

# The Integration of TCOM and Data Analytics to Improve Screening and Service Delivery for Victims of Human Trafficking

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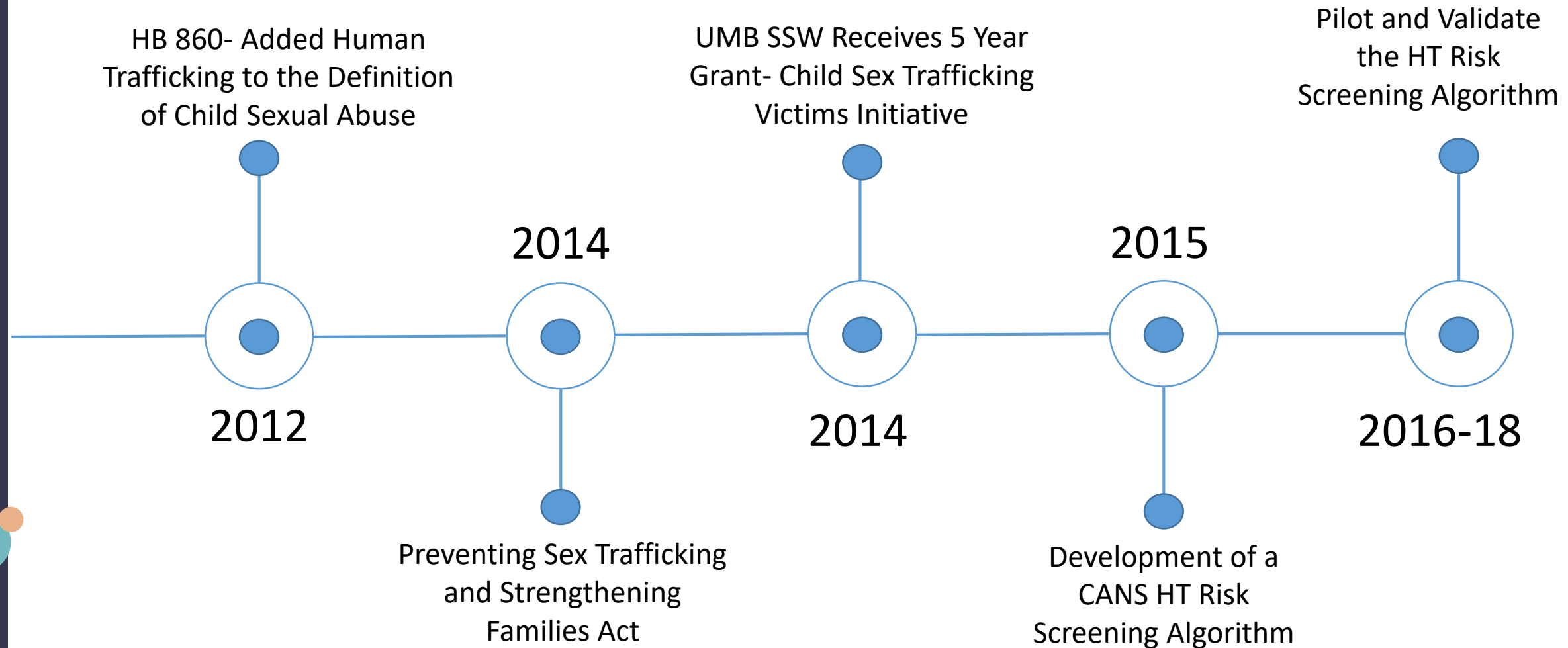
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# Part 1: Screening

Development and Integration of Maryland's  
CANS Human Trafficking Screening Protocol

# Background



# TCOM Implementation in Maryland

- Statewide implementation across the State's Public/Private Child Welfare Systems
- "Maryland CANS" (CANS) assessment is required for all youth in Out of Home Placement
- "CANS-Family" (CANS-F) assessment is required for all families receiving In Home Services
- The Institute for Innovation & Implementation at the University of Maryland, Baltimore School of Social Work (UMB SSW) has been contracted by Maryland's Department of Human Services (DHS) to support CANS/CANS-F Implementation through:
  - Training
  - Technical Assistance
  - Data Reporting

# Timeline

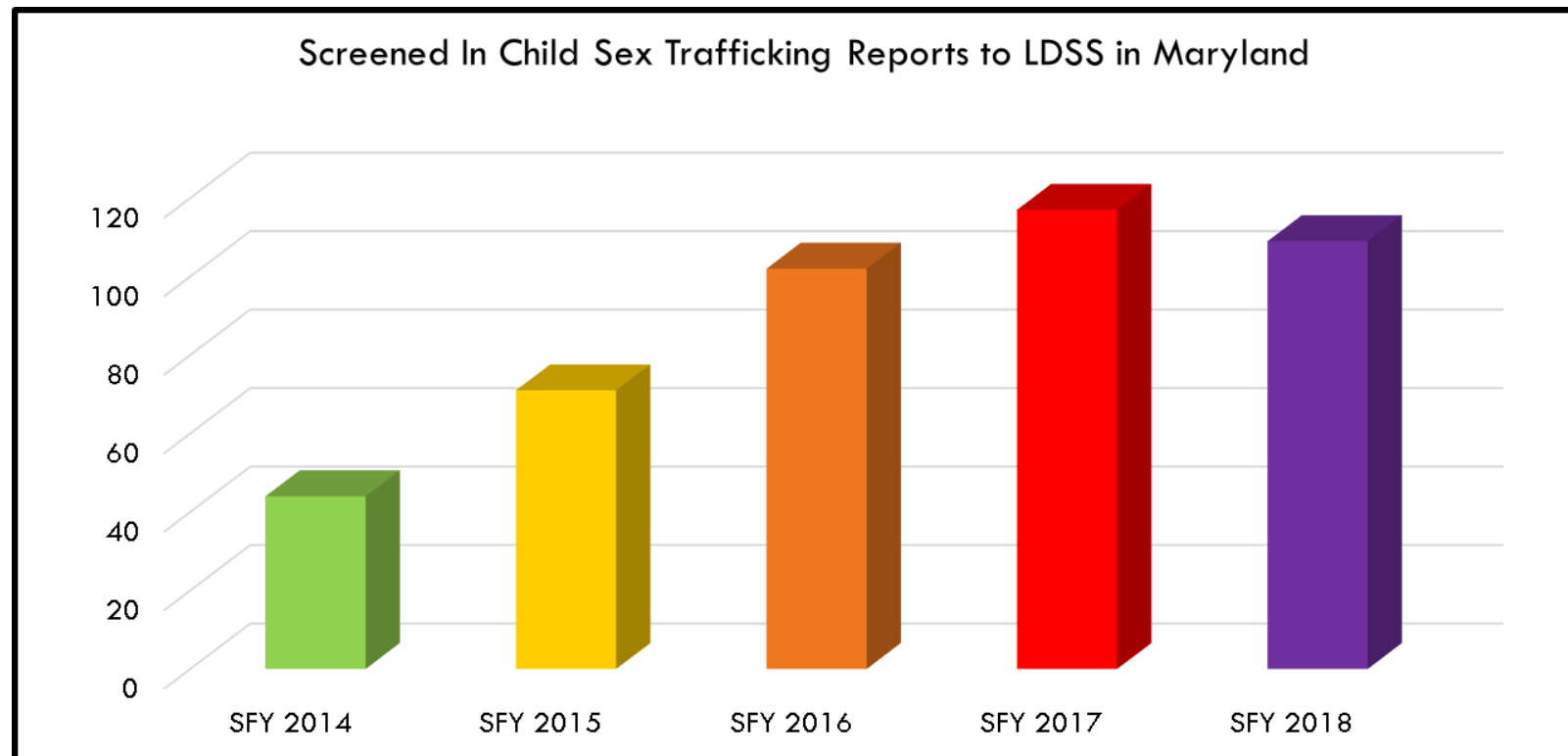
- 2012- Maryland's Legislation Session
  - HB 860- Added Human Trafficking to the Definition of Child Sexual Abuse
  - Any Child under the age of 18 that is found to have engaged in a commercial sex act is to be considered a victim of Human Trafficking and subsequently a victim of maltreatment
  - Youth previously served by Juvenile Services now being served through the State Child Welfare System

# Timeline

- 2014- Preventing Sex Trafficking and Strengthening Families Act
  - Required states to develop policies and procedures to identify, assess, screen, and determine appropriate services for children under the child welfare agency's care and supervision, who are victims of, or at risk of sex trafficking
- 2014- UMB SSW and Maryland's DHS receives a 5 Year Grant from ACF to build internal capacity to address the issue of sex trafficking within the child welfare population
  - **Creation and implementation of a statewide screening tool to identify trafficked youth and those at high risk,**
  - Development of a cohesive training plan for all child welfare staff, and
  - Capacity building to address current gaps in service and response

# Child Trafficking in Maryland

- Over **440** reports of child sex trafficking (CST) screened in to LDSS involving over **375** individual alleged minor victims.

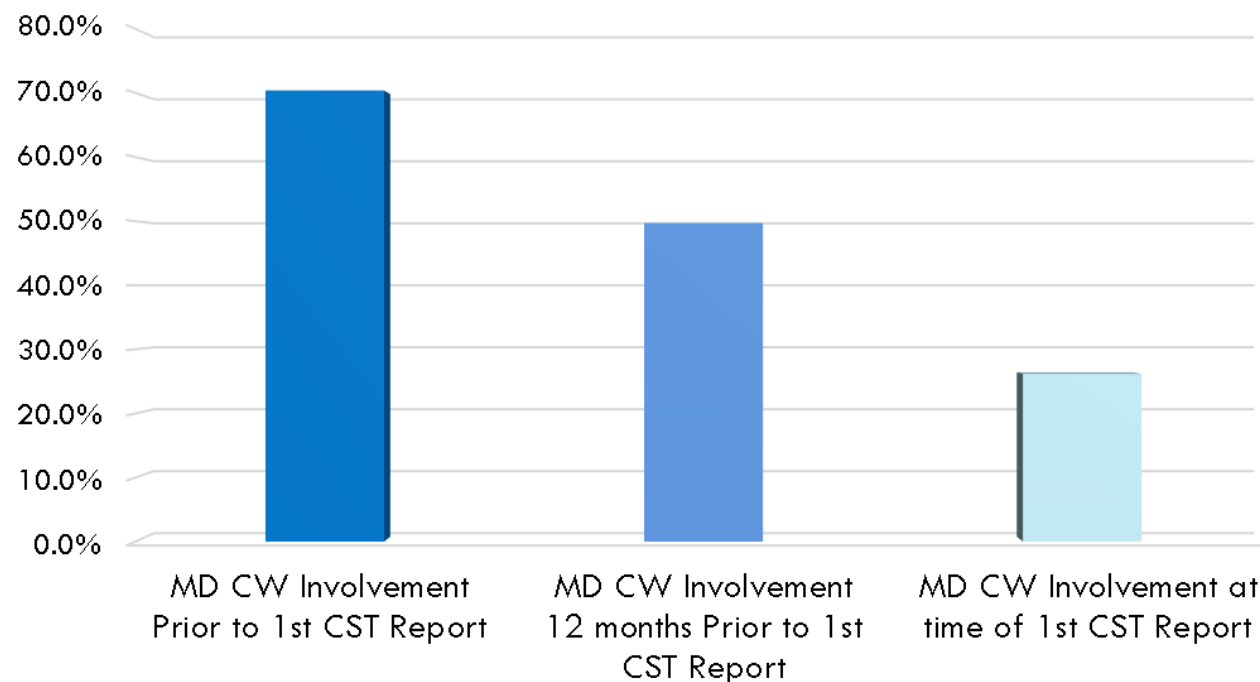


Credit: University of Maryland School of Social Work, Ruth Young Center. Child Sex Trafficking Victims Initiative

# Child Trafficking in Maryland

- 70% of alleged victims\* had prior involvement\*\* with Maryland's child welfare system before the first CST report
- 50% had child welfare involvement in the year before the first CST report
- 26% had an open child welfare case at the time of the first CST report

Prior Maryland Child Welfare Involvement of Alleged CST Victim



\*Victims who reside in Maryland (n=348)

\*\*Measured by program assignment

Credit: University of Maryland School of Social Work, Ruth Young Center. Child Sex Trafficking Victims Initiative



# CANS HT Screening Tool & Protocol

Instead of creating a new and separate screening tool, we proposed utilizing existing CANS/CANS-F Assessment Data to assist in screening youth for risk and/or evidence of Human Trafficking:

- Step 1: Exploring Risk Factors
- Step 2: Developing the HT Screening Protocol
- Step 3: Validating the HT Screening Protocol

# Step 1: Exploring Risk Factors

- Conducted literature search of known risk factors associated with Domestic Minor Sex Trafficking
- Cross-walked those identified Risk Factors with associated CANS/CANS-F items
  - Chronic Runaway
  - Reckless Behavior
  - Sexually Reactive Behavior
  - History of Trauma (particularly Sexual Abuse)
  - Mental Health/Substance Use
  - Caregiver Supervision Needs

## Step 2: CANS HT Screening Protocol

- Development of a “HT Risk Algorithm” for youth in Out of Home Placement and for youth living with families receiving In Home Services
- Screening protocol is run on a quarterly basis, for the assessments conducted during that quarter
- Youth (ages 10 or older) are flagged as “At Risk” based on 3 separate criteria

# Step 2: CANS HT Screening Protocol

Criterion 1	Rating of “2” or greater on the <b>Runaway</b> item	AND Rating of “2” or greater on <b>any</b> of these items: Depression/Mood Disorder, Reckless Behavior, Sexual Abuse, Physical Abuse, Neglect, Substance Abuse, Delinquent Behavior, Sexual Development, Judgment/Decision Making <sup>1</sup>
Criterion 2	Rating of “2” or greater on any of these items: Sexually Reactive Behavior, Exploitation, Acculturation – Gender/Sexual Identity	
Criterion 3 <sup>2</sup>	Rating of “2” or greater on the <b>Caregiver supervision</b> item	AND Rating of “2” or greater on <b>two</b> of these items: Sexually Reactive Behavior, Delinquent Behavior, Exploitation, School Attendance, Sexual Abuse, Physical Abuse, Neglect, Witness to Family Violence, Substance Abuse, or Runaway

<sup>1</sup>Judgement/Decision making item is not on the CANS-F (In Home Services)

<sup>2</sup>Criterion 3 is only used with the CANS-F (In Home Services)

# Step 2: CANS HT Screening Protocol

MD CANS HT Screener  
April – June 2018

County	# of Assessments	Met any Criteria	Met Criterion 1	Met Criterion 3
A	17	1 (6%)	0 (0%)	1 (6%)
B	36	7 (19%)	4 (11%)	5 (13%)
C	332	39 (12%)	28 (8%)	21 (6%)
D	140	32 (23%)	17 (12%)	22 (15%)
E	14	1 (7%)	1 (7%)	0 (0%)
F	4	2 (50%)	1 (17%)	1 (17%)
G	10	1 (10%)	1 (10%)	0 (0%)
H	4	1 (25%)	1 (25%)	0 (0%)
I	0	0 (0%)	0 (0%)	0 (0%)
J	11	2 (18%)	2 (18%)	0 (0%)
K	23	6 (26%)	2 (8%)	5 (20%)
L	1	0 (0%)	0 (0%)	0 (0%)
M	46	9 (20%)	4 (8%)	7 (15%)
N	6	2 (25%)	1 (13%)	1 (13%)
O	1	0 (0%)	0 (0%)	0 (0%)
P	70	9 (13%)	4 (6%)	5 (7%)
Q	31	7 (23%)	5 (16%)	2 (6%)
R	1	0 (0%)	0 (0%)	0 (0%)
S	0	0 (0%)	0 (0%)	0 (0%)
T	12	1 (7%)	1 (7%)	0 (0%)
U	2	1 (50%)	0 (0%)	1 (50%)
V	29	7 (24%)	2 (6%)	5 (16%)
W	6	4 (67%)	3 (38%)	2 (25%)
X	3	1 (20%)	1 (20%)	0 (0%)
<b>TOTAL</b>	<b>839</b>	<b>119 (14%)</b>	<b>78 (9%)</b>	<b>78 (9%)</b>

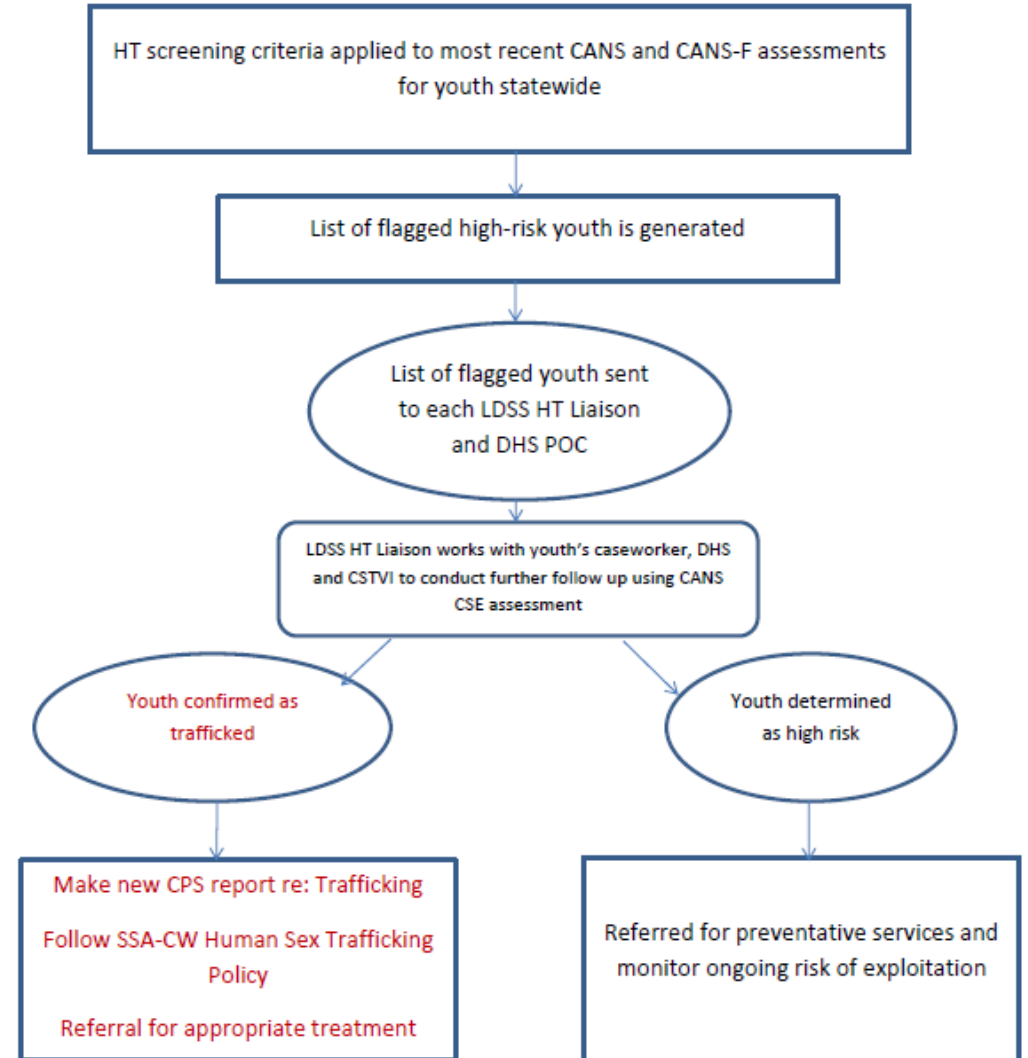
\*This data is for example purposes and does not represent real cases.

# Step 3: Validating the HT Trafficking Screener

- Alleged victims of HT are identified via Child Protective Services reports that indicate “Human Sex Trafficking of a youth”
  - Currently have almost 400 youth identified as alleged victims
  - About 120 youth have a MD CANS assessment
  - About 85 youth have a CANS-F assessment
- How well does the screener identify alleged victims as “at risk”?
  - 80% of alleged victims were flagged on one of their MD CANS assessments
  - 32% of alleged victims were flagged on one of their CANS-F assessments
- Plan to conduct additional analyses to validate the screener

# CANS HT Screener- Proposed Decision Tree

- HT Screening criteria applied to most recent CANS/CANS-F Assessment
- List of Flagged Youth generated and sent to the LDSS Liaison
- LDSS Liaison follows up with youth's worker to review case
- Worker conducts additional Assessment as recommended
- Based on assessment, youth referred for appropriate treatment or preventative services and monitored for continued risk of exploitation





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# Part 2: Service Delivery

Development and Integration of the Adult  
Needs & Strengths Assessment for Survivors  
of Human Trafficking (ANSA-HT)



# University of Maryland SAFE Center for Human Trafficking Survivors

## MISSION:

- To provide comprehensive survivor-centered and trauma-informed **services** that empower trafficking survivors to heal and reclaim their lives.
- To help prevent trafficking and better serve survivors through **research** and policy **advocacy**.
- To raise **awareness** and **train** a new generation of skilled advocates and service providers with expertise in trafficking issues.

# University of Maryland SAFE Center

We provide **comprehensive direct services** to U.S. and foreign national victims of sex and labor trafficking, regardless of gender or age.



# Needs of Trafficking Survivors

## **Crisis Intervention/Concrete Services**

- Food, Emergency Shelter, Clothing, Medical Care, Interpretation Services, Transportation, Vital Records, Legal/Criminal Justice Advocacy

## **Social/Community Integration Support**

- Family/Peer/Natural Support Relationships, Vocational Training, Education

## **Emotional Related Support**

- Mental Health Treatment, Adjustment to Trauma, Impact of Exploitation

# Implementing the ANSA and TCOM

- Recognized a need to implement a tool that supports assessment and service planning practices for Case Management
- Need to standardize the evaluation process for assessing client progress throughout the duration of their services
- Need to develop a systematic method of measuring service intensity and reviewing case planning processes during supervision
- Need to inform programmatic changes based on what we learn from client needs
- Need to identify barriers/challenges for addressing client needs

# Embracing the TCOM Theoretical Framework

- Emphasizing Collaboration and Consensus Building in Planning
- Approaching the instrument as a communication tool and a description of the work and not a description of the individual
- Focusing on the “What” and not the “Why” as part of an engagement and assessment strategy
- Utilizing a Client Centered and Strengths Based perspective
- Grounded in the Theory of Intersectionality
- Incorporating the tool within all levels of service delivery (Individual/Family, Supervision, Program Management/Evaluation, etc.)

# Development of the ANSA-HT

- Consulted and Collaborated with Dr. April Fernando and Dr. Lyons to propose the development of a version of a TCOM assessment for Adult Survivors or Human Trafficking (as the majority of clients were older adolescents/adults)
- Initially reviewed and cross-walked the CANS-CSE and Standard ANSA to identify relevant items within the ANSA and CANS-CSE that addressed the particular needs of adult survivors of human trafficking
- Identified other items that were not included on the ANSA or CANS-CSE and received approval to develop those items.
  - New Items developed include:
    - Basic Necessities, Legal/immigration, Vital Records/Benefits Assistance, Reproductive/Sexual Health, Trauma bond, Job Satisfaction

# ANSA-HT Practice Integration

- Step 1: Development of the Assessment Protocol, Forms, and Policies (Creating the Intake Interview Guide, Rating Tool, and Service Plan)
- Step 2: Building the assessment into the case management database for record keeping, data analysis, and evaluation processes
- Step 3: Training of staff (Certification/Practice training)
- Step 4: Supervision and Case Consultation (Ongoing training/coaching/reinforcement of learned concepts to help staff apply the tool in practice)
- Step 5: Outcome Management and Evaluation (TBD)

# Barriers/Considerations for Practice Integration

- Client Readiness
  - Crisis situations
  - Language Capacity and Communication Barriers
  - Ambivalence and Client Motivation for Change
- Staff Readiness
  - Concerns regarding re-traumatization/upsetting clients by asking certain questions
  - Staff fatigue and impact of vicarious trauma
  - Skills development





Thoughts? Questions?

# Resources

The Ruth Young Center at the University of Maryland , School of Social Work. Prevention of Adolescents Risk Initiatives, Child Sex Trafficking Victims Initiative

- <http://www.ssw.umaryland.edu/pari/the-projects/child-sex-trafficking-victims-initiative/>

The University of Maryland SAFE Center

- <https://www.umdsafecenter.org/>

The Institute for Innovation & Implementation at the University of Maryland , School of Social Work

- <http://theinstitute.umaryland.edu/>

# Contact Us

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