limited to employment assistance, job training, and vocational services	52	17	21	35
Substance abuse services	Services related to treatment of substance and/or alcohol abuse; includes assessment and treatment and can also include support groups for substance and/or alcohol abuse recovery	54	28	14	34
Education	Provision of services related to client education; includes but not limited to literacy, GED assistance, school enrollment	44	30	20	33
Life skills	Services to help clients achieve self-sufficiency; includes but is not limited to managing personal finances, self-care	51	31	6	29
Housing advocacy	Assistance to locate and place client in housing; includes but is not limited to emergency and transitional shelter and group or independent living options	43	28	12	28
Safety planning	Services provided and activities surrounding client protection and safety planning	48	19	3	26
Social service advocacy	Services provided to a client to address social service needs and to inform clients of available benefits and services	42	6	3	22
Victim advocacy	Information and support provided to help client understand and exercise his or her rights as a victim of crime in the criminal justice process	41	15	—	21
Reproductive/sexual health services	Services provided related to a client's reproductive and/or sexual health; includes but not limited to HIV testing, STI screening and treatment, pregnancy testing, prenatal services	34	11	2	18

(continued)

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Exhibit 28. Barriers to Service Delivery (continued)

Service	Definition	Percentage of Reporting Periods in Which There Was a Barrier to Service Delivery			
		Tumbleweed (MT) (N=308)	Youthworks (ND) (N=54)	Multnomah County/SARC (OR) (N=287)	Total (N=649)
Emotional support	Emotional support and informal counseling provided to a client by organization staff or volunteers who are not mental health providers; includes informal counseling and peer support	26	26	7	17
Financial assistance	All types of money given to the client, including phone and gift cards (excludes housing expenses covered under housing financial assistance)	26	11	8	17
Legal advocacy and services	Services provided to address legal needs, including information from or representation by civil attorneys and prosecutors	30	2	1	15
Housing financial assistance	Assistance with expenditures for a client's rent, shelter stay, hotel/motel stay, or other housing expenses	18	9	12	14
Transportation	Services provided to a client related to transportation to ensure that clients have access to services and other activities; includes but is not limited to metro, subway, and bus	19	9	3	11
Medical services	Services provided related to a client's medical health	20	7	1	11
Family reunification	Activities and services to support a client to reunify with his or her family members	13	17	1	8
Dental health	Services provided related to the care of a client's teeth	11	17	2	8
Personal items	Material goods or support to obtain goods, including but not limited to food, clothing, and toiletries	15	2	0	7
Child care	Supervision of a client's child by your organization or another organization or individual	1	2	4	2
Interpreter/ translator	Interpreter or translator is used to assess service needs and/or provide services to a client	1	—	—	1

Exhibit 29. Top Five Services with Barriers

Tumbleweed (MT)	Youthworks (ND)	Multnomah County/SARC (OR)
• Substance abuse services (54%) • Employment services (52%) • Mental/behavioral health (51%) • Life skills (51%) • Safety planning (48%)	• Mental/behavioral health (41%) • Life skills (31%) • Education (30%) • Substance abuse services (28%) • Housing advocacy (28%)	• Mental/behavioral health (38%) • Employment services (21%) • Education (20%) • Substance abuse services (14%) • Housing advocacy (12%) • Housing financial assistance (12%)

Percentages refers to the percentage of 2-month reporting periods in which a barrier was indicated for the service.

When DVHT case managers reported barriers to specific types of services, they also checked all the specific barriers that applied, including "appropriate service not available," "service available but not accessible to client," "service available but client not interested or willing," "service available but client not ready" and "other." We present findings related to these specific types of barriers to service use and delivery as follows.

Service Availability and Accessibility

The services that were most often reported as not available were housing financial assistance, housing advocacy, transportation, financial assistance, and dental care. The services that were most often reported as available but not accessible to the client were mental/behavioral health, employment, education, housing advocacy, and substance abuse services.

Interviews with project staff, partners, and clients helped elucidate barriers related to service availability and accessibility. Staff from all three projects reported that some services were less available than others. Staff most often cited the following as limited services: housing, detox and treatment for substance abuse, and mental/behavioral health.

- **Housing:** Project staff and partners from all three projects emphasized that clients' need for affordable, safe, and desirable short- and long-term housing far outweighed the availability. Staff from two projects noted the challenge of obtaining transitional housing that did not allow individuals using harm reduction recovery methods (e.g., methadone, Suboxone) or individuals who used any substances. This was a barrier for several clients who were not ready to maintain sobriety but who needed transitional housing. Two projects explained that their local affordable housing had waitlists that lasted years. In one project service area, the local housing authority had stopped accepting applications because the demand was so high.

- **Detox and treatment for substance abuse:** Two demonstration projects' staff described that specific substance abuse services (e.g., detox, residential treatment programs) were often challenging for clients to access because of limited options and long waitlists.

- **Mental/behavioral health:** One demonstration project noted the limited mental/behavioral health services in their area. In one region of their service area, individuals needed to drive hundreds of miles to access mental/behavioral health services.

Client Not Interested or Willing to Access Services

The type of barrier most frequently reported was that the client was not interested or willing to access available services. Situations in which a service was available, but the client was not interested or willing, were highest for mental/behavioral health, safety planning, substance abuse services, education, and life skills. Also, almost a quarter of the time, clients at Tumbleweed (MT) and Youthworks (ND) indicated that this was a barrier to providing emotional support.

The qualitative data reflected a similar trend. Staff and partners across all three demonstration projects reiterated clients' reservations about accessing mental/behavioral health or treatment for substance abuse services. Staff noted that many clients were hesitant to talk to counselors or mental health professionals because of a lack of trust and reluctance to repeat their "story." Project staff and partners also expressed the underlying challenges of chemical dependence and addiction that many of their clients faced when offered detox and substance abuse treatment services. Staff and partners said that although many clients acknowledged the need to address substance abuse, they were not ready to take action.

> *"You think that you're going to get [clients] to mental health counseling and that [it will be] seamless, but it doesn't happen. That is probably the area that we've been the most surprised about, is the refusal to receive counseling even though it's right there. It's not going to cost you anything and we have good people but [clients say], 'Nope, I'm not talking to them.' If I step back as a therapist it makes sense because they're just in the beginning stages of trusting someone and now you're asking [them] to trust a therapist… So, that's a challenge for us."*
>
> Project director

Exit from Services

Across projects, clients exited services and case managers closed clients' cases for a variety of reasons. **Exhibit 30** shows the reasons for which staff closed a case (more than one reason could be given). At Tumbleweed (MT) and Multnomah County/SARC (OR), cases were closed about half the time because staff lost contact with the client (52% and 51%, respectively). At Youthworks (ND), cases were closed most often because the client transferred to another service program (53%). About a third of cases also closed at Tumbleweed (MT) and Youthworks (ND) because the client relocated (33% and 37%, respectively) and at Multnomah County/SARC (OR) because the client was no longer in need of services (31%). A few clients (between 1% and 5% across projects) aged out of the program and thus became ineligible to continue DVHT project services; however, project staff attempted to connect clients with needed services elsewhere.

Exhibit 30. Reasons for Case Closing

Tumbleweed (MT) (N=67)
Youthworks (ND) (N=19)
Multnomah Co/SARC (OR) (N=35)

Reason	Tumbleweed	Youthworks	Multnomah
Lost contact	52%	21%	51%
Client relocated	33%	37%	11%
No longer in need of services	9%	11%	31%
Transferred to another service program	1%	53%	3%
Client discontinued	10%	5%	6%
Not eligible	1%	5%	3%
Other	6%	5%	
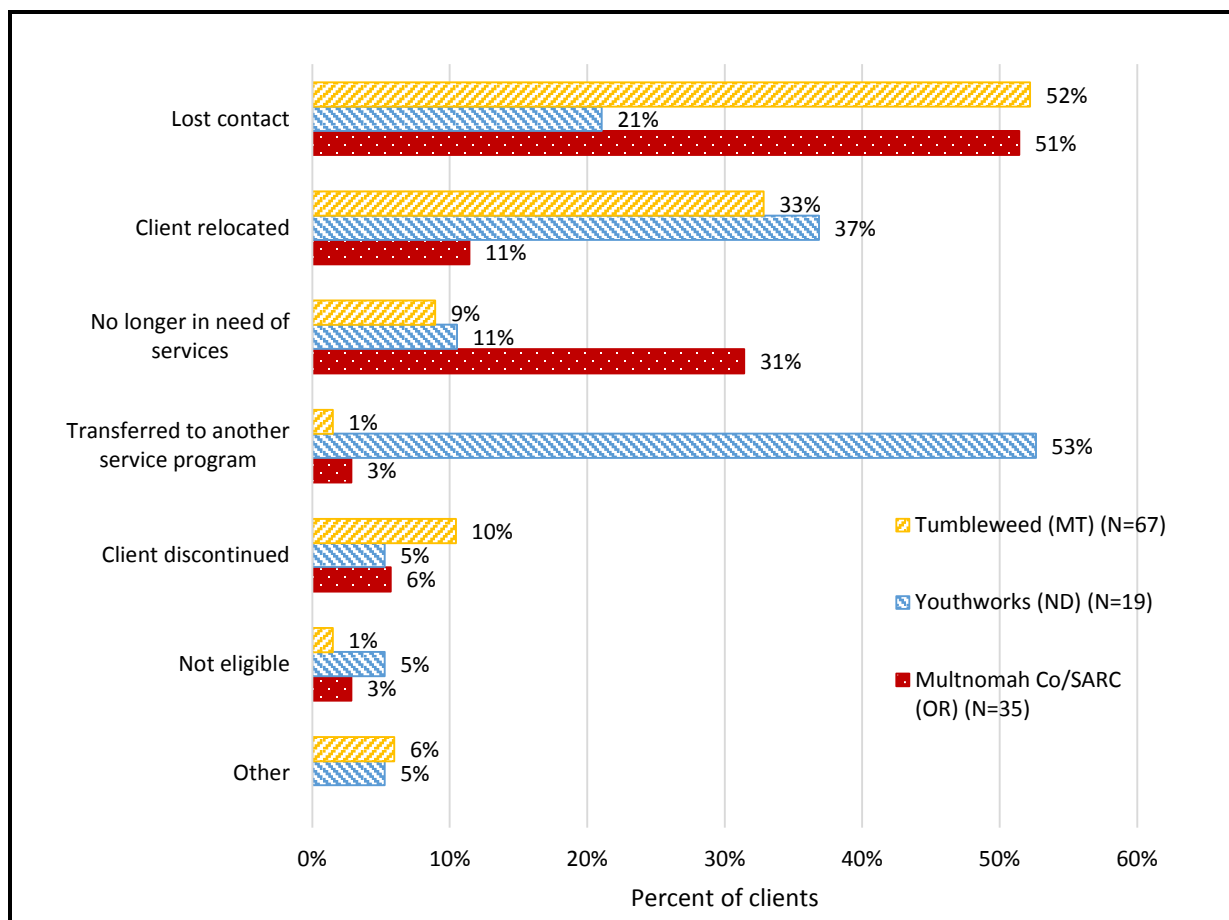
Case Management Strategies

Demonstration project staff and partners described using many strategies and techniques to provide comprehensive case management to trafficking victims. Staff explained broad approaches they used to serve trafficking victims, as well as ways that they provided victim-centered, trauma-informed, culturally relevant, and developmentally appropriate services.

Approaches to Serving Trafficking Victims

Case managers explained several approaches that they used throughout their case management services to trafficking victims, including using a strengths-based approach, understanding and applying theory of change to promoting healthy behavior change, using motivational interviewing, applying harm reduction approaches to service delivery, accepting that clients may disengage and reengage throughout services, modeling positive relationships, creating environments that support healthy behavior change, offering opportunities for

- **Practicing a strengths-based approach:** Case managers expressed the importance of helping clients identify and focus on their inherent strengths and resources to work toward their goals. Case managers explained that using

> *"I think being strengths based is extremely important. Not focusing on deficiencies but focusing and really building that resiliency factor for [clients] in terms of what are you good at, what are you confident in, and how can we build those little nuggets up? And then also identifying new things and using those strengths to apply to new skillsets."*
>
> Case manager

a strengths-based approach helped clients build confidence, resilience, and empowerment; reframe challenging experiences into opportunities; and develop problem-solving skills. One case manager noted that a strengths-based approach was particularly critical for trafficking survivors because they may have been made to feel worthless by their trafficker or other negative influences in their lives.

- **Understanding and applying stages of change theories to behavior change:** Project and partner staff described using approaches based on stages of change theories to foster behavior change. Stages of change theories, such as the transtheoretical model (Prochaska & DiClemente, 1986), posit that individuals move through different stages of change, such as contemplation and preparation, before ultimately taking action to change their behavior. They also assume that behavior change must come from the individual and that relapses are a normal part of behavior change. Case managers and partners repeatedly emphasized that they met "clients where they are at" in terms of immediate needs and readiness to make changes in their life, particularly related to substance use and behaviors that made them vulnerable to trafficking.

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

> *"Let [clients] teach you things, use your motivational interviewing skills, and your engagement skills to give them the power."*
>
> Case manager

explained that using motivational interviewing helped them empower clients to take charge of their lives and identify the issues that were the most important to them.

- **Applying harm reduction approaches:** Across all three demonstration projects, case managers described the value of using harm reduction approaches in their services, particularly related to behaviors that may make someone vulnerable to trafficking and substance abuse. Case managers explained that some clients who were sex trafficked were still engaged with their trafficker or encountered situations that may make them vulnerable to victimization. Case managers strategized with clients on maximizing safety and minimizing their vulnerabilities if they were going to put themselves in potentially risky situations. Similarly, for clients with substance abuse

issues, many case managers explained that they applied a "no judgement" harm reduction approach to help clients identify ways to reduce their risk or potential harm of substance use (e.g., by avoiding situations in which one may be tempted to use, limiting substance use to

> *"When I'm not here, those are [harm reduction] skills that they will still have. And in the hopes that if a situation presents itself, that they have a few tools in their toolbox to maybe take some steps back and do a little more harm reduction, maybe go, 'Nope, I'm not going to do this, I'm going to run to [grantee project name],' or 'I'm going to call this number,' or 'I'm not going to that party because I know what would happen there.'"*
>
> Case manager

certain days of the week, using a "less risky" substance like nicotine or marijuana rather than potentially lethal substances like methamphetamines or heroin).

- **Accepting that clients may disengage and reengage:** Across all projects, staff explained that some clients would stop accessing services for a period of time. Sometimes clients would disengage because they became re-involved with their trafficker, had substance abuse issues, or, for minors, ran away from their custodial homes. Staff felt it was critical to reengage clients and accept them back into services without judgment. Staff also described the importance of showing their clients that they would be consistently available, reliable, and non-judgmental. As one partner staff said, "A lot of our [clients] will come in, they might make it far and then disappear. We want them to know that we love them whether they are engaged or not, and that we are here for them."

- **Modeling positive relationships:** Case managers, host home families, and partner staff repeatedly underscored the value of modeling healthy, positive

> *"[The client] has not had relationships that have been reliable, supportive, or had much integrity or sobriety. [The client has] commented on, on how [they] feel like this is a home and what a home should be like and what a relationship between adults should be like."*
>
> Host home provider

relationships. They felt this was important because many clients lacked experience or knowledge of healthy relationships. Project staff said that by helping clients observe and experience healthy relationships, it would help reduce clients' susceptibility to future trafficking and help them develop future healthy relationships. Youthworks' (ND) host home families described one of their main roles as demonstrating healthy relationships between family members on a daily basis and in a typical living environment. Case managers and partners explained that they tried to model good relationships by displaying positive and supportive interactions with each other and with clients, as well as setting healthy boundaries (e.g., not personally being available by phone 24/7).

- **Creating environments that support healthy behavior change:** Youthworks (ND) host home families and SARC (OR) case managers talked about creating environments that helped foster positive behavior changes. Youthworks' (ND) host home families were trained to provide a safe and loving home that would help clients cultivate recovery and healthier behaviors. They did this by establishing home environments that included positive relationships and

> *"Oftentimes the social networks in the client's community outside of here don't facilitate… a healthy life. Here we try to establish a community of young adults who know each other, are in a trusting space, have conversations about real stuff with their adult advocates, and build trust and community."*
>
> Case manager

mutual support, healthy food, and shared household responsibilities. SARC's (OR) RYSE program offered a weekly support group intended to build a community of survivors who were committed to recovering from trafficking and living a healthy lifestyle.

- **Offering opportunities for survivor engagement and feedback:** Several case managers expressed the value of providing opportunities for survivors to inform their project. This included informal methods to obtain client feedback (e.g., informal conversations about client opinions about services) to formal survivor engagement opportunities (e.g., survivor leadership). For example, SARC's (OR) RYSE program developed a survivor advisory board to provide feedback about RYSE's support group meetings and other services.

- **Emphasizing that trafficking experiences do not define someone as a person:** Clients and case managers stressed the importance of emphasizing that someone's trafficking experiences do not define who they are as a person. Several clients explained that they felt guilty and ashamed about being trafficked. They felt that it was helpful to have a case manager who emphasized their identity outside of trafficking and what they could achieve in the future. One client explained about her favorite staff member, "The reason why I liked her so much is because she talked to me like I was a person—like I was just anybody…. I really appreciated that because a lot of people were talking to me either like I was some kind of victim…. I just want someone to talk to me like a person."

- **Exhibiting empathy and kindness:** Across all demonstration projects, clients and case managers talked about the lasting effects of empathy and kindness. When asked about services, one client said she received "love services," which meant

> *"I'll tell [my case manager], 'You know, I need some love,' or, 'I need somebody to help me because I don't understand,' and my mind is still so confused from my life that sometimes I need a reminder that maybe I'm a little bit more, or I can do this…. I need [my case manager] because [they are] my shining star, like my Northern light. [There have been] points in my life I need to know that there's still people that care about [me]."*
>
> Client

that she experienced non-judgmental, unconditional kindness and emotional

support from her case manager. Other clients reiterated this sentiment. Case managers and staff also emphasized the value of kindness and empathy; one staff summarized, "Really for me, trauma informed is focusing on their strengths, meeting them where they're at, being kind to them. [Trafficking victims] don't have a lot of kindness."

Victim-Centered Approaches

Demonstration project staff and partners were asked to explain strategies they used to offer victim-centered services.[27] Project and partner staff described providing victim-centered care by assuming that clients were the experts in their own lives, providing individualized care, and addressing basic needs first.

- **Assuming clients are experts in their lives:** Case managers said they approached service provision with the assumption that clients are the experts in their own lives and should therefore drive decisions about their goals, next steps, and which specific resources to use. Case managers noted that this approach also meant that their role was to help clients understand their options and resources, talk through their decisions (while still allowing clients to "drive the bus"), and provide feedback or opinions, particularly if a client was engaging in an unsafe or risky behavior or situation. Clients also expressed that they appreciated when project staff encouraged them to identify their own needs and make their own decisions. As one client said, "I definitely make most of the decisions. They sometimes recommend some decisions for me, but they never force anything on me, which I appreciate."

> *"When a youth enters our drop-in center, an intake is done to try to help them assess what they think their needs are, because what we have to get away from and what we've worked really hard at, is we don't decide what their needs are, they tell us what their needs are, and that's part of being victim-centered."*
>
> Case manager

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[27] We define "victim-centered" services as those in which service providers prioritize victims' safety, preferences, and well-being in all service provision (Office for Victims of Crime Training and Technical Assistance Center. "Human Trafficking Task Force e-Guide, Section 1.3: Victim-Centered Approach." Retrieved from https://www.ovcttac.gov/taskforceguide/eguide/1-understanding-human-trafficking/13-victim-centered-approach/).

Counseling room at Tumbleweed's (MT) main office.

- **Providing individualized care:** Case managers and host home families explained that services were personalized and tailored to each client's interests, needs, strengths, and situation. They explained that clients did not receive prescribed services; as one case manager explained, "You have to be ever-changing depending on what their needs are, and certainly very client-centered because everyone is very individual. You can have guidelines, but not boxes to check." Case managers provided individualized care by learning about each client and developing a personal relationship with them, adapting their case management strategies to each client's ongoing needs, and being sensitive to each client's specific strengths and areas for growth. SARC (OR) matched case managers to individual clients depending on their personalities and how well they complemented their needs and communication style. Host home families said that they tried to provide accommodations to clients based on their needs and preferences.

> "First and foremost, with this population, they have never had their needs addressed appropriately. When they entrust us to even address any need they have, it's our duty to immediately address it appropriately and responsibly… the first step of doing this responsibly is showing love and compassion—what do they really need in this moment? They may need a sandwich, or get them in a warm van, it could be driving them to a shelter. Respecting that they have come to us for help and said that they need something, that can build or break every barrier."
>
> Project partner

- **Addressing basic needs first:** Case managers and partner staff explained that trafficking victims needed to first have their immediate needs met before administering an intake or conducting more formal case management. Clients' common immediate needs included basic needs (food, toiletries), emergency shelter, legal support after being identified by law enforcement as a potential trafficking victim, and help finding emergency medical or substance abuse

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treatment services. Often case managers or outreach workers provided these services to clients before they were officially enrolled in the program. Case managers explained that meeting clients' basic and immediate needs helped provide safety and stability and built rapport and trust between clients and staff. For many clients, this was an important step that helped them engage in longer-term case management.

Trauma-Informed Approaches

Across demonstration projects, case managers and partner staff were asked about strategies they used to provide trauma-informed services.[28] Project and partner staff described providing trauma-informed care by building relationships and rapport, developing trust through honesty and consistency, empowering clients, learning about and understanding trauma, avoiding triggers, and providing peer support groups.

- **Building relationships and rapport:** Project and partner staff across all projects relayed the importance of taking time to build relationships and rapport with clients as a key first step in trauma-informed care. They used multiple strategies to build rapport, such as asking questions that focused on getting to know the client and their personality (e.g., What kind of music do you like?) and non-trafficking experiences (e.g., What were some positive things you remember from your childhood?), providing opportunities to get to know the client (e.g., going to coffee, walking in a park) without delving into their trafficking experiences, allowing the client to drive conversations, and refraining from judgment. Staff felt that establishing healthy relationships with clients provided a strong foundation from which case management could grow. Rapport helped build trust and allowed clients to open up about their trafficking experiences over time.

> *"I think the first initial meetings are just about rapport building. It's like, 'Let me get to know you, who are you, what do you love to do, what are the things that make you YOU.' It's just building that connection. We always [focus on] seeing them as a human, not seeing them as their experience or their trauma, because I think a lot of other people want to talk about their story and we always say, 'We don't need to know your story in order to support you.' So, I think those first few meetings are definitely that: rapport and making that connection."*
>
> Case manager

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[28] We define "trauma-informed" services as those in which service providers understand how trauma can affect someone and how they experience services and use approaches that maximize safety and avoid re-traumatization of those they service. Trauma-informed services emphasize safety, trustworthiness, choice, collaboration, and empowerment. (Office for Victims of Crime Training and Technical Assistance Center. "Human Trafficking Task Force e-Guide, Section 4.1: Using a Trauma-Informed Approach." Retrieved from https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/41-using-a-trauma-informed-approach/)

- **Developing trust through honesty and consistency:** Project and partner staff felt that it was critical to be honest and transparent, as well as reliable and consistent in their services. They noted that many trafficking victims were distrustful of others because of the extensive deceit and manipulation they experienced from their traffickers and because of poor previous experiences in social service systems. Some ways staff developed trust included making only promises that they could keep (and following through with those promises), being transparent about services and program rules, being "authentic" and developing rapport, and being forthright about any confidentiality limitations. Project and partner staff also explained that they helped develop trust through consistency in their services, such as always showing up to appointments or court appearances and being dependably available. Clients echoed the importance of having dependable support from staff. One client explained the services they received as "I-got-your-back services." Other clients reiterated the importance of knowing that staff, case managers, and host home families were always there for them.

> "It's incredibly important to be honest. A lot of victims I work with have been lied to by everybody and manipulated by everyone. Having the ability to be honest and real—there are not a lot of things that I can promise and their situation is really difficult. But the thing that I can promise is to tell the truth and say this is about them and their lives. Even if I have to say something that they won't like, they'll get the truth anyway."
>
> Project partner

- **Empowering clients:** Staff and partners emphasized the importance of empowering clients to make changes in their lives rather than making decisions for or on behalf of clients. To do this, staff focused on and validated clients' strengths, allowed clients to prioritize needs and make their own decisions, and refrained from making assumptions about what clients wanted. Some staff also noted that strategies such as helping clients to learn and practice life skills, obtain employment or volunteer positions, and create and sell jewelry and art were effective because they fostered feelings of accomplishment, self-efficacy, and competence.

> "We say, 'You teach me about your experience. What do you need and how can I support you?' It's never like, 'They need to do this, they need to do that.' We're being curious and humble."
>
> Case manager

- **Learning about and understanding trauma:** Many case managers and partner staff explained that to provide trauma-informed care, one needed to understand how traumatic experiences affect brain development and the pervasive and long-lasting effects of trauma. They said this knowledge helped them be more patient and empathetic and, in particular, make sense of clients'

> "I think that every time we show up we are keeping [trauma] in the forefront [and remembering] that it's not about us. If a client is in crisis or screaming, yelling, or cussing me out, that it's not about me. You are going through it and I can sit here with you in it and… acknowledge that it's not anything about me. Again, we're meeting them where they're at and being client-centered."
>
> Case manager

challenging behaviors and emotions. Several staff mentioned the importance of understanding the multiple layers of trauma and intersecting issues that many clients experienced along with trafficking, such as poverty, family violence, homelessness, and substance abuse. Additionally, staff emphasized that trauma from trafficking victimization was especially severe because of the frequency of traumatic experiences. As one partner described, "The level of frequency of actual legitimate person-to-person trauma is every single day; it's not one single event."

- **Avoiding triggers:** Several case managers described taking measures to prevent triggering or re-traumatization, such as only asking questions on an as-needed basis (vs. asking unnecessary questions about a client's trafficking experience), allowing clients time to open up about their trauma, and helping specific clients avoid triggering settings and situations (e.g., if a client is triggered by men, advocate for them to see female service or health care providers).
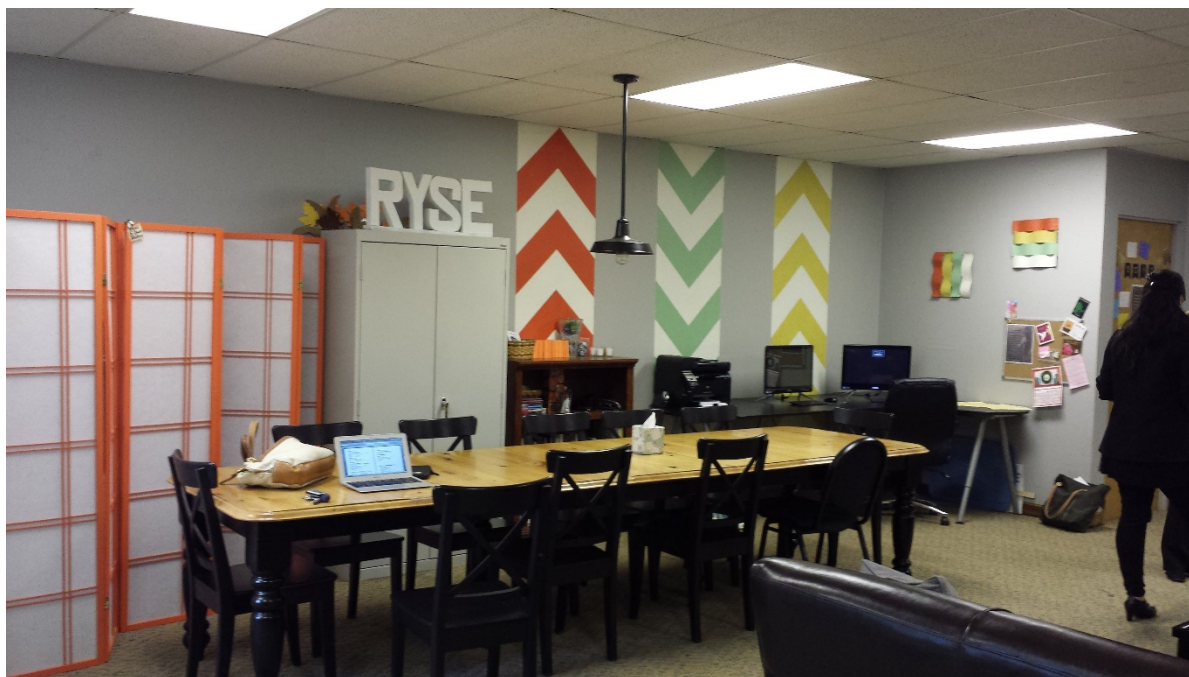
Drop-in center for the RYSE program at SARC (OR), Portland, Oregon.

- **Providing peer support groups:** SARC's (OR) support group was described by clients and case managers as a valuable means to help trafficking survivors build a healthy and supportive community, decrease feelings of isolation, and provide opportunities to talk about trafficking experiences and recovery with others who can personally relate. As one case manager explained, clients may have complicated feelings about their trafficker or their trafficking experiences. She said that the support group was "a space where [clients] can

> *"And having [other survivors at the support group] actually was a helpful experience because we get to share stories which makes you feel like, okay you're not alone."*
>
> Client

explore all of [their feelings] but tell the truth about it, where we can have a really honest conversation and honoring that those feelings may be real."

Culturally Relevant Approaches

Project staff and partners were asked to describe how they provided culturally relevant services.[29] Project and partner staff described providing culturally relevant care by understanding the culture of sex trafficking, partnering with organizations that serve specific populations, hiring staff with diverse backgrounds, and providing culturally appropriate basic needs.

- **Understanding the culture of sex trafficking:** Staff from all projects stressed the importance of understanding the culture of sex trafficking and tailoring services to be responsive to this culture. For example, some case managers noted that some clients struggled with staying away from their potentially risky situations because they were tempted by promises of money, clothes, or jewelry. In response, they tried to provide services that covered all of their needs and talked to them about manipulation and exploitation.

> *"[The staff] really opened my eyes to what was oppressed in my life… and it felt like there was a little bit of hope. Maybe people didn't just see me one way or that I was going to be this individual to the whole world…. It changed [my perspective] a lot."*
>
> Client

- **Partnering with organizations that serve specific populations:** All demonstration projects partnered with organizations that served Native American populations. These organizations conducted outreach to local tribal nations, served Native American clients, and/or provided expertise on trafficking issues specific to Native American populations.

- **Hiring staff with diverse backgrounds:** Staff from one project explained that they purposely sought to hire staff whose race and culture matched that of their client population.

- **Providing culturally appropriate basic needs:** Two demonstration projects made it a point to carry hair products for African American hair as part of their hygiene offerings. One client pointed out that having access to appropriate hair products

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[29] We define "culturally relevant" services as those in which service providers have the skills and understanding to effectively serve individuals of many different cultures and backgrounds (Substance Abuse and Mental Health Services Administration. (2016). Cultural competence [Web page]. Retrieved from https://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence). Trafficking victims vary widely and may need specialized responses depending on their age, gender, citizenship status, culture, language, type of trafficking experienced, history of victimization, ability, sexual orientation, religious affiliation, and many other factors (Office for Victims of Crime Training and Technical Assistance Center. (n.d.). Human Trafficking Task Force e-Guide, Section 4.5: Victim Populations [Web page]. Retrieved from https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/45-victim-populations/).

"might not seem like a big deal, but it actually really is," and it was an incentive for her to stay engaged in project activities.

Developmentally Appropriate Approaches

DVHT project and partner staff were asked to discuss strategies for providing developmentally appropriate services.[30] Staff described the different approaches they took when serving minor youth (younger than 18) and young adults (18 to 24).

- **Serving minor youth:** Case managers explained that working with minors necessitated collaboration with other social service systems (e.g., Department of Human Services, child welfare) and the minor's custodial guardian. Most

> "The needs of a 22-year-old are different than the needs of a 14-year-old in a variety of ways. I think the operational stuff like housing, once you are legally an adult, you have a lot more control over your life. A 15-year-old gets places in foster homes, the school she goes to gets picked for her… there are processes in place for a child. When someone is a young adult there's a lot more to risk and a lot more autonomy."
>
> Case manager

minor youth came into services through referrals from law enforcement or social service agencies. Project and partner staff also explained that minor youth required more intensive support. It was important to have age-appropriate expectations such as being more proactive with regard to service delivery versus expecting them to take initiative. Additionally, staff stressed the importance of a background in child and adolescent development.

- **Serving young adults:** Project and partner staff said that as youth transitioned to young adulthood, they needed more support to build life skills, self-sufficiency, and autonomy. Case managers provided less proactive care and instead helped young adult clients to take ownership of their goals and their life. Several case managers also noted that age often correlated with years of abuse and trauma. One case manager explained, "Into your early 20s you've now had 10 years of exploitation and trauma… [you have] ingrained ideas about who you are and what you are and why you are…. Those challenges get bigger and bigger and bigger… it's more ingrained every year that you're trafficked, that you're abused, that you are outside of society in some way, that you are not acceptable to society in some way." Case managers emphasized the importance of responding to many years of trauma and abuse by helping clients reframe their identity and break down the "ingrained ideas" that they may have about themselves.

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[30] We define "developmentally appropriate" as services that are based on an individual's stage of development, based on age and developmental milestones. Child and adolescent trafficking victims are not only particularly vulnerable to traffickers, but they require specialized services and support that are appropriate for youth (rather than adults) (Office for Victims of Crime Training and Technical Assistance Center. (n.d.). Human Trafficking Task Force e-Guide, Section 4.5: Victim Populations, Minors & Adolescents [Web page]. Retrieved from https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/45-victim-populations/minors-adolescents/).

Case Management Challenges

Project staff outlined challenges they encountered while providing case management and other direct services to trafficking victims. Across demonstration projects, key challenges included addressing the complexity of each client's situation and determining the level of support required, balancing

> *"We all have our idea and we all know what's probably best for that person but we have to be real still and fight it and really listen and really hear what they're saying and put our own stuff aside even though we think we know what's best, because the client really does know what's best."*
>
> Case manager

guidance and self-determination, serving clients who are still vulnerable to their trafficker, helping clients access specific services, and setting boundaries. Some demonstration project staff also described challenges related to serving clients with children; providing services across a wide geographical service area; and recruiting, licensing, and retaining host homes.

- **Addressing the complexity of each client's situation:** Project and partner staff relayed the challenges in addressing the array of clients' complicated needs. As noted previously, many case managers explained that clients' compounded years of trauma and abuse required intensive services and time. Furthermore, staff described cases in which clients were dealing with multiple, simultaneous challenges that may include intimate partner violence, suicidal ideation, self-harm, eating disorders, substance abuse, depression, anxiety, posttraumatic stress disorder, social isolation, child custody issues, and involvement in the justice system.

- **Balancing guidance and self-determination:** Case managers and staff across all demonstration projects noted the challenge of striking a balance between providing guidance and supporting clients' self-determination and decision-making. They explained that this was particularly challenging when they saw a client make decisions that they felt made them vulnerable to trafficking or choices that may be influenced by chemical dependence. As one case manager explained, "For me, a huge challenge is just even giving direction—the self-determination of an adult and what's [going to be a] harm to yourself versus you get to make your own choices."

- **Serving clients who are still vulnerable to their trafficker:** Demonstration project and partner staff said that some of their clients were still in contact with their trafficker or were in settings that made them vulnerable to trafficking. Several case managers noted that some of their clients may have still been in their trafficking situation while they received services; they expressed hope that service engagement would help clients exit their trafficking situations. All demonstration projects tried to make their programs safer by developing safety plans with clients and having security measures in their buildings. Additionally, Youthworks (ND) limited phone use for their minor clients to help decrease vulnerability to trafficking, and SARC (OR) documented clients' case files with limited information in case their files were subpoenaed.

- **Helping clients access specific services:** Some services, such as substance abuse treatment, mental health services, and affordable housing, were challenging to obtain in some demonstration project locations. Project staff described needing to make special efforts to advocate on behalf of clients to access some of these services or needing to transport clients to different cities to receive specific services.

- **Setting boundaries:** Several case managers noted that they struggled with setting boundaries, such as being accessible only during established work hours or refraining from providing clients with assistance outside of their scope (e.g., when a client asked the case manager to personally provide financial assistance or transportation outside of their normal working hours).

- **Serving clients with children:** Youthworks (ND) and SARC (OR) staff explained that many of their young adult clients had children, and this posed some additional service challenges and necessitated service adaptations. Youthworks (ND) worked with some host homes to accommodate clients and their children. SARC (OR) allowed clients to bring their children to drop-in or group services, although some SARC (OR) clients without children felt that having children present during support group meetings was disruptive and unfair.

- **Serving clients across a wide geographical service area:** Tumbleweed (MT) and Youthworks (ND) covered a very wide geographical service area. For example, Youthworks (ND) case managers described driving several hours to provide in-person case management to clients who were staying in host homes in rural areas. Similarly, Tumbleweed (MT) staff explained that they were the only trafficking-specific resource in south central and eastern Montana and received calls for help from individuals hundreds of miles away.

- **Recruiting, licensing, and retaining host homes:** Youthworks' (ND) host homes required a unique skill set (e.g., ability to respond to crises, understanding of trafficking issues), an openness to share their home and personal lives with trafficking victims, a flexible situation that allowed them to be "on call" for a placement, and the capacity to serve minor victims who needed continual supervision. These issues, combined with the complicated requirements associated with getting each host home licensed, made recruitment and retention of host homes a challenge.

Clients' Progress toward Outcomes

Interviews and case narratives provided insight into how clients and case managers defined "success" and how clients made progress toward short- and long-term outcomes. Additionally, case managers' documentation of client status provided a record of clients' progress toward outcomes.

Staff and Client Definitions of Success

Demonstration project staff and clients themselves described various ways that clients made progress toward outcomes or achieved successes, from simply engaging in services, to obtaining gainful employment, to becoming self-sufficient. Staff noted that many clients'

successes were small, incremental steps toward larger goals and that clients often took "two steps forward, one step back" in their journeys toward their goals. They also emphasized the importance of measuring

> *"Our successes are little but we like to celebrate them like they're ginormous."*
>
> Project director

each individual client's progress on their own goals, personal situation, and abilities. Case managers' case narrative stories of individual clients echoed these perspectives. Case managers detailed clients' progress through their projects as non-linear, with small steps toward bigger achievements. Project staff and partners also pointed out that many clients made strides toward more internal outcomes, such as increasing resilience, self-efficacy, self-esteem, and confidence throughout their engagement with the program.

Although clients' indicators of success varied greatly, some patterns emerged from the qualitative data. Clients progressed toward outcomes by first achieving stability and safety, then taking incremental steps toward short- and long-term goals, achieving long-term goals, and finally reaching self-sufficiency.

- **Achieving stability and safety:** Project staff and host home families explained that many clients accessed basic needs and achieved stability and safety through their projects. For example, projects provided emergency and short-term housing, basic needs (e.g., food, clothing, hygiene items), help with safety planning, assistance accessing urgent medical or dental services, and support after or during a client's exit from their trafficking situation. Staff explained that achieving stability and safety were key first steps in a client's participation in the program.

- **Taking steps toward short- and long-term goals:** Staff and clients gave several examples of intermediate and incremental successes. They explained that these small successes represented the majority of the progress that clients made during their engagement with the project. Staff and clients provided several examples of intermediate and incremental successes, such as obtaining an identification card, entering substance abuse treatment, working with law enforcement on their trafficking case, fulfilling parole requirements, enrolling in a GED course, applying for housing programs, scheduling and going to health care appointments, engaging in mental health services, attending support

> *"I needed help getting an ID, they helped me with that. I needed help getting housing. I ended up getting into the independent living program, within like the first few weeks of being [here] I got accepted into the program. They helped me get into schooling, and I graduated high school."*
>
> Client

groups and developing positive friendships, accessing prenatal care, learning and practicing life skills, developing healthy behaviors (e.g., exercise, stress reduction strategies), saving money, practicing self-regulation and healthy coping skills,

attending parenting groups or classes, participating in support groups, and accessing information about applying to college or job preparation programs.

- **Achieving long-term goals:** Staff and clients described several examples of long-term goal accomplishments, such as completing substance abuse treatment and staying sober, obtaining a GED or high school diploma, securing long-term housing, obtaining stable employment, delivering a healthy baby, testifying against their trafficker in court, becoming a peer advocate for other trafficking victims, and establishing and maintaining positive friendships and community connections.

- **Reaching self-sufficiency:** Some staff and clients discussed some clients' successes in establishing independence. One client explained that, although they no longer needed supportive services, they still liked to engage in case management to work through ongoing feelings related to recovering from trafficking. Some staff explained that some clients who reached self-sufficiency took on survivor leader or peer mentor roles.

Assessment of Client Status

Case managers completed a form, *Assessment of Client Status* (**Appendix A**), which provided a rating (1=in crisis, 2=vulnerable, 3=stable, 4=growing, 5=thriving) for 18 service categories at intake and every 8 weeks for each client. The results of the initial assessment are shown in **Exhibits 18–21**. The mean change from first to last assessment is shown in **Exhibit 31**. The graph groups clients by mean initial rating (1–3 vs. greater than 3–5) and length between assessments (1 year or less vs. more than 1 year). All sites are grouped together.

> **Status Assessment Grouped Categories**
> - **Basic needs** includes categories "basic needs and public benefits" and "housing/shelter."
> - **Education and employment** includes categories "education/literacy," "job skills/employment," "life skills," and "financial self-sufficiency."
> - **Family/interpersonal** connections includes "family support," "parenting," and "support network."
> - **Health and safety** includes "physical safety," "emotional/behavioral/mental health," "physical health/medical," "dental," "sexual health," "reproductive health," and "substance abuse."
> - **Legal support and advocacy** includes categories "human/labor rights awareness" and "legal issues."

As shown in **Exhibit 31**, changes in client status varied according to client status at intake (i.e., a client's ratings on their first assessment) and length of engagement in the program. In every service category (see text box), clients with lower initial mean ratings (between 1 and 3) had higher mean ratings at their last assessment. Conversely, clients with higher initial mean ratings (greater than 3) had lower mean ratings at their last assessment. In other words, clients rated lower at intake in a given status category were considered to have experienced positive change; clients with higher ratings in a service category were considered to have experienced negative change. For all service categories, the magnitude of the change was more pronounced among clients with 1 year or more between intake and their last assessment. **Exhibit 31** also shows that negative changes were generally more pronounced than positive changes and that the magnitude of changes varied by service category. The most pronounced changes, negative and positive,

occurred in legal support and advocacy. Clients with a lower initial rating increased about one point (0.9 for clients engaged in services 1 year or less and 1.3 for clients engaged in services for more than year; values not shown). Clients with a higher initial rating who received services for more than 1 year decreased almost one point (0.9).

Exhibit 31.   Status Change from First to Last Assessment
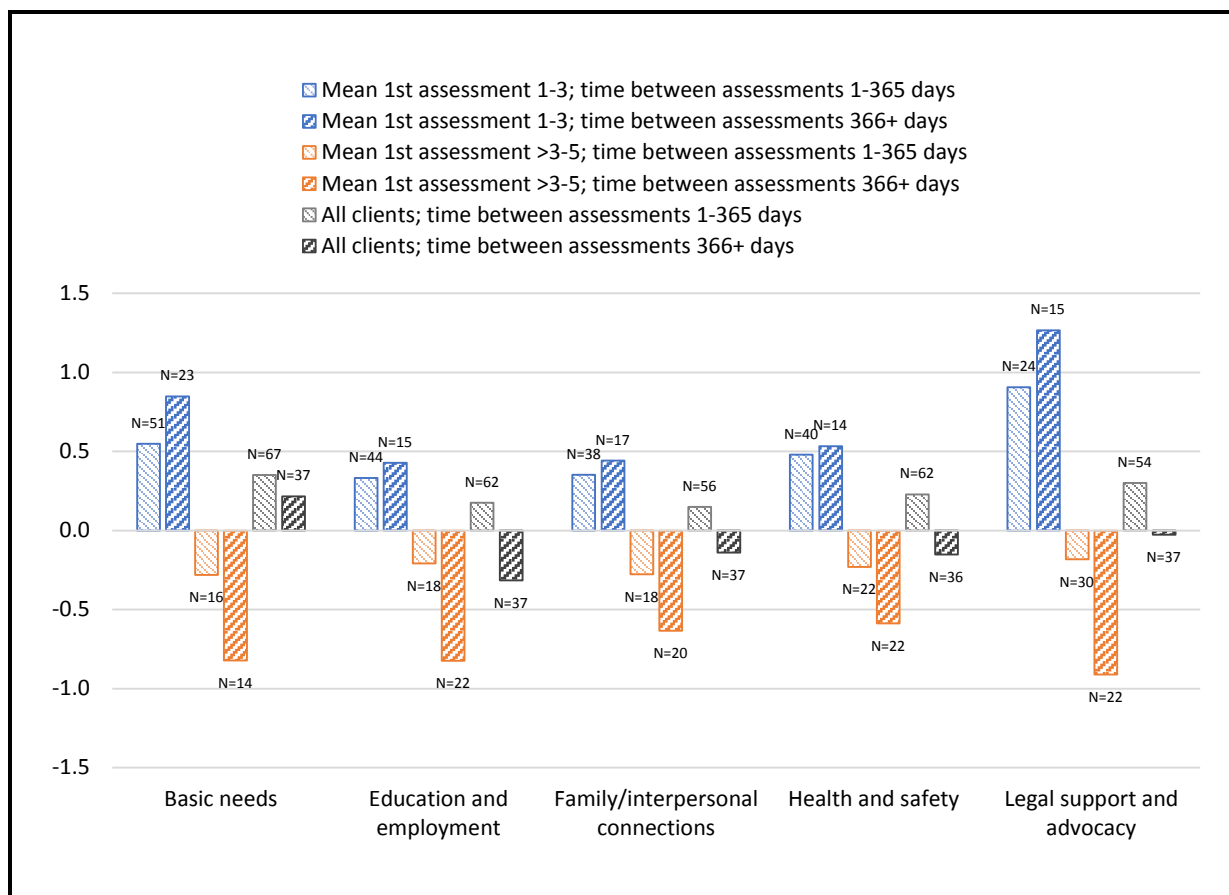
Although initially puzzling, these patterns are consistent with information shared during case narrative interviews and during interviews with project staff, partners, and clients. Clients who had many needs at the beginning of service engagement and were rated lower initially (a mean rating of 1–3) were able to make progress over time through service engagement, and those who remained engaged for a longer period experienced higher improvements. However, many clients took a circuitous route toward outcomes. Clients who were rated higher on their initial assessment (a mean rating of greater than 3–5) and were engaged for more than 1 year appeared to regress (by one rating point). Many clients experienced setbacks (e.g., relapse in substance use, loss of stable housing, involvement in unhealthy relationships) as they received services and progressed toward outcomes. Another potential explanation for this finding is regression to the mean, which can occur when there is an extreme rating on the first measurement (e.g., if a client was rated higher on their first status assessment) and more accurate ratings on subsequent measurements; in other words, case managers' later

assessments may have reflected a more informed and clear understanding of clients' status than at intake.

Costs of Case Management

The cost estimates are from the perspective of two DVHT demonstration projects and include only the value of resources used by the projects in providing and supporting case management services. Cost estimates presented in **Exhibits 32–36** show the average annual costs for the DVHT projects (**Exhibit 32**), by specific cost categories (**Exhibit 33**), and hourly and unit costs by specific components of case management and administrative activities (**Exhibit 34**). All exhibits present costs in FY 2016 dollars.

As shown in **Exhibit 32**, in FY 2016, the average annual cost for the two DVHT demonstration projects was $232,078 with 72% of these expenses going to labor costs ($167,049).

Exhibit 32.   Average Project Costs (2016$)

Project Costs	Average Annual Cost (2016$)	Percentage of Total Average Annual Cost
Total labor cost	$167,049	72%
Total non-labor cost	$0	0%
Total overhead cost	$65,029	28%
Total annual cost	$232,078	100%

Exhibit 33 presents average annual costs by specific cost categories. As shown, regular paid employees account for most labor costs (86%). Miscellaneous costs such as utilities, communications, staff travel, and training made up almost half the non-labor costs (49%).

Exhibit 33.   Average Total Annual Costs by Category (2016$)

Cost Category	Annual Cost (2016$)	Percentage of Total Annual Cost
Total labor costs	**$167,049**	**72%**
Regular paid employees	$143,597	86%
Contracted employees	$23,453	14%
In-kind labor	$0	0%
Other labor costs	$0	0%
Total non-labor costs	**$65,029**	**28%**
Contracted services	$12,243	19%
Building costs	$9,375	14%
Depreciation costs	$3,443	5%
Supplies, materials, and minor equipment	$7,921	12%
Miscellaneous costs	$31,966	49%
Overhead	$0	0%
Total	**$232,078**	**100%**

Service-level costs provide detail on the labor used for specific activities and their costs. **Exhibit 34** shows that, on average, DVHT project staff spent the majority of their time on direct case management activities. *Direct case management* is the largest component of case management, at 33%. This activity is inherently time intensive because it includes time-consuming activities such as building trust and rapport, developing relationships, providing advocacy and counseling, and accompanying clients to appointments and other providers. *Indirect case management* is the time spent to support one or more clients that does not involve direct interaction; this may include, for example, researching referral options for one or more clients and doing paperwork for clients, such as completing case notes. Indirect case management accounted for 31% of case management time. *Outreach*, especially when working with clients who are dealing with trauma and concerned for their safety, is vital to engaging clients in addition to case management; outreach accounted for 23% of case management time. *Intake and assessment* includes any time staff take to conduct intake and assessment with clients, which may include intake, initial screening, and initial assessment. Intake and assessment accounted for 13% of case management time.

Exhibit 34. Average Hours Per Week Spent on Case Management Activities
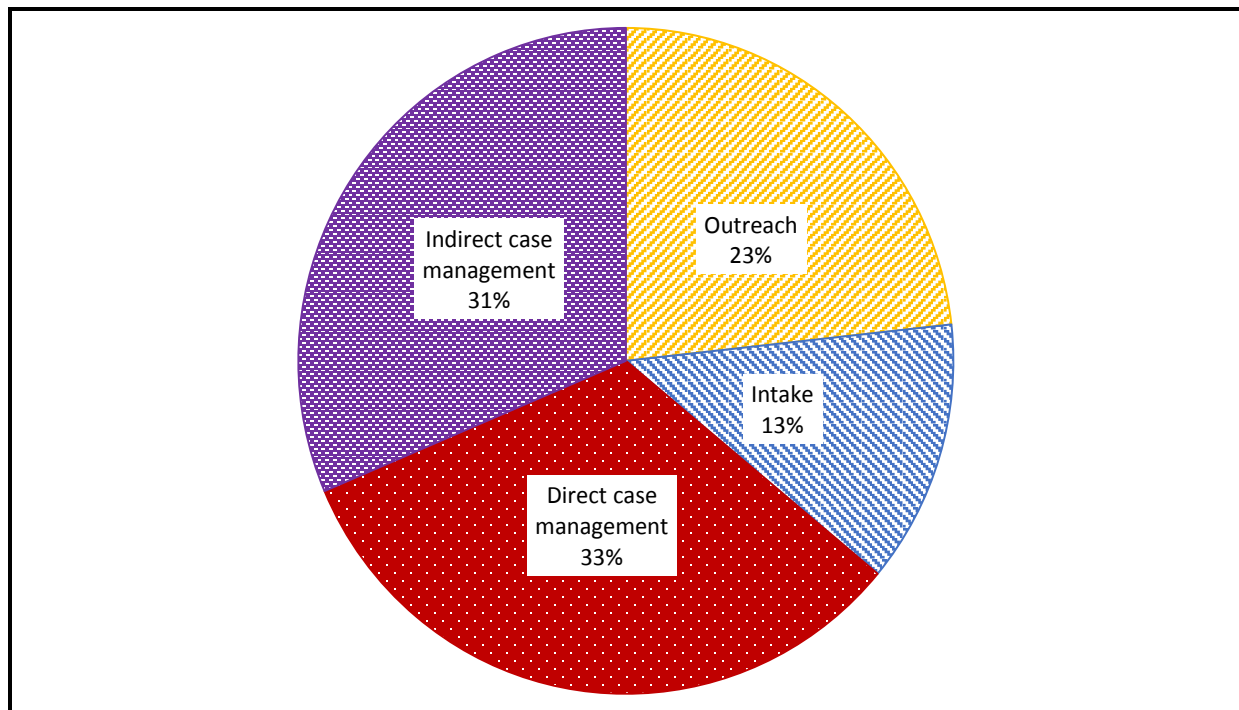
Exhibit 35 presents the average hourly cost for each of the primary activities conducted by the two DVHT demonstration projects. This includes the components of case management, administrative activities, and non-labor costs. The average costs of case management activities range from $31 to $41 an hour. The hourly costs of administrative activities are slightly higher, which reflects the higher average wage of management and administrative staff.

Exhibit 35. Average Hourly Activity Costs (2016$)

	Activities	Average Hourly Costs	Project 1	Project 2
Case management activities	Intake/assessment	$41	$50	$32
	Outreach	$32	—	$32
	Direct case management activities	$37	$50	$23
	Indirect case management activities	$31	$51	$11
Administrative activities	Project administration	$43	$57	$29
	Staff training and professional development	$43	$56	$29
	Community and partner training	$40	$50	$29
	Data collection and reporting	$43	$53	$32
	Proportional non-labor costs	$12	$14	$11

The different hourly costs for the two projects reflect the staffing, wage rates, and fringe rates at each project. The project with lower hourly costs employed a supervisor and a case manager with similar wages and a lower fringe rate. The project with higher hourly costs employed two case managers, a project director, and a project coordinator; it also had a higher fringe rate. These differences reflect the cost of labor in different geographical areas and differences in organizational structure.

Average costs per client, presented in **Exhibit 36**, are based on projects' data on clients' length of engagement in project services. Length of engagement was estimated by the DVHT projects by counting the number of days each client received case management; we assumed that clients would, on average, receive services only while actively engaged. Based on observed service delivery, we also assumed that, on average, clients would receive three intake or assessment sessions. The hourly costs were multiplied by the average length of an intake or assessment session to calculate the average per client cost. The three-session assumption allows for each client to have an initial intake and two follow-up assessments while they remain in the DVHT project. Direct and indirect case management costs were assigned based on the number of weeks a client is engaged in services. Client costs were divided between direct and indirect case management with direct case management costing $823 and indirect case management costing $978 over an average engagement period of about 3 weeks. This estimate does not include additional outreach costs. Outreach costs were tracked at a project level because it was difficult to accurately assign those costs to an individual client; the one project providing outreach reported costs of $268 per week that outreach was provided.

Exhibit 36.   Average Client Costs (2016$)

Service	Average Sessions and Length of Engagement (Weeks)	Average Cost
Intake and assessment sessions	3	$329
Direct case management	3	$823
Indirect case management	3	$978
All services		$2,130

These cost estimates, while informative, are limited because they are based on average client service receipt and average length of engagement in project services. Using average service receipt and length of engagement excludes the normal variability in service delivery. It is more realistic that clients received different amounts of services depending on their need and that clients received less case management as they connected to other supportive services. Using the length of engagement in services instead of other measures such as length of project enrollment (from intake to discharge) helps improve these estimates by refining the period during which clients receive services. Case management services provided critical linkages to a wide range of other services from trauma care to housing. As such, documenting the cost of case management is essential to better understanding the resources needed to get clients to needed services.

7. Lessons Learned and Considerations

Lessons Learned: Feedback from Demonstration Project Staff and Clients

      The evaluation team asked DVHT demonstration project staff and partners to reflect on what they had learned through their experiences implementing their demonstration project. The evaluation team also asked clients for feedback on the services they received. Many of their insights are integrated into Chapters 4 and 6. However, the following are some of their additional reflections on what staff and partners learned by implementing their DVHT demonstration project and clients experienced through their participation in project services.

- **Understand that working with trafficking victims requires extensive time, effort, and resources.** Across all demonstration projects, staff talked about the intensive efforts required to engage and serve trafficking victims. First, trafficking victims' needs were multifaceted and challenging; many clients had suffered years of abuse and trauma, as well as other intersecting personal challenges, such as substance abuse, homelessness, poverty, and adverse childhood experiences. Second, most clients were vulnerable, at least in part, to trafficking because of a lack of family or social support or resources. This absence of external support meant that projects needed to provide comprehensive and wraparound services that accounted for clients' lack of social support. Finally, some clients were still engaged with their trafficker or put themselves in situations that would make them vulnerable to trafficking.

- **Look to your existing service populations to identify individuals who are victims of trafficking.** All demonstration projects described identifying and serving trafficking victims among their existing clients. Tumbleweed (MT) and Youthworks (ND) explained that they had already seen trafficking among their runaway and homeless youth populations and the demonstration projects helped them to provide these individuals with specialized services. Similarly, SARC (OR) noted that they served individuals who had experienced sexual exploitation as minors, and they were able to continue serving the same population as young adults.

- **Hire exceptional staff who care deeply about the work.** Clients reiterated the importance of the individual staff who provided services. Clients expressed that they valued receiving services from staff who cared about them. One client noted, "Always hire people who actually care about other people. Respect people's boundaries and listen to them and then talk. Sometimes people force you to be around people and it is good to give space. And always have patience. You have to listen to hear people's opinions."

- **Consider trafficking-specific approaches to housing and other services.** Youthworks' (ND) host home model and Janus Youth Programs' (OR) Athena House offered unique housing arrangements specific to the needs of trafficking victims. Youthworks' (ND) host homes proved to be a successful model for helping provide an individualized and family-like atmosphere for trafficking victims in transition.

Similarly, Athena House provided a residential program and setting specifically designed to support individuals exiting their trafficking situation and beginning the journey of recovery. Likewise, the NOW program at LifeWorks Northwest (OR) offered a treatment program designed to address the intersection of trafficking and substance abuse.

- **Provide funds to support partners' work.** Demonstration project staff explained that it was challenging to partner with some organizations without providing funding for their time or resources. They suggested that funds could go toward services or collaborative activities.

- **Expand the DVHT demonstration program to an ongoing funding opportunity to provide services to domestic victims of human trafficking.** Demonstration project staff provided suggestions for ACF for future DVHT programming. Project staff indicated that the 2-year grant period was too short and expressed the desire for a longer funding period to support sustainability efforts and serve more victims. Demonstration project staff also noted that they would have appreciated more funding support for evaluation data collection, as well as requirements from the TTA provider.

Considerations

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

- Demonstration projects were implemented by organizations that served broad target populations beyond trafficking victims. Organizations that serve populations vulnerable to trafficking, such as runaway and homeless youth, survivors of sexual assault and domestic violence, homeless individuals, immigrants and refugees, and other populations, may be well-suited to identify and serve domestic victims of human trafficking.

- Survivors are heterogeneous; their backgrounds, experiences, needs, goals, and paths to recovery are diverse. Furthermore, domestic victims of human trafficking may have complex needs that require extensive, ongoing supportive services.

- Demonstration projects implemented several innovative practices, including using a host home model to temporarily house trafficking survivors, employing a jail in-

reach program to identify and serve trafficking survivors who are incarcerated, offering drop-in center services and support groups specifically for trafficking survivors, and partnering with organizations that offered specialized substance abuse treatment services or housing options for trafficking survivors.

- Demonstration projects relied on partnerships with other community-based organizations to offer clients a full range of services. Efforts to foster or increase community-level collaborations and coordinated care for domestic victims of human trafficking may be an efficient way to maximize resources and to address human trafficking on a community level.

- Barriers to service engagement and delivery are related to many factors, including a client's readiness to access services, availability of specialized services for trafficking survivors, and available and accessible community-based services and resources.

- Service delivery approaches that emphasize client strengths, awareness of a client's readiness to change, harm reduction, and principles of victim-centered and trauma-informed care (trustworthiness and transparency, empowerment, individualized attention) are essential. Case management approaches should be tailored to each client's cultural background and age. Furthermore, kindness, empathy, rapport, patience, and persistence are essential qualities of case management for trafficking survivors.

- Clients' progress toward long-term outcomes of safety, well-being, permanent connections, and self-sufficiency requires considerable time. Client success should be considered in the context of each client's individual goals, their unique situation, and the individual pace at which they progress. Clients may have non-linear progress toward outcomes, and setbacks are common as they work toward their goals.

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Appendix A:
Client and Services Data Forms

Organization ID _____   **Client ID** _____

Client Status at Intake

- Complete this form for every new client or when a client's case has reopened (previously served but case closed).
- Information should reflect the client's status at assessment, as collected at intake and/or during the following 30 days.

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

☐ **1 New intake**   → **Intake date** __/__/___ *(Date started working with or on behalf of client)*
☐ **2 Reopened**   → **Date reopened** __/__/___ **Original intake date** __/__/___

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

Referral Source *(Check one)*

☐ 1 National hotline
☐ 2 State/local hotline
☐ 3 Hospital/ER/medical
☐ 4 Law enforcement
☐ 5 Court
☐ 6 DA/state's attorney/victim assistance

☐ 7 Defense attorney/public defender/legal aid org.
☐ 8 Child protective services
☐ 9 Homeless agency/shelter
☐ 10 DV agency/shelter
☐ 11 Other agency, specify type:
_____

☐ 12 Family member/ guardian
☐ 13 Friend/peer/ acquaintance
☐ 14 Self (following outreach)
☐ 15 Self (word of mouth/internet)
☐ 16 Other informal, specify type/ relationship:
_____
☐ 17 Don't know

Was client court mandated to participate in services? ☐ 1 Yes ☐ 2 No ☐ 3 Don't know

Client Demographics and Characteristics	
Date of birth (month/year)	__ /___ *Month and year only.* If unknown, provide age at intake _____ ☐ 1 Don't know
Gender identity	☐ 1 Female ☐ 2 Transgender female (MTF) ☐ 3 Male ☐ 4 Transgender male (FTM) ☐ 5 Other, specify: _____ ☐ 6 Client declined to identify ☐ 7 Don't know
Sexual orientation *Does client identify as LGBQ?*	☐ 1 Yes ☐ 2 No ☐ 3 Don't know
Race/ethnicity *(Check all that apply)*	☐ 1 American Indian or Alaska Native ☐ 2 Asian ☐ 3 Black or African American ☐ 4 Native Hawaiian or Other Pacific Islander ☐ 5 White ☐ 6 Hispanic, Latino/a, or Spanish ☐ 7 Other, specify: _____ ☐ 8 Client declined to identify ☐ 9 Don't know
Citizenship status	☐ 1 U.S. citizen ☐ 2 Legal permanent resident (LPR) ☐ 3 Not U.S. citizen or LPR ☐ 4 Don't know

Organization ID _____   **Client ID** _____

Language	Primary language ☐ 1 English ☐ 2 Other, specify _____ ☐ 3 Don't know If primary language is not English: ☐ 1 Needs assistance with spoken English ☐ 2 Needs assistance with written English ☐ 3 No assistance needed ☐ 4 Don't know

Public benefits *Is the client currently enrolled in benefits?* *(Check all that apply)*	☐ 1 Food stamps ☐ 2 General assistance ☐ 3 Temporary Assistance for Needy Families (TANF) ☐ 4 Women, Infants, and Children (WIC) for client's children ☐ 5 Child care subsidy for client's children ☐ 6 Social security disability ☐ 7 Medicare ☐ 8 State-specific health benefits ☐ 9 Other, specify:_____ ☐ 10 None ☐ 11 Don't know

Children
 	
Does client have children?
(Children could be biological, foster, adoptive, or any other children for whom the client is guardian or primary caretaker.)
	☐ 1 Yes
	     Number of children < 18 _____ 18 or older _____
	     Number of children living with client _____
	☐ 2 No
	☐ 3 Don't know

Substance/Alcohol Abuse	☐ 1 Yes—BOTH alcohol and other substances, specify: _____ ☐ 2 Yes—ONLY alcohol ☐ 3 Yes—ONLY other substances, specify: _____ ☐ 4 No, neither ☐ 5 Don't know

Employment	Currently employed ☐ 1 Yes ☐ 2 No ☐ 3 Don't know Enrolled in job training (other than formal vocational school) ☐ 1 Yes ☐ 2 No ☐ 3 Don't know

Education	Current school enrollment □ 1 High school □ 2 GED program □ 3 Postsecondary non-degree award program (e.g., vocational school) □ 4 Community college □ 5 College □ 6 Graduate school □ 7 Other, specify: _____ □ 8 Not attending school □ 9 Don't know
	Last grade completed □ 1 Less than high school, specify grade (1-11): _____ □ 2 High school diploma or equivalent (e.g., GED) □ 3 Some college, no degree □ 4 Postsecondary non-degree award (i.e., trade or vocational certification) □ 5 Associate's degree □ 6 Bachelor's degree □ 7 Master's degree □ 8 Doctoral or professional degree □ 9 Don't know

Current Systems Involvement *Does the client have a case manager or case worker in any of these systems?*	**System or Agency**	**1 Yes**	**2 No**	**3 Don't Know**
	Mental health	□	□	□
	Domestic violence	□	□	□
	Homeless program/shelter (adult)	□	□	□
	Substance abuse treatment	□	□	□
	Probation	□	□	□
	Other agency, specify type: _____	□	□	□
	YOUTH/YOUNG ADULT CLIENTS ONLY			
	Child welfare	□	□	□
	Child welfare dependency *Is client a legal ward of court or child welfare agency?*	□	□	□
	Youth homeless program/shelter	□	□	□
Current criminal justice system involvement *(Check all that apply)*	□ 1 Crime victim in open case □ 2 Crime witness in open case □ 3 Pending juvenile justice charges □ 4 Pending criminal charges □ 5 Other, specify: _____ □ 6 No criminal justice involvement □ 7 Don't know			

Answer the following items after completing the trafficking assessment with the client:

Organization ID _____   **Client ID** _____

Human Trafficking Victimization	

Sex trafficking
 	
Indicate the likelihood that the client ever has been a victim of sex trafficking[1] on the basis of the results of the trafficking assessment.
	Ever sex trafficked
	☐ 1 Definitely not
	☐ 2 Probably not
	☐ 3 Uncertain
	☐ 4 Probably
	☐ 5 Definitely
	
	Briefly state up to three reasons for your rating:
	
	   1. _____
	   2. _____
	   3. _____

If you checked "probably" or "definitely" for Ever sex trafficked, indicate the likelihood that the client is currently being sex trafficked.	Current sex trafficking
	   1 Definitely not
	   2 Probably not
	   3 Uncertain
	   4 Probably
	   5 Definitely
	
	Briefly state up to three reasons for your rating:
	
	   1. _____
	   2. _____
	   3. _____

Labor trafficking
 	
Indicate the likelihood that the client ever has been a victim of labor trafficking[2] on the basis of the results of the trafficking assessment.
	Ever labor trafficked
	☐ 1 Definitely not
	☐ 2 Probably not
	☐ 3 Uncertain
	☐ 4 Probably
	☐ 5 Definitely
	
	Briefly state up to three reasons for your rating:
	
	   1. _____
	   2. _____
	   3. _____

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[1] The Trafficking Victims Protection Act of 2000 (TVPA) defines sex trafficking as "the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act, in which the 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."

[2] The TVPA defines labor trafficking as "the 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, debt bondage, or slavery."

If you checked "probably" or "definitely" for Ever labor trafficked, indicate the likelihood that the client is currently being sex trafficked.	Current labor trafficking □ 1 Definitely not □ 2 Probably not □ 3 Uncertain □ 4 Probably □ 5 Definitely Briefly state up to three reasons for your rating: 1. _____ 2. _____ 3. _____

Type of labor/industry
 	
(Check all that apply)
	□ 1 Agriculture □ 10 Hotel
	□ 2 Assisted living/ health □ 11 Petty theft
	  care □ 12 Restaurant/food
	□ 3 Begging/panhandling □ 13 Selling goods (e.g., pencils)
	□ 4 Child care □ 14 Sexualized labor (e.g., strip club)
	□ 5 Construction □ 15 Traveling sales crews
	□ 6 Factory/ □ 16 Other, specify:
	  manufacturing _____
	□ 7 Domestic servant □ 17 Don't know
	□ 8 Drugs
	□ 9 Magazines

Presenting Needs		
What needs or services did the client make known during intake and during the first 30 days following initial intake? *(Check all that apply)*	□ 1 Child care □ 2 Dental □ 3 Education □ 4 Emotional support □ 5 Employment □ 6 Family reunification □ 7 Financial assistance □ 8 Housing advocacy □ 9 Housing financial assistance □ 10 Interpreter/translator □ 11 Legal □ 11 Life skills training □ 13 Medical □ 14 Mental/behavioral health	□ 15 Personal items □ 16 Reproductive/sexual health □ 17 Safety planning □ 18 Social services advocacy □ 19 Substance abuse □ 20 Transportation □ 21 Victim advocacy □ 22 Other, specify: _____ □ 23 Other, specify: _____ □ 24 Other, specify: _____ □ 25 Other, specify: _____ □ 26 Don't Know

Encounter-Level Service Data

- *Complete each day you interact with the client or work on behalf of the client.*
- *Data will be entered electronically; this form represents a facsimile of the information requested.*

Organization ID   **_____**

Client ID   **_____**

Date of Service   **__/__/__**

	Service Type	Provided[1] or Referral
☐	Child care *Supervision of a client's child by your organization or another organization or individual*	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made
☐	Dental *Services related to the care of the client's teeth*	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made
☐	Education *Services related to client education; Includes but not limited to literacy, GED assistance, school enrollment*	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made
☐	Emotional support *Emotional support and informal counseling by organization staff or volunteers who are not mental health providers; includes informal counseling and peer support*	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made
☐	Employment *Activities and services related to assistance with obtaining employment;* *Includes but not limited to employment assistance, job training, vocational services*	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made
☐	Family reunification *Activities and services to support a client's reunification with family members*	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made
☐	Financial assistance *All types of money given to the client including phone and gift cards (excludes housing expenses covered in Housing Financial Assistance)*	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made

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[1] Provided: provided through grant funding, partnership MOU or in-kind support.

Service Type	Provided[1] or Referral
☐ Housing advocacy *Actions taken to help client secure housing*	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made
☐ Housing financial assistance *Assistance with expenditures for client's rent, shelter stay, hotel/motel stay, or other housing expenses*	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made
☐ Interpreter/translator *Used to assess service needs or provide services to client*	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made
☐ Legal advocacy and services *Services to address legal needs, including information from or representation by civil attorneys and prosecutors.*	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made
☐ Life Skills Training *Services to help clients achieve self-sufficiency; includes but not limited to managing personal finances, self-care*	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made
☐ Medical *Services related to client's medical health*	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made
☐ Mental/behavioral health *Services by a licensed mental health provider; includes assessment and treatment*	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made
☐ Personal items/basic needs *Material goods or support to obtain goods, including but not limited to food, clothing, toiletries*	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made
☐ Reproductive/sexual health *Services related to client's reproductive and/or sexual health, including HIV testing, STI screening and treatment, pregnancy testing, prenatal services*	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made
☐ Safety planning *Services and activities surrounding client protection and safety planning*	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made
☐ Social service advocacy *Services provided to a client to address social service needs and to inform clients of available benefits and services*	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made

Service Type	Provided[1] or Referral
☐ Substance abuse services *Services related to treatment of substance and/or alcohol abuse; includes assessment and treatment*	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made
☐ Transportation *Services and support to ensure clients have access to services and other activities*	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made
☐ 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 delivered ☐ Support/advocacy provided ☐ Referral made
☐ Other service, specify _____	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made
☐ Other service, specify _____	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made
☐ Other service, specify _____	☐ Service delivered ☐ Support/advocacy provided ☐ Referral made

Organization ID _____   **Client ID** _____

Date completed: _____

Barriers to Service Use and Delivery

Instructions: Note any barriers to service delivery encountered by or on behalf of client in the past 8 weeks (since client's intake or the last update) or at the time of case closing.

Service Type	Barriers Encountered
Child care *Supervision of a client's child by your organization or another organization or individual*	☐ 1 Not Applicable (service not needed, not addressed, or service need met without barriers) *Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____
Dental *Services related to care of the client's teeth*	☐ 1 Not Applicable (service not needed, not addressed, or service need met without barriers) *Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____
Education *Services related to client education, including literacy, GED assistance, and school enrollment*	☐ 1 Not Applicable (service not needed, not addressed, or service need met without barriers) *Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____
Emotional support *Emotional support and informal counseling by organization staff or volunteers who are not mental health providers; includes peer support*	☐ 1 Not Applicable (service not needed, not addressed, or service need met without barriers) *Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____
Employment *Activities and services related to assistance with obtaining employment, including employment assistance, job training, and vocational services*	☐ 1 Not Applicable (service not needed, not addressed, or service need met without barriers) *Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____

Service Type	Barriers Encountered
Family reunification *Activities and services to support a client's reunification with family members*	☐ 1 Not Applicable (service not needed, not addressed, or service need met without barriers) *Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____
Financial assistance *All types of money given to the client, including phone and gift cards (excludes housing expenses covered in Housing Financial Assistance)*	☐ 1 Not Applicable (service not needed, not addressed, or service need met without barriers) *Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____
Housing advocacy *Actions taken to help client secure housing*	☐ 1 Not Applicable (service not needed, not addressed, or service need met without barriers) *Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____
Housing financial assistance *Assistance with expenditures for client's rent, shelter stay, hotel/motel stay, or other housing expenses*	☐ 1 Not Applicable (service not needed, not addressed, or service need met without barriers) *Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____
Interpreter/translator *Used to assess service needs or provide services to client*	☐ 1 Not Applicable (service not needed, not addressed, or service need met without barriers) *Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____
Legal advocacy and services *Services to address legal needs, including information from or representation by civil attorneys and prosecutors*	☐ 1 Not Applicable (service not needed, not addressed, or service need met without barriers) *Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____

Organization ID _____   **Client ID** _____

Service Type	Barriers Encountered
Life skills *Services to help clients achieve self-sufficiency, including self-care and managing personal finances*	☐ 1 Not Applicable (service not needed, not addressed, or service need met without barriers) *Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____
Medical *Services related to client's physical health*	☐ 1 Not Applicable (service not needed, not addressed, or service need met without barriers) *Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____
Mental/behavioral health *Services by a licensed mental health provider; includes assessment and treatment*	☐ 1 Not Applicable (service not needed, not addressed, or service need met without barriers) *Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____
Personal items *Material goods or support to obtain goods, including food, clothing, and toiletries*	☐ 1 Not Applicable (service not needed, not addressed, or service need met without barriers) *Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____
Reproductive/sexual health services *Services related to client's reproductive and/or sexual health, including HIV testing, sexually transmitted infection (STI) screening and treatment, pregnancy testing, and prenatal services*	☐ 1 Not Applicable (service not needed, not addressed, or service need met without barriers) *Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____
Safety planning *Services and activities surrounding client protection and safety planning*	☐ 1 Not Applicable (service not needed, not addressed, or service need met without barriers) *Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____

Service Type	Barriers Encountered
Social service advocacy *Services provided to client to address social service needs and to inform client of available benefits and services*	☐ 1 Not Applicable (service not needed, not addressed, or service need met without barriers) *Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____
Substance abuse services *Services related to treatment of substance and/or alcohol abuse; includes assessment and treatment*	☐ 1 Not Applicable (service not needed, not addressed, or service need met without barriers) *Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____
Transportation *Services and support to ensure clients have access to services and other activities*	☐ 1 Not Applicable (service not needed, not addressed or service need met without barriers) *Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____
Victim advocacy *Information and support to help client understand and exercise rights as a victim of crime within the criminal justice process*	☐ 1 Not Applicable (service not needed, not addressed, or service need met without barriers) *Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____
Other, specify:	*Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____
Other, specify:	*Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____
Other, specify:	*Check all that apply* ☐ 2 Appropriate service not available ☐ 3 Service available but not accessible to client ☐ 4 Service available but client not interested or willing ☐ 5 Service available but client not ready ☐ 6 Other, specify:_____

Case Closing Status

Is this client's case considered closed or inactive as of the end of the reporting period?
- ☐ 1 Yes, case closed → *complete closing status questions below.*
- ☐ 2 Yes, inactive
- ☐ 3 No

Date on which case closed ___/___/_____

Reason for case closing *(Check all that apply)*
- ☐ 1 No longer in need of services
- ☐ 2 Lost contact
- ☐ 3 Incarcerated and out of contact with program
- ☐ 4 Client relocated
- ☐ 5 Client discontinued
- ☐ 6 Transfer to another service program
- ☐ 7 Determined not eligible
    - ☐ 1 Not victim of trafficking
    - ☐ 2 Neither citizen or LPR
- ☐ 8 Noncompliance (e.g., client broke policies)

9 Other, specify: _____

Organization ID _____   **Client ID _____**

Assessment of Client Status[1]

Date Completed: _____

Instructions: For each outcome category, check all items that apply to client at the current time. Choose a summary rating (1 = in crisis to 5 = thriving) that *best* describes the client. For minor clients, consider age-appropriate expectations.

Outcome Categories and Assessment	In Crisis (1)	Vulnerable (2)	Stable (3)	Growing (4)	Thriving (5)
1. Basic Needs and Public Benefits ☐ *Check if description is for parent with whom minor client lives* **Summary Rating:** ☐ Don't know	☐ Needs food, clothing, and/or basic hygiene items ☐ Lacks identification ☐ Engages in exploitative or illegal activities to meet basic needs ☐ Unaware of available public benefits to meet basic needs ☐ Minor whose parents/guardians choose not to provide for basic needs	☐ Sometimes goes without food or shelter ☐ Regularly subsidized by ad hoc means—service providers, food banks, friends or family ☐ Aware of benefits but unable to negotiate application processes	☐ Consistently meets basic needs through safe and legal means (income or stable benefits) ☐ Can complete requirements for benefit applications	☐ Meets occasional crisis needs through safe and legal means ☐ Has resources or strategies to deal with unanticipated needs ☐ Initiates and follows through on applications processes and renewals	☐ Meets basic needs and then some through safe and legal means ☐ Independently deals with public agencies to maintain eligibility if needed
2. Housing/Shelter **Summary Rating:** ☐ Don't know	☐ No housing or shelter ☐ Discharged from shelter involuntarily ☐ In detention/jail	☐ Temporary emergency/ homeless shelter ☐ Living under another's lease with no legal basis to be there ☐ Short-term treatment facility ☐ Unsafe family or foster home ☐ Pending eviction from housing	☐ Long-term transitional shelter, housing, or halfway house ☐ Affordable subsidized housing ☐ Formal rental agreement (monthly, semiannual, annual) ☐ Inadequate but stable housing (includes family or foster home)	☐ Long-term affordable housing ☐ Home is adequate/available for at least 2 years (includes family or foster home) ☐ Can find suitable housing if change needed	☐ Independently paying rent under signed rental lease (with or without roommates) ☐ Provides housing for family as needed ☐ Manages housing issues independently ☐ Safe and stable family or foster home

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[1] This instrument was adapted by RTI from an assessment developed by the Coalition to Abolish Slavery and Trafficking. Please discuss with the RTI evaluation team before using or adapting further.

Organization ID _____   **Client ID** _____

Outcome Categories and Assessment	In Crisis (1)	Vulnerable (2)	Stable (3)	Growing (4)	Thriving (5)
3. Physical Safety **Summary Rating:** ☐ Don't know	☐ Trafficker knows client's location; may try to harm ☐ Active threats against client ☐ Restraining order being violated ☐ No safety plan in place ☐ Client unaware of self-protection/crisis management techniques	☐ Trafficker seeking to find client; may try to harm ☐ Trafficker not in custody or location unknown; may try to harm ☐ Active threats against family or loved ones ☐ Restraining order expiring ☐ Safety plan exists but client may not follow through ☐ Client minimally aware of self-protection/crisis management techniques; unable to implement	☐ Client is physically safe from trafficker ☐ Trafficker is not actively trying to find client or is currently jailed ☐ No active threats or credible passive threats from trafficker or cohorts ☐ Restraining order in place ☐ Safety plan is active ☐ Client aware of self-protection/crisis management techniques	☐ Client functions with limited fear of trafficker ☐ No contact with trafficker or cohorts in 3 months ☐ Trafficker in custody ☐ No active or passive threats from trafficker ☐ Client implements self-protection/crisis management techniques with minimal assistance	☐ Client functions without fear of trafficker ☐ No contact with trafficker or cohorts in over 6 months ☐ Traffickers in custody or deported ☐ No active or passive threats from trafficker ☐ Client consistently and independently implements self-protection/crisis management techniques
4. Emotional/Behavioral/ Mental Health (MH) **Summary Rating:** ☐ Don't know	☐ Actively suicidal/committing self-harm ☐ MH issues seriously affecting daily functioning ☐ Fear of retaliation from trafficker affecting MH	☐ MH issues affecting but not inhibiting daily function ☐ Unable/unwilling to access MH interventions ☐ Serious environmental factors affecting MH issues (e.g., facing trafficker in court; unchecked triggers) ☐ Expresses desire to return to trafficker and may act on it	☐ No danger to self or others ☐ Accesses MH resources with assistance from staff ☐ Moderate emotional stability ☐ External triggers/issues managed with assistance ☐ Expresses desire to return to trafficker but not likely to act on it	☐ Manages MH resources with minimal assistance ☐ Uses positive coping skills to some degree ☐ No longer expresses desire to return to trafficker	☐ Independently manages MH issues ☐ MH issues do not interfere with daily functioning ☐ Has awareness of/access to MH resources as needed
5. Physical Health/ Medical **Summary Rating:** ☐ Don't know	☐ Serious injury or illness present and untreated ☐ No access to health care or access through ER only ☐ No insurance ☐ No/limited knowledge on how to access health care	☐ Chronic or recurring condition that restricts activities or hampers health ☐ Cannot access health care independently ☐ Has insurance but does not know how to use it to access care	☐ Has access to and/or functional knowledge of health care system/some insurance or subsidy ☐ Illness/injury under management to allow daily activities ☐ Needs help identifying service providers	☐ Increasing knowledge of preventive interventions for health care, nutrition, or other lifestyle choices ☐ Has basic health insurance, makes and attends appointments independently ☐ Needs occasional help identifying service providers	☐ Actively implementing preventive interventions in daily life ☐ Manages and accesses health care resources independently ☐ Able to pay for care through comprehensive insurance or other means

Outcome Categories and Assessment	In Crisis (1)	Vulnerable (2)	Stable (3)	Growing (4)	Thriving (5)
6. Dental **Summary Rating:** ☐ Don't know	☐ Has never seen a dentist ☐ Dental pain seriously impacting daily life	☐ Has dental issues that will become more serious without treatment ☐ No/limited access to affordable dental care ☐ No insurance ☐ No/limited knowledge of oral hygiene	☐ No routine exams or preventive treatments ☐ Needs assistance to access dental resources/cost paid by service agencies ☐ Basic knowledge of oral care and hygiene	☐ Has current dental needs under management ☐ Increasing knowledge of oral care and hygiene ☐ Cost of care partly subsidized or paid by other service agencies	☐ Manages and accesses dental care resources independently ☐ Able to pay for care through comprehensive insurance or other means
7. Sexual Health **Summary Rating:** ☐ Don't know	☐ Has never been tested for HIV or other STIs ☐ Lacks basic knowledge of safe sex guidelines ☐ Is not motivated to protect self and partner(s) from HIV or other STIs ☐ Is HIV positive but has not received treatment ☐ Has untreated chlamydia, gonorrhea, or syphilis	☐ Has been tested for HIV or other STIs but not after significant risk exposure ☐ Has basic knowledge of safe sex guidelines, but does not apply them ☐ Is somewhat motivated to protect self and partner(s) from HIV or other STIs, but does not discuss prevention with partner(s) ☐ Has untreated HPV, herpes, trichomonas, or crabs	☐ Has received preventive reproductive health care at least once in the last 3 years ☐ Practices safe sex in some situations but not consistently ☐ Positive for HIV or other STI(s) (current or past) and follows treatment inconsistently	☐ Has been tested for STIs other than HIV in the last year or after the most recent significant risk exposure ☐ Has been tested for HIV in the last year or after the most recent risk exposure ☐ Has good knowledge of safe sex guidelines and mostly applies them ☐ Positive for STI(s) other than HIV (current or past) and mostly follows treatment instructions ☐ HIV positive ; receives HIV care and mostly adheres to anti-retroviral treatment (ART)	☐ Has received preventive reproductive health care consistently and is up-to-date on tests (e.g., Pap tests, STI tests) ☐ Obtains STI testing after every significant risk exposure ☐ Has good knowledge of safe sex guidelines and applies them consistently ☐ Tested positive for a curable STI[a] and has received full treatment and a negative confirmation test ☐ Tested positive for a treatable (non-curable) STI[b] and consistently adheres to treatment ☐ HIV positive; receives HIV care and consistently adheres to ART

Organization ID _____   **Client ID** _____

Outcome Categories and Assessment	In Crisis (1)	Vulnerable (2)	Stable (3)	Growing (4)	Thriving (5)
8. Reproductive Health ☐ NA-Male client **Summary Rating:** ☐ Don't know	☐ Current or recent unintended pregnancy ☐ Cannot articulate pregnancy intent (i.e., planning or preventing a pregnancy) ☐ May be pregnant; has not been tested	☐ Wants to prevent pregnancy but is not using a birth control method ☐ Wants a pregnancy but is not following preconception care guidelines ☐ Pregnant but not receiving prenatal care	☐ Wants to prevent pregnancy but is using a less-effective method of birth control or using an effective method inconsistently ☐ Wants a pregnancy and is following some preconception care guidelines ☐ Pregnant but is receiving inconsistent prenatal care	☐ Wants to prevent pregnancy and uses an effective birth control method with some mistakes ☐ Wants a pregnancy and is following most preconception care guidelines ☐ Pregnant and is receiving mostly consistent prenatal care and following most prenatal guidelines	☐ Wants to prevent pregnancy and is consistently using an effective method ☐ Wants a pregnancy and is following preconception care guidelines ☐ Pregnant and is receiving consistent prenatal care and following prenatal guidelines
9. Substance Abuse[c] **Summary Rating:** ☐ Don't know	☐ Substance use endangers client safety and ability to meet basic needs ☐ Denies extent or severity of substance abuse ☐ Daily or addictive substance us ☐ No interest in treatment program or harm reduction	☐ Substance use interferes with participation in this program ☐ Recognizes substance use as an issue ☐ Considering substance abuse treatment ☐ Inconsistent harm reduction measures	☐ Active substance abuse treatment participation ☐ Committed to future abstinence or recovery	☐ Minor substance abuse history ☐ Sustained abstinence or recovery for at least 6 months	☐ No history of substance abuse ☐ Sustained abstinence or recovery for at least 1 year
10. Human/Labor Rights Awareness **Summary Rating:** ☐ Don't know	☐ In an exploitive employment situation or personal relationship that involves exploitation ☐ Blames self for trafficking or other crimes against self	☐ No/limited understanding of labor rights, trafficking, and exploitation ☐ Unable to develop non-exploitive employment or personal relationships that do not involve exploitation	☐ Basic knowledge of labor rights, trafficking, and exploitation ☐ Protects own rights with assistance from this program or others	☐ Increasing knowledge of labor rights, trafficking, and exploitation ☐ Gaining knowledge of exploitation prevention techniques ☐ Self-protects rights with minimal assistance from this program or others	☐ Protects own rights and implements prevention techniques independently ☐ Shares knowledge about human/labor rights with others ☐ Advocates on behalf of self or others
11. Legal Issues **Summary Rating:** ☐ Don't know	☐ Outstanding warrant ☐ Pending/unresolved criminal or juvenile justice issues ☐ In detention/jail	☐ Criminal conviction(s) ☐ Insufficient identifying documents ☐ In legal proceedings with individuals related to trafficking situation ☐ Unmet probation mandates	☐ Legal issues being managed with assistance from this program or others ☐ Probation requirements being met with assistance	☐ Has increasing self-sufficiency in accessing legal resources ☐ Case essentially resolved or working on expungement of records ☐ Meets probation requirements	☐ Independently accesses legal resources as needed ☐ No probation involvement ☐ No outstanding legal issues that impact daily life

Organization ID _____   **Client ID** _____

Outcome Categories and Assessment	In Crisis (1)	Vulnerable (2)	Stable (3)	Growing (4)	Thriving (5)
12. Family Support **Summary Rating:** ☐ Don't know	☐ Family members unwilling to be in contact with client ☐ Family members actively participate in exploitation of client ☐ Client is a minor who is on the run from a CW placement	☐ Client may have supportive family members but does not know location or how to contact ☐ Family members passively allow exploitation of client ☐ Client is a minor with open CW case but in serious conflict with placement or caseworker ☐ Client likely to age out of CW care with no subsequent support	☐ Client has intermittent contact with supportive family members ☐ Client clearly identifies which family members are safe and supportive ☐ Client is a minor in mostly stable CW placement and has positive relationship with caseworker	☐ Client satisfied with level of family contact or non-contact ☐ Client has consistent contact with supportive family members ☐ Client has stable and supportive CW placement and caseworker support ☐ Client exploring long-term support after aging out of CW	☐ Client has built or rebuilt relationships with supportive family members ☐ Family members are a significant part of client's support network ☐ Client is a minor with supportive and stable CW placement ☐ Client has aged out of CW and is connected to long-term support or educational benefits
13. Parenting *If client has multiple children, check all items that apply to at least one child* **Summary Rating:** ☐ Not applicable ☐ Don't know	☐ Client frequently struggles with or is overwhelmed by care for child ☐ Client does not know who is caring for non-custodial child or is not allowed contact with child ☐ CW[d] agency involved, and client is out of compliance with case requirements	☐ Client sometimes struggles with or is overwhelmed by care for child ☐ Client has less contact with non-custodial child than desired or is in conflict with primary caregiver ☐ CW agency involved and client inconsistently meets case requirements ☐ Client experiencing CW post-reunification challenges	☐ Client is providing stable care for child, but may be affected by stress at times ☐ Client has inconsistent interaction with non-custodial child ☐ CW agency case open, but client meets CW agency requirements to retain custody or reunify ☐ CW post-reunification challenges being addressed	☐ Client provides care for child and understands appropriate needs of child ☐ Client has consistent interaction with child and communication with caregiver ☐ Reunification process is progressing well	☐ Parenting is consistent, positive, and adapts to challenges ☐ Client provides care for child and understands appropriate needs of child ☐ Client has consistent interaction with child and shares health care or educational decision making ☐ CW agency case closed and custody allowed ☐ Family successfully reunited and challenges independently managed by client

Organization ID _____   **Client ID** _____

Outcome Categories and Assessment	In Crisis (1)	Vulnerable (2)	Stable (3)	Growing (4)	Thriving (5)
14. Support Network **Summary Rating:** ☐ Don't know	☐ No support network for emotional support ☐ No support network for practical assistance ☐ Support network may facilitate client's return to hazardous behaviors ☐ Client unsure who can be called upon for assistance	☐ Only one or two people can be called on for emotional support ☐ Only one or two people can be called on for practical assistance ☐ Inconsistent support ☐ Support network relies on people who are less stable than client	☐ Some support through informal network for emotional support ☐ Some support through informal network for practical assistance ☐ Support network includes people in recovery or with more stability than client	☐ Increasing support network for emotional support ☐ Increasing support network for practical assistance ☐ Support networks are reciprocal (client gives and gets support) ☐ Support network consists primarily of persons with stability in employment, housing, or relationships	☐ Reliable and varied support network for emotional support ☐ Reliable and varied support network for practical assistance ☐ Support network includes formal institutions such as churches or self-advocacy groups
15. Education/Literacy **Summary Rating:** ☐ Don't know	☐ Illiterate in native language ☐ No English comprehension ☐ No formal education ☐ Attended grade school but not high school	☐ Limited literacy in native language ☐ Limited English comprehension but partly functional ☐ Comprehension at 6th grade level ☐ Attended high school but did not graduate, not involved in high school equivalent education	☐ Basic English proficiency (oral) or enrolled in beginner English as a second language (ESL) courses ☐ Fully literate in native language ☐ Working towards high school or equivalent education	☐ Increasing English proficiency (oral and reading) ☐ Enrolled in advanced ESL and/or vocational courses ☐ Works toward educational goal(s) with assistance ☐ Completed high school or equivalent education ☐ Enrolled in postsecondary or vocational school	☐ Fully functional in English (oral and reading) ☐ Manages educational goals independently ☐ Has postsecondary degree or vocational certification ☐ Personal satisfaction with English proficiency
16. Job Skills/ Employment **Summary Rating:** ☐ Don't know	☐ No marketable legal job skills ☐ Chronically unemployed ☐ No/limited understanding of job readiness (etiquette/resumes/interviews)	☐ No access to legal employment ☐ Temporarily unemployed ☐ Limited job skills or job readiness ☐ Facing potential lay-off ☐ On temporary disability or worker's comp ☐ Current employment is exploitive	☐ Seeks legal employment ☐ Uses basic job search skills with some assistance ☐ Accesses job skills training/development with assistance ☐ Employed on ad hoc, part-time, or inconsistent basis ☐ On long-term disability (SSI or SSD)	☐ Seeks legal employment and has job skills necessary to maintain employment ☐ Ready to seek career path with minimal assistance ☐ Employed and producing sufficient income for needs ☐ Employed in informal job with "under the table" pay	☐ Professional job skills present ☐ Adequately and sustainably employed ☐ Employed with pay stub (workers' comp, social security) ☐ Manages career goals independently ☐ Developing networks for access to continued employment or advancement

Outcome Categories and Assessment	In Crisis (1)	Vulnerable (2)	Stable (3)	Growing (4)	Thriving (5)
17. Life Skills **Summary Rating:** ☐ Don't know	☐ No/limited ability in current environment (unable to read, use public transport, etc.) ☐ Lacks personal responsibility	☐ Has basic knowledge/skills for independent living but cannot fully apply them to current environment ☐ Understands need for personal responsibility but lacks skills to implement	☐ Has basic knowledge/skills for independent living and applies them to current environment with minimal assistance ☐ Beginning to demonstrate personal responsibility	☐ Has increasing knowledge/skills for independent living and usually applies them in current environment without assistance ☐ Demonstrates personal responsibility with minimal assistance	☐ Comprehensive knowledge base/skills needed for independent living in current environment; fully functions ☐ Demonstrates independent personal responsibility
18. Financial Self-Sufficiency ☐ *Check if description is for parent with whom client lives* **Summary Rating:** ☐ Don't know	☐ No financial resources (money in hand) ☐ Wants to exit sex work or exploitive labor, but no other income source ☐ No legal income source ☐ Minor with no adult support	☐ Wants to exit sex work or exploitive labor, but no other consistent income source ☐ Inconsistent income through legal activities ☐ Limited understanding of what is affordable with current resources ☐ Has financial debts unrelated to trafficking	☐ Consistent income through legal activities not involving exploitive work ☐ Pays bills ☐ Makes realistic spending choices in relation to resources ☐ Manageable debt	☐ Has bank account ☐ Has resources to meet unexpected expenses ☐ Has long-term plan for financial self-sufficiency ☐ No/minimal financial debt	☐ Saves modest amounts ☐ Consistently follows long-term plan for financial sufficiency ☐ Is satisfied with financial stability and future prospects

[a] Curable STIs include gonorrhea, chlamydia, syphilis, trichomoniasis, and crabs.

[b] Treatable, but not curable, STIs include herpes, human papilloma virus (HPV), and HIV.

[c] Substance use refers to alcohol, illegal drugs, or unauthorized use of prescription drugs.

[d] CW agency: public child welfare agency.

Appendix B:
Training Log

Training Log

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

Reporting months _____ year _____

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

* Specify the number of training participants from each service sector.

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

Appendix C:
Project Staff and Partner Interview Guides

Project Director Interview Guide

Introduction and Consent

Before we begin our questions, I want to share a few key points about this interview.

This interview provides RTI with the opportunity to learn more about [GRANTEE AGENCY]—your strategies for identifying and serving domestic victims of human trafficking, the services you provide to victims, and the ways in which you collaborate with other agencies to meet the needs of victims. We're also interested in hearing your thoughts about how [DEMONSTRATION PROJECT] is working, including successes and challenges. Information from the evaluation will inform future program development and evaluation and provide information for ongoing program improvement to Family and Youth Services Bureau (FYSB) grantees.

Participating in this interview is completely voluntary. The interview should last about 2 hours. 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 09/30/2019.

The questions that we will be asking you are probably topics that you would discuss with colleagues, but you may decline to answer any question or stop the interview at any time. We will not share your responses with anyone outside the RTI evaluation team, to the extent permitted by law. Our reports will combine information across all the individuals we talk with about [GRANTEE AGENCY]. You will not be identified by name in any reports. If we would like to quote you, we will first ask for your permission. We'll be taking notes, but if you don't mind, we'd also like to record the conversation as a backup for our own use. We will delete the audio recording after we have finalized the notes, and only the RTI evaluation team will have access to the audio recording or notes. Are you okay with us recording our discussion?

Do you have any questions before we begin?

Respondent Background

First, I'd like to ask you a few questions about yourself and the other project staff.

- What is your title and role at [GRANTEE AGENCY]?

- How long have you been in your current position?

- How long have you been with [GRANTEE AGENCY]?

- Please tell me about your role in [GRANTEE AGENCY].

- On average, what percentage of your time do you spend working on the [DEMONSTRATION PROJECT]?

- [Ask if not 100% on project] In addition to the [DEMONSTRATION PROJECT], what are your responsibilities at [GRANTEE AGENCY]?

Grantee Capacity

[Review grantee proposal, Section 8].

- Is there anything we should understand regarding your organization's mission, history, and structure?

- Is there a single person within your organization's leadership who has been particularly active in developing and advancing human trafficking work?

- Is there anything else we should understand regarding your organization's experience working with trafficking victims and vulnerable populations?

- Besides you, which staff in your organization work on [DEMONSTRATION PROJECT], and what are their roles and duties with respect to the grant? [Probe for whether they work directly with victims of trafficking, provide admin support, etc.; whether they were hired specifically to work on the demonstration grant; and previous staff experience working with trafficking victims.]

- Is there anything else we should understand about your organization's resources in terms of staff directly focused on human trafficking and their skills (including credentials, degrees, and internal trainings)?

- How does this grant expand your organization's resources to address human trafficking?

- What are your expectations regarding your organization's ability to sustain its capacity to prevent and respond to human trafficking?

Community and Organizational Capacity

Community Policy and Practice Related to Human Trafficking

- Please describe any formal policies and informal policies, such as standard practices, that your own organization has in place to respond to trafficking victims and people at risk of trafficking. (Examples include training all staff on warning signs, reserving shelter beds for people at risk of trafficking, or establishing protocols for responding to clients you have lost contact with.)

- Please describe any formal policies and informal policies, such as standard practices, that partners and other important community agencies have in place to respond to trafficking victims and people at risk of trafficking.

- Can you please describe whether and how the policies are trauma-informed? (Examples include training on trauma-informed practice, allowing clients to direct sequence and timing of services.)

Community Resources to Prevent Human Trafficking and Respond to Human Trafficking Victims

▪ Please describe the resources your community has to respond to human trafficking victims.

▪ Are there other community resources focused on prevention of trafficking among vulnerable populations?

▪ What is your assessment of the sustainability of your community's capacity to prevent trafficking and respond to trafficking victims? (Clarify if needed: this question refers to sustainability of resources other than the grantee's.)

▪ Please describe the extent to which your program serves underserved target populations, that is, people who wouldn't normally receive services from existing programs.

Community Outreach, Training, and Technical Assistance

▪ What successes have you experienced with regard to conducting community outreach and providing training and technical assistance to enhance support for the trafficking program?

▪ What challenges have you encountered, and how have you addressed them?

Partnership Composition and Functioning

Community Assessment and Partnership Expansion Planning

▪ Please describe the process you used to conduct your community assessment and partnership expansion plan (CAPEP).

▪ What challenges and successes did you experience with the CAPEP process?

▪ [Reference CAPEP document] What were the key findings from your CAPEP?

▪ What actions have you taken based on the CAPEP, or what do you anticipate doing?

Partnership Composition and Development

▪ [Reference any description of partnerships from funding application] Please name the partners with whom you are working and provide the following details:

– In what service sector do they work?

– What target population do they serve, and what kinds of services do they offer?

– Is the partnership new since receiving the grant funding, or was the partnership already in existence?

– Do you have a formal memorandum of understanding (MOU) that applies to your collaboration for trafficking victims?

– How frequently do you interact with the partner/partner service, and through what means do you typically interact?

- – Please describe the referral process between your program and the partner (referrals to the grantee or from the grantee).

- – What protocols do you have to facilitate information sharing?

▪ Please describe the strategies your organization has used to expand and diversify your partnerships and the factors that impacted partnership formation and expansion.

▪ What types of organizations are *not* included among your existing partnerships?

▪ What factors have helped or hindered you in expanding partnerships?

Collaboration Structures and Activities

▪ Do the partnerships you describe exist as part of a multi-agency collaborative, one-to-one, or as part of some other structure?

▪ Please describe any new services created or made available through your collaboration with partners.

Referral Mechanisms and Information Sharing (asked for each partner, above)

▪ Have you encountered reluctance among other providers to share information about clients, and if so, how do you address this?

▪ What factors have facilitated information sharing among providers?

Partnership Functioning

▪ In addition to the information you provided about each partner, how would you generally describe the partnership in terms of engagement and functioning?

▪ How would you describe any facilitators and barriers you've experienced in collaborating and coordinating services?

Comprehensive Victim-Centered Services

Screening and Assessment

▪ Please describe your intake and assessment process.

▪ What kinds of screening and assessment tools do you use, other than those that are part of the evaluation's intake?

▪ How well do these tools work in practice?

▪ Have you encountered reluctance among clients to share information, and if so, how do you address this?

Case Management

▪ Please describe your approach to case management under this grant.

▪ What challenges have you encountered in providing case management, and how have you addressed these?

Comprehensive Services

- Are any of the services defined by the grant's comprehensive service model not available to clients in your program? Are any difficult to access or not ideally suited for some clients?

- Do any of the services that you provide under this grant use evidence-based models? (e.g., trauma-focused cognitive behavioral therapy).

- What are the greatest challenges you've encountered in service delivery? How has the organization addressed these?

- What do you consider to be your organization's successes in service delivery?

Staff Supervision and Support

- Please describe the staff supervision and support activities that are provided to staff.

- Do you provide staff training on client-centered care?

Program Strengths and Weaknesses

- What do you see as the particular strengths of the case management model you use? Weaknesses?

- Can you provide a description of the strengths and weaknesses of your program's service delivery?

Wrap-Up

Is there anything else you'd like to tell us about your program and your experience under this grant

Case Manager Interview Guide

Introduction and Consent

Before we begin our questions, I want to share a few key points about this interview. This interview provides RTI with the opportunity to learn more about [INSERT GRANTEE AGENCY]—your strategies for identifying and serving domestic victims of human trafficking, the services you provide to victims, and the ways you collaborate with other agencies to meet the needs of victims. We're also interested in hearing your thoughts about how the [DEMONSTRATION PROJECT] is working, including successes and challenges. Information from the evaluation will inform future program development and evaluation and provide information for ongoing program improvement to Family and Youth Services Bureau (FYSB) grantees.

Participating in this interview is completely voluntary. The interview should last about 1 hour and 15 minutes. 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 09/30/2019.

The questions that we will be asking you are probably topics that you would discuss with colleagues, but you may decline to answer any question or stop the interview at any time. We will not share your responses with anyone outside the RTI evaluation team, to the extent permitted by law. Our reports will combine information across all the individuals we talk with about [INSERT GRANTEE AGENCY]. You will not be identified by name in any reports. If we would like to quote you, we will first ask for your permission. We'll be taking notes, but if you don't mind, we'd also like to record the conversation as a backup for our own use. We will delete the audio recording after we have finalized the notes, and only the RTI evaluation team will have access to the audio recording or notes. Are you okay with us recording our discussion?

Do you have any questions before we begin?

Respondent Background

- What is your title?

- How long have you been in this position?

- How long have you been with [INSERT GRANTEE AGENCY]?

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

Community and Organizational Capacity

Grantee Capacity

- Please describe where the support and advocacy for responding to human trafficking comes from within your organization (examples include a specific organizational champion, consistency with the organization's mandate, building on prior work).

- What types of resources does your organization provide for responding to trafficking victims, such as staff skills or programs?

Partnership Composition and Development

- In what ways do you interact with your organization's partners on this grant [name organizations]? What are the strengths and challenges of this collaboration?

Referral Mechanisms and Information Sharing

- Please describe referral mechanisms and protocols that have been established among your partners. Which agencies refer new clients to your program? Which programs do you refer clients to?

- What works well with the referral processes, and what is challenging?

- What has been your experience in asking partners and clients for information about clients? What works well, and what is challenging?

Comprehensive Victim-Centered Services

Screening and Assessment

- Please tell me about how the intake and assessment process works with new clients.

- What has been your experience with the process, particularly in providing information that is part of the evaluation? What works well, and what is challenging?

- How well does the screening process work in practice? What works well, and what is challenging?

Case Management

- We understand that many case management models are difficult to fully implement as they are intended. Please describe the case management model your program has adopted, particularly with respect to the following components:

  - Your intended availability to meet clients

  - Where you are able to meet clients

  - The intended staffing pattern for case management (one case manager per client, teams, caseloads?)

- Please describe what your case management model looks like in practice, again focusing on the following components:

  - Your actual availability to meet clients

  - Where you meet clients

– What the staffing patterns look like in terms of providing case management

▪ Please provide us with an overview of other aspects of your case management model, including the following:

– A description of your case management activities

– The focus of your case management

– The challenges you've encountered and the strategies you've used to overcome those challenges

Program Engagement Strategies

▪ Please describe program engagement strategies for different types of clients—what encourages clients to come to the program and to continue coming back.

▪ What challenges have you encountered when engaging clients, and what strategies have been successful in addressing those challenges?

Victim-Centered Services

▪ Please describe how you ensure that client confidentiality is protected.

▪ Please describe how you help the client make informed decisions, especially with respect to working with law enforcement.

▪ Describe how you and the client decide which services the client will use.

▪ Please describe strategies used to ensure that the case management you provide

– is sensitive to the types of trauma that clients may have experienced [probe for allowing victim to tell own story, elimination of trauma trigger words];

– is 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

– is a good match for clients' age and developmental state [probe for language appropriate to age or understanding; provide documents at appropriate reading level].

▪ Are there services that you provide that you think may need to be adapted to be more sensitive to client needs?

Staff Supervision and Support

▪ Please describe the supervision and support activities that you receive. How well do these work for you and other case managers, and what could use improvement?

▪ Does your agency provide staff training on client-centered care? If so, please provide your overall assessment of the training.

Comprehensive Services

▪ Are there any services that are not available through your program and your partners' programs, or that are not a good fit for the clients you work with?

- What strategies are you using to support clients in utilizing the services you and your partners offer?

- Please describe challenges to service delivery and strategies you have used to overcome those challenges.

Program Strengths and Weaknesses [recap points identified earlier]

- Can you please describe the strengths and weaknesses of the case management model you use?

- What do you think are the strengths and weaknesses of your program's service delivery?

Wrap-Up

- Is there anything else you'd like to tell us about the program and your experience under this grant?

Partner Agency Interview Guide

Introduction and Consent

Before we begin our questions, I want to share a few key points about this interview. This interview provides RTI with the opportunity to learn more about [GRANTEE AGENCY]—their strategies for identifying and serving domestic victims of human trafficking, the services they provide to victims, and the ways in which agencies collaborate to meet the needs of victims. We're also interested in hearing your thoughts about how the [DEMONSTRATION PROJECT] is working, including successes and challenges. Information from the evaluation will inform future program development and evaluation and provide information for ongoing program improvement to Family and Youth Services Bureau (FYSB) grantees.

Participating in this interview is completely voluntary. The interview should last about 1 hour and 15 minutes. 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 09/30/2019.

The questions that we will be asking you are probably topics that you would discuss with colleagues, but you may decline to answer any question or stop the interview at any time. We will not share your responses with anyone outside the RTI evaluation team, to the extent permitted by law. Our reports will combine information across all the individuals we talk with about [GRANTEE AGENCY]. You will not be identified by name in any reports. If we would like to quote you, we will first ask for your permission. We'll be taking notes, but if you don't mind, we'd also like to record the conversation as a backup for our own use. We will delete the audio recording after we have finalized the notes, and only the RTI evaluation team will have access to the audio recording or notes. Are you okay with us recording our discussion?

Do you have any questions before we begin?

Respondent Background

[Recap understanding of organization's role in demonstration grant, from proposal or project director]

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

▪ What other staff at the agency work on the demonstration grant? What are their roles?

- What are the training requirements for staff working on the demonstration grant?

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

Partnership Composition and Functioning

Partnership Composition and Development

- Please provide an overview of your program, the clients you serve, and the services you provide.

- Please describe your partnership with [GRANTEE AGENCY]; how long have you been in partnership and how frequently do you interact?

- What factors have made partnership challenging? What factors have supported this partnership?

Community and Organizational Capacity

Community Resources to Prevent Human Trafficking and Respond to Human Trafficking Victims

- Please describe the resources your community has to prevent human trafficking and respond to trafficking victims.

- What is your assessment of the sustainability of your community's capacity to prevent and respond to trafficking victims?

- Please describe the extent to which your program serves underserved target populations, that is, people who wouldn't normally receive services from existing programs.

Partnership Composition and Functioning

Collaboration Structures and Activities

- Please describe any new services created or made available through your collaboration with [GRANTEE AGENCY].

Referral Mechanisms and Information Sharing

- Please describe referral mechanisms and protocols that have been established among your partners. When do you refer clients to [GRANTEE]? When do they refer clients to you?

- What works well and what is challenging with the referral process?

- Please describe the information sharing agreements and protocols established for this partnership. What types of data do you share with [GRANTEE]? What types of data do they share with you?

- What works well and what is challenging with the process of sharing information?

- Please describe clients' willingness to share information.

Partnership Functioning

- Please provide an assessment of the partnership in terms of engagement and functioning. What works well and what has been challenging with collaborating and coordinating services?

Comprehensive Victim-Centered Services

Screening and Assessment

- How do you identify individuals who are or who may have been trafficking victims?

Comprehensive Services

- What services are available through your program?

- Please describe challenges to service delivery related to this grant and strategies you have used to overcome those challenges.

- Do any of the services that you provide to clients served by this grant follow evidence-based models?

Staff Support and Supervision

- What type of support (e.g., clinical supervision, stress reduction) do case management staff working on the grant receive?

Wrap-Up

- Is there anything else you would like to tell me about your organization's involvement in the demonstration grant?

Appendix D:
Client Interview Guide

Client Interview Guide

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

I want to review some key points on this form. We're interested in learning more about [PROGRAM NAME] and your experiences here. I'll be asking you questions about the services you've used, what things you like about [PROGRAM NAME], and what things you would like to see them do differently. We'll use this information to help make programs like [PROGRAM NAME] better and information from the overall evaluation will inform future program development and evaluation and provide information for ongoing program improvement to Family and Youth Services Bureau (FYSB) grantees.

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]. It is your decision how much you want to share about yourself and your life.

Whether you decide to participate in this interview is up to you. This is completely voluntary. Nothing about the services you get from [PROGRAM] 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, that is okay. The interview should last about 1 hour. As a token of appreciation for your time, you will receive a $25 gift card.

You do not have to tell us your real name, and we do not want you to tell us the real names of others. 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 NAME] what you share with us in a way that can identify you.

[Name of 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] staff or the local

authorities. If you tell us about *current or past* abuse, we will not tell anyone unless you ask us to.

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-XXXX and the expiration date is XX/XX/20XX."

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

▪ Can we start by talking about when you first came to [PROGRAM]? How did that happen (how did you hear about the program)? Was it difficult to come to the program, in what way)?

[NOTE: client may talk about sex trade/labor trafficking circumstances that led to program entry; be open to but don't ask directly.]

Program Engagement

▪ What was your first impression of [PROGRAM]?

▪ If you had a choice as to whether or not to keep coming here, what kinds of things made you decide to do this?

▪ What did you find to be the most helpful 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 when you first came to [PROGRAM]?

▪ Have your ideas about what you need changed since you first came here?

Services Utilized

▪ What are some of the services that you have used here at [PROGRAM]?

- Has [PROGRAM] helped you get help from other places? How did they do this?

Comprehensive, Victim-Centered Services

Case Management

- What is it like when you come here? [PROBE: What kinds of things do you do when you are with your case manager? How often do you meet with your case manager?]

Victim-Centered Services

- Do you feel like your privacy and confidentiality are protected when you are here? What kinds of things make you feel that way?

- Do you feel safe when you come here? What kinds of things make you feel that way?

- Do you feel like you have choices about what services you receive and how they are provided? 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, like [PROGRAM] is a good place for people like you?

- Are there any services or kinds of help that [PROGRAM] has not been able to provide or help you get?

- Are there any services or kinds of help that have been difficult to get, or that you're not happy with?

Progress Toward Outcomes

- Has [PROGRAM] helped you make changes you wanted to make in your life? What kinds of changes, and what helped you make them?

- Are there changes that you have wanted to make but haven't been able to? Could [PROGRAM] be of more help for you in reaching those goals?

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] could do or had done differently or better?

Demographics

- Before we finish, can you please tell me a little bit about yourself?

- How old are you?

- Where are you living, or where do you usually stay?

- What race and ethnicity do you identify with?

- If you don't mind telling me, what gender and sexual orientation do you identify with?

Wrap-Up

- That's all the questions I have to ask. Is there anything else about [PROGRAM] or about your experiences that 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.

Appendix E:
Case Narrative Interview Guide

Case Narrative Interview Guide

Before Beginning Interview

Before we begin our questions, I want to share a few key points about this case narrative interview.

This case narrative interview provides RTI with the opportunity to learn more about clients—their entry into the program, unique needs, and experiences receiving services—without directly talking to clients. Information from the case narratives will help inform future program development and evaluation and provide information for ongoing program improvement to Family and Youth Services Bureau (FYSB) grantees.

Participating in this case narrative interview is completely voluntary. The case narrative interview should last about 1 hour. 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 09/30/2019.

The questions that we will be asking you are about a particular client's experiences with the program (not your own experiences), but you may decline to answer any question or stop the interview at any time. For privacy purposes, please only refer to the client by initials and program-created client ID. We will not share your responses with anyone outside the RTI evaluation team, to the extent permitted by law.

You will not be identified by name in any reports. If we would like to quote you, we will first ask for your permission. We'll be taking notes, but if you don't mind, we'd also like to record the conversation as a backup for our own use. We will delete the audio recording after we have finalized the notes, and only the RTI evaluation team will have access to the audio recording or notes. Are you okay with us recording our discussion?

Do you have any questions before we begin?

[Ask for client ID and initials; record client ID/initials]

Demographics

▪ What are the client's demographics (age, gender, ethnicity, U.S. citizen/lawful permanent resident, guardianship/dependency status)?

Screening/Assessment and Program Entry

▪ How long have you been working with this client?

▪ How did the client come into the program?

- Who conducted the screening, assessment, and intake? What did you learn through the screening, assessment, and intake process?

Status at Intake

- What was the client's status at intake? [Probe for brief descriptions of client's living situation, pregnancy/parenting status, educational level/school enrollment, and employment status.]

Trafficking Status

- What were the circumstances behind the client's trafficking experience? [Probe for brief descriptions of type of trafficking; current and/or past trafficking; how trafficking was identified; age at first experience; facilitator type; and presence of force, fraud, or coercion.]

Program Engagement

- What were the client's early experiences when they first entered the program?

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

Case Management

- What case management activities were/are being provided to the client? What has been the focus or goal of the activities?

- What types of challenges have you encountered in providing case management to the client, and what strategies have you used to overcome these challenges?

Victim-Centered Services

- What measures have been taken to protect the client's confidentiality and safety?

- How have you ensured that the client has the support necessary to make informed decisions, especially if interacting with law enforcement?

- How has the case management you've provided been client-centered, and what steps have you taken to make sure the client's needs are being met?

- What strategies have you used to ensure that the case management process is sensitive to the types of trauma that clients may have experienced? [Probe for allowing victim to tell own story, elimination of trauma trigger words.]

- What strategies have you used to ensure that the case management process is a good match for clients' race, ethnicity, sexual identity, and gender orientation? [Probe for access to staff that speak client's language and resources in client's language, awareness of culture, respecting cultural norms or concerns, documents translated in client's language.]

- What strategies have you used to ensure that the case management process is a good match for clients' age and developmental state (probe for language appropriate to age or understanding, provision of documents at appropriate reading level)?

- How do you and the client decide which services the client will use?

Comprehensive Services

- Have you encountered challenges in providing services for this client? If so, what strategies have you used to overcome these challenges?

- Have you been able to provide evidence-based services?

- What types of services are available for this client through your program and partner's programs? [Probe for service categories defined by the Administration for Children and Families' comprehensive victim-centered services model.]

- What services has the client received?

- Were there services that the client wanted or needed that could not be provided? If yes, why, and what were they?

Services Utilized

- What strategies have you used to encourage and support the client in using the services you and your partners offer?

Progress Toward Outcomes

- What was the client's status when they first entered the program in terms of outcome areas? (Describe in general terms; use the range from crisis to thriving.)

- How is the client doing in terms of progress toward short-term outcomes? What successes and setbacks have there been?

- What are the client's goals and expected outcomes?

- What do you see as signs of progress toward the client's short-term personal goals?

Exit Status (if applicable)

- Why was the case closed for this client?

Appendix F:
Cost and Labor Instruments

Evaluation of Domestic Human Trafficking Demonstration Projects

Cost Module

RTI International

Research Triangle Park, NC 27709

September 2016

Date Completed: _____/_____/_____

Organization ID# _____

TABLE OF CONTENTS

Introduction

The questionnaire is designed to collect resource use and cost information pertaining to **services provided to clients in your ACF-funded demonstration program** for **domestic victims of human trafficking** (hereinafter referred to as "DVHT program") for fiscal year 2016 (October 2015-September 2016).

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

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

Thank you for your participation!

If you have any questions about the questionnaire, please contact:
Stephen Orme
RTI International
1-301-816-4622
sorme@rti.org

A.   Timeframe

The information given in this questionnaire should be for your organization's *previous calendar year* for which you have complete records. Please indicate below the calendar dates to which the data in this module correspond. If possible, provide information from calendar year 2015 (January-December 2015).

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

                                                              (Month/Year)   (Month/Year)

Throughout this questionnaire, please answer all questions as they pertain to your services provided to clients in your DVHT program for the above time period (referred to as "the previous calendar year") unless otherwise indicated.

B. Organization Characteristics

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

B1. **Is this organization part of a larger program/agency/corporation (i.e., a parent organization)?**
☐ Yes
☐ No
☐ Don't Know

B2. **Which type of organization/agency is this?** (Please check all that apply.)
☐ Private for-profit
☐ Private nonprofit
☐ State government
☐ Local, county, or community government
☐ Tribal government
☐ Federal government
☐ Other (please specify): _____

B3. **What is your job position within this organization?**
☐ Program director
☐ Clinical staff
☐ Administrative staff
☐ Chief business officer (CBO) or chief executive officer (CEO)
☐ Chief financial officer (CFO)
☐ Other (please specify): _____

C.   Client Information

This section collects information on the number of clients in your DVHT program that your organization served in the previous calendar year.

From this point on, unless otherwise indicated, your answers should pertain to your services provided to clients in your domestic human trafficking program within your organization.

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

Daily Census: _____ clients

C2.   What were the <u>total new admissions</u> to your DVHT program in the previous calendar year?

New Admissions: _____ clients

C3.   What is the maximum DVHT program client case load for a case manager at any one time?

Actual Capacity: _____ clients

C4.   How many DVHT program clients do case managers have contact with on a typical day?

_____ clients

D. Personnel

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

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

1. Paid Employees

D1. **What was the total <u>labor</u> expense (excluding all fringe benefits and payroll taxes) for *paid* employees serving DVHT program clients in the previous calendar year?** Please do not include the costs for contracted employees.

$_____per year for paid employees

D1a. **For the previous calendar year, which of the following fringe benefit expenses did your organization incur for your paid employees who served DVHT program clients?** Please report total annual expenses for each category.

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

D1b. **For the previous calendar year, which of the following payroll tax expenses did your organization incur for your paid employees who served DVHT program clients?** Please report total annual expenses for each category.

    a.   FICA (Federal Insurance Contributions Act) $_____

    b.   Federal and/or State Unemployment Insurance $_____

    c.   Worker's Compensation $_____

    d.   Other (please specify):

          _____ $_____

          _____ $_____

    e.   **TOTAL Payroll Tax Expenses**   **$_____**

2. Contracted Employees

If your organization had a contract with a ***person*** to provide a service to a DVHT program client, then enter this information in Question D2 below. If your program had a contract with a ***company/corporation*** to provide a service to a domestic human trafficking client, then enter this information in Question E1 on page 9.

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

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

    a.   Clinicians(s) $_____

    b.   Attorney(s) $_____

    c.   Accountant(s) $_____

    d.   Other (please specify):

          _____ $_____

          _____ $_____

    e.   **TOTAL Contracted Employee Costs**   **$_____**

3. Volunteer Workers

D3. **Does your organization use volunteer workers in providing services or in performing administrative activities in support of DVHT program services?**

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

D3a. **For each volunteer worker (if any) that provided services to DVHT program clients in the previous calendar year, please list**

- **their job type or position (Column A),**

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

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

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

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

4. Any Other Labor Costs

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

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

D4a. Please provide any additional labor costs here.

$_____ Total Other Labor Costs

D4b. **If possible, please indicate the types of costs included in these other labor costs.**
(Specify: _____)
(Specify: _____)
(Specify: _____)
(Specify: _____)

E. Contracted Services

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

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

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

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

F.   Buildings and Facilities

This section collects information on the value of the building space used by your **organization for your DVHT program** during the previous calendar year.

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

$_____

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

_____ square feet

F3.   Do your expenditures for the space used by your DVHT program accurately reflect the current market value of the space?
Yes ....☐₁ → **(Go to G1)**

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

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

$_____

☐ Don't Know

G.   Depreciation

G1.   **For the previous calendar year, for which of the following capital items did your organization for your DVHT program have depreciation expenses?** Please report total annual expenses for each category.

    a.   Building (not included in rent/mortgage expense) $_____

    b.   Vehicles $_____

    c.   Furniture $_____

    d.   Equipment $_____

    e.   Security Systems $_____

    f.   Computers $_____

    g.   Other (please specify):

    _____ $_____

    _____ $_____

    h.   TOTAL Depreciation Costs   **$_____**

H.   Supplies, Materials, and Minor Equipment

H1. **Please list the total cost for supplies, materials, and minor equipment used by your organization for your DVHT program in the previous calendar year.** Please report total annual expenses for each category.

     a.   Office Supplies .... $_____

     b.   Housekeeping Supplies .... $_____

     c.   Minor Equipment (e.g., computers, furniture not including depreciation costs) .... $_____

     d.   Other Supplies .... $_____

     e.   **TOTAL Supplies and Materials Costs ....** **$_____**

I.   Miscellaneous Resources and Costs

I1. **What was the cost of other miscellaneous items used by your organization for your DVHT program in the previous calendar year?** Please report total annual expenses for each category.

    a.   Utilities (e.g., electricity, gas, oil, water and sewer, garbage) .... $_____

    b.   Insurance (e.g., liability, malpractice, director and officers) .…………….. $_____

    c.   Non-Payroll Taxes (e.g., federal, state, local)…………………………………… $_____

    d.   Communications (e.g., telephone, postage, printing and duplicating, advertising, publications)…………………………………………………………………… $_____

    e.   Client Transportation (e.g., providing clients transportation to and from services; subsidizing client costs for public transportation to and from services)……………………………………………………………………………… $_____

    f.   Dues, Memberships, and Fees………………………………………………………….. $_____

    g.   Staff Training…………………………………………………………………………………… $_____

    h.   Staff Traveling………………………………………………………………………………… $_____

    i.   Any other costs not yet accounted for in this questionnaire………………… $_____

    j.   **TOTAL Miscellaneous Costs……………………………………………………**   **$_____**

J.   Administrative Overhead

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

J1.   **Is there a standing overhead rate or administrative charge that is incurred by your organization for the DVHT program?**

Yes ....☐

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

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

Yes ....☐

No...☐

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

a.   Overhead Rate: _____%

OR

b.   Administrative Charge: $_____

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

	Yes	No
	▽	▽

a. Labor Costs..☐.............☐

b. Total Costs..☐.............☐

c. Other (please specify)...☐.............☐

(Specify: _____)

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

a. (Specify: _____)

b. (Specify: _____)

c. (Specify: _____)

d. (Specify: _____)

THANK YOU FOR YOUR PARTICIPATION.

Evaluation of Domestic Human Trafficking Demonstration Projects

Labor Module

RTI International

Research Triangle Park, NC 27709

September 2016

Date Completed: _____/_____/_____

Organization ID# _____

This instrument is derived from the Substance Abuse Services Cost Analysis Program developed at **and copyrighted** by RTI International.

TABLE OF CONTENTS

Introduction

The purpose of this instrument is to **measure the cost of providing comprehensive case management to domestic victims of human trafficking served through your ACF-funded demonstration program.**

Although your program is part of a larger organization that provides case management services to other clients besides those who are domestic victims of human trafficking, throughout this questionnaire, please answer all questions as they pertain to serving clients in your ACF-funded domestic victims of human trafficking demonstration program (hereinafter referred to as "DVHT program").

This questionnaire collects information on the labor resources used in an *average* or typical week *over the past month* to provide case management services to clients in your DVHT program and to perform activities associated with case management and service delivery.

The questionnaire is divided into three sections:

Section A:	Time Allocation. You are asked to provide information on the time spent in an *average* or typical week *over the past month* by your DVHT program's employees, contracted personnel, and volunteer workers providing case management services or performing specific activities associated with providing case management services to DVHT program clients.
Section B:	Weekly Service Provision. For selected client services, you are asked to provide information on the *average* number of case management related services provided by staff in an *average* or typical week *over the past month*, and the average length of time for these services.
Section C:	Labor Wage Rates. You are asked to provide information on hourly wage rates for your current staff for whom you report time in Section A.

Thank you for your participation!

If you have any questions about the questionnaire, please contact:
Stephen Orme
RTI International
1-301-816-4622
sorme@rti.org

A.   Time Allocation

In this section, we are requesting information on the time spent in an **average or typical week over the past month** by the staff contributing to the DVHT. For the purposes of this study, we define a week to be 7 consecutive days. We are collecting this information by asking that you complete a Time Allocation Table (on page 7).

Instructions

1.   **Column 2:** Record the total number of employees, contracted personnel, and volunteer workers at your DVHT program that provide case management or case management related services in each of the job positions listed.

   - For example, if your organization has two staff who provide client outreach in your DVHT program, then you would indicate "2" in Column 2 of the Time Allocation Table. See example provided in first row of the Time Allocation Table on page 7.

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

   - For example, if the two case managers listed in Column 2 each work 30 hours per week for your DVHT program, then you would indicate "60 hours" in Column 3 of the Time Allocation Table.

3.   **Columns 4 through 11:** Allocate the total hours listed for each job position (Column 3) over the 4 client services activities and the 4 administrative and other support activities.

Refer to the ***Definitions of client services and activities*** (pages 5 and 6) for definitions of the components of case management and administrative/other support activities shown. When completing this section, think about your staff's work habits ***over the past month*** and report the average hours spent providing services to clients in your DVHT program in an ***average or typical week***.

   - For example, if the two case managers divide their total time equally among client outreach, intake, and direct interaction with clients, then you would indicate "20 hours" in Column 4, Column 5, and Column 6 of the Time Allocation Table.

4.   Finally, make sure that the sum of hours allocated across the service and administrative activity categories (Columns 4–11) equals the total hours per week given in Column 3.

   - For example, the 20 hours reported for case managers in client outreach (Column 4) plus the 20 hours reported in intake (Column 5) plus the 20 hours reported in direct interaction with clients (Column 6) should equal the 60 hours reported under the total hours per week in Column 3 of the Time Allocation Table.

Definitions of Client Services and Activities

Components of Case Management

Column #
4. ***Client outreach:*** This component includes any work related to trying to engage potential clients before they are officially "enrolled" in the program. This can include riding in medical vans; conducting street-based outreach activities; providing drop-in services; or performing other activities in which staff are meeting, engaging, and building rapport with potential clients.

5. ***Intake***: This component includes any time with DVHT program clients to conduct intake. This may include intake, initial screening, and initial assessment.

6. ***Direct interaction with a client***: This component includes any one-on-one staff/client contact in which staff are providing case management or other direct services to clients enrolled in the DVHT program. Other direct services can include activities such as assisting a client to access local services (e.g., medical care) or providing one-on-one support (e.g., crisis intervention). Direct interaction with clients can take the form of in-person meetings, phone calls, text messaging, Facebook messaging, or any other contact with a client after they are enrolled in the program.

7. ***Indirect interaction on behalf of clients:*** This component includes any work to support one or more clients that does not involve direct interaction. This work may be, for example, researching anorexia treatment for a client with an eating disorder or exploring local substance abuse treatment options for multiple clients. Include in this component paperwork for clients, such as completing case notes.

Administrative and Other Support Activities

8. ***Program administration***: This includes any time that staff spend on program administration activities that support DVHT program case management, including but not limited to, providing organizational leadership; overseeing, training, and supervising case managers; creating case management related plans, protocols, or other project-related forms; and any other program administration activities that support case management.

9. ***Staff training/professional development:*** This includes any time that case management staff spend on receiving case management related training and professional development. This includes, but is not limited to, internal training provided by the organization, external training (e.g., webinars conducted by national organizations, local trainings), and other professional development activities (e.g., conferences).

10. ***Community/partner training***: This includes any time that staff spend developing and conducting community or partner training on domestic human trafficking topics.

(**Note**: the underlying assumption here is that increasing the community's and partners' capacity to serve victims of human trafficking relates to case management because the community/partners' ability to provide services tailored for victims is enhanced).

11. *Data collection/reporting***:** This includes any time that staff spend on DVHT program data collection/reporting, such as maintaining case management file notes or completing (and reviewing, submitting, and addressing issues with) the DVHT program evaluation case management-related data collection forms.

Time Allocation Table

Job Type	# of People	Total hours worked per week by all the people indicated in column 2	Hours Spent in Average Week Providing Case Management Related Services				Hours Spent in Average Week Doing Administrative and Other Support Activities			
1	2	3	4	5	6	7	8	9	10	11
			Client outreach	Intake	Direct interaction with a client	Indirect interaction on behalf of clients	Program administration	Staff professional development	Community/partner training	Data collection/reporting
EXAMPLE: Case manager	2	60	20	20	20					
Intake/assessment staff										
Supervisor										
Case manager										
Project director										
Project coordinator										
Intern										
Volunteer										
Other, specify:										
Other, specify:										

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B.   Weekly Service Provision

For the client services indicated below, we request information on case management related services provided to clients in your DVHT program in an **average week over the past month.**

Definitions of terms are on pages 5 and 6.

Case Management Related Services

B1a.   **How many potential DVHT program clients are served through DVHT program *client outreach* in an average week?**

_____ persons per week

B1b.   **What is the average length of time that a potential DVHT program client receives *client outreach* service/contact?**

_____ minutes per outreach service/contact

B2a.   **How many individuals receive *intake/assessment* in an average week by your DVHT program?**

_____ persons per week

B2b.   **What is the average length of time for an *intake/assessment* session for DVHT program clients?**

_____ minutes per session

B3.   **To how many DVHT program clients do staff provide *direct services* in an average week?**

_____ persons per week

B4.   **How many DVHT program clients do staff serve *indirectly* in an average week?**

_____ persons per week

Administrative and Other Support Related Activities

B5.   **How many DVHT program staff receive staff training/professional development per year?**

_____ persons per year

B6. **On average, how many staff work on each community/partner training?**

_____ staff per training

B7. **How many staff participate in DVHT program data collection and reporting activities in an average week?**

_____ persons per week

C.   Labor Wage Rates

1. Regular Paid Employees

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

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

Column B: For each job position shown, report the number of regular paid employees (do not include contracted employees and volunteer workers) who are providing case management related services to clients in your domestic human trafficking program.

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

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

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

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

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

EXAMPLES

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

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

A. Job Position	B. Number of Employees	C. Average Hourly Wage Rate (without fringes or payroll taxes) ($)
Example: Case Manager (certified)	**3**	**$11.90**
Intake/assessment staff		
Supervisor		
Case manager		
Project director		
Project coordinator		
Intern		
Volunteer		
Other:		
Other:		

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

Total Fringe Benefits _____ % of base salary

<u>AND</u>

Total Payroll Taxes _____ % of base salary

<u>OR</u>

Total Benefits/Payroll Taxes _____ % of base salary

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

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

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

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

No..☐ **(Go to C4)**

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

Total Fringe Benefits _____ % of base salary

AND

Total Payroll Taxes _____ % of base salary

OR

Total Benefits/Payroll Taxes _____ % of base salary

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

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

THANK YOU FOR YOUR PARTICIPATION