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Strategic Plan Overview

This report intends to be a tangible, useful document with detailed recommendations to address the top three identified needs for Missouri/Metro East St. Louis area uncovered in the Wave Two needs assessment report: 1) Housing (transitional and shelter), 2) Mental health, counseling, and support groups; and 3) Substance use treatment (in- and out-patient). Additionally, the report will address overarching, evidenced-based recommendations for particular regions to respond to identified gaps and needs, facilitate sustainable solutions, and contribute to knowledge and evidence building in the field of human trafficking.

To develop these strategies, the researchers first created a set of focused asset maps for each of the top three identified needs at the state level. From these asset maps, the researchers developed a logic model to support the achievement of these strategies (see: performance measure for strategy achievements). These logic models *were not developed* with the intention of being a prescription for anti-trafficking response, rather as a living document interested parties may utilize to refine their strategy to achieve the ultimate goals noted in each logic model. Asset maps and logic models were also developed for each region as part of this comprehensive strategic recommendation report. Once these documents were completed, the action step reports were disseminated to a member-checking group for feedback on a draft, which was then revised, to ensure feasibility and buy-in for future studies exploring the efficacy of the recommendations made. The members of this group included survivor-leaders, social service providers, law enforcement, mental health, and health care experts from both urban and rural contexts. All stakeholder meetings were conducted virtually through Zoom to ensure maximum efficiency and reduce overall travel costs. Member checking participants represented various regions within the state and Metro East St. Louis. The member checking group feedback was very positive,

supported the strategies offered, and several members indicated that they would use the strategies in their regions. Members also offered additional important feedback and considerations which were added to this report.

This report is outlined in the following manner: The first section presents the asset maps and logic models for the state and Metro East St. Louis region (combined). This section is followed by a narrative of key strategies to address the top three identified needs and current evidence-based research and interventions. Next, asset maps, logic models, and narratives for the specific regions are provided for each of the top three needs uncovered by survey respondents working with trafficking survivors in eight regions in the state of Missouri and the Metro East area. The report concludes with future research needs related to these strategies.

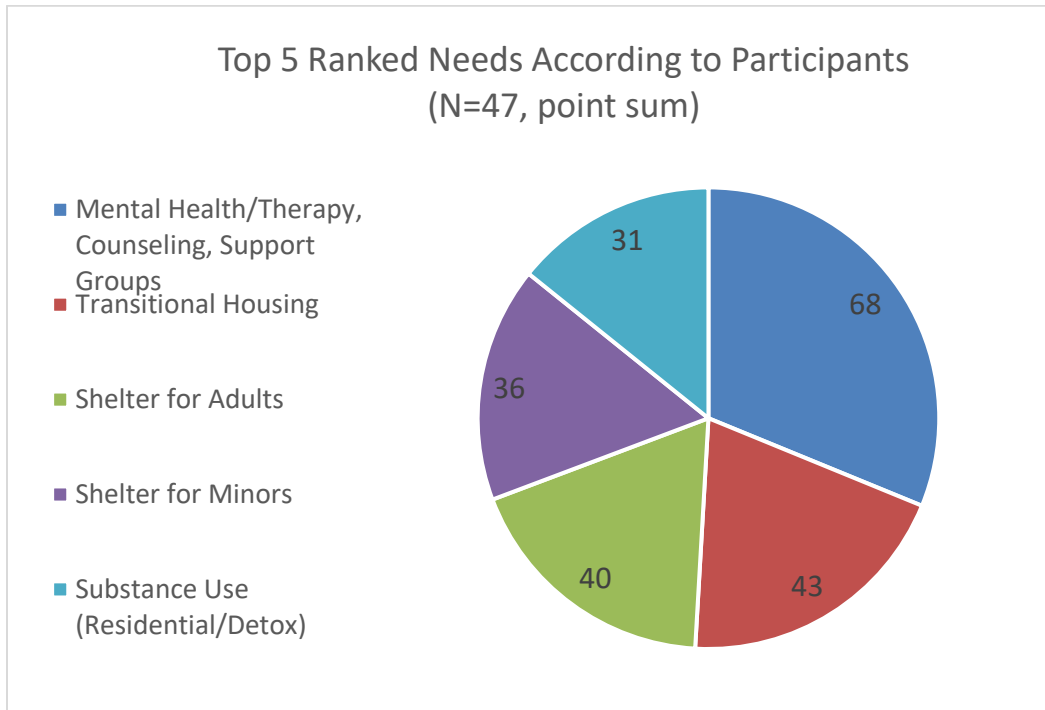
Finally, we would like to extend a special thank you to the members of the feasibility checking group: Katie Rhoades (Healing Action—Survivor), Pamela Hamilton (Hamilton Consulting & Counseling—Survivor), Erin Bartling (Legal Aid MO), Tina Sutter (USAG-Western District), Karolyn Schrage (Choices Medical), Sherrita Allen (Covering House), and Sgt. Andy Muscato (Columbia Police Department).

Asset Maps and Strategic Performance Measures for Strategies

Findings from the needs assessment indicated that the anti-trafficking providers across the state of Missouri identified (in order of need) Mental Health/therapy/counseling/support groups, Transitional housing, Shelter for adults, Shelter for minors, and Substance use treatment (residential and detox) as the top five needs in the state. These findings are supported by an earlier study in the state of Missouri finding that shelter, crisis services, counseling, medical care, and case management were identified as “most needed services” (Koegler et al., in press). Such

findings are also consistent with research in other areas of the United States (Lutnick, 2016) as well as a meta-analysis of the needs of human trafficking survivors (Macy & Johns, 2011).

Figure 1. Top 5 Ranked Needs Statewide and Metro East



Because there is substantial overlap among these needs, the researchers decided to combine Mental health and Substance Use into one need “Mental Health & Substance Treatment”, and Transitional housing and shelter needs into one need “Housing”. By combining these needs into broader categories we are able to utilize structural (i.e., governmental and policy) and service opportunities present in the state more effectively and essentially strategize about all five areas of need.

Key Strategies

Utilizing evidenced-based Community Asset Mapping (Kretzmann & McKnight, 1993) and Advocacy Mapping (Hoefler, 2019) tools, the authors believe we are giving the MCAHT, and state and regional stakeholders, holistic and measurable strategies to address the needs identified in the needs assessment. Through these tools, the Collaborative, as well as local, regional, and state level stakeholders will be able to see how various organizational, policy, economic and workforce development, higher education, and provider networks currently fit and theoretically could fit together to better address the needs survivors are currently experiencing.

Asset maps were developed by Kretzman and McKnight (1993) as a way to examine the strengths and resources in a community that could be utilized to bolster development and overcome weaknesses. Generally asset maps focus on skills, resources, statuses, and conditions that various people, organizations, or special interest groups possess that positively contribute to the strength and/or growth of a community ([Community Science, 2012](#)). Asset maps have been utilized by various community development organizations such as [Americorps/VISTA](#), [public health](#) and [legal policy](#) researchers, and [state governments](#).

In this case, we are using these maps to explore the community assets that are able to respond to the identified needs for anti-trafficking response at the state and regional levels—including the resources that are not typically thought of in this context. By presenting these maps in conjunction with the logic models (described below), it is our hope that anti-trafficking advocates across the state will have a comprehensive, tangible, replicable model by which to tackle this human rights abuse. Moreover, asset mapping allows anti-trafficking advocates to “think outside the box”, so to speak, making connections to resources that may otherwise be overlooked as they are not typically associated with this population.

The performance measures logic model, based on Hoefler's Advocacy Map, provides a potential "road map" for achieving the ultimate goals to meet the identified need with targeted tasks for key "resources" (assets) and measurable short, medium, and long term outcomes to achieve the ultimate goal. These logic models are living documents meant to be modified, updated, and revised as new resources become available, shift foci, or other factors come up that might influence resources as they move through the plan. At each step, the identified "resources" are to process the previous actions taken, determine successes and failures, and strategize the next steps in the change process. Each performance measure model is intended to consider new assets that emerge and resources that may not share the common goal over time and, as such, should be updated regularly and modified to respect the current landscape that is Missouri's anti-trafficking response. Successful implementation of these models requires strong collaboration and communication among all of the resources listed. The models provided in this document, therefore, are not static, and merely represent a version of what is possible in the change process to meet the ultimate goals stated. As such, they should be viewed as dynamic modifiable tools, rather than static instructions.

After the state asset maps and logic models (with narrative) are presented, the regional asset maps and logic models, with narratives, will follow. Much of the action steps will be presented in these sections through the logic models and coinciding narratives; however, in the next section we will also provide action steps best suited for the purview of interested state and regional collaborations.

General State Level Strategies

Disseminate Resource Guide to Public Repositories

At minimum, the state should invest in the dissemination of the Resource Guide (Wave 1) to statewide resource distribution outlets used by providers and the public. For example, the resource guide should be made available to 211 (211.org) which connects those in need with comprehensive local human and social services information in 94.6% of U.S. and Canada and is usually operated through local United Ways. Anyone anywhere can call 211 or search 211.org online to find resources to fit a need in a specific community. The advantage of this for the state and regional collaborations is that providers working with a survivor in one part of the state can easily connect with providers from another part of the state—or country. Survivors in one location of the nation or Canada can easily reach out to Missouri providers should they wish to connect to them. The service has been in operation since 2000, and successfully linked more than 12.8 million connections to help in 2018. The research assistants and PI on the Wave 1 project noted missing organizations from 211, or location related challenges (e.g., rural Illinois counties directed to St. Louis instead of closer resources in Alton or Belleville IL for resources, or referrals to resources located in Michigan), indicating collaboration with 211 may be mutually beneficial. Similarly, in the community feedback meeting, providers noted that they were using 211, but many existing services were currently missing from their system. The wave 1 resource guide ostensibly includes these missing services. Moreover, the quality control phase of the resource guide (Wave I) uncovered an issue in information accessibility across the state. It was often the case that the resource guides had more information than other sources used to triangulate the guides. This problem may stem from several issues we will discuss below, such as limited access to broadband.

As conversations since the needs assessment was disseminated have progressed, the Wave I resource guide has also been tagged for potential incorporation into a data system like

allthingsmissouri.org or similar database for resource connection, policymaking and other uses. Additionally, collaboration to make the guide available on CATE's website for rapid use is also underway, in which service providers across the state will have access to county level guides directly through the only state anti-trafficking coalition's website.

Advocate for Healthy Relationship Curricula in Public Schools

Though this strategy is not explicitly linked to the top three identified needs, it does have the potential to address them. By informing youth about what healthy relationships are and what they look like, youth are also informed about mental health intersections of substance use disorder and interpersonal violence. From the needs assessment we know older youth are experiencing IPV related trafficking; hence, for minors and young adults we need to implement evidenced-based (EB) curricula focused on understanding healthy and unhealthy relationships in schools. Dating violence (e.g., Safe Dates and Families for Safe Dates; Foshee, Linder, Bauman, et al., 1996; Foshee, McNaughton, Ennet, et al., 2012) and trafficking prevention (My Life My Choice [MLMC]; LOTUS; Justice Resource Institute) curricula have been in use for a decade or more and are evidenced-based. Moreover, these curricula should be implemented in homeless youth organizations, juvenile detention, family court, probation, and middle and high school locations across the state. Additional prevention programming, like My Life My Choice, needs to be developed and validated for older adolescents (18-26 year olds; currently MLMC curricula is validated only for use with girls aged 12-18 years old), who are identified as having high risk factors for IPV and exploitation experiences while in detention, on probation or appearing before drug and commercial sex treatment courts, but are not eligible to participate in current EBP prevention curriculum. These programs also need to be modified for male and gender and sexual

minorities at risk of experiencing commercial sexual exploitation. Prevention curricula targeting perpetrators at all ages needs to be developed as well.

Expand Reimbursements for Foster Care Homes Beyond 18

As noted in the needs assessment, accepting federal Title IV-E reimbursement eligibility for foster care families would reduce adult homelessness rates, decrease vulnerabilities to trafficking due to experiencing poverty, incarceration, and a lack of family and community supports, essentially paying for itself in the long term. By accepting Title IV-E, the state would be potentially curbing existing vulnerabilities young people have to becoming trafficked.

Expand Medicaid

The state of Missouri is one of 17 states to decline Medicaid expansion, following a Supreme Court ruling indicating that states could opt out of Medicaid expansion intended by the Affordable Care Act. The state is essentially declining to accept 17.8 billion dollars over the next decade by choosing not to expand Medicaid. It is estimated that nearly a half a million Missourians would be covered if the state accepted this expansion (healthinsurance.org). For human trafficking survivors and their families, the expended coverage would be beneficial in that this would expand access to mental healthcare and SUD related healthcare (in-patient residential detox, to outpatient recovery support services and counseling). While there are some programs in Missouri that do not accept Medicaid, the majority do accept it. Thus, accepting federal Medicaid dollars—free money—would increase affordability of such services for HT survivors who are lower class or working class who do not currently have coverage. The needs assessment and demographic snapshot showed the vast majority of trafficking survivors are low income (71%) or working class (23%). Adults without dependent children are typically not eligible for Medicaid at all (unless they are disabled), and adults with dependent children are only eligible if

their household income does not exceed 18 percent of the poverty level, approximately 3,562 per year for a family of three (healthinsurance.org). Rural hospitals in Missouri are closing at an alarming rate—seven since 2014—which was avoidable (NPR, 2020). Missouri leads the nation in the number of uninsured children. In fact, in 2019, more than 100,000 children lost their Medicaid benefits (NPR, 2020). This impacts access to residential care, mental healthcare, and SUD related services among trafficked children.

Develop Formalized Statewide Network of Trafficking informed Trauma Informed Providers¹

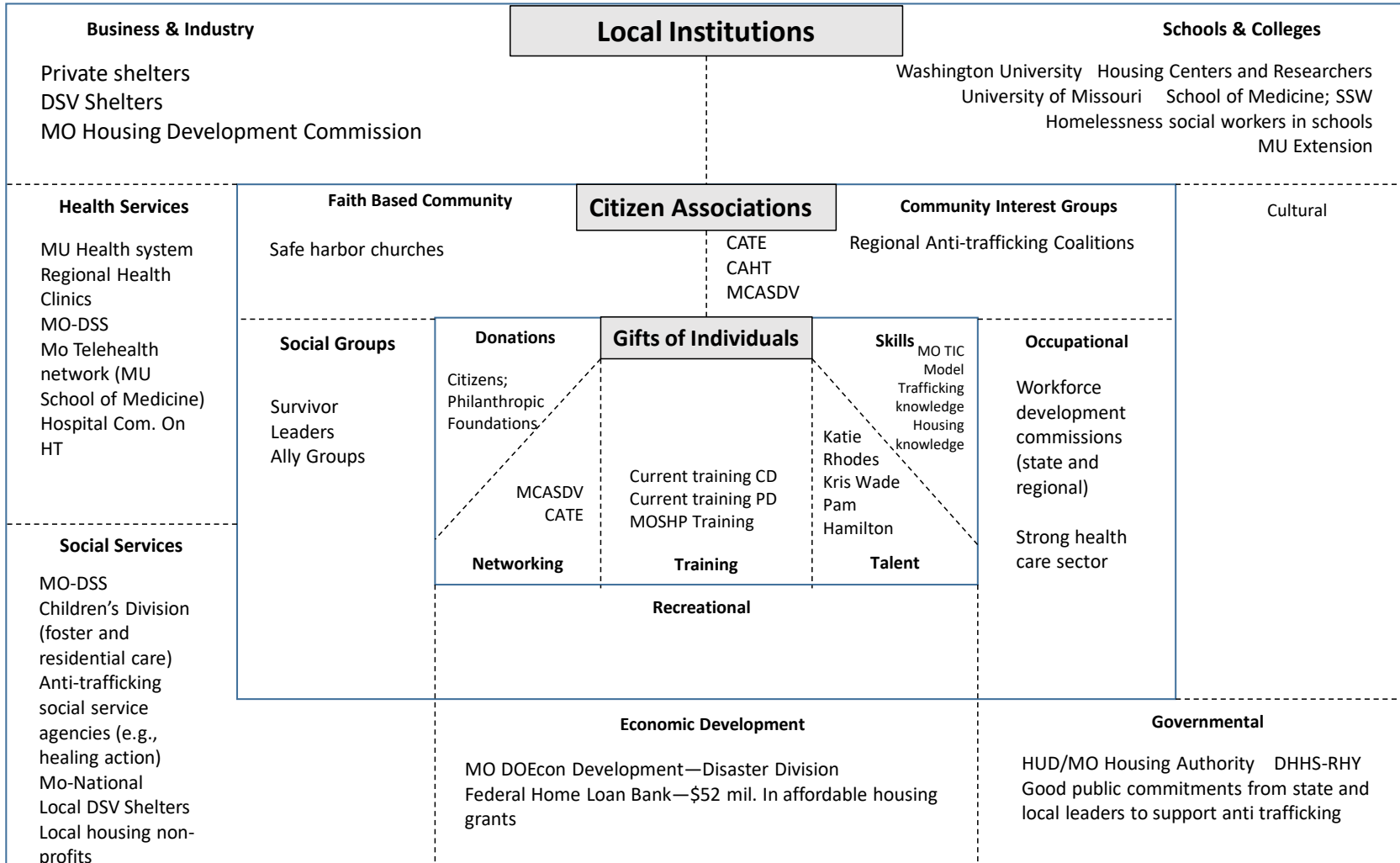
With nearly every region identifying the need for greater access to appropriate, trauma informed mental healthcare for trafficking survivors, a formalized network of mental health providers would ease the burden of care across the state as well as support these providers while providing treatment for survivors of trafficking. Currently, there are conversations around the state concerning the development and roll out of tele-mental health services, which would increase mental health and substance use treatment capabilities substantially across the state. This is particularly good news for portions of the state with extremely limited services access. With these conversations having been initiated, this is a good time to convene mental health professionals who have experience working with trafficking populations and trauma-informed care to be able tap into these burgeoning infrastructural processes. Additionally, for these professionals to be able to consult, staff, and collaborate on their experiences in working with survivors of trafficking, this network would provide a professional support network as well as potentially lead to enhanced understandings around mental health care for survivors of trafficking.

¹ See List in Appendix B

Support the Establishment of a Statewide Anti-Trafficking Coalition

With many of these state-level needs requiring changes to state level policies (i.e., housing; employment; MH and SUD coordination), it seems clear that a central advocacy, policy, and training body needs to be established to coordinate these efforts. We envision this coalition to operate much like the Missouri Coalition against Domestic and Sexual Violence, but the focus for which is trafficking related. Moreover, this advocacy body would work closely with MCADSV to ensure complementary advocacy actions, streamline competition for funding and ensure both entities are recognized and supported collegially. Additionally, such collaboration would work to establish a minimum standard of care among its members to hold them accountable, standardizing quality care for survivors of trafficking across the state. Currently, CATE is positioned to fill this need and will need support moving forward in this endeavor. Regional anti-trafficking coalitions might consider hiring a full time policy advocate or seek volunteers/ create a specialized workgroup to highlight the needs of the population and work with their counterparts at MCADSV and other parallel organizations to coordinate advocacy messages. Further, groups such as NCJW, which have been engaging in policy related work, might expand their efforts to the policies highlighted in this report.

Figure 2. Statewide and Metro East Asset Map Housing (Transitional and Shelter)



**Performance Measure for Strategy Achievements:
Housing
(Shelters, transitional)**

Region: State
Date:

<p>Resources: What is going to be utilized to solve the problem and address the issue</p>	<p>Tasks: Each resource must have at least one task</p>	<p>Short Term Outcomes: Outcomes of those tasks</p>	<p>Medium Term outcomes: Building upon short</p>	<p>Long Term outcomes: Continues linking resources with their tasks</p>	<p>Ultimate Outcome: Accessible shelters and transitional housing for trafficking survivors</p>
<p>HT Taskforce— Social Services committee</p>	<p>To develop the implementation strategy for regional housing plan and develop funding for crisis housing</p>	<p>1. Gain commitments from housing and workforce development groups to strategize pathways to housing and work by 6/2020 2. Collaborate with local coalitions re: housing and work advocacy by 10/2020 3. Identify 1-2 key needs for advocacy work by 6/2020 a) E.g. advocate to accept Title</p>	<p>1. Develop a workgroup with housing and workforce development to address policy and resource needs (e.g., issues around criminal justice involvement and housing needs; funding for crisis housing) 12/2020. 2. Develop talking points for coalitions to</p>	<p>1. Propose policy interventions to earmark funds for transitional housing and shelter for adults and minors 12/2021. 2. Motivate coalitions to advocate to legislators and state policy makers to support shelter and transitional housing. 12/2021</p>	<p>Accessible shelters and transitional housing for trafficking survivors</p>

		IV-E to extend foster care reimbursable period beyond 18.	support the workgroup efforts by 12/2020.		
MO Housing Development Commission	To develop survivor friendly policies and pathways to housing security	<ol style="list-style-type: none"> 1.Participate in workgroup on housing and workforce 2.Identify 1-2 key policy and resources strategies to address short- and long-term housing insecurity among survivors of trafficking 	<ol style="list-style-type: none"> 1. Propose policy and resource changes identified 2. 	<ol style="list-style-type: none"> 1.Secure policy and resources change 2.Implement changes 	Accessible shelters and transitional housing for trafficking survivors
MO Workforce Development Board	Work with anti-trafficking providers to develop paths to gainful employment for survivors	<ol style="list-style-type: none"> 1. Participant in housing and workforce workgroup 2. Develop 1-2 key policies and resource strategies to address housing support for survivors of trafficking 	<ol style="list-style-type: none"> 1. Propose policy and resource changes identified 	<ol style="list-style-type: none"> 1.Secure policy and resources change Implement changes 	Accessible shelters and transitional housing for trafficking survivors
MCASDV, HT Taskforce, CATE, CAHT	Advocate for trauma informed solutions in policy and practice with	<ol style="list-style-type: none"> 1. Participate in Workgroup on housing and workforce 	<ol style="list-style-type: none"> 1. Secure commitments from 1-3 key legislators and state departments 	<ol style="list-style-type: none"> 1.Continue to monitor and advocate for support 	Accessible shelters and transitional housing for trafficking survivors

	survivors of trafficking engaging in housing and workforce services	2. Attend legislative and public interest meetings relevant to short and long term housing (March/April) 3. Develop fundraisers for local HT shelters and providers of transitional housing	re: housing and workforce needs. 2. Execute fund raisers events (1-	2.Continue fund raising	
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***Note all of the timelines provided in the advocacy maps are for guidance only/ to provide recommended gaps between action steps. It is expected that they will be altered based on any community’s start-date, to suit the needs of the collaborative partners, and to address feasibility within communities.**

Statewide and Metro East Strategies: Housing and Shelter

From the housing asset map, several strategies become apparent. One is to better integrate the housing development commission and MO department of economic development into state level anti-trafficking efforts to make a more comprehensive crisis → transitional → affordable housing plan for survivors of trafficking. Included in this is the realization that federal and private organizations may have funds and resources currently available but disconnected from anti-trafficking efforts. For example, the Federal Home Loan Bank of Des Moines, the regional hub that includes Missouri, has over \$52 million in affordable housing grants, which could work with the Missouri Housing Authority, Housing and Urban Development, Children's Division and the anti-trafficking community to expand crisis, transitional, and longer term housing options for trafficking survivors across the state. However, this would require intentional and strategic advocacy on the part of key anti-trafficking leaders and policy makers to galvanize a working group to explore this public/private partnership and create policy and funding mechanisms to meet the housing need for survivors of trafficking in Missouri.

More immediately, emergency youth and domestic violence shelters inform anti-trafficking stakeholders about their abilities and constraints in providing crisis and transitional housing options for youth and adult trafficking survivors. Anti-trafficking advocates can use this knowledge, with backing from the needs assessment report, to educate state policy and lawmakers to increase space and funding for shelter needs trafficking survivors have across the state. For example, one of the policy barriers female sex trafficking survivors face involves incompatible policies between DSV shelters and substance use treatment centers in which a survivor in need of shelter, but who is also abusing substances, cannot stay at a DSV shelter. This issue was discussed in the needs assessment (Nichols, Preble, & Cox, 2019) and has been

pointed out in scholarship as well (Gerassi & Nichols, 2017). While survivors' experiences and needs are diverse, for many survivors, substance use treatment, mental health and housing cannot be treated separately. In fact, as will be shown in the Mental Health/Substance Use asset map, and as indicated in the Wave 1 Resource Guide, among state resources, mental health and substance abuse assistance are very often co-located in the same unit (E.g., Compass Health, Preferred Family Healthcare, Chestnut Health Systems, Family Counseling Center). Research indicates survivors often need a continuum of care and wrap around services, which may include a combination of treatment for PTSD, SUD, and access to safe and affordable housing, among other services (Macy & Johns, 2011; Nsonwu et al., 2018).

Organizations across the state may also consider utilizing the Safe Shelter Collaborative. Safe Shelter Collaborative is an evidence-based model providing emergency shelter coordination for human trafficking survivors, through a referral system and hotel/ funder collaborative. They currently sponsor a multi-state project finding shelter for survivors in a short period of time; they aim to maximize existing shelter resources, and to connect survivors to donors to use hotel/ motel placements when shelter space is limited. They conduct a 10-question intake, use a platform that community partners are trained to use, and then the request goes out to all partners in the region. The group also offers an intake/ assessment tool to see that individuals are appropriately placed. Particularly innovative is the mechanism used to contact individual donors to fund hotel/ motel placements when shelter is not available or inaccessible. While service providers may use resources like the Wave 1 resource guide to contact shelters/residential homes, the benefit of Safe Shelter collaborative is that they provide hotel/motel placements if shelter is unavailable, and also save quite a bit of time by utilizing technology to find the space that is available. Safe Shelter collaborative has the potential to provide for both adults and

minors, as the project is community based, so if organizations that serve minors become community partners, then capacity to maximize existing resources in the state would be possible.

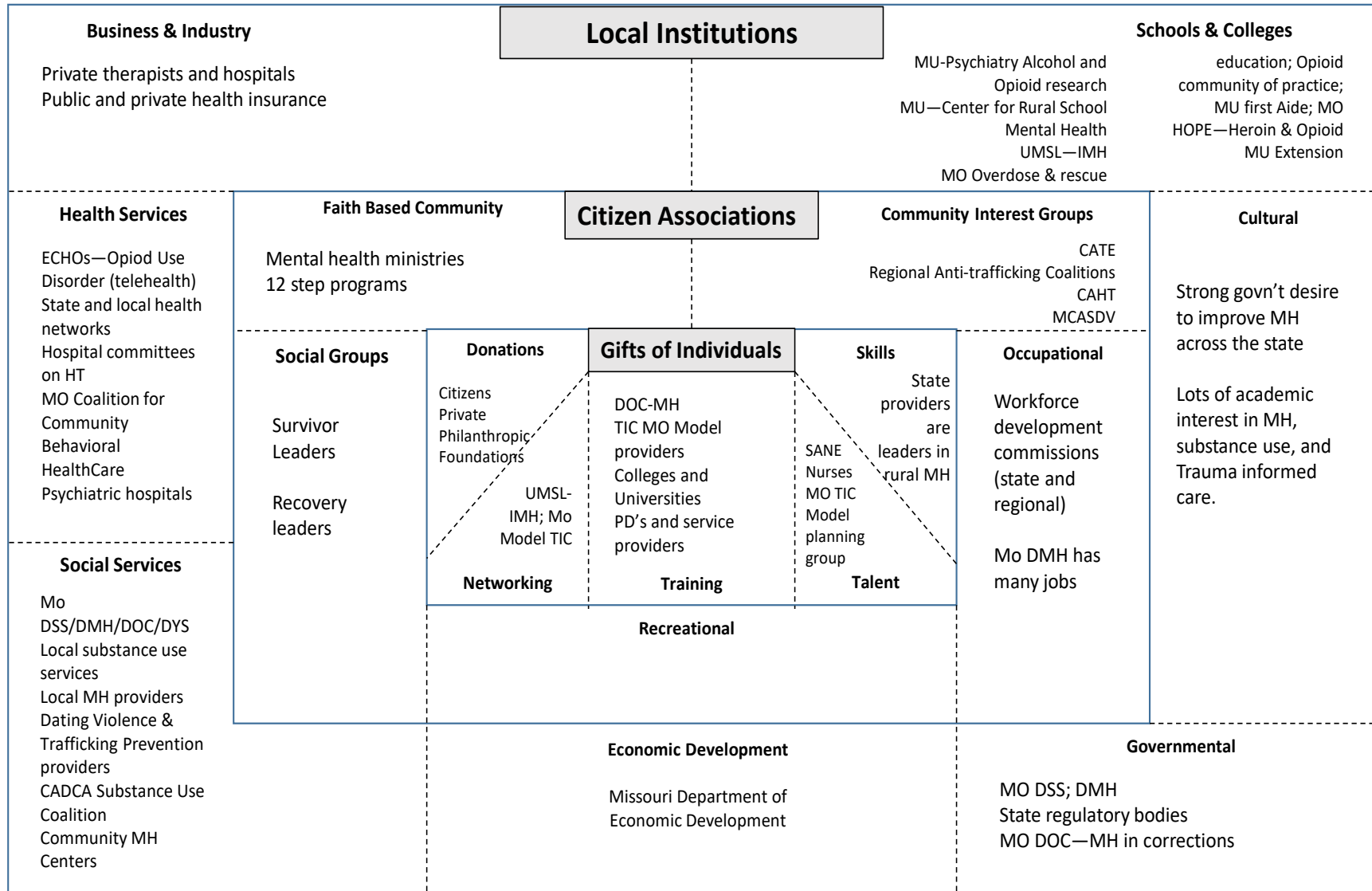
Alternatively, National Trafficking Sheltered Alliance is already being utilized by some Missouri organizations. National Trafficking Sheltered Alliance includes a network of service provider-members who work in the area of human trafficking and sexual exploitation. They use the Alliance Referral System (ARS) to connect HT survivors with residential care. The system referrals are sent out using a database of all open and running residential providers. Service providers do not need to be members to use ARS. This group has also established a set of [minimum standards](#) that all members adhere to in order to maintain membership), and utilize a [screening tool](#) for referring agencies. In general, feasibility group members emphasized the need for standardized screening tools in different settings to help expedite identification of survivors and appropriate response. However, the Alliance does not offer the innovative connection between donors and motel placements for emergency shelter. A “homegrown” system involving such connections could be developed for the state of Missouri, but this would involve developing the technology and infrastructure to do so, and would be disconnected from national efforts. Developing a system of Missouri funders by recruiting donors for emergency hotel/motel placement could be accomplished through advocacy efforts of regional and statewide coalitions (e.g., STOP, Nightlight, CATE), and could be coordinated regionally as well through partnerships with regional coalitions and existing service providers (e.g., Healing Action, Turning Point, Hoyleton, Veronica’s Voice).

In terms of youth shelter, specifically, the asset map and Wave 1 resource guide show a dearth of such services across the state. In fact, aside from St. Louis and Kansas City, there are less than a dozen youth shelters/residential homes statewide, and many of those have restrictions

such as a need for state custody, referral from Children's division, etc. Only two in the state are sex trafficking specific, and one was a brand new organization that was just in the process of opening at the time of the writing of this report. New organizations housing sex trafficked minors are notorious for initial failures, including runaways who return to their traffickers (Nichols, 2016; Heil & Nichols, 2019). During the feasibility group critique, these issues were emphasized around the need for crisis shelter for youth. Additionally, members noted the need for more evidenced-based interventions around appropriate safe and secure housing. More collaboration with safe-shelter collaborative may be needed here. Research in the bi-state area indicates that kids are moving from shelter to shelter and back again as their time runs out, and engage in survival sex as sex trafficking to support themselves when they do not have access to shelter (Nichols, *in progress*). The same study shows a background in foster care/ state custody is a risk factor of sex trafficking, indicating a need for stronger supports past 18 years of age. This dynamic has been found in other locales as well, such as New York City (Dank et al., 2015; Dank et al., 2017). The extant research combined with the findings from all three phases of this grant project (resources, needs assessment, asset mapping) suggests bolstering RHY funding to ensure existing shelters are able to meet the need, and for longer periods of time (e.g., short term and long term shelter/transitional housing). Existing organizations in Missouri and Metro East St. Louis that provide longer-term housing for those aging out of foster care combined with assistance with job skills, college applications, etc. are in need of further funding to expand their service capacity. Similarly, emergency and short-term youth shelters would also benefit the state by expanding their service capacity. Moreover, it is imperative that such organizations provide LGBTQ+ friendly policies and practices, as the Wave 2 report, and the extant research literature more broadly, shows trafficked youth are disproportionately LGBTQ+ and culturally

incompetent services put youth at higher risk for both trafficking (e.g., LGBTQ+ youth do not have an accessible/safe shelter and are recruited into commercial sex) and re-trafficking (e.g., youth leaving a trafficking situation experience the revolving door by exposure to culturally incompetent services/barrier to continued service utilization). Housing and anti-trafficking professionals should also consider advocating for the state to accept Title IV-E funding which would allow for foster care families to receive reimbursements for their children beyond 18 years of age. Evidence is clear that this action alone reduces youth vulnerability for homelessness, criminal justice intervention, and other risk factors for trafficking among youth and young adults (NCSL, 2017). Missouri is one of 25 states that have not accepted the federal mechanism to expand foster care beyond age 18.

Figure 3. State Asset Map Mental Health and Substance Use Treatment



Performance Measure for Strategy Achievements

Mental Health/Substance Use

Region: State

Date:

Resources:	Tasks:	Short Term Outcomes:	Medium Term outcomes:	Long Term outcomes:	Ultimate Outcome:
<p>MO TIC Model Commission; IMH; MO Coalition for Community Behavior Health; IBHC Telehealth; MU Medicine ECHOs Opioid; SUD Treatment programs</p>	<p>Convene a statewide coordinated body of MH & SUD specialists knowledgeable in human trafficking and TIC to help guide providers</p>	<ol style="list-style-type: none"> 1. Establish statewide resource guide of providers with HT experience/knowledge (1/2020) 2. Consult with HT training providers to ensure a standardized understanding of human trafficking (6/2020) 3. Consult with MH/SUD telehealth providers to develop telehealth 	<ol style="list-style-type: none"> 1. Include providers in resource guide (6/2020) 2. Disseminate provider list to 211 and other statewide resource distribution networks (6/2020) 3. Establish telehealth network MH/SUD treatment for trafficking survivors (6/2020) 4. Review the needs of 	<ol style="list-style-type: none"> 1. Develop statewide consortium of TIC human trafficking MH & SUD providers to ensure quality and staff complex cases (12/2020) 	<p>Ensure coordinated and integrated MH and SUD treatment to survivors of trafficking in MO.</p>

		options for trafficking survivors (12/2020)	MH/SUD trafficking providers to ensure resources, knowledge, and quality of care is met (6/2021)		
MH & SUD Telehealth Providers	Consult with MH/SUD telehealth treatment options to include human trafficking	<ol style="list-style-type: none"> 1. Consult with Survivor leaders and state/regional anti-trafficking organizations re: trafficking training (6/2020) 2. Convene workgroup to establish minimum standards of care for telehealth use with trafficking survivors (6/2020) 3. Consult with survivor leaders and state/regional anti-trafficking organizations re: trafficking specific considerations and the use of 	<ol style="list-style-type: none"> 1. Publish MOS for MH/SUD telehealth for trafficking survivors (12/2020) 2. Establish online trafficking trainings for telehealth providers (12/2020) 3. Monitor the outcomes of MH/SUD telehealth for validation research (12/2020) 	<ol style="list-style-type: none"> 1. Replicate intervention in more sites and monitor outcomes (12/2021) 	Ensure coordinated and integrated MH and SUD treatment to survivors of trafficking in MO.

		<p>telehealth MH/SUD options (12/2020)</p> <p>4. Work with researchers to validate the intervention (12/2020)</p> <p>5. Select 1-2 sites to test the intervention (6/2020)</p>			
<p>MO DSS; DMH; DOC; DYS; Survivor leaders; CATE SUD treatment programs MH Ministries</p>	<p>Work with state regulatory bodies to establish minimum standards of care for MH and SUD treatment for trafficking survivors</p>	<p>1. CATE to propose MSC for MH and SUD treatment for trafficking survivors. (6/2020)</p> <p>2. MO DSS, DMH, DOC, and DYS officials will review, revise, and disseminate (12/2020)</p>	<p>1. Train SUD professionals re: MSC for human trafficking survivors in care (6/2021)</p> <p>2. Implement MSC statewide (12/2021)</p>	<p>1. Evaluate MSC for SUD trafficking survivors. 6/2022</p>	<p>Ensure coordinated and integrated MH and SUD treatment to survivors of trafficking in MO.</p>

***Note all of the timelines provided in the advocacy maps are for guidance only/ to provide recommended gaps between action steps. It is expected that they will be altered based on any community’s start-date, to suit the needs of the collaborative partners, and to address feasibility within communities.**

Mental Health and Substance Use Treatment Strategies

In the mental healthcare and substance use asset map, it is clear that the two issues cannot be separated: substance use treatment IS mental healthcare. Moreover, the [Missouri Trauma Informed Care Model](#) has not only provided a roadmap for trauma informed care across the state, but has also created a network of [trauma-informed providers](#) that can be approached for assistance in creating trauma informed care for trafficking survivors. Additionally, across the state there are beginnings of efforts to increase tele-mental health options for rural Missourians. However, one of the barriers to the sustainability of tele-health options in Missouri is the lack of broadband internet access that affects nearly 20% of the state's residents ([Missouri Department of Economic Development, 2019](#)). Feasibility group members expressed interest in utilizing tele-health options, including phone-in options, to increase mental health access and response for trafficking survivors. Even so, there was much discussion around issues of confidentiality, security of the survivor, and quality of care. One member brought up an idea to develop a therapeutic “giving hour” system, whereby licensed therapists could donate one hour of their time to work with survivors of trafficking via tele-health technologies (e.g. HIPPA compliant VoIP; telephone). This would require extensive planning and development across the state to coordinate and support such an endeavor, but members were generally supportive of the idea as a way to address issues around lack of services, wait-times, and other constraints to receiving timely and appropriate mental health care for trafficking survivors in the state. Such a system could also assist underserved trafficking populations such as males, labor trafficking survivors, and LGBTQ survivors. In spite of this interest, it was also noted that language accessibility would be potential issue to troubleshoot using tele-health; however, it was noted that immigrant survivors could benefit from mental health experts providing letters explaining the individuals’

experiences with trauma and its impact on their lives to the court in their petition for humanitarian relief. Currently there are many governmental, political, academic, health, and technology professionals working to address Missouri's critical need for high-speed internet. In spite of the issue limited broadband presents, there are already several programs available across Missouri offering [substance use treatment](#) and [mental health](#). Further, mental health and substance use treatment solutions targeting trafficking survivors will require collaborative relationships between broadband technology providers and mental health experts in this bifurcated, urban/rural state. Residential/detox facilities are much more limited, so expanding funding is necessary to address this need. Similar to Safe Shelter Collaborative, a system aimed at maximizing existing resources and space would be useful in order to better meet the needs of trafficking survivors with an SUD in need of residential detox.

With the growth of enhanced accessibility options for health- and mental healthcare forecasted into Missouri's future, anti-trafficking professionals are poised to connect the needs of trafficking survivors with statewide efforts to enhance access to healthcare through telehealth, tele-mental health, and Missouri's Trauma Initiative. Statewide advocates and policy makers can provide valuable insight into these developing assets regarding the unique needs trafficking survivors have and how these programs and providers can be part of the solution.

Simultaneously, there is a need to establish minimum standards of care for serving trafficking survivors across the state. While evidenced-based research is lacking on this front, the need for such research is striking. Futures without Violence, a leading national DSV awareness, training, and advocacy body has conducted a few studies into the strengths and weaknesses of human trafficking survivors receiving aftercare in DSV agencies ([DSV Organizations and Human Trafficking Webinar](#)) finding that there is substantial overlap, but

collaboration is the key to successful aftercare approaches with trafficking survivors since these survivors have unique needs that DSV survivors typically do not have. These materials, however, stop short of outlining a minimum standard of care proposal for serving trafficking survivors or establishing evidence around potential program modifications or substitutions for trafficking survivors. This gap in knowledge renders the activities of the anti-trafficking movement uncoordinated, unstandardized, and subject to individual agendas. The Missouri Coalition against Domestic and Sexual Violence provides its members standards of care for [domestic](#) and [sexual](#) violence to which the members hold each other accountable and to which expectations of support and funding are associated. As far as we understand, CATE has created a similar standard for its members, which will operate similarly with regards to self-regulation and support among member agencies.

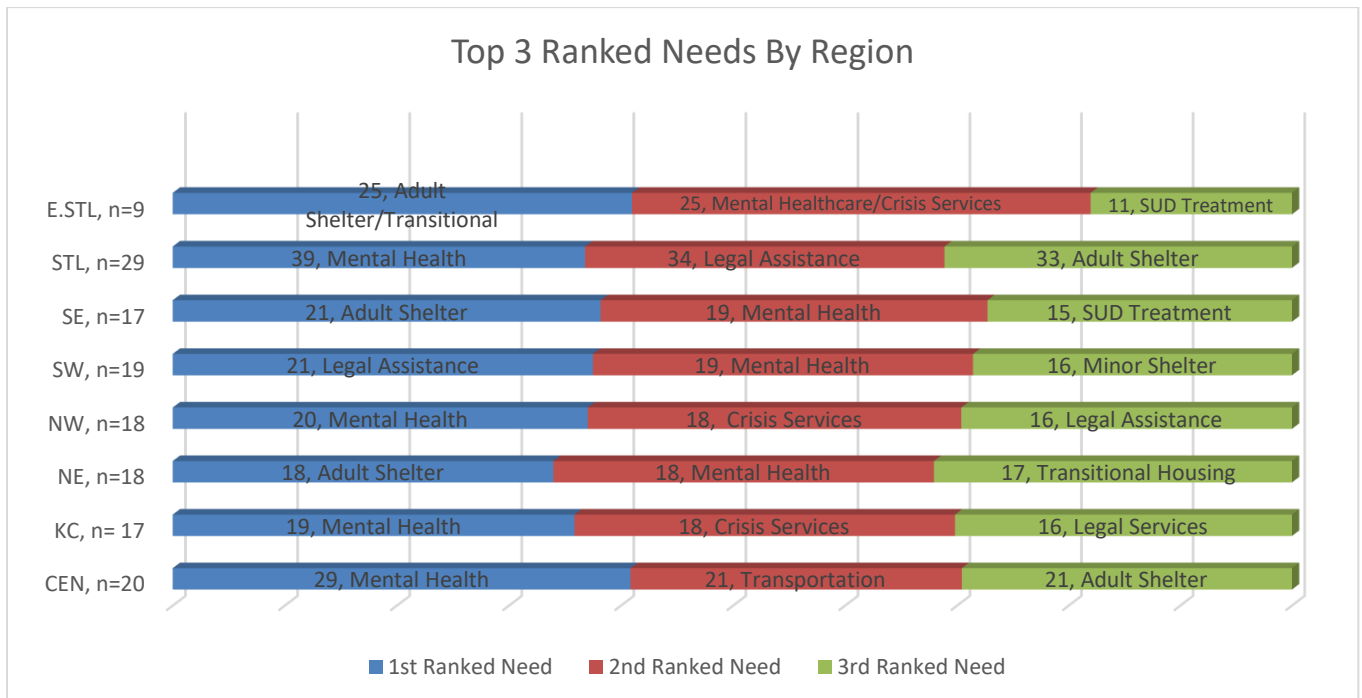
For Missouri, key strategies regarding the ethical and appropriate mental health and substance use service provision to trafficking survivors is twofold: 1) state/regional anti-trafficking organizations need to develop an initial standard of care to which its members must adhere and self-regulate; and 2) empirical research regarding the establishment of a minimum standards of care for serving trafficking survivors in both DSV and human trafficking organizations is critically needed. In accomplishing these two tasks, service agencies, state/regional anti-trafficking organizations, and collaborative partners will have a manner by which to determine if service agencies are appropriately providing services for trafficking survivors, act as a guide for newly forming agencies and programs, and provide all anti-trafficking providers with a clear, standardized understanding of common goals, practices, and missions. Imbedded within these two strategies is the need for clear guidance about how to treat

trafficking survivors who have co-morbidity issues such as substance use, suicide ideation, and other pressing concerns overlapping with safety and housing needs.

Regional Asset Maps and Logic Models

In this section of the strategy report, we will address the top three ranked needs unique to each region in the study (see Figure 4). For each region an asset map and logic model were completed to illustrate potential strategic solutions to the identified needs in those areas using the resources already available for all three identified needs. For the sake of conveying clear, streamlined information within the advocacy maps, general service themes are provided that relate to the issue being targeted in the map. For those interested in the specific services available within the region meeting the thematic needs please refer back to the resource guide in Wave I for that specific region. While this may limit some ability to see overlaps and duplication of services, the primary purpose of the maps is to be able to see connections among assets that may not be as easily made without this illustration. We present the asset maps followed by logic models with a narrative of the models to conclude that regional section.

Figure 4. Top 3 Ranked Needs by Region



The **St. Louis Region** identified access to *mental health, legal assistance, and adult shelter* among the top three most needed services in the region (see Figure 4) among its 57 identified survivors (91% sex; 1.8% labor; 7% both) as reported by survey respondents. As noted in the needs assessment, the perception among anti-trafficking providers in STL appears to be that basic/crisis services are accessible, but are a high level need, suggesting further expansion of existing resources to handle the need. As well, the need to further develop longer-term services is critical in the region. In strategizing responses for this region, an asset map and logic model are included below). It is important to understand that the state level resources and strategies noted above regarding mental health and housing apply to this region as well, along with the general strategies, although they are not identified on the asset map here to avoid redundancy.

Below are the asset maps and logic models for St. Louis specific systemic strategies. It is important to note that such initiatives may already exist in parts of the St. Louis Region. The St. Louis region, for the purposes of this study, is consistent with the MCADSV designated regions and includes St. Charles County, St. Louis County and St. Louis City. Drawing from any successful initiatives already present in any part of the region, and working to expand them throughout the region, would be an important contribution to any actions suggested in this section.

St. Louis Region Strategies

Mental healthcare. Research shows that survivors of human trafficking are at heightened risk of mental health effects resulting from their trauma, such as complex PTSD, and overlapping effects such as anxiety, depression, suicidal ideation, dysregulation and more. This is likely why mental healthcare consistently showed as a very high-level need across regions and statewide in

the Wave 2 needs assessment, as well as a top ranked/ top tier need throughout the regions. In the St. Louis area, mental healthcare was ranked as the number 1 need. As such, it is important to enhance regional and contextual understandings of the nature of these needs.

In order to better understand existing barriers in the region, we recommend key stakeholders in regional anti-trafficking coalitions (e.g., CATE), Mental Health service providers, caseworkers, and social workers (e.g, Bridgeway, Safe Connections, Healing Action) convene a focus group to identify key barriers to accessing care and brainstorm solutions, including establishing minimum standards of care expected of mental health providers within the referral network for HT survivors, and developing a collaborative referral model.

We recommend simultaneously recruiting from these groups for a specialized workgroup to brainstorm ways to expand access to existing resources, and to develop partnerships to help achieve this goal. For example, soliciting from state and private industry to subsidize costs of services for human trafficking may be fruitful. Many large profitable businesses operate in the region. Similarly, private donors, may also be recruited as funding partners, and community stakeholders in MH can review related RFPs from some of these organizations in addition to cold-call methods for organizations that are known to have an interest in human trafficking.

Next, we suggest that partnerships with local colleges and universities, economic development councils, and mental health treatment centers may be beneficial. First, collaboration between therapy/ counseling treatment centers and graduate level programs in Psychology Counseling or similar programs from area colleges and universities (e.g., Webster University, UMSL) can work to build momentum for uninsured/ sliding fee services for human trafficking survivors (many already have such practices). This collaboration could also work to expand Telehealth capacity for therapy, by recruiting graduates from these programs, which would not

only address access issues and mental healthcare shortages in the state, but also address transportation based barriers to some degree (transportation showed as a very high level need in St. Louis area needs assessment report). Expanding remote services and simultaneously employing university program graduates could also be tied to economic development partners, such as the various county economic development councils and potentially the Missouri Workforce Development agenda. Peer mentorship showed as a very high level need in the STL regional needs assessment report; as a result, we also recommend that peer mentorship be incorporated into mental health recommendations for the region/ part of the above recommendations. Trafficking and exploitation specific organizations (such as Healing Action) currently provide peer mentorship, thus support for expanding such services across the state, potentially through Telehealth options, is recommended.

Legal services. Legal services were identified as the second most top ranked need in the St. Louis region. Legal Services of Eastern Missouri (serves low income people in civil matters) provides coverage for the counties included in this region, as well as St. Louis City, and victim services and legal advocacy are intertwined with the court systems and many organizations (such as IPV shelters) operating throughout the region. While the needs assessment does not specify whether the legal services needed are in regard to defense or prosecution, a combination of factors lead us to interpret the results as “in need of defense.” First, there appear to be accessible legal services available for crime victims throughout the region (e.g., Eastern District HT Taskforce, legal advocacy integrated within organizations and the courts). Further, it is generally well known that groups from the St. Louis area have advocated for expunging the criminal records of human trafficking survivors. As a caveat to this section, the interpretation of this top ranked need as the need for defensive legal services may be incorrect. This could be determined

through a focus group with members of the community serving HT survivors, in order to understand the context for needed legal services throughout the region.

First, drawing from the resource guide developed in another part of this project, we recommend identifying professionals providing legal services to human trafficking survivors in the region, in order to form a legal advocacy network. Working to develop a strategic communication plan for service referrals to such a legal advocacy network and identifying legal issues experienced by trafficking survivors in the area is needed. This could be accomplished by establishing a focus group of the previously identified legal services professionals, as well as others serving HT survivors, and survivors themselves to discuss needs. Based on outcomes of these focus groups, developing a strategy to address the top identified challenges is recommended. State and regional anti-trafficking organizations could monitor and evaluate legal services provided to HT survivors, and modify processes as necessary, providing feedback to the workgroup. Developing an outreach and development plan to draw new professionals into the network may be useful. Next, the development of a working committee focused on expanding HT survivors' access to legal services in the St. Louis region could be developed.

Last, the working committee is tasked with building partnerships with community stakeholders and policy makers to build funding and additional service capacity for HT survivors. First, collaboration with local attorneys and bar associations (e.g. St. Louis Bar Association) is recommended to recruit and expand pro bono services for HT survivors and provide legal service credits, with the overarching aim of increasing the existing legal service capacity for HT survivors in the region. Further, recruiting and providing training for recent law school graduates/ new lawyers coming from regional law schools (e.g. Washington University, Saint Louis University) is also recommended to expand pro bono defense for HT survivors.

Collaboration with local HT organizations (e.g., CATE, Healing Action), law schools, and bar associations to uncover what additional training is needed for public defenders and volunteer attorneys is also recommended.

Funding may be necessary to support these initiatives, and can be solicited from regional business/industry, private donors and the public (such as the faith based community). Developing a plan and delegating responsibilities to workgroup members to prepare grant applications and solicit public and private donations is called for. Ongoing efforts to maintain recruitment for pro bono work by new lawyers and established private attorneys will be necessary to expand access to legal services for HT survivors. In addition, training and resource needs to maintain pro bono representation/ participation will similarly need to be ongoing. Engaging local coalitions to engage in legislative advocacy to support funding for public defenders will also need to be ongoing, as well as continued advocacy toward expunging records of HT survivors and energizing a large scale public and political advocacy campaign to be able to pass the related legislation. Providing a public education and awareness campaign, through social media and regional events, as well as petitions and encouraging constituents to write to their representatives may provide additional prompting for state legislators. Heightened public awareness and activism may in turn prompt politicians to approve legislation.

Adult shelter. The needs assessment indicated service providers in the region view access to shelter for adults as very highly needed, and adult shelter was ranked by survey respondents as the third most-needed service in the region. The St. Louis area has a number of accessible IPV shelters, but the need exceeds the availability of shelter beds. Further, not all organizations serve trafficking survivors who are not also IPV survivors. Yet, sex trafficking by an intimate partner was uncovered as the predominant form of trafficking in the state and in the St. Louis region

(91% of reported cases were sex trafficking, and nearly 40% of those involved an intimate partner). Thus, there is a considerable overlap, and IPV shelter services (e.g., St. Martha's Hall) in the St. Louis region can fit a substantial portion of trafficking related shelter needs, along with trafficking/exploitation specific services providing emergency shelter through motels (e.g., Healing Action) and transitional housing. However, there are at least two challenges to this approach. First, such services are in need of expansion to meet the demand. Service providers indicated current capacity is not sufficient to meet the needs of the trafficking survivors that they work with. In addition, an almost equal proportion of reported trafficking survivors in the region experience trafficking in the form of survival sex (37.3% according to the needs assessment) with no intimate partner involved, and who may not qualify to receive services in all of the IPV shelters in the region. There are shelters for the homeless in the region, some are designated for youth only, men only, women only, pregnant women only, or women with children. Yet, the capacity does not meet the need among the broader service population in the St. Louis region. There has been much debate in the St. Louis area related to housing the homeless, with one large organization closed in 2017 as it did not coincide with the desires of some of the new occupants of a newly gentrified region (e.g., Larry Rice). In addition, there have been reports of makeshift homeless communities that have been disbanded through local efforts to eradicate them—with few options left due to lack of bed space, this dynamic fuels the potential for sex trafficking through survival sex (e.g., trading sex for a place to stay for the night). While legally, adults would not be considered trafficked in such circumstances (minors would), we wish to point out that regardless, homeless adults with few options for shelter are particularly vulnerable to exploitation, whether legally considered trafficking or not. Those who are labor trafficked face similar circumstances, but additionally may avoid any type of shelter if they are undocumented

or if they are documented but violated their worker visa in order to leave a trafficking situation (see Egyes, 2018). Given these circumstances, the following recommendations to increase shelter service capacity are provided.

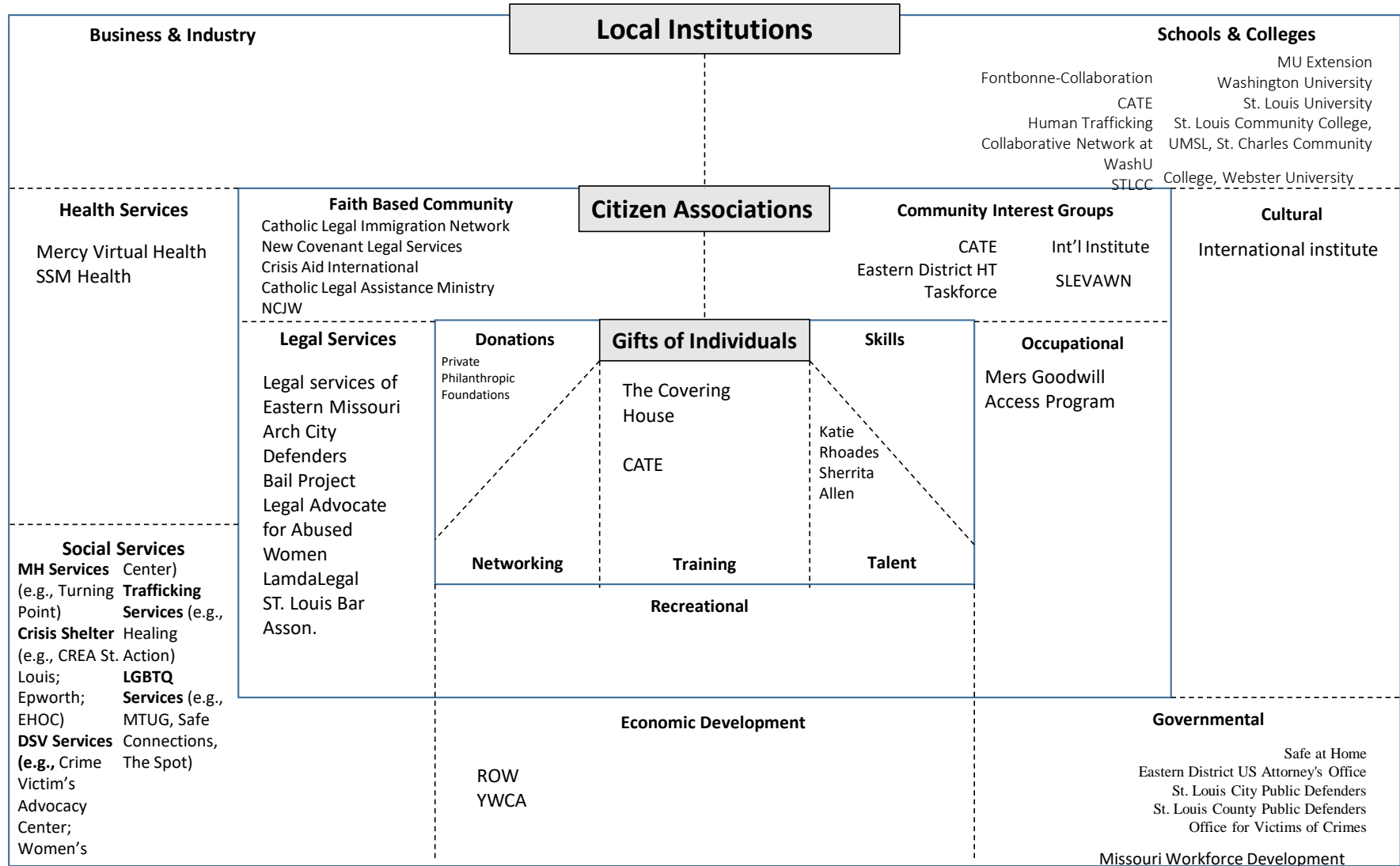
First, in order to draw from the expertise and experience of those most in-tune with shelter needs and capacity in the area, we suggest convening a shelter working group to examine issues surrounding adult shelter access for trafficking survivors. Both homeless shelter and IPV shelter (e.g., Kathy Wienmann Shelter, St. Martha's Hall) and transitional housing (ROW, Lydia's House) professionals (directors, caseworkers, etc.) should be recruited from, along with groups serving trafficking survivors (e.g., Healing Action, YWCA, Crisis Aid, International Institute) in order to serve the array of trafficking survivors with diverse trafficking experiences. Local groups such as SLEVAWN may also be a point for inviting key stakeholders. A specialized workgroup drawn from these sources could then be tasked with strategizing a crisis shelter response protocol for the region. This group could potentially consider using Shelter Collaborative, or Sheltered Alliance (discussed previously in this document), or a homegrown procedure to maximize available space, or to provide emergency shelter through hotel motel stays sponsored by potential key donors. Developing related MOUs following incorporation of feedback into use of a protocol/ specific strategy formed by the workgroup would be a longer term goal, as well as implementing and updating this protocol as needed.

Second, identifying policy problem areas that are barriers to accessible shelter is also recommended. The workgroup could identify such barriers, as well as potential solutions. The needs assessment also showed respondents in the St. Louis region indicated that culturally competent shelter for LGBTQ+ people is lacking; as such, it is possible that this is one of the barriers to shelter experienced in the St. Louis region. As such, we also recommend that groups

serving and having knowledge of shelter/ housing barriers faced by LGBTQ+ people be invited to the workgroups (e.g., MTUG, Safe Connections, Pride Center STL, The Spot). Any collaboratively developed policy responses could be incorporated into a protocol for use by area shelter services, after incorporating feedback and developing a protocol that meets the needs of organizations in the region.

Third, working with community partners to maintain housing independence following a trafficking situation is called for. While accessing shelter, assistance with organizations that build job skills, assist with resume writing and job placement is needed (many shelters offer these services in house). Further, partnering with local colleges and universities (e.g., St. Louis Community College, UMSL, St. Charles Community College, Webster University) to assist survivors with accessing higher education is also recommended. Survivors' needs and wants are diverse, some will need job training and others will not. Some have college degrees and others do not. However, establishing partnerships to be able to offer individually tailored services is called for (Lloyd, 2012; Nichols, 2016). Moreover, job skills and higher education assistance were both labeled as high level needs in the St. Louis region on the needs assessment. One member of the feedback group indicated that shelter, particularly emergency crisis shelter, was needed for youth. This showed as a very high level need in the St. Louis regional needs assessment, although it did not rank in the top 3 for the region. Notably, the strategies we suggest in the state and general recommendations can guide St. Louis based action in this area, and groups can develop a distinct asset map and logic model for any of the needs they wish to work on. The maps and models can be used as modifiable tools for any need, and we encourage their use.

Figure 5. STL Asset Map for Mental Health, Legal Services, and Adult Shelter



Performance Measure for Strategy Achievements

Mental healthcare, legal assistance and adult shelter services

Region: STL, MO

Date:

Resources:	Tasks:	Short Term Outcomes:	Medium Term outcomes:	Long Term outcomes:	Ultimate Outcomes:
<p>Adult Shelter</p> <p>CATE</p> <p>Local Anti-trafficking Agencies</p> <p>Local Shelters</p> <p>Local DSV Agencies</p> <p>Homelessness Coalition?</p>	<p>1. Convene shelter working group to explore issues surrounding accessible adult shelter for trafficking survivors.</p> <p>2. Review housing policies and procedures to ensure they are inclusive of all trafficking survivors</p> <p>3. Implement a regional plan to increase current shelter accessibility</p>	<p>1. Identify 3-5 key stakeholders knowledgeable about shelter policies and capabilities to form the shelter working group by 6/2020.</p> <p>2. Identify policy problem areas that are barriers to accessible shelter options for adult trafficking survivors by 12/2020.</p>	<p>1. Identify potential solutions for policy barriers for accessible shelter for adult survivors by 3/2021.</p> <p>2. Strategize crisis shelter response protocol for the region (6/2021).</p> <p>3. Present potential policy and response protocol solutions to area shelter services for feedback (6/2021).</p>	<p>1. Incorporate feedback and forward proposed accessible shelter policies and protocol to area shelters for commitments by 12/2021).</p> <p>2. CATE or specialized workgroup maintains list of shelter organizations who have agreed to policies and protocol. Updates as needed.</p>	<p>Accessible shelters and transitional housing for trafficking survivors</p>

<p style="text-align: center;">Mental Healthcare</p> <p>CATE</p> <p>Local Anti-trafficking Agencies</p> <p>Local DSV Agencies</p> <p>Local Mental Health coalitions</p> <p>MO TIC Model providers</p>	<p>1. Convene a working group of MH professionals with expertise in human trafficking</p> <p>2. Implement regional HT-MH referral network.</p>	<p>1. Using the Resource guide for the STL region, identify 3-5 professionals knowledgeable about mental healthcare for survivors of trafficking and TIC to form the HT-MH working group (6/2020).</p> <p>2. Convene initial group meeting (10/2020).</p>	<p>1. Determine the minimum standards of care expected of the HT-MH referral network providers (3/2021).</p> <p>2. Develop strategic communication plan for service referral to the HT-MH Referral Network by 6/2021.</p>	<p>1. CATE or specialized workgroup monitors and evaluates minimum standards of care of the HT-MH referral network providers and modify as necessary (initial evaluation by 12/2021).</p> <p>2. Develop an outreach and development mechanism to include new professionals into the network.</p>	<p>Trauma-informed mental healthcare for trafficking survivors</p>
<p style="text-align: center;">Legal Services</p> <p>CATE</p> <p>Local Anti-trafficking Agencies</p> <p>Local Legal providers and networks</p>	<p>1. Establish a legal advocacy network for trafficking survivors.</p> <p>2. Advocate for legal and policy amendments</p>	<p>1. Using the Resource guide for the STL region, identify 3-5 professionals knowledgeable about legal aid for survivors of trafficking to form the legal advocacy</p>	<p>1. Develop strategic communication plan for service referral to the Legal Advocacy Network by 3/2021.</p> <p>2. Identify 2-3 common legal</p>	<p>1. CATE or specialized workgroup monitors and evaluates service outcomes of the Legal Advocacy Network and modifies</p>	<p>Accessible legal assistance for trafficking survivors</p>

	<p>to reduce barriers to success for survivors of trafficking.</p>	<p>network (6/2020). 2. Convene initial group meeting (10/2020).</p>	<p>issues facing trafficking survivors in the region by 6/2021. 3. Develop an advocacy plan to address these legal issues (12/2021).</p>	<p>processes as necessary (initial evaluation by 12/2021). 2. Begin work on advocacy plan (3/2022). 3. Develop an outreach and development mechanism to include new professionals into the network.</p>	
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***Note all of the timelines provided in the advocacy maps are for guidance only/ to provide recommended gaps between action steps. It is expected that they will be altered based on any community’s start-date, to suit the needs of the collaborative partners, and to address feasibility within communities.**

Metro East St. Louis Region. The Metro East region is characterized by the 13 counties in Illinois that surround the St. Louis metropolitan area. There were two sets of ties for the first and second most recognized needs in the region. The most recognized needs represent *adult shelter* and *transitional housing*; the second most recognized needs represent *mental healthcare* and *crisis services*; and the third most recognized need represents *substance use treatment (residential)*. Because of the significant overlap in mental healthcare and SUD treatment entities in Illinois (e.g., Chestnut Health Systems), these needs were combined into one asset map and advocacy model. In addition, adult shelter and transitional housing were combined in another asset map and advocacy model, and finally emergency crisis services is the subject of a third asset map and advocacy model for the region.

Metro East St. Louis Strategies

Emergency/ crisis services. To address the need for emergency/ crisis services, we suggest developing a crisis response team(s) / coordinated community response to operate across the Metro East region. The research literature on CRTs/ CCRs in the area of human trafficking is extremely limited, however, in other areas, such as intimate partner violence and rape and sexual assault, such responses are evidence based and generally show positive outcomes (with some limitations, see Gerassi & Nichols, 2017 for an overview). Thus, such approaches seem similarly promising in responding to human trafficking.

To develop a CCR/ CRT, we recommend utilizing existing infrastructure, such as FBI victim services, Illinois State Police, hospitals in the region, and groups such as ICASA, Hoyleton/HALO and Healing Action. While CCRs vary in their form and implementation, they typically include some combination of law enforcement and social services. First, developing a working committee and inviting key stakeholders in the legal, healthcare, and social services

sectors will be key to the development of the CCR. Second, some areas may already be utilizing such approaches within the Metro East region. Uncovering what already exists, and the related benefits and challenges, will be an important first step. Benefits/promising practices can be scaled to all sites in the Metro East Region, and challenges can be uncovered and thus potentially avoided in subsequent iterations of CCR teams in the area. Determining the needs within different counties in the Metro East Region is an important step for the working committee. Third, developing a plan to solicit funding to build a grant to fund the CCR will also be useful, both for sustainability purposes, and also to build an evidence base/ evaluation research that can benefit HT survivors across the state, addressing the research gap in this area. Partnering with researchers in regional colleges, universities or think tanks to apply for grant funding may be fruitful. NIJ grants occasionally appear that focus on community partnerships in the area of HT. These short term goals set the stage for medium term goals involving further infrastructure development, such as defining roles, drafting formal agreements and MOUs solidifying relationships between community partners, creating an implementation plan, and co-writing related grants. The long term goals include implementation of a fully developed plan to engage CCRs in all areas of the Metro East region in response to an HT emergency/ crisis, in which member organizations in social services, healthcare, and law enforcement have a streamlined set of procedures to follow. Dissemination of contacts, procedures and related information to area stakeholders is key, so service providers know who to contact post-identification of a human trafficking survivor in need of emergency/crisis services. Continuing funding endeavors, by soliciting from private business leaders in the region, funders, and the public (e.g. faith based community, coalition members) is also key to the sustainability of CCRs.

Mental healthcare/ substance use services. Research shows that survivors of human trafficking are at heightened risk of complex PTSD and interrelated mental health effects, such as depression, anxiety, fight/flight/freeze responses, dissociation, and more. This requires related aftercare to meet the need for therapeutic mental health services. In addition, while survivors' needs and experiences are diverse, the Wave 2 needs assessment indicated that services to address a substance use disorder are also needed. Organizations that address mental healthcare and SUD needs in the Metro East often overlap, providing both substance use services as well as mental healthcare. Services are available in the more populous Metro East counties, such as Madison and St. Clair counties, but are sparse or would require some travel to access them in some of the rural counties of this region.

As these services were indicated as very high level needs by service providers who completed the needs assessment in this region, it is important to enhance regional and contextual understandings of the nature of these needs. In order to better understand existing barriers in the region, we recommend key stakeholders in regional anti-trafficking coalitions (e.g., NOVATE/Hoyleton), Mental Health/ SUD service providers, caseworkers, and social workers convene a focus group to identify key barriers to accessing care and brainstorm solutions. We recommend simultaneously recruiting from these groups for a specialized workgroup to brainstorm ways to expand access to existing resources, and to develop partnerships to help achieve this goal. For example, soliciting from state and private industry to subsidize costs of services for human trafficking may be fruitful. Many large profitable businesses operate in the region. Similarly, private donors may also be recruited as funding partners, and workgroup members reviewing related RFPs may be fruitful.

Partnerships between local colleges and universities, local economic development councils, and mental health/SUD treatment centers may be beneficial. First, collaborating with therapists, counseling and SUD treatment centers, and recent graduates of Psychology Counseling graduate-level programs from area colleges and universities (e.g., SIUE) to build momentum for uninsured/ sliding fee services for HT survivors (many already have such practices) would alleviate some of the economic barriers to mental healthcare and SUD related healthcare. Further, expanding Telehealth capacity for therapy and SUD recovery support services would also address location based barriers to some degree (challenges would remain for those with limited connectivity/ inaccessibility of technology). Expanding remote services by mental healthcare treatment centers simultaneously employing university program graduates could also be tied to economic development partnerships, such as the various county economic development councils. This is consistent with recommendations by the Illinois Behavioral Health Taskforce, to respond to related workforce shortages in the area of mental healthcare in the region and employing psychology Master's program graduates (Personal Communication with Courtney Boddie, Director of Counseling, SIUE, and Illinois Behavioral Health Taskforce member 1/8/2020). Continued workgroup activities to determine the amount of funding needed to meet the demand for services, and related advocacy to expand funding on a legislative level as well as the previously mentioned initiatives is called for. Long term goals, such as developing a public relations campaign to generate public (and consequently political) interest in funding expansion would follow. Related policy interventions, advocacy through coalitions and service providers to similarly motivate legislators and funders to expand accessibility of mental health and SUD services would coincide.

Shelter for adults/ transitional housing. Shelter for adults and transitional housing were also depicted as top needs by service providers in this region. Aims to address these needs include identifying barriers to shelter/ transitional housing access by HT providers, and developing and implementing a strategy to address those barriers. First, a focus group composed of key stakeholders, including shelter and transitional housing providers, is needed to better understand the nature of the barriers/ accessibility issues experienced in different parts of this region. Building from knowledge of the identified barriers, a strategy directly addressing such barriers through a specialized workgroup is recommended. Such a strategy will depend on the outcome of the focus group. Next, the workgroup can develop an implementation plan of an agreed upon solution(s) identified in the focus group to target barriers to shelter/housing services.

Another recommendation involves working to expand existing services, and building partnerships with stakeholders in state and private industries. For example, collaboration with employment services, business/industry, and/or local colleges and universities, can build support for economic independence and sustainability among HT survivors. Developing MOUs and collaboration with industry, colleges and universities, and employment access services to achieve housing and economic independence is needed. Developing comprehensive care in this regard, inclusive of community partners, will enhance sustainability and further develop the trajectory of ongoing needs of HT survivors. This dynamic is consistent with the needs assessment, as well as other research literature examining a comprehensive continuum of care (Macy & Johns, 2011; Oselin, 2014; Busch-Armendariz, 2018).

Existing evidence based responses to shelter/housing gaps should also be explored, including discussing the pros and cons, and anticipated outcomes of utilizing a service such as Safe Collaborative (discussed previously) among the specialized workgroup participants. If there

is sufficient buy-in, developing a proposal to gain funding for utilization of this service, or something similar, is recommended. Finally, depending on the workgroup's assessment of Safe Shelter Collaborative, securing funding to implement this intervention may be a long term goal. Microloans or lending circles are additional alternatives for funding emergency shelter. Microloans typically work to provide small low to no interest loans until an individual is economically stable and can repay them. Lending circles are similar, but tend to be more collaborative and informal. Collaborators put into and take out of an account as needed and available. Further, it is imperative to engage in advocacy efforts to expand support for foster care in Illinois (beyond age 21), along with enhanced transitional support through partnerships with local colleges and universities, economic development councils, and business and industry, and employment assistance organizations. Long term goals may include policy advocacy to gain funding for shelter/ transitional housing, and transitional residential living for those exiting foster care/ state custody. Expansion in the region, motivating coalitions and service providers to advocate legislators and key stakeholders in these areas is key. Ongoing public relations campaigns and advocacy is necessary to energize the public, and to build fundraising and legislative efforts.

Figure 6. Metro East St. Louis Asset Map Crisis Services

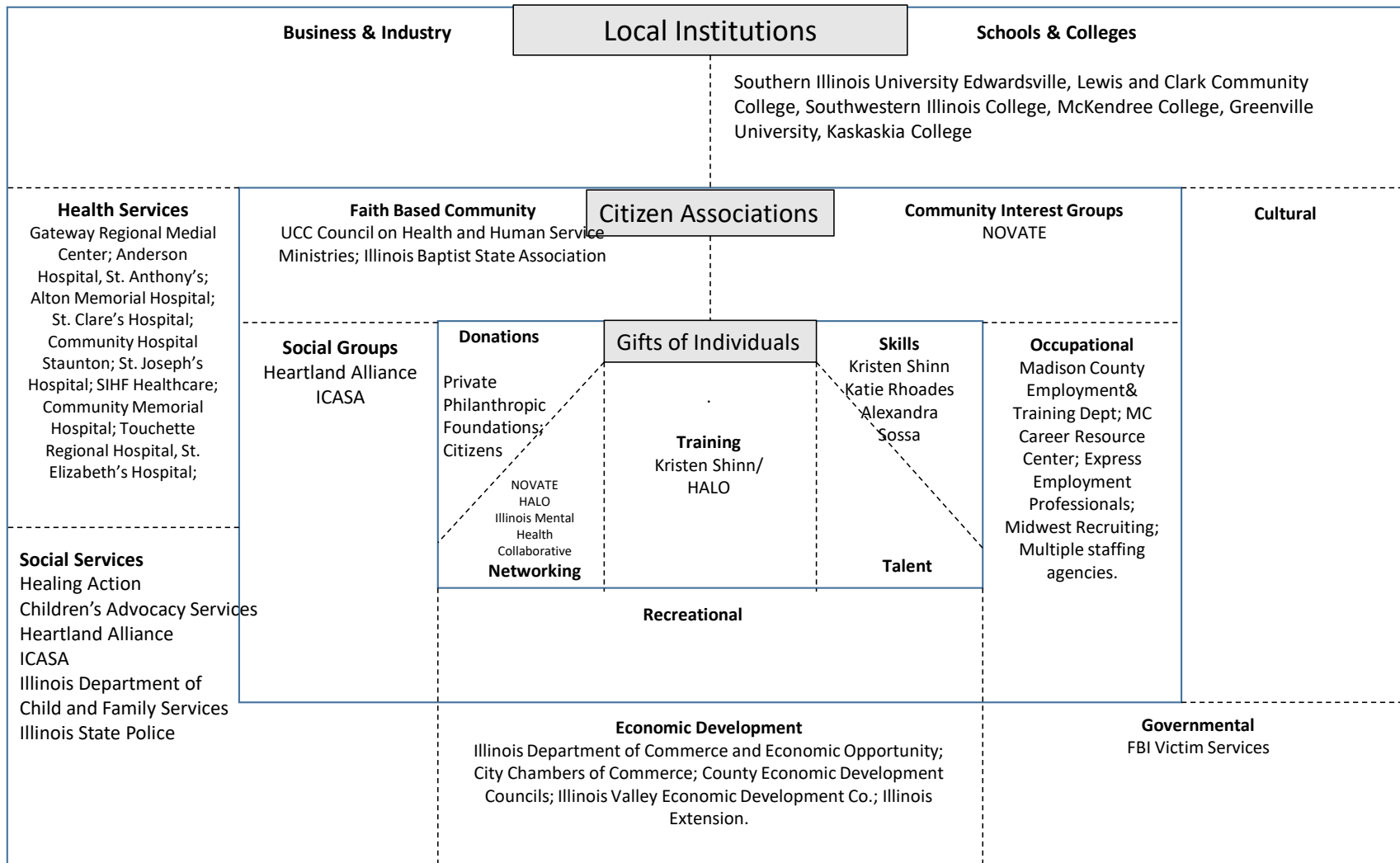


Figure 7. Metro East St. Louis Asset Map Mental Health and Substance Use Services

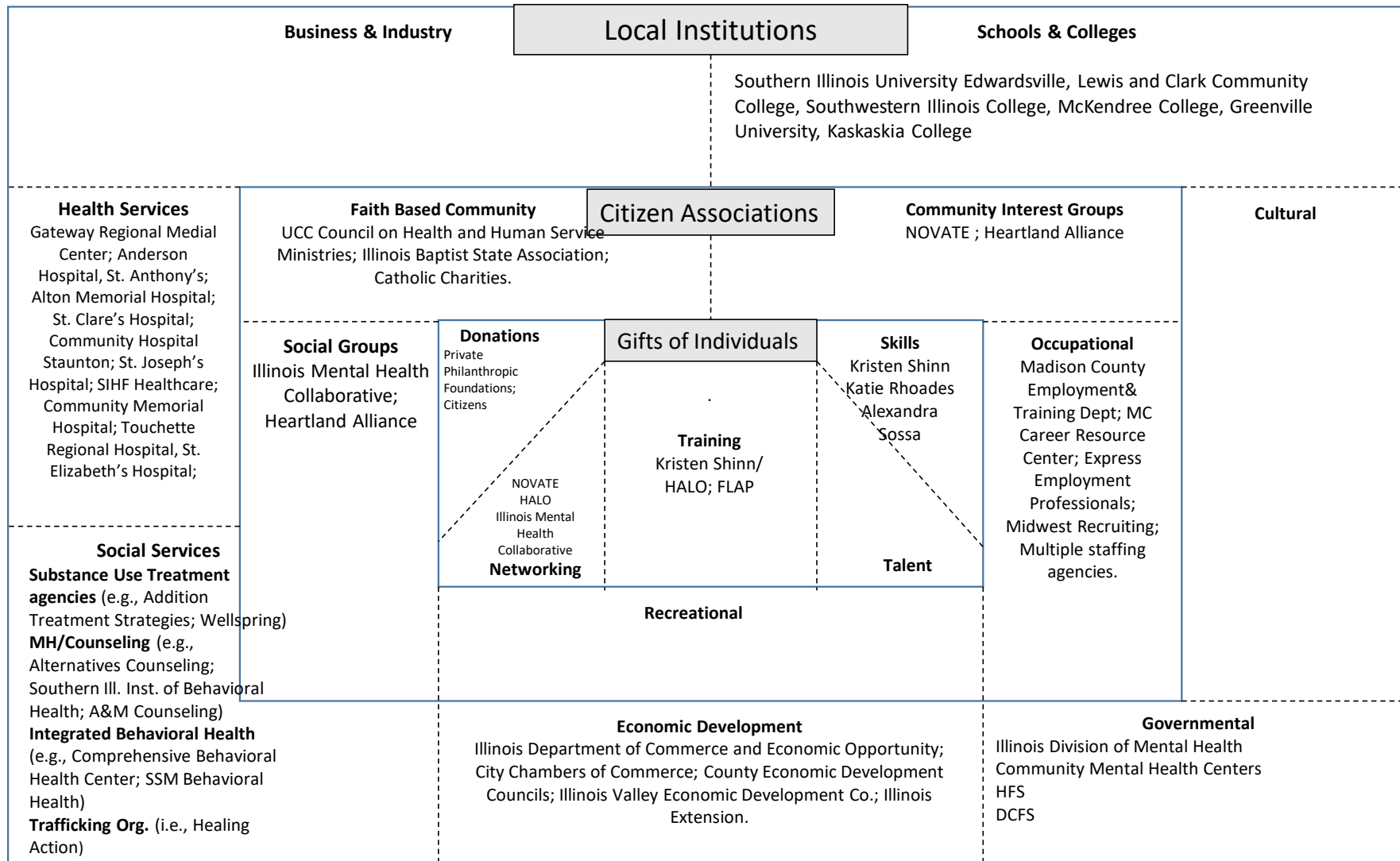
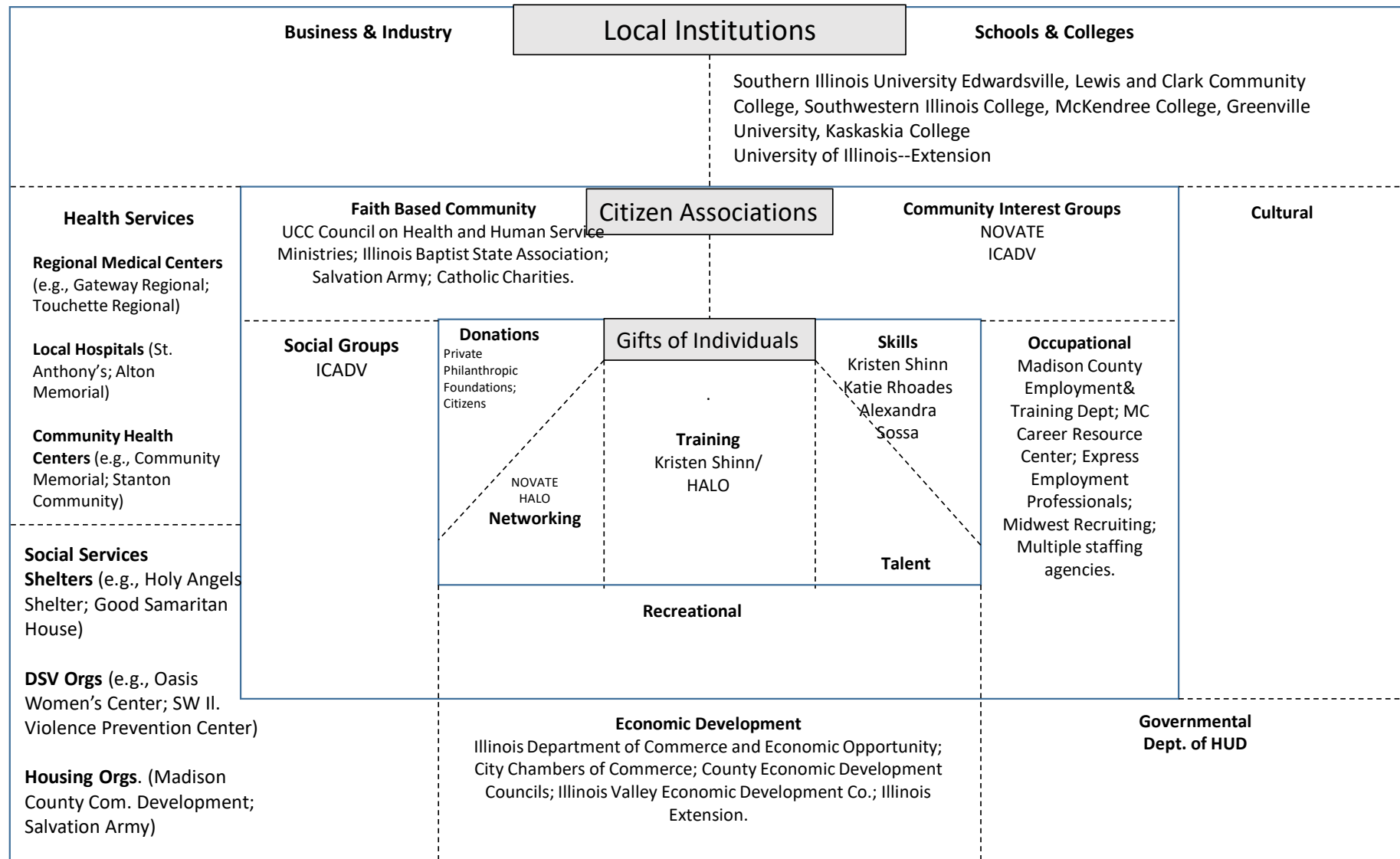


Figure 8. Metro East St. Louis Asset Map Shelter/Transitional Housing



Performance Measure for Strategy Achievements

Crisis Services, Mental Health/Substance Use Services, & Shelter/Transitional Housing

Region: Metro E. STL

Date:

Resources:	Tasks:	Short Term Outcomes:	Medium Term outcomes:	Long Term outcomes:	Ultimate Outcomes:
<p>Emergency/Crisis Services</p> <p>Existing infrastructure:</p> <p>FBI Victim Services</p> <p>Illinois State Police</p> <p>Health Services (Hospitals)</p> <p>ICASA</p> <p>Hoyleton/Halo/NOVATE</p> <p>Healing Action</p>	<p>To build a crisis response team(s)/ coordinated community response to HT.</p>	<p>1. Schedule meeting with likely CCR participants in law enforcement, social services, and healthcare to create working committee by 1/2020</p> <p>2. Determine needs in different locations of the Illinois Metro East STL area, develop list of possible others to include in working committee (e.g., social work programs in universities, local coalitions) 3/2020</p> <p>3. Develop plan to solicit funding for a</p>	<p>1. Define roles of key players by 5/2020</p> <p>2. Develop an infrastructure and implementation plan, draft MOUs from the working group to manage and carry out the CCR/CRT plan by 7/2020</p> <p>3. Solicit grant requests/ respond to related RFPs for CCR/CRTs by 9/2020</p>	<p>1. Implement fully developed CRT/CCR plan by 11/2020</p> <p>2. Disseminate CCR/CRT information, contacts, and procedures to area service providers in legal, social, and healthcare sectors to respond to HT survivors' crisis needs post-identification by 12/2020</p> <p>3. Solicit and obtain existing grants; Prepare proposal and talking points for</p>	<p>HT survivors and individuals vulnerable to HT receive available and accessible crisis services</p>

		grant to build a CRT/CCR.		private business leaders (insurers) and foundations to bridge gap in public funding by 3/2021	
<p>Mental Health/Substance Use Services</p> <p>Regional Anti-Trafficking Coalitions</p> <p>Mental Health/ SUD Service Providers</p> <p>Regional caseworkers/social workers positioned to be able to identify barriers to accessing mental healthcare & SUD related services.</p>	<p>1. To identify key barriers to accessing mental healthcare and SUD services by HT survivors.</p> <p>2. To develop an implementation strategy addressing the identified barriers to increase accessibility and utilization of mental health/SUD services available to trafficking survivors in the Metro East STL/Illinois region.</p>	<p>1. Schedule focus group inviting SUD & MH providers identified in Wave 1 of the research project in the Metro East STL/Illinois region to identify key barriers to accessing care and brainstorm solutions by 1/31/2020.</p> <p>2. Schedule focus group with local coalitions and key service providers identified in Wave 1 of the research project in the Metro East STL/Illinois region to identify key barriers to accessing MH &SUD services and brainstorm solutions by 1/31/2020.</p>	<p>1. Collaborate with local therapists and clinics/ treatment centers to gauge interest and build support for incorporating uninsured and sliding fee services for HT survivors (for those who do not already have them) into existing practices by 4/2020</p> <p>2. Identify service providers who may be willing to provide services to individuals within the service region remotely (Tele Health) for therapy/ recovery support services by 7/2020</p>	<p>1. Propose policy interventions to obtain funding for service development and delivery by 2/2021</p> <p>2. Motivate coalitions and providers to advocate legislators and other stakeholders to support funding expansion for mental health services and service delivery units by 4/2021</p> <p>3. Prepare proposal and talking points for private business leaders (insurers) and foundations</p>	<p>Improve access/ reduce barriers to mental healthcare/ SUD related services for survivors of HT located in the Metro East STL/Illinois region.</p>

		<p>3. Recruit from these groups to develop specialized workgroup/committee to determine how existing resources may be used and to identify additional resources and partnerships/stakeholders at the state level and in private industry by 2/31/2020</p>	<p>3. Determine amount of costs for additional services to meet identified need/demand and create proposal for funding by 9/2020</p> <p>5. Collaborate with specialized workgroup/committee to develop advocacy and funding plan, and talking points by 12/2020</p>	<p>to bridge gap in public funding by 6/2021</p> <p>4. Develop public relations campaign to motivate the public to become involved in advocacy and fundraising efforts and awareness of MH/SUD needs among HT survivors in the state, to bridge funding gaps or resource needs by 8/2021</p>	
<p>Shelter/Transitional Housing</p> <p>Regional Anti-Trafficking Coalitions</p> <p>Regional DV & Homeless Shelters, and Transitional Housing.</p>	<p>1. To identify key barriers to accessing shelter & transitional housing by HT survivors.</p>	<p>1. Schedule focus group inviting shelter, transitional housing, and adult shelter providers identified in Wave 1 of the research project serving the Metro East STL/Illinois region</p>	<p>1. Collaborate with workgroup to develop implementation plan of top solutions identified in focus group and specialized workgroup by 4/2020</p>	<p>1. Propose policy interventions to obtain funding for service development and delivery by 2/2021, such as extending foster care funding for the state.</p>	<p>Improve access/reduce barriers to shelter/transitional housing for survivors of HT located the Metro</p>

<p>Regional caseworkers/social workers positioned to be able to identify barriers to accessing shelter & transitional housing.</p>	<p>2. To develop an implementation strategy addressing the identified barriers to increase accessibility and utilization of shelter/transitional housing services available to trafficking survivors in the Metro East STL/Illinois region.</p>	<p>to identify key barriers to accessing care and brainstorm solutions by 1/31/2020.</p> <p>2. Develop specialized workgroup/committee with these providers and area coalitions to determine how existing resources may be used or expanded and to identify additional resources and partnerships/stakeholders at the state level and in private industry by 2/31/2020</p> <p>3. Discuss and get sense of regional buy-in for evidence based solution “Safe Shelter Collaborative” used in other locations to address gaps in shelter/ transitional</p>	<p>2. Using evidence based solution “Safe Shelter Collaborative” used in other locations to address gaps in shelter/ transitional housing, develop implementation plan/proposal for funding that is informed by key stakeholders/ is regionally and contextually refined, in the Metro East STL/Illinois region. by 7/2020</p> <p>3. Engage in advocacy effort to expand foster care funding support beyond 21 and related support for transitioning out of care for the state.</p> <p>4. Explore microloans/ lending circles and develop funding proposal and</p>	<p>2. Motivate coalitions and providers to advocate legislators and other stakeholders to support funding expansion for shelter and transitional housing by 4/2021</p> <p>3. Prepare proposal and talking points for industry, colleges and universities, and employment access services to actively participate in transitional housing to housing independence plan by 6/2021</p> <p>4. Develop public relations campaign to motivate the</p>	<p>East STL/Illinois region.</p>
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		housing related services	implementation plan, meet with key stakeholders.	public to become involved in advocacy and fundraising efforts to bridge funding gaps or resource needs by 8/2021 5. Secure funding to implement interventions such as “Safe Shelter Collaborative,” and use of microloans/lending circles.	
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***Note all of the timelines provided in the advocacy maps are for guidance only/ to provide recommended gaps between action steps. It is expected that they will be altered based on any community’s start-date, to suit the needs of the collaborative partners, and to address feasibility within communities.**

Southeast Region-- This region is made up of the “Bootheel” of Missouri and the Cape Girardeau area where it is primarily fueled by agricultural and manufacturing industries. The southernmost areas are characterized by severe poverty and lack of resources. Providers in this region reported having served 25 survivors of trafficking in the prior 12 months. Of these 25 survivors, 76% were sexually exploited, primarily familial, survival, and IPV related trafficking; 20% of the survivors had experienced both sex and labor trafficking in the region. The top three identified needs within this region were *adult shelter*, access to *mental healthcare*, and *substance use treatment*. Notably in this region, as mentioned in the needs assessment, there appears to be a perception of a lack of services to meet the need. Evidence on the asset map suggests that there are a number of services meeting identified needs; however, there are many duplicated services and services may be located in areas within the region rendering large swaths of rural parts in need of service provision. In other words, this perceived lack of services may actually be an issue with accessibility more than actual need. To address this issue, a mechanism needs to be developed to bolster existing services to increase service capacity in larger service areas as well as coordinate services to reduce duplication, thereby reducing competition for funding among service providers.

Southeast Missouri Strategies

Adult Shelter. By our count, there are at least 13 adult shelter and housing programs serving the region. It is not clear how accessible these programs are, but the sheer volume speaks to a level of perceived need and the need for improved coordination among providers. There are only two human trafficking specific agencies serving the region (i.e., Healing Action and International Institute of STL), raising concerns about accessibility, as they are both located in St. Louis; however, it is understandable that fewer population specific services would be

present. Similar trends appear to exist for MH/SUD services, in that such services appeared to be located in the more populous areas of the Southeast region. In the logic model, we propose the development of a strategy to make housing (crisis and longer-term) more accessible to survivors of trafficking in the region by first connecting housing service providers together in a taskforce and through an MOU expressing their intent to collaborate to more seamlessly provide rapid shelter and housing relief to survivors of trafficking. This taskforce will identify access barriers and structural needs in the region. This exercise is likely to achieve a coordinated solution among faith-based initiatives related to housing responses as well as all shelter, DSV, and HT providers. The key will be to continually monitor the progress toward the ultimate goal.

Evidence is beginning to show that there are clearly important overlaps between the needs of DSV and HT survivors such that primarily DSV targeted agencies theoretically ought to be able to shelter HT survivors. However, in practice, practitioners are finding important nuances that suggest at minimum modifications to existing DSV services are needed for trafficking survivors ([Futures without Violence, 2019](#)). While more research is needed to better understand what is observed in practice, we do have some understandings about what DSV agencies can do to offer services for trafficking survivors. Absent in this discussion about DSV agencies serving trafficking survivors is the male survivor and female survivors who have not experienced IPV related trauma and as such would not be eligible to receive services from a DSV agency. Practice suggests that homeless shelters are not always “good-fits” to address the complex needs of these trafficking survivors ([Freedom Network, 2019](#); [Polaris Project, 2018](#)) particularly among LGBTQ survivors (Dank et al., 2015; Murphy, 2017); yet, with limited human trafficking specific shelter services available, options are severely constrained for these survivors. Hence,

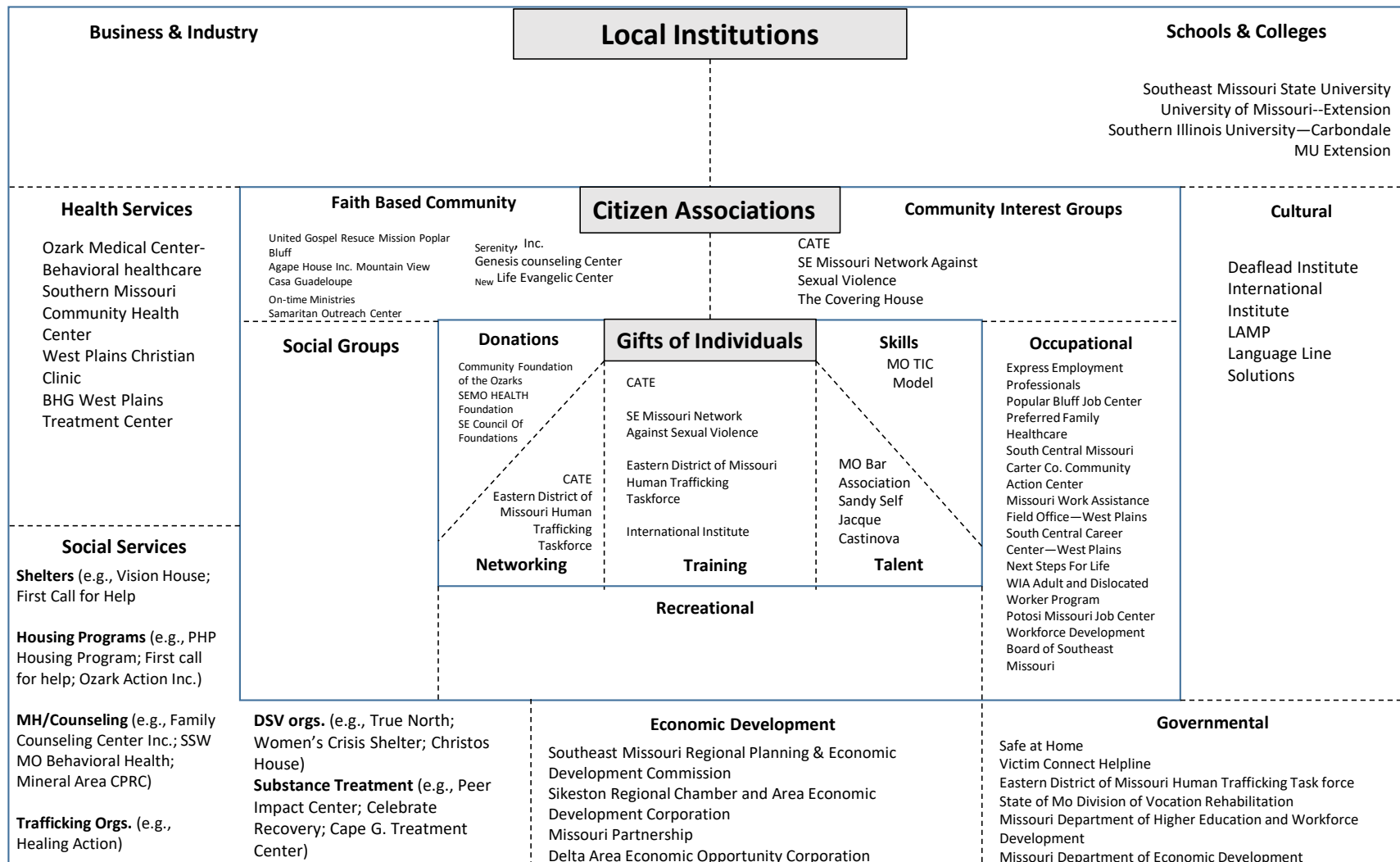
partnership with the [Safe Shelter Collaborative](#) or something similar is important to facilitate rapid and appropriate placement of these survivors of trafficking.

Not directly involved, but which may prove to be useful are collaborations between economic development organizations in the area such as [SEMO Regional Planning & Economic Devolvement Commission](#) which could help fundraising efforts and work to minimize structural obstacles for addressing the shelter needs of trafficking survivors. Additionally, regional trafficking providers should consider partnering with business and industry organizations such as [Cape Girardeau Area MAGNET](#) to assist in developing future safeguards against economic instability among survivors, fundraising, and capacity building among response agencies if these collaborations have not been formed already. Utilizing the expertise and creative works of area [University of Missouri Extension](#) and [Southern Illinois University](#) faculty may spur additional solutions not yet thought of and offer assistance with research to empirically evaluate these solutions.

MH/SUD Treatment. Because of the disparity between the similarity of perceived needs and the number of existing services, a similar strategy is proposed to increase and improve mental health and substance use treatment related services in the region. Initially, a working group including DSV coalitions, SUD treatment providers, [MO TIC representatives](#), and MH providers should form to develop more seamless coordination of services for the region and develop solutions for providing appropriate mental health and substance use treatment services for trafficking survivors. Survivor leaders should also be included in this workgroup to ensure outcomes are survivor informed. This workgroup will initially identify barriers to providing MH and SUD services to trafficking survivors within the region and then develop strategies to reduce these barriers.

Although research regarding evidenced-based mental health interventions with trafficking survivors is limited, research suggests that trauma-informed methods of treatment for PTSD symptoms are effective ([Williamson et al., 2018](#)). Treatments such as EMDR, CBT-TF, and narrative therapy have been suggested as appropriate and effective with survivors of trafficking ([Williamson et al., 2018](#); Edmond, 2018); however, more research is needed to understand important nuances of the application of these interventions among adults, sex versus labor, and context of the trafficking (i.e., IPV, familial, pimp manager). Less is empirically known about the potentially unique needs trafficking survivors have regarding substance use treatment (O'brien, Li, Givens, Leibowitz, 2017; Stoklosa, MacGibbon, Stoklosa, 2017); however, current research suggests that trauma-informed substance use treatment protocol is effective for this population as it has been found appropriate for other traumatized populations such as IPV, child abuse, and the like (Hopper, 2017). This workgroup should especially consider working collaboratively with faculty from local academic institutions to empirically test and disseminate findings about the solutions proposed. This is especially important within the field of human trafficking since there is very little empirical knowledge established about the potential nuances of SUD interventions with trafficking survivors and nuances around rurality.

Figure 9. SE Asset Map for Adult Shelter, Mental Health, and Substance Use Treatment



Performance Measure for Strategy Achievements

Adult Shelter, Mental Health, Substance Use Treatment

Region: SE, MO

Date:

Resources:	Tasks:	Short Term Outcomes:	Medium Term outcomes:	Long Term outcomes:	Ultimate Outcomes:
<p>Adult Shelter</p> <p>Women’s Shelters; Homeless Shelters; Women’s Centers; Faith based Initiatives; Safe-Shelter Collative</p>	<p>ID barriers to provide shelter for human trafficking survivors and develop solutions</p>	<p>Develop memorandum of understandings between the shelters about how survivors should be quickly and appropriately housed after exiting trafficking by 6/2020</p> <p>Convene a working group to identify barriers to providing adult shelter for trafficking survivors in the region by 8/2020.</p>	<p>Disseminate MOU to all regional shelters by 12/2020.</p> <p>Develop solutions to identified barriers for implementation by 12/2020.</p>	<p>Review terms of the MOUs and outcomes of the solutions to determine if they remain to be appropriate by 6/2021.</p>	<p>Ensure all survivors of trafficking have access to shelter services that is adequate and appropriate for their needs</p>
<p>MH and SUD Treatment</p>	<p>Develop MH working group in the region to ID barriers to services</p>	<p>Identify representatives to participate in</p>	<p>Disseminate MOU to all MH and SUD providers in the region 8/2020.</p>	<p>Monitor and evaluate outcomes of solution(s) by 6/2021.</p>	<p>Ensure that survivors have access to appropriate mental</p>

<p>SE Coalition against Sexual Violence; SUD treatment providers; MO TIC commission representatives; MH treatment providers; Survivor leaders</p>	<p>and develop potential solutions</p>	<p>working group 3/2020.</p> <p>Develop an MOU among MH and SUD providers about how referrals should be determined and prioritized.</p> <p>Convene working group and identify barriers to adequate and appropriate MH and SUD treatment for survivors in the region by 8/2020.</p>	<p>Propose potential solutions to identified MH and SUD treatment barriers for trafficking survivors by 10/2020.</p> <p>Implement at least one solution by 12/2020.</p>	<p>Modify solution(s) as appropriate and continue to monitor.</p>	<p>health and substance use treatment</p>
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***Note all of the timelines provided in the advocacy maps are for guidance only/ to provide recommended gaps between action steps. It is expected that they will be altered based on any community’s start-date, to suit the needs of the collaborative partners, and to address feasibility within communities.**

Southwest Region—This region hosts a variety of employment sectors, including tourism, manufacturing, agriculture, and mining. Providers reported 99 survivors of trafficking served in the area in the previous 12 months, the majority of which were sex trafficking survivors (58.6%) closely followed by survivors who had experienced both sex and labor trafficking (40.4%). The most prevalent type of sex trafficking was reported as “other” (47%), indicating possible child pornography or peer/customer facilitated trafficking, or trafficking in strip clubs or massage parlors. The top three identified needs for this region included *legal assistance, mental healthcare, and minor shelter*.

Southwest Missouri Strategies

Legal services. Legal services were identified as a top-tier need among service providers in the Southwest region of the state of Missouri. While Legal Aid of Western Missouri and Legal Services of Southern Missouri combined cover the region, it is probable that the limited locations of the offices within the region in Joplin ([Legal Aid of Western Missouri](#)), Springfield, Cape Girardeau, Sikeston, Rolla, and West Plains (LSSM) impact access to legal services. Lack of transportation may be a barrier to traveling to access these organizations. Further, some counties have victim advocates working in the courts and with the prosecuting attorneys’ offices, while others do not. Domestic violence related service providers typically provide legal advocacy, but not all human trafficking survivors experience IPV and may not be eligible for these services. In addition, such services are also typically located in more populous areas. Feedback from community partner group indicated that legal services are present and accessible in some areas, but that wide swaths of rural communities may have difficulty accessing them.

The needs assessment does not specify whether survivors are in need of services as defendants or if they need assistance with prosecution. However, research indicates trafficking

survivors are often arrested and charged with interrelated crimes, such as loitering, vagrancy, drug related crimes, and prostitution (Dank et al., 2017; Lutnick, 2016; Oselin, 2014). Further, in the state of Missouri, survivor-based groups and their allies have lobbied for expunged records/vacated convictions of human trafficking survivors, indicating need in the state for legal services as defendants. Further, human trafficking cases are typically prosecuted on a federal level, although this dynamic has been changing along with legislative developments on a state level—more county prosecutors are prosecuting human trafficking cases on behalf of the state compared to the ten years following the US TVPA. As federal prosecution is typically discussed in trainings across the state, and is accessible through local law enforcement and service providers, the strategies to address the high level of need for legal services is interpreted here to mean the need as a defendant. The authors caution that this may not be correct, and the need for legal services related to both civil and criminal cases as the complainant may be the intended meaning behind the needs assessment results. A focus group or further survey research would be necessary to determine this assertion. Based on the apparent state activism related to trafficking survivors charged with crimes, along with the public dissemination of federal prosecution related resources in Missouri and Metro East Illinois, the following recommendations related to the need for legal defense are provided.

First, we recommend that the existing MO Supreme Court Task Force on HT, headed by Judge Burton, be contacted by regional coalitions to convene a meeting with the purpose of identifying key stakeholders and resources in the legal services arena operating in the region (the legal services portion of the Wave 1 resource guide may also be referred to). Next, the development of a working committee drawn from this group, focused on expanding HT survivors' access to legal services in the Southwest region, could be developed. From this point,

the working committee is tasked with identification of resources, community stakeholders, and policy makers to build funding and additional service capacity for HT survivors. The authors also recommend collaboration with local attorneys and bar associations to expand pro bono services for HT survivors and legal service credits with the aim of increasing the existing legal service capacity in the region for HT survivors. Collaboration with local HT organizations (e.g., Nightlight International, RISE), law schools (e.g. [UMKC--Law](#)), court staff and bar associations to uncover what additional training is needed for public defenders and volunteer attorneys is also recommended. Funding for such initiatives can be solicited from regional business/industry, private donors, and the public (such as the faith-based community). Developing a plan and delegating responsibilities to workgroup members to prepare grant applications and solicit public and private donations is called for. Feedback from a community partner in this region indicated that most of the anti-trafficking work done in the area was through volunteers, and there simply was not capacity/ staff to write grants. Ostensibly, coordinating with local law schools and schools of social work to solicit volunteers to engage in grant writing will be necessary to expand funding. Ongoing work to increase pro bono work by private attorneys and related recruitment will be necessary in order to increase access to legal services by HT survivors. Pro-bono lawyers or lawyers otherwise willing to travel to rural areas, or to engage in pre-trial meetings through technology or by phone could potentially address some of the accessibility issues experienced in the region. Policy interventions to increase legal service referrals by public defender programs and related funding will also need to be ongoing, along with training and resource needs to maintain pro bono representation/ participation. Motivating local coalitions to appeal to legislators and state policy makers to support funding for public defenders will also need to be ongoing. As the authors have written elsewhere, continuing the momentum toward expunging

records of HT survivors and engaging in a large-scale public and political advocacy campaign will be necessary to pass the related legislation (Nichols, Preble, & Cox, 2019). Ostensibly, if the public calls for it, legislators are more likely to approve it (Nichols, 2016).

Mental healthcare. Meeting the very high level of need to address the impact of trafficking on mental health requires identification of barriers to and increased access to such services. Mental healthcare services are available in the more populous areas (e.g., Joplin / Springfield/ Rolla/ Osage Beach), but driving time or lack of transportation may be an issue in rural areas, and widespread availability across the southwest region in predominantly rural areas is lacking. Mental healthcare was identified by service providers who completed the needs assessment in this region as one of the top three needs, as such, it is important to better understand existing barriers to mental healthcare access or utilization in the region. Feasibility group members noted the need for a vetted referral system to coordinate survivor care and facilitate rapid response, as well as best-practices around referring and establishing aftercare. First, key stakeholders in regional anti-trafficking coalitions (e.g., Nightlight International, RISE, STAND), as well as service providers, caseworkers, and social workers working in mental healthcare, would benefit from conducting a focus group to identify key barriers to accessing services and to brainstorm solutions drawing from their professional experiences. These stakeholders could then form a specialized workgroup to brainstorm ways to expand access to existing resources, and to develop partnerships to help achieve this goal, based on the outcome of the focus group. For example, soliciting from state and private industry to subsidize costs of services for human trafficking may be fruitful. Large profitable businesses operate in the region, and can be cold-called to solicit donations. Similarly, private donors, may also be recruited as

funding partners, and reviewing related RFPs from these groups may be beneficial as potential funding sources.

Partnerships between local colleges and universities, local economic development councils, and mental health providers and centers in the region addresses workforce shortages in the mental health sector, provides recent graduates with jobs, and boosts local economies. Expanding Telehealth capacity for therapy/ mental healthcare services would also address location based barriers to some degree (challenges would remain for those with limited connectivity/ inaccessibility of technology). Expanding remote services and simultaneously employing university program graduates could also be tied to economic development partners, such as the various county economic development councils. In addition, collaborating with therapists, counseling centers, and recent graduates of Psychology Counseling graduate level programs from area colleges and universities can work to build momentum for uninsured/ sliding fee services for human trafficking survivors (many already have such practices). Continued workgroup activities to determine the amount of funding needed to meet the need/ demand for services and related advocacy in expand funding on a legislative level as well as the previously mentioned initiatives is called for. Long-term goals, such as developing a public relations campaign to generate public (and consequently political) interest in funding expansion advocacy would follow. Related policy interventions, advocacy through coalitions, providers to similarly motivate legislators and funders to expand accessibility of mental health services would coincide.

Minor shelter. The Southwest region service providers depicted minor shelter as a top tier need. There is a shortage of shelter/residential services for minors throughout the state, with Kansas City, Columbia, St. Louis, Springfield, and Parkville as primary locations for

organizations providing these services for youth. Few of such services are located in Southwest Missouri. There is one organization, Oasis, which provides residential care for sex trafficked minors in an undisclosed location in Southwest Missouri. In addition, there is a Great Circle location in Greene County (Springfield) that provides shelter/ a residential home for minors in need more broadly, and it is located in Southwest Missouri. Another organization, The Kitchen, is located in Springfield and provides shelter for youth, but it serves older youth 17-24. Thus, there are very few options for shelter for minors in this region (and in the state).

While the high level of need for shelter for minors depicted in the needs assessment likely reflects service availability in the region, it is important to accurately identify all barriers to accessing shelter/ residential housing by trafficked minors to best respond to the issue. In order to do so, we recommend conducting a focus group composed of those who work with trafficked and high risk minors, such as DJOs, CD caseworkers, and those working in the shelter/residential services listed above (e.g., Oasis, Great Circle). We also recommend inviting those working in shelter/residential care for minors in other parts of the state, due to scarcity of resources and the fact that most of these organizations serve statewide (e.g., The Covering House, Synergy). The focus group would be tasked with identifying key barriers to accessing shelter for minors, and brainstorming solutions. Medium term goals and outcomes include the workgroup developing an implementation plan of the top solutions to the barriers identified in the focus group previously mentioned. Implementing a plan to maximize existing services and to expand them is also a necessary task for the workgroup.

In addition, a specialized workgroup recruited from this focus group should be developed, and in collaboration with area coalitions, they could work to determine how existing resources could best be used or expanded, and identify additional resources, community partners

in private industry and among private donors to expand service capacity through funding initiatives.

In addition, the workgroup could also be tasked with developing a specialized transitioning plan partnering with local colleges and universities, business and industry, and employment services to support economic and housing independence among minors transitioning from residential care and/or foster care to adulthood. For example, enrollment services at local colleges and universities (e.g., Missouri State, Missouri Southern State, Southwest Missouri State, Ozarks Technical Community College) could provide information about programs, applying to college/ university, applying for financial aid and scholarships, and offer campus tours. Employment services (e.g. Mers Goodwill Access Program, Missouri Career Center, Missouri Job Center) could provide job skills training, job search assistance, and workshops providing resume preparation, interviewing, job applications and computer basics. Relationships with local business and industry to provide jobs for youth would also be beneficial toward developing economic and housing independence among youth graduating from residential programs and exiting shelter. Collaborating with local colleges and universities, business and industry and employment access services to develop formalized agreements and implement the collaborative transitioning plan would be necessary.

Long-term goals should involve policy interventions to gain additional funding to expand established residential services and shelter for minors, ongoing participation and delegation of responsibilities in transitioning to adulthood plans, and developing a public relations campaign to appeal to the public to contribute to fundraising efforts to support expansion of shelter/ residential services for minors experiencing trafficking.

Figure 10. SW Asset Map Legal Services

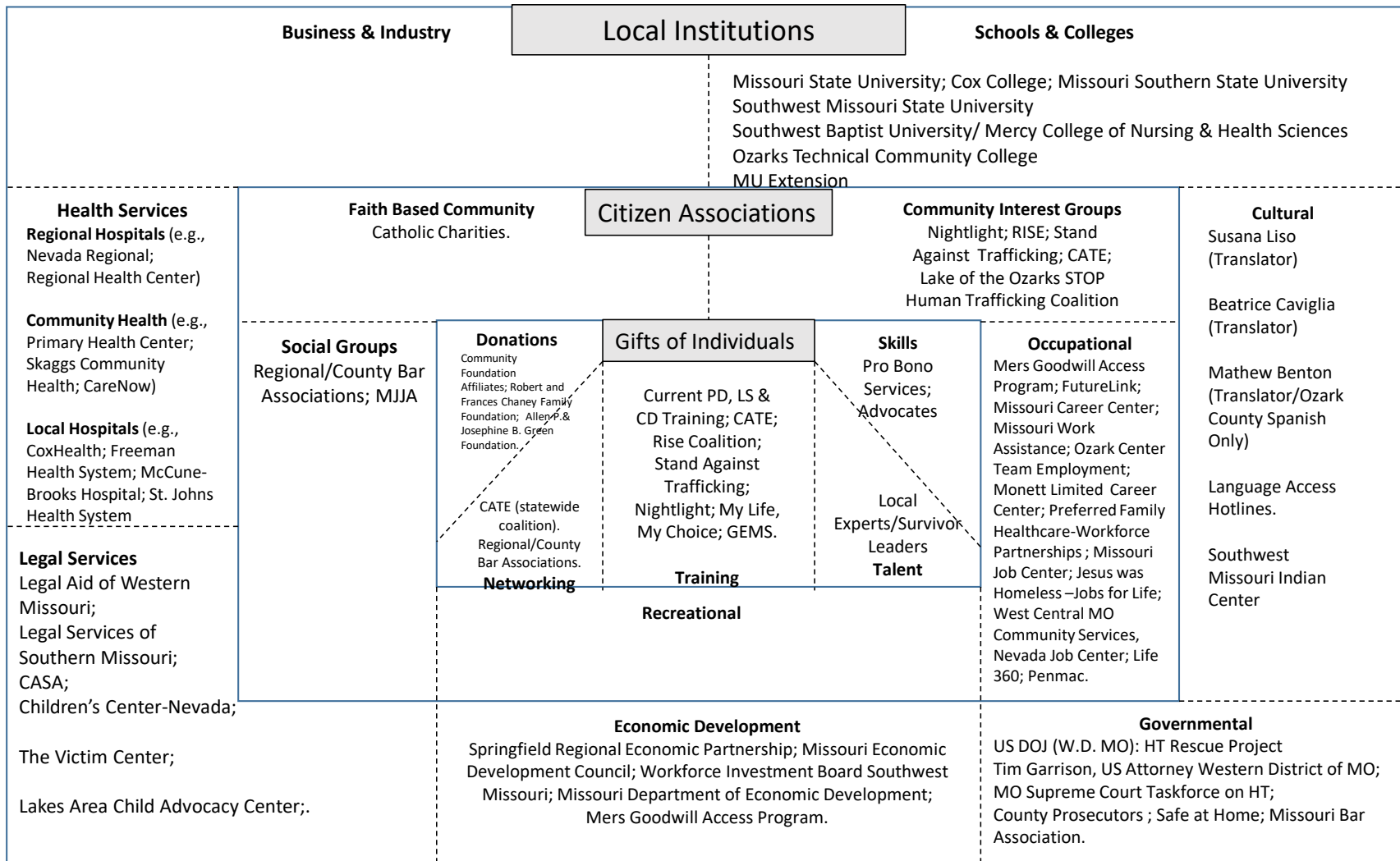


Figure 11. SW Asset Map Mental Health

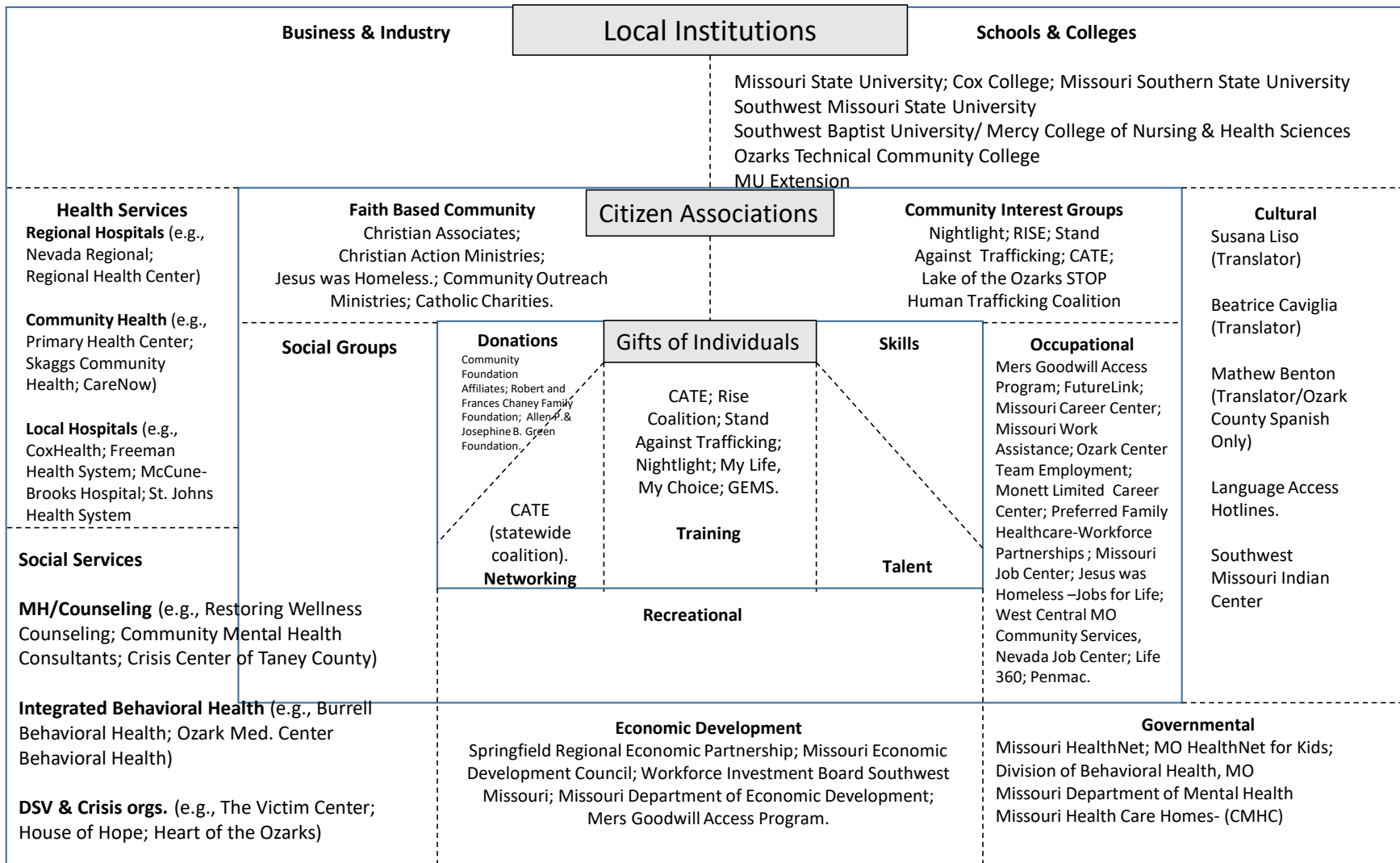
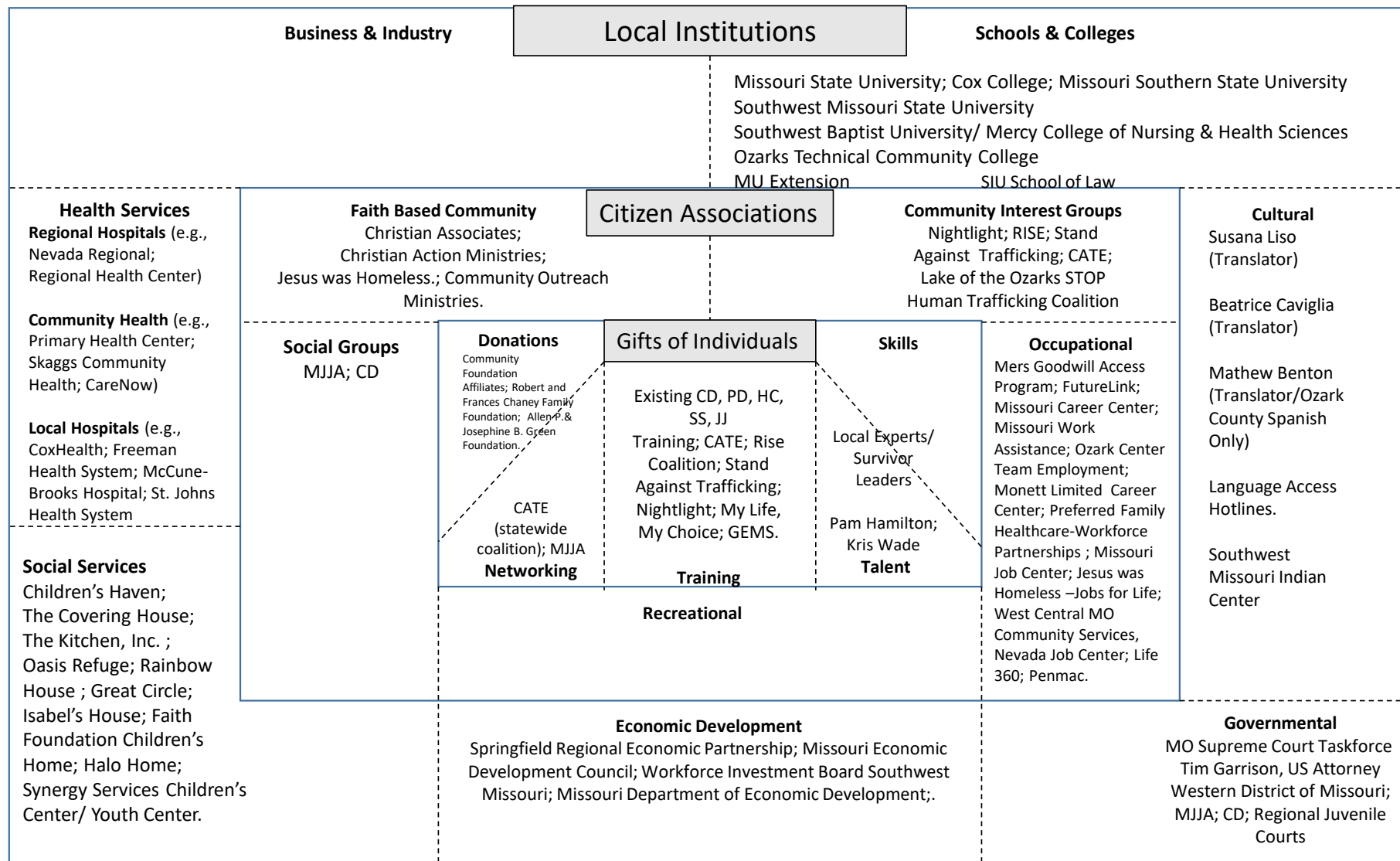


Figure 12. SW Asset Map Minor Shelter



Performance Measure for Strategy

Legal Services, Mental Healthcare, and Minor Shelter

Region: SW, MO

Date:

Resources:	Tasks:	Short Term Outcomes:	Medium Term outcomes:	Long Term outcomes:	Ultimate Outcomes:
<p>Legal Services</p> <p>MO Supreme Court Task Force on HT</p> <p>Missouri Public Defenders</p> <p>Missouri court judges and administrators (in each county)</p> <p>Regional attorneys and bar association members</p>	<p>To develop an implementation strategy to increase funds available to hire and train public defenders to represent trafficking survivors</p>	<p>1. Schedule meeting with Task Force members to identify key stakeholders and resources and potential training needs by 2/2020</p> <p>2. Schedule meeting with key stakeholders to create working committee by 2/2020</p> <p>3. Identify resources, additional stakeholders and key policy makers to approach regarding the funding and creation of additional legal services by 3/2020</p>	<p>1. Collaborate with local attorneys and bar associations to determine availability of pro bono services and legal service credits to increase existing legal service resources and increase attorney pro bono participation by 4/2020</p> <p>2. Collaborate with local HT agencies, Colleges and University law schools, court staff and bar associations (trainers) to determine what additional training may be necessary for</p>	<p>1. Develop clinic at regional law schools for law students to represent trafficking survivors at local area courts by 9/2020</p> <p>2. Increase pro bono private attorney participation by 10/2020</p> <p>3. Propose policy interventions to increase funding for local PD programs to increase legal service referrals to trafficking survivors by 12/2020</p>	<p>HT survivors and individuals vulnerable to HT receive available and accessible legal services</p>

			<p>existing PDs and volunteer attorneys by 5/2020</p> <p>3. Determine additional sources of funding (national and local) from public and private sources/ business and donors; determine availability of funds and devise timeline and responsibility for grant preparation and application by 7/2020</p>	<p>4. Determine ongoing training and resource needs to maintain pro bono representation and respond to ongoing HT developments by 12/2020</p> <p>5. Motivate local coalitions to advocate to legislators and state policy makers to support PD funding and development by 12/2020</p>	
<p>Mental Healthcare</p> <p>Regional Anti-Trafficking Coalitions</p> <p>Regional Mental Health/ Healthcare Services</p> <p>Regional caseworkers/social workers/therapists positioned to be able to identify barriers to accessing mental healthcare.</p>	<p>1) To identify key barriers to accessing mental healthcare by HT survivors.</p> <p>2) To develop an implementation strategy addressing the identified barriers to increase accessibility and utilization of mental health services available to trafficking survivors</p>	<p>1. Schedule focus group inviting HC & MH providers identified in Wave 1 of the research project in SW Missouri to identify key barriers to accessing care and brainstorm solutions by 1/31/2020.</p> <p>2. Schedule focus group with local coalitions and key HT service providers identified in Wave 1 of the research project in SW Missouri to</p>	<p>1. Collaborate with local therapists& and clinics to gauge interest and build support for incorporating uninsured and sliding fee services for HT survivors (for those who do not already have them) into existing practices by 4/2020</p> <p>2. Identify service providers who may be willing to provide services to</p>	<p>1. Propose policy interventions to obtain funding for service development and delivery by 2/2021</p> <p>2. Motivate coalitions and providers to advocate legislators and other stakeholders to support funding expansion for mental health services and service delivery units by 4/2021</p>	<p>Improve access/ reduce barriers to mental healthcare for survivors of HT located in the SW Region of the state.</p>

	in the SW region of Missouri.	<p>identify key barriers to accessing MH in the region and brainstorm solutions by 1/31/2020.</p> <p>3. Recruit from these groups to develop specialized workgroup/committee to determine how existing resources may be used and to identify additional resources and partnerships/ stakeholders at the state level and in private industry by 2/31/2020</p>	<p>individuals within the service region remotely (Tele Health) by 7/2020</p> <p>3. Identify colleges and universities that may offer mental healthcare through their psychology or social work programs and form partnerships by 8/2020</p> <p>4. Determine amount of costs for additional services to meet identified need/demand and create proposal for funding by 9/2020</p> <p>5. Collaborate with specialized workgroup/committee to develop advocacy and funding plan, and talking points by 10/2020</p>	<p>3. Prepare proposal and talking points for private business leaders (insurers) and foundations to bridge gap in public funding by 6/2021</p> <p>4. Develop public relations campaign to motivate the public to become involved in advocacy and fundraising efforts and awareness of MH needs among HT survivors in the state, to bridge funding gaps or resource needs by 8/2021</p>	
<p>Minor Shelter</p> <p>Regional Anti-Trafficking Coalitions</p>	1) To identify key barriers to accessing shelter/residential/	1. Schedule focus group inviting minor/youth shelter, residential home providers identified in Wave 1 of the research project, & regional	1. Collaborate with workgroup to develop implementation plans of top solutions identified in focus group and specialized workgroup by 4/2020	1. Motivate coalitions and providers to advocate legislators and other stakeholders to support funding	<p>Improve access/ reduce barriers to shelter/transitional housing for survivors of HT located in the SW</p>

<p>Regional & Statewide Shelter/Housing/Residential Services for Minors.</p> <p>Regional & Statewide caseworkers/social workers, DJOs, positioned to be able to identify barriers to accessing shelter for trafficked minors.</p>	<p>housing by trafficked minors.</p> <p>2) To develop an implementation strategy addressing the identified barriers to increase accessibility and utilization of shelter/housing services available to trafficked minors in the SW region of Missouri.</p>	<p>DJOs and CD caseworkers serving SW Missouri to identify key barriers to accessing care and brainstorm solutions by 1/31/2020.</p> <p>2. Develop specialized workgroup/committee with these providers and area coalitions to determine how existing resources may be used or expanded and to identify additional resources and partnerships/stakeholders at the state level, and in private industry and donors by 2/31/2020</p> <p>3. Develop specialized transitioning plan with workgroup, working with regional colleges and universities, business, and employment services to support independence for teens transitioning to adulthood by 3/31/2020.</p>	<p>2. Collaborate with workgroup to develop an implementation plan for maximizing/utilizing/ expanding existing resources by 5/2020</p> <p>3. Collaborate with regional colleges, universities, businesses, and employment access services to develop implementation plan for teens transitioning out of shelter/residential care by 6/2020.</p>	<p>expansion for shelter/residential housing for trafficked minors by 7/2020</p> <p>2. Prepare proposal and talking points for industry, colleges and universities, and employment access services to actively participate in shelter/housing to independence plan as minors transition from shelter/residential homes by 7/2020</p> <p>3. Develop public relations campaign to motivate the public to become involved in advocacy and fundraising efforts to bridge funding gaps or resource needs by 8/2020.</p>	<p>Region of the state.</p>
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***Note all of the timelines provided in the advocacy maps are for guidance only/ to provide recommended gaps between action steps. It is expected that they will be altered based on any community's start-date, to suit the needs of the collaborative partners, and to address feasibility within communities.**

Northwest Region—This region is dominated by the agricultural sector, but this region also hosts manufacturing and healthcare industries. This region, defined using MCADSV delineated regions, does include Cass County, one of the four counties through which Kansas City spans. Accordingly, there is a suburban/urban area tied to the Northwest region, which may sway identified needs for the area. The top three identified needs for this region were *mental healthcare, crisis services, and legal assistance*.

In the needs assessment, providers noted that there were a high number of survivors identified (n=101; 20% of total), who largely were being reported out of Cass County (n=81), one of the counties in which the metropolitan area of Kansas City is located. Of these survivors, about 97% were trafficked through sexual exploitation; about 42% by pimp managers and 30% IPV related. Three of these survivors were trafficked through labor exploitation, all in Cass County.

Northwest Missouri Strategies

Mental Healthcare. As the highest ranked need for the region, respondents in the Northwestern region of the state indicated mental healthcare for trafficking survivors was of great need. For this, we propose the formation of a working group to focus on broadening and increasing access and capacity for providing appropriate trauma-informed care. This group would consist of mental health providers (clinicians and hospitals), [MO-TIC model](#) representatives, regional anti-trafficking coalitions, CATE, and regional trafficking service providers. Survivor leaders should also participate in this group to ensure it is as survivors informed as possible.

The primary objective of this group will be to increase access to appropriate, adequate, and trauma informed mental healthcare for survivors of trafficking in the region. To do this, the

group will investigate barriers to mental healthcare in the region for survivors of trafficking and develop solutions to these identified barriers. These solutions should be survivor and evidenced informed and should be evaluated and modified accordingly. This work group should enlist the assistance of regional academic research partners (e.g., UMKC; NW Missouri State; University of Central Missouri) to ensure solutions and interventions are empirically based and disseminated to enhance knowledge about mental health interventions with survivors of trafficking within the field. Moreover, this group should enlist assistance from resource partners such as MU Extension to increase resource connections and develop potential solutions to these identified needs. Additionally, the work group should attempt to collaborate with potential partners such as the [NWMO Regional Council of Governments](#) to develop coordinated systemic collaborations between regional jurisdictions and increase opportunities for training and capacity building. Potential business partners might also include [Missouri Small Business Council \(UMKC\)](#) to develop donor and fundraising bases.

Crisis Services. Providers in the needs assessment indicated a need for improved crisis response including immediate stabilizing services such as shelter and food, but also rapid and appropriate response to identification. In fact, feasibility group members reiterated the need for more extensive and coordinated crisis response in general for this area as well as specifically around emergency services, substance use, and mental health. They noted that basic services is lacking in this region due to the perception that these services are difficult and costly to provide and taxing on organizations and staff making them difficult to maintain. Additionally, they mentioned the impact of unintended consequences of policies that agencies have in the area which are in need of better coordination (i.e., the discussion from the Wave 2 report about the confusion about what to do with survivors with substance use issues needing crisis shelter from

DSV organizations being referred to substance recovery centers who refer them back to DSV crisis shelters). For this need, we suggest the development of strategy to increase and train crisis service workers to provide appropriate care to survivors of trafficking. Ultimately, this group will work toward increasing access to crisis services and improve the adequacy of this trauma-informed care. This group would include regional anti-trafficking providers and coalition members, the [Western District of the U.S. Attorney's Office](#), crisis service providers, mental and behavioral health leaders, and [KCPD's crisis intervention team](#). These organizations will designate a representative to participate in the working group and help to strategize a solution to ensuring the trauma-informed crisis response for trafficking survivors in the region. Additionally, feasibility members noted the need for children's division to be on-board. There may exist a need for Children's Division and other crisis responders to develop a cohesive understanding about how to respond, when to respond, and how to coordinate crisis services through to established aftercare.

To achieve these tasks, this group may wish to collaborate, as the mental healthcare working group might, with MU Extension and other academic institutions to ensure as many appropriate resources are included as possible and that any solutions or intervention are measured and evaluated empirically. Moreover, collaborating with the NW Regional Council of Governments can help to negotiate potential collaborative agreements between jurisdictions where agreements are needed as well as advise the group on approaches for advocacy and future colorations. Additionally, the group may want to reach out to area business and industry leaders to bolster potential donor and fundraising potential bridging potential gaps in public funding.

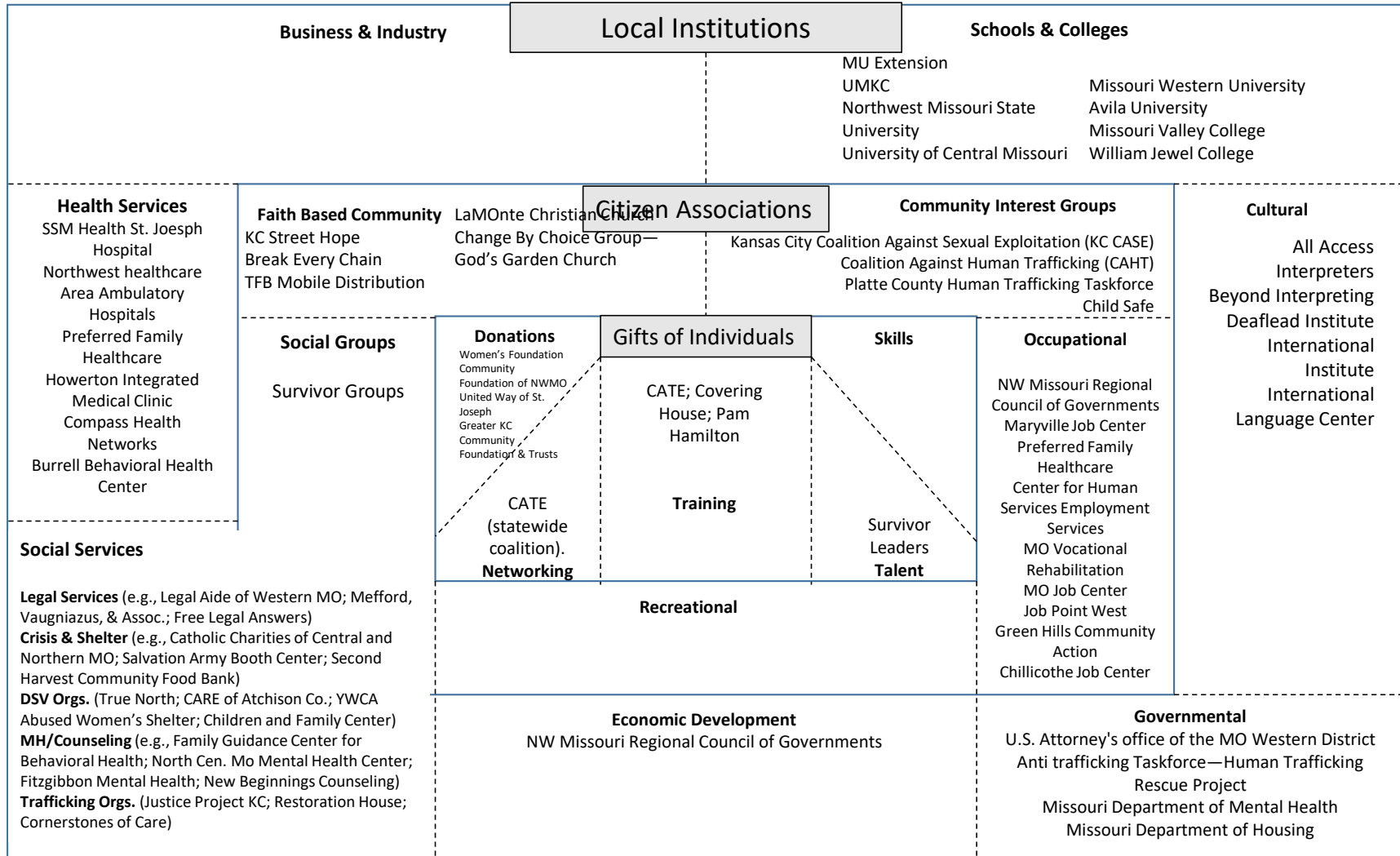
Legal Services. This region indicated a need for legal services. The needs assessment does not specify whether survivors are in need of services as defendants or if they need

assistance with prosecution. However, research indicates trafficking survivors are often arrested and charged with interrelated crimes, such as loitering, vagrancy, drug related crimes, and prostitution (Dank et al., 2017; Lutnick, 2016; Oselin, 2014). Further, in the state of Missouri, survivor-based groups and their allies have lobbied for expunged records/vacated convictions of human trafficking survivors, indicating need in the state for legal services as defendants. Moreover, human trafficking cases are typically prosecuted on a federal level, although this dynamic has been changing along with legislative developments on a state level—more county prosecutors are prosecuting human trafficking cases on behalf of the state compared to the ten years following the US TVPA. As federal prosecution is typically discussed in trainings across the state, and is accessible through local law enforcement and service providers, the strategies to address the high level of need for legal services is interpreted here to mean the need as a defendant. The authors caution that this may not be correct, and the need for legal services related to both civil and criminal cases as the complainant may be the intended meaning behind the needs assessment results. A focus group or further survey research would be necessary to determine this assertion. Based on the apparent state activism related to trafficking survivors charged with crimes, along with the public dissemination of federal prosecution related resources in the Northwest region, the following recommendations related to the need for legal defense are provided.

First, we recommend that the existing MO Supreme Court Task Force on HT, headed by Judge Burton, be contacted by regional coalitions to convene a meeting with the purpose of identifying key stakeholders and resources in the legal services arena operating in the region (the legal services portion of the Wave 1 resource guide may also be referred to). Next, the development of a working committee drawn from this group, focused on expanding HT

survivors' access to legal services in the Northwest region, could be developed. From this point, the working committee is tasked with identification of resources, community stakeholders, and policy makers to build funding and additional service capacity for HT survivors. The authors also recommend collaboration with local attorneys and bar associations to expand pro bono services for HT survivors and legal service credits with the aim of increasing the existing legal service capacity in the region for HT survivors. Collaboration with local HT organizations (e.g., Justice Project KC; CAHT; Break Every Chain), law schools (e.g. UMKC Law School), court staff and bar associations to uncover what additional training is needed for public defenders and volunteer attorneys is also recommended. Funding for such initiatives can be solicited from regional business/industry, private donors, and the public (such as the faith-based community). Developing a plan and delegating responsibilities to workgroup members to prepare grant applications and solicit public and private donations is called for. Ongoing work to increase pro bono work by private attorneys and related recruitment will be necessary in order to increase access to legal services by HT survivors. Policy interventions to increase legal service referrals by public defender programs and related funding will also need to be ongoing, along with training and resource needs to maintain pro bono representation/ participation. Motivating local coalitions to appeal to legislators and state policy makers to support funding for public defenders will also need to be ongoing. As the authors have written elsewhere, continuing the momentum toward expunging records of HT survivors and engaging in a large-scale public and political advocacy campaign will be necessary to pass the related legislation. Ostensibly, if the public calls for it, legislators are more likely to approve it.

Figure 13. Northwest Mo. Asset Map Mental Health, Crisis, and Legal Services



Performance Measure for Strategy
Mental Healthcare, Crisis Services, and Legal Services

Region: NW, MO

Date:

Resources:	Tasks:	Short Term Outcomes:	Medium Term outcomes:	Long Term outcomes:	Ultimate Outcomes:
<p>Mental Healthcare Mental Healthcare Providers (i.e., Burrell Behavioral Health; Family Guidance Center for Behavioral Health); MO-TIC Model Representative; KC CASE; Platte County HT Taskforce; HT Service Providers (i.e., Justice Project; Covering Center)</p>	<p>Create a regional HT-MH working group to identify access to mental healthcare barriers for survivors of trafficking and develop solutions to increase access.</p>	<p>1). All resources identify key personnel to participate in working group by 6/2020. 2). HT providers develop a survey targeting survivors and providers about barriers to care 6/2020.</p>	<p>1) Working group to discuss know access issues and begin brainstorming solutions (10/2020). 2) HT Providers disseminate survey to targeted populations (10/2020).</p>	<p>1) Working group to present proposed solutions to known barriers. 2) Survey results presented to working group 3) Working group begins strategizing solutions for identified barriers from survey.</p>	<p>Increase access to appropriate and adequate mental healthcare in the NW region.</p>
<p>Crisis Services Crisis Providers (i.e., Food Banks, Emergency Shelters) CAHT; KC CASE; Platte County HT Taskforce</p>	<p>To develop an implementation strategy to increase and train crisis service workers to</p>	<p>1. Schedule meeting with agency representatives to identify key stakeholders and resources by 3/2020</p>	<p>1. Collaborate with local coalitions to develop advocacy plan to meet defined needs by 6/2020</p>	<p>1. Propose policy interventions to obtain funding for service development and delivery by 11/2020</p>	<p>HT survivors and individuals vulnerable to HT receive available and accessible crisis services</p>

<p>HT Service Providers (i.e., Justice Project; Covering Center) Mental Health Boards</p> <p>Community Behavioral Health Centers</p> <p>MO Dep’t of Health</p> <p>KCPDs CITs</p> <p>Children’s Division</p>	<p>provide appropriate services to trafficking survivors (crisis response team)</p>	<p>2. Schedule meeting with key stakeholders to create working committee by 3/2020</p> <p>3. Determine need and define parameters of need for crisis services by 5/2020</p>	<p>2. Develop a working group to manage and carry out advocacy plan by 7/2020</p> <p>3. Collaborate with local coalitions to develop talking points for discussion with policymakers and constituents by 9/2020</p>	<p>2. Motivate coalitions to advocate legislators and other stakeholders to support funding for crisis services and service delivery units by 1/2021</p> <p>3. Prepare proposal and talking points for private business leaders (insurers) and foundations to bridge gap in public funding by 3/2021</p>	
<p>Legal Services</p> <p>MO Supreme Court Task Force on HT</p> <p>Missouri Public Defender</p> <p>Missouri court judges and administrators (in each county)</p>	<p>To develop an implementation strategy to increase funds available to hire and train public defenders to represent trafficking survivors</p>	<p>1. Schedule meeting with Task Force members to identify key stakeholders and resources by 12/2019</p> <p>2. Schedule meeting with key stakeholders to create working committee by 1/2020</p>	<p>1. Collaborate with local attorneys and bar associations to determine availability of pro bono services and legal service credits to increase existing legal service resources and increase attorney pro bono</p>	<p>1. Develop clinic at UMKC for law students to represent trafficking survivors at local area courts by 9/2020</p> <p>2. Increase pro bono private attorney</p>	<p>HT survivors and individuals vulnerable to HT receive available and accessible legal services</p>

<p>Local attorneys and bar members</p>		<p>3. Identify resources, stakeholders and key policy makers to approach regarding funding and creation of additional legal services by 2/2020</p>	<p>participation by 4/2020</p> <p>2. Collaborate with local HT agencies, court staff and bar associations (trainers) to determine what additional training may be necessary for existing PDs and volunteer attorneys by 5/2020</p> <p>3. Determine additional sources of funding (national and local) from public and private sources; determine availability of funds and devise timeline and responsibility for grant preparation and application by 7/2020</p>	<p>participation by 10/2020</p> <p>3. Propose policy interventions to increase funding for local PD programs to increase services to trafficking survivors by 12/2020</p> <p>4. Determine ongoing training and resource needs to maintain pro bono representation and respond to ongoing HT developments by 12/2020</p> <p>5. Motivate local coalitions to advocate to legislators and state policy makers to support PD funding and development by 12/2020</p>	
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***Note all of the timelines provided in the advocacy maps are for guidance only/ to provide recommended gaps between action steps. It is expected that they will be altered based on any community's start-date, to suit the needs of the collaborative partners, and to address feasibility within communities.**

Northeast Region. In this largely rural region, Kirksville and Hannibal are the larger communities, have a primarily industrial and agricultural based economy, and are in a rural corner of the state. Providers reported 20 survivors for this region, experiencing primarily sex trafficking (80%), 15% experienced both sex and labor, and 5% experienced labor trafficking. Among the sex trafficking survivors, about 40% experiences IPV based trafficking, followed by familial trafficking (34.8%). This region ranked *adult shelter, mental healthcare, and transitional housing* as the top three identified needs by service providers.

Northeast Missouri Strategies

Shelter for adults/ transitional housing. Shelter for adults and transitional housing were depicted as top tier needs by service providers in this region. Aims to address these needs include identifying barriers to shelter/ transitional housing access and utilization by HT survivors, and developing and implementing a strategy to address those barriers. To accomplish these aims, bringing together a focus group inviting key stakeholders identified in the Wave 1 resource guide, inclusive of shelter and transitional housing providers, is recommended to better understand the nature of the barriers/ accessibility issues experienced throughout the Northeast region. Based on the outcomes of the focus group, and the resulting identification of salient barriers to adult shelter/transitional housing, a specialized workgroup recruited from the key stakeholders can work to develop and implement a strategy to address the identified barriers.

An obvious recommendation indicated by both the resource guide and needs assessment results is to expand existing services, which requires funding. In order to build capacity, soliciting donations from area private business and industry is called for, such as through regional stakeholders. In addition, reviewing RFPs from groups like the Emergency Solutions

Grant, CCAFP grants, or private donors, as well as the local faith based community to enhance funding capacity may be beneficial.

Further, developing collaborative partnerships with stakeholders in state and private industries may work to build support towards housing independence for human trafficking survivors. For example, collaboration with employment services (e.g. Mers Goodwill, Missouri Job Center-Hannibal), business/industry, and/or local colleges and universities (e.g., Truman State University, Moberly Area Community College), can build support for economic independence and sustainability among HT survivors through collaborative employment initiatives and/or college application and financial aid application assistance. Developing MOUs and collaboration with industry, colleges and universities, and employment access services to achieve housing and economic independence is needed.

Existing evidence based responses to shelter/housing gaps should also be explored, such as utilizing services like Sheltered Alliance or Safe Collaborative (discussed previously). If there is sufficient interest and support in the Northeast region, developing an implementation plan to gain funding for utilization of this service, or something similar, is recommended. In addition, consistent with statewide and other regional recommendations, it is vital that advocacy efforts focus on extending foster care beyond the age of 18 in Missouri. Long term goals may include policy advocacy to gain funding for shelter/ transitional housing, and transitional residential living for those exiting foster care/ state custody. In addition, public relations campaigns are necessary to draw public and political attention, to build fundraising capacity among the public and legislative efforts. Finally, depending on the workgroup's assessment of Safe Shelter Collaborative, securing funding to implement this intervention may be a long term goal. Exploring microloans/ lending circles may also be a fruitful avenue for HT survivors in need of

crisis / emergency shelter. Microloans would aim to sustain a survivor until they were able to repay them. Similarly, lending circles could be developed among HT survivors. This monetary pot could be drawn from and replenished as needed. Starting funds could be solicited from the faith based community, local business/ industry, and/or private donors.

Mental healthcare. The existing research literature, as well as survivor memoirs, indicate that the trauma experienced by trafficking survivors may require therapeutic interventions. In the Northeast region, mental healthcare was ranked by needs assessment participants as a top tier need. Much of Northeastern Missouri is rural, and access to mental healthcare is somewhat limited to the more populous areas, such as Kirksville and Hannibal. In order to address this need and build capacity, a number of recommendations may be useful to regional stakeholders. First, before responding to a need, it is imperative to understand the contexts surrounding the need. In terms of mental healthcare, there may be regional contextual factors impacting service access and utilization beyond location. As a result, to adopt the most useful strategies, conducting focus groups with key stakeholders---those mental health service providers identified in Wave 1 of this project (see county resource guides), as well as coalition members and key service providers in other organizational sectors—is recommended. The aim of the focus groups is to identify the barriers to accessing mental healthcare and to brainstorm potential solutions. Recruitment from these groups to establish a task-oriented workgroup is also recommended; this workgroup is tasked with determining how to expand additional resources, and to identify any additional resources or partnerships with community stakeholders, on a local and state level. These are short-term goals.

Building from this base, the workgroup tasks include developing an implementation plan based on the identified barriers to accessing mental healthcare and resulting brainstormed

strategies. The workgroup can also estimate costs of providing additional mental healthcare capacity for HT survivors in the region, and develop related advocacy and funding plans.

Identifying service providers who may provide services remotely, such as through TeleHealth, to expand accessibility in rural areas and to find local therapists and clinics who may be willing to provide uninsured and sliding scale services for HT survivors to increase access for those with economic barriers are further medium term goals. Partnerships with local colleges and universities, local economic development councils, and mental health centers is recommended, to expand service capacity, build telehealth options, and increase local economic development.

Long-term goals include policy interventions to gain funding through legislative endeavors, invigorate coalition members and service providers to advocate for such legislation and to appeal to other community stakeholders, such as private donors, the faith based community, business and industry operating in the region and the public for funding. As indicated in the general strategies, expanding Medicaid will allow for increased access to mental healthcare. Advocating for expanded Medicaid to support the mental health needs of human trafficking survivors is imperative.

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Figure 14. NE Asset Map for Adult Crisis Shelter and Transitional Housing

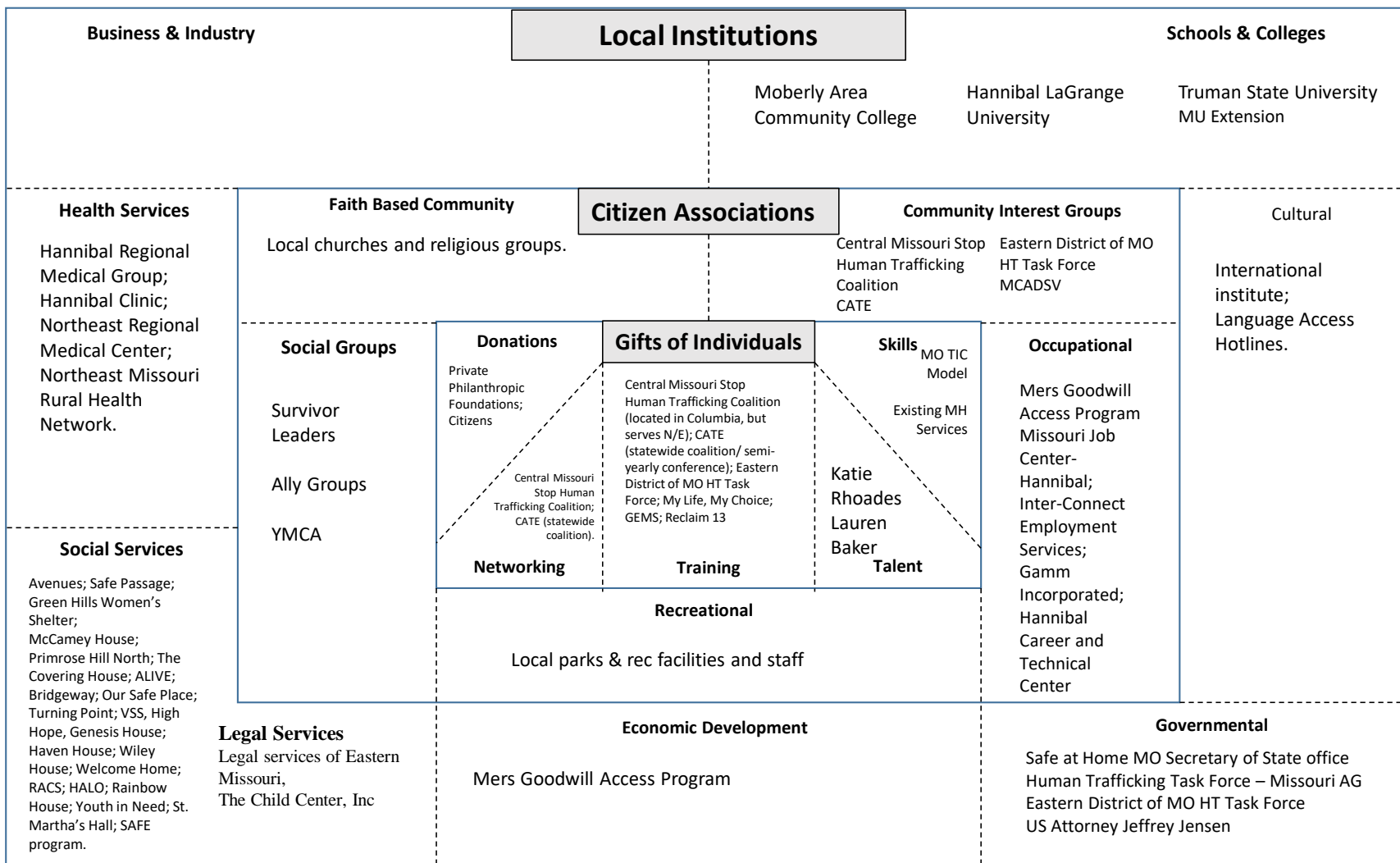
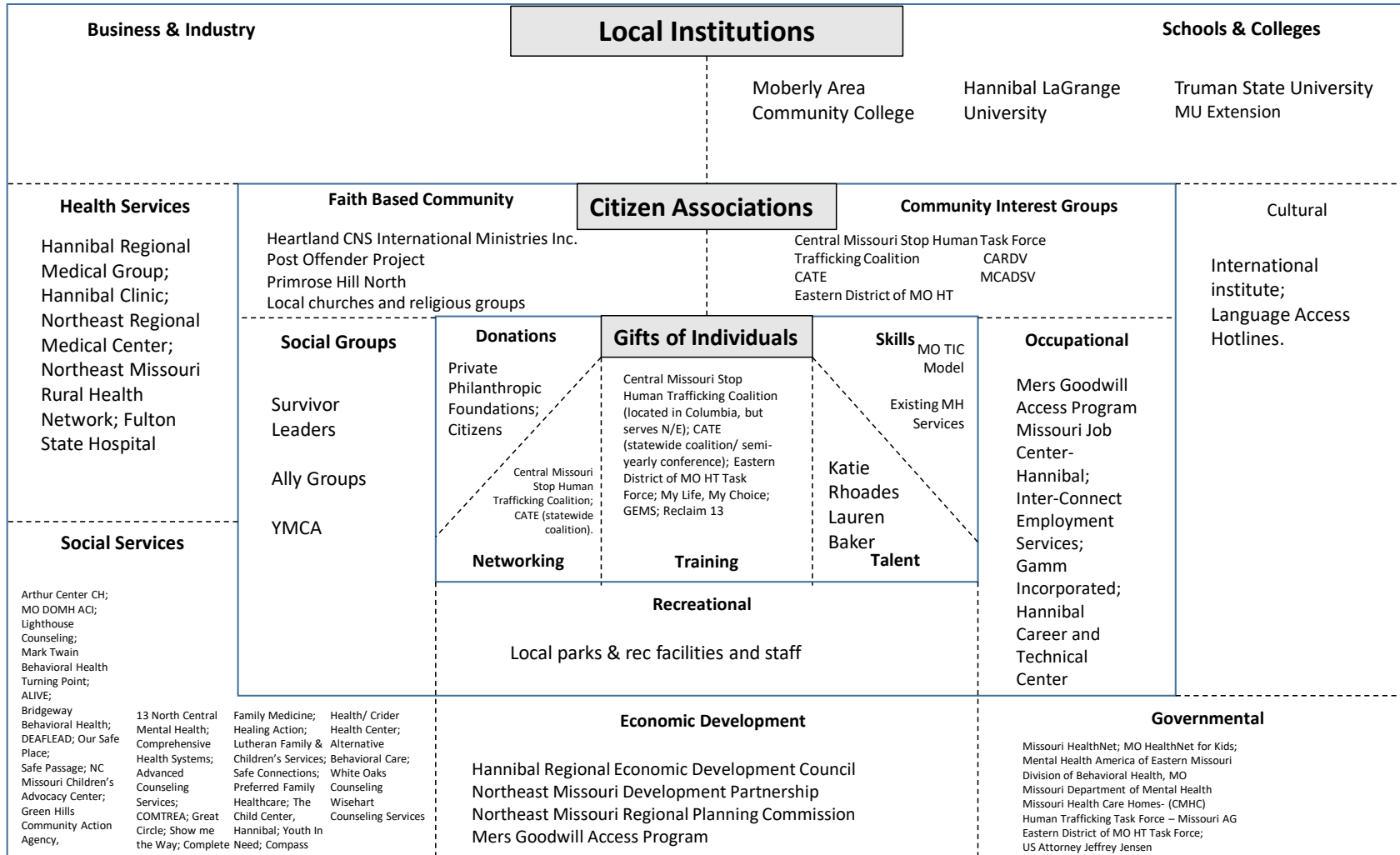


Figure 15. NE Asset Map for Mental Healthcare



Performance Measure for Strategy Achievements

Mental Healthcare

Region: Northeast, MO

Date:

Resources:	Tasks:	Short-Term Outcomes:	Medium-Term Outcomes:	Long-Term Outcomes:	Ultimate Outcome:
<p>Crisis/Transitional Housing</p> <p>Regional Anti-Trafficking Coalitions</p> <p>Regional DV & Homeless Shelters, and Transitional Housing.</p> <p>Regional caseworkers/social workers positioned to be able to identify barriers to accessing shelter & transitional housing.</p>	<p>1. To identify key barriers to accessing shelter & transitional housing by HT survivors.</p> <p>2. To develop an implementation strategy addressing the identified barriers to increase accessibility and utilization of shelter/transitional housing services available to trafficking survivors in the NE region of Missouri.</p>	<p>1. Schedule focus group inviting shelter, transitional housing, and adult shelter providers identified in Wave 1 of the research project serving NE Missouri to identify key barriers to accessing care and brainstorm solutions by 6/2020.</p> <p>2. Develop specialized workgroup/committee with these providers and area coalitions to determine how existing resources may be used or expanded and to identify additional resources and partnerships/</p>	<p>1. Collaborate with workgroup to develop implementation plan of top solutions identified in focus group and specialized workgroup by 10/2020</p> <p>2. Using evidence based solution “Safe Shelter Collaborative” used in other locations to address gaps in shelter/ transitional housing, develop implementation plan/proposal for funding that is informed by key stakeholders/ is regionally and contextually refined,</p>	<p>1. Propose policy interventions to obtain funding for service development and delivery by 2/2021, such as extending foster care funding for the state.</p> <p>2. Motivate coalitions and providers to advocate legislators and other stakeholders to support funding expansion for shelter and transitional housing by 4/2021.</p> <p>3. Prepare proposal and</p>	<p>Improve access/ reduce barriers to shelter/transitional housing for survivors of HT located in the Northeast Region of the state.</p>

		<p>stakeholders at the state level and in private industry by 7/2020</p> <p>3. Discuss and get sense of regional buy-in for evidence based solution “Safe Shelter Collaborative” used in other locations to address gaps in shelter/ transitional housing related services</p>	<p>in the NE region by 12/2020.</p> <p>3. Engage in advocacy effort to extend foster care funding (beyond age 18) for the state.</p> <p>4. Explore microloans/ lending circles and develop funding proposal and implementation plan, meet with key stakeholders.</p>	<p>talking points for industry, colleges and universities, and employment access services to actively participate in transitional housing to housing independence plan by 6/2021.</p> <p>4. Develop public relations campaign to motivate the public to become involved in advocacy and fundraising efforts to bridge funding gaps or resource needs by 8/2021.</p> <p>5. Secure funding to implement interventions such as “Safe Shelter Collaborative,” and use of microloans/lending circles.</p>	
Mental Healthcare		<p>1. Schedule focus group inviting HC & MH providers</p>	<p>1. Collaborate with local therapists and clinics to gauge</p>	<p>1. Propose policy interventions to obtain funding for</p>	<p>Improve access/ reduce barriers to mental healthcare</p>

<p>Regional Anti-Trafficking Coalitions</p> <p>Regional Mental Health/ Healthcare Services</p> <p>Regional caseworkers/social workers positioned to be able to identify barriers to accessing mental healthcare.</p>	<p>1) To identify key barriers to accessing mental healthcare by HT survivors.</p> <p>2) To develop an implementation strategy addressing the identified barriers to increase accessibility and utilization of mental health services available to trafficking survivors in the NE region of Missouri.</p>	<p>identified in Wave 1 of the research project in NE Missouri to identify key barriers to accessing care and brainstorm solutions by 7/2020.</p> <p>2. Schedule focus group with local coalitions and key service providers identified in Wave 1 of the research project in NE Missouri to identify key barriers to accessing MH in the region and brainstorm solutions by 6/2020.</p> <p>3. Recruit from these groups to develop specialized workgroup/committee to determine how existing resources may be used and to identify additional resources and partnerships/ stakeholders at the</p>	<p>interest and build support for incorporating uninsured and sliding fee services for HT survivors (for those who do not already have them) into existing practices by 10/2020</p> <p>2. Identify service providers who may be willing to provide services to individuals within the service region remotely (Tele Health) by 12/2020.</p> <p>3. Determine amount of costs for additional services to meet identified need/demand and create proposal for funding by 12/2020.</p> <p>5. Collaborate with specialized workgroup/committee to develop advocacy and funding plan, and</p>	<p>service development and delivery by 2/2021.</p> <p>2. Motivate coalitions and providers to advocate legislators and other stakeholders to support funding expansion for mental health services and service delivery units by 4/2012.</p> <p>3. Prepare proposal and talking points for private business leaders (insurers) and foundations to bridge gap in public funding by 6/2021.</p> <p>4. Develop public relations campaign to motivate the public to become involved in</p>	<p>for survivors of HT located in the Northeast Region of the state.</p>
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		state level and in private industry by 7/2020.	<p>talking points by 2/2021.</p> <p>6. Develop any additional implementation plans to accomplish the strategies identified in the focus groups to address the identified barriers by 10/2020.</p>	<p>advocacy and fundraising efforts and awareness of MH needs among HT survivors in the state, to bridge funding gaps or resource needs by 8/2021.</p>	
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***Note all of the timelines provided in the advocacy maps are for guidance only/ to provide recommended gaps between action steps. It is expected that they will be altered based on any community’s start-date, to suit the needs of the collaborative partners, and to address feasibility within communities.**

Kansas City Region. This region includes the city of Kansas City, MO and extends to Carrolton, MO. The KC region includes one of the major economic hubs for the state as well as the nation and is home to regional tourism, industry and trade centers; it is also a rapidly growing metropolitan area. The KC region received one of the first Department of Justice and Rescue and Restore Coalition grants to establish an anti-trafficking presence. At one time, this region was considered a leader in trafficking prosecution in the nation (Duncan, 2013). In this region, providers reported 119 survivors of trafficking had been identified in the prior 12 months—almost all sex trafficking related (93.3%), experiencing both IPV and pimp/manager types of sex trafficking. The top three identified needs in this region were *mental health, crisis services, and legal services* (see figure 4). Because of the variety of services available in this region, three asset maps were created for each of the top needs; however, one performance model was created that addresses all three needs.

Kansas City, MO Regional Strategies

Mental Health and Crisis Services. We propose that the local and statewide coalitions organize a strategy initiative among regional mental health providers (clinicians and hospitals), [MO-TIC model](#), regional anti-trafficking coalitions, CATE, and regional trafficking service providers to address the need for enhanced and better integrated trauma-informed crisis response and mental health intervention. Survivor leaders should also participate in this group to ensure it is as survivor informed as possible.

The primary objective of this group will be to increase access to appropriate, adequate, and trauma informed mental healthcare and crisis services for survivors of trafficking in the region. To do this, the group will investigate barriers to mental healthcare and crisis response in the region for survivors of trafficking and develop solutions to these identified barriers. These

solutions should be survivor and evidenced informed and should be evaluated and modified accordingly. This work group should enlist the assistance of regional academic research partners (e.g., UMKC) to ensure solutions and interventions are empirically based and disseminated to enhance knowledge about mental health interventions with survivors of trafficking within the field. Moreover, this group should enlist assistance from resource partners such as MU Extension to increase resource connections and develop potential solutions to these identified needs.

The second primary objective will be to establish an interdisciplinary rapid-crisis-response team for identified trafficking survivors. Potential models for replication could be similar to [Project REACH](#), which is a mobile response mental health team who are deployed nationally to help stabilize pre-certified human trafficking survivors experiencing extreme mental health crisis upon entering aftercare. This program is designed initially for international survivors of human trafficking and provides training and consultation assistance to local organizations. We hypothesize that it may be beneficial for the region to develop a smaller version of this response team and network of local providers, including the [MO-TIC Model](#), able to respond to the nuanced needs of trafficking survivors.

Another model, found in Fort Worth, Texas, that may be of interest to replicate in the KC area is the [Mental Health Law Liaison](#) which provides 24/7 mental health intervention to assist responding law enforcement officers and the [iCARE](#) team which also provides 24-hour crisis response for people experiencing mental health or substance use crisis. These programs aim to integrate trauma-informed response to mental health crisis to ensure appropriate public and individual safety goals are met. These teams generally work closely with law enforcement officers and are beneficial in preventing unnecessary incarceration or other legal recourse. Additionally, the work group should attempt to collaborate with potential partners such as the

[KCPD's CIT](#), MO Department of MH, Health, and [KC Mayor's Taskforce to Prevent Suicide](#) to ensure cross-disciplinary pollination of ideas and interventions and strengthen understandings about intersections with human trafficking.

Moreover, collaborations with business and economic development partners such as the [Economic Development Corp of Kansas City](#), [KC Area of Development Council](#) may provide opportunities for training and capacity building. Potential business partners might also include [Missouri Small Business Council \(UMKC\)](#) to develop donor and fundraising bases to bridge potential public funding gaps.

Legal Assistance. For this strategy, we suggest initially developing a network of attorneys and legal advocates who have knowledge about human trafficking and case proceedings. This network of providers could be accessed by human trafficking service providers to rapidly and appropriately address the complex legal needs of survivors. Additionally, we suggest a longer-term strategy of mobilizing this network to support a specialized prosecutorial unit focused on human trafficking cases. There has been some anecdotal conversation around the state regarding the establishment of a [Human Trafficking Court](#), based on problem-solving court models like Drug Courts and the like, which would ultimately satisfy this strategy as well. Some states have mandated these courts in municipalities over a certain population (see: Blakey et al., 2017). At this time, it is unclear to us where conversations currently are about the progress toward a solution-based court program for trafficking survivors. Evidence around the success of these programs, sometimes referred to as Prostitution Diversion Courts, is largely inconclusive (Kendis, 2019; Koelger et al., 2019). However, specialized and informed attention to the unique needs and circumstances around human trafficking logically stands to at least somewhat improve outcomes for survivors. Across

the nation, there are a number of different courts with varying processes (see: [RISE Program](#); [CATCH Court](#); [Chicago Prostitution and Trafficking Intervention Court](#)). More research around these programs is needed to improve overall effectiveness of these programs; or their unsuitability, as such, should the KC region establish a Human Trafficking Court, we strongly urge administrators to work collaboratively with area and statewide researchers to evaluate the intervention, modify as needed, and establish it as an evidence-based protocol. Doing so will ensure reduced opportunities for potential harm done to participants, increase knowledge within the field, and increase the ease by which the program can be replicated elsewhere.

Figure 16. KC Region Asset Map: Mental Health

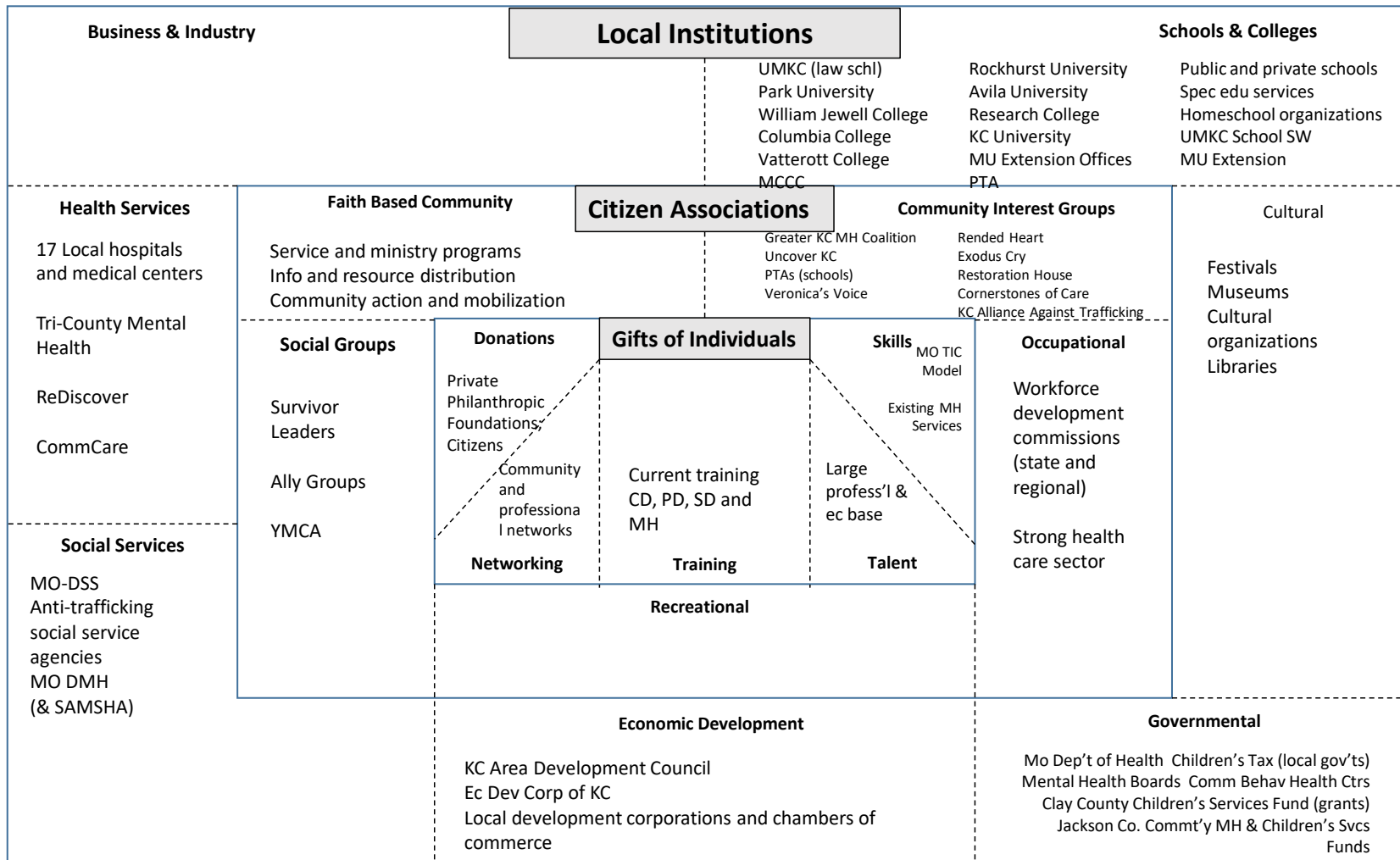


Figure 17. KC Region Asset Map: Crisis Services

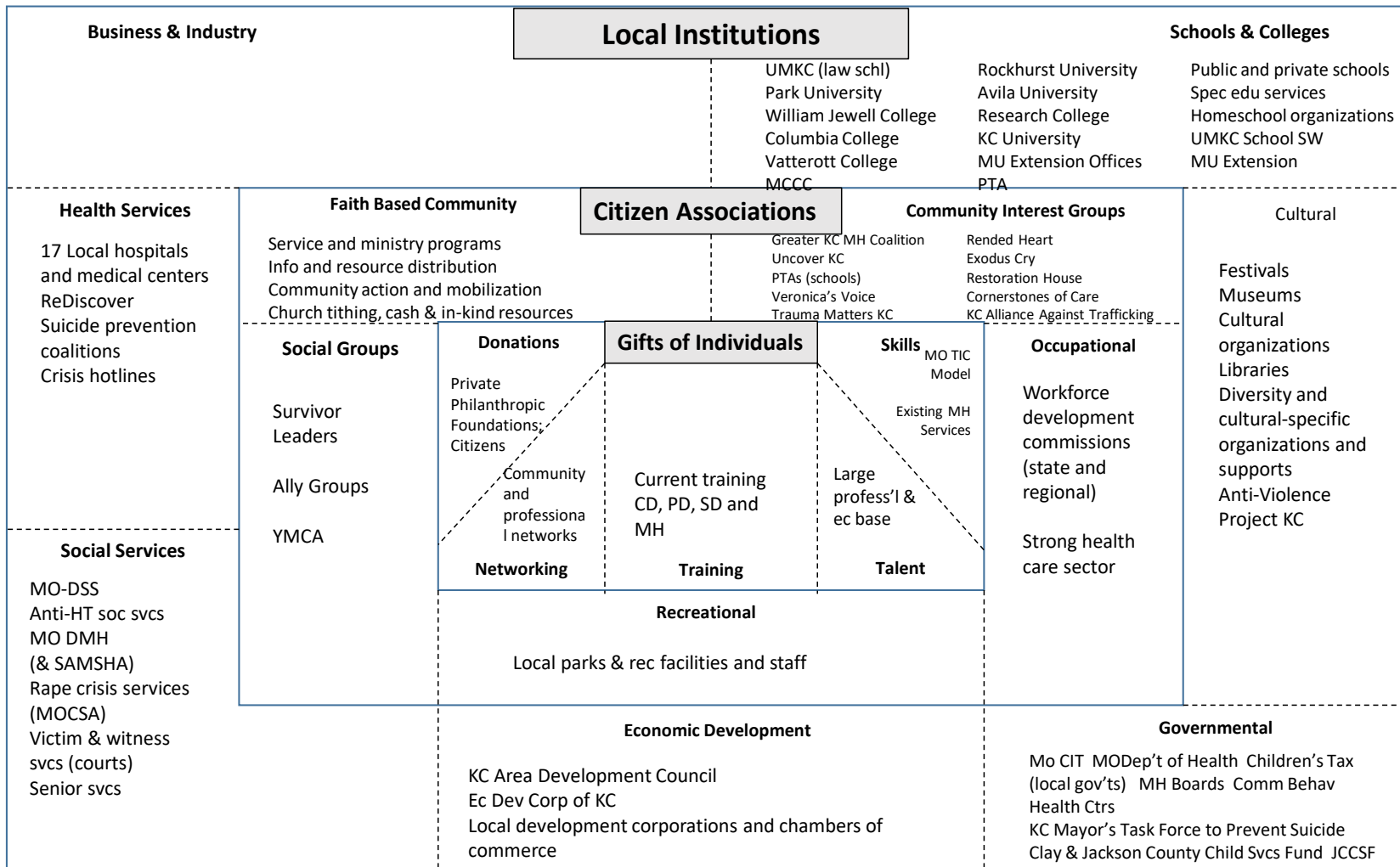
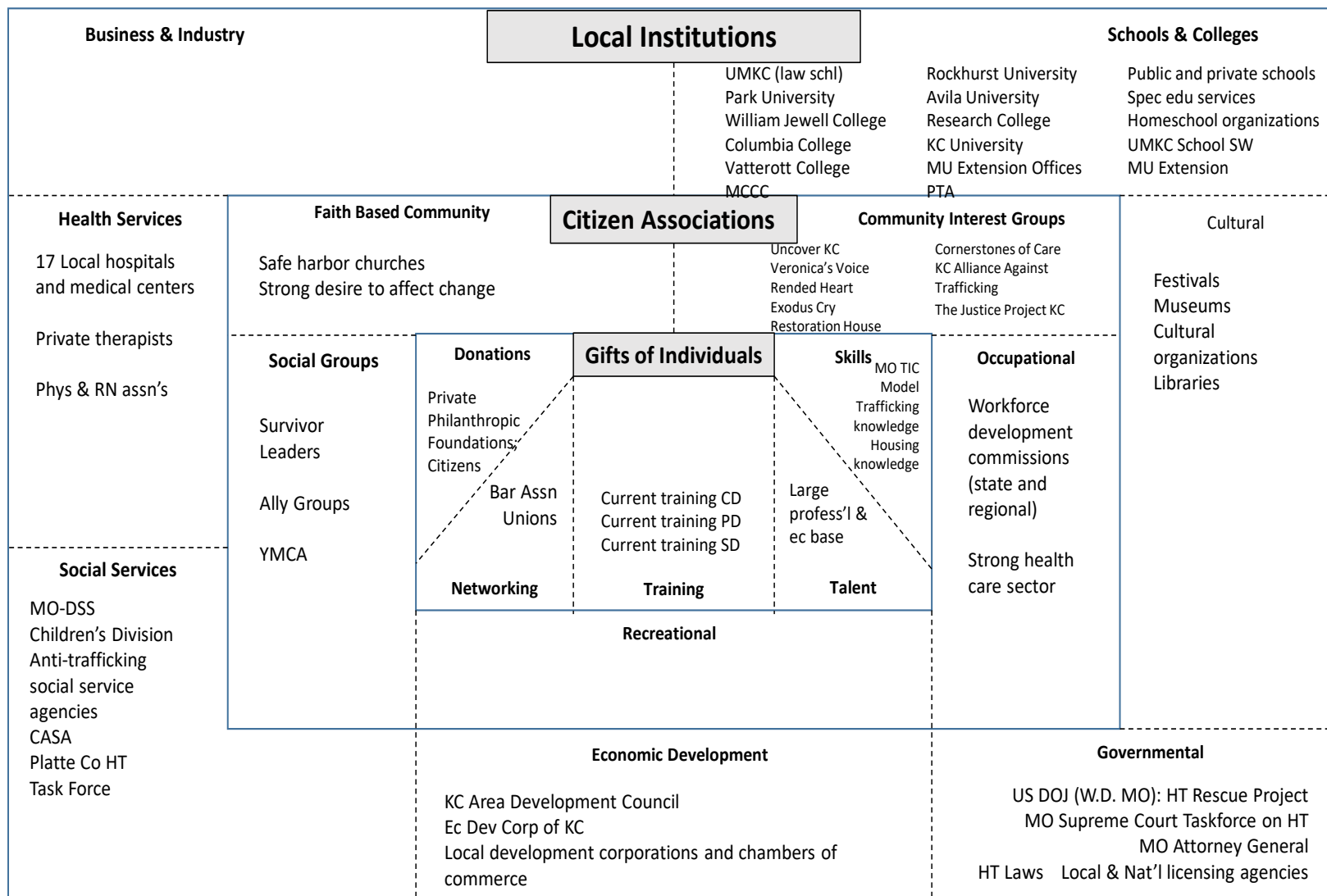


Figure 18. KC Region Asset Map: Legal Services



Performance Measure for Strategy Achievements

Mental Health, Crisis Services, Legal Assistance

Region: Kansas City, MO

Date:

Resources:	Tasks:	Short Term Outcomes:	Medium Term outcomes:	Long Term outcomes:	Ultimate Outcome:
<p>Crisis Services</p> <p>County Public Health Departments</p> <p>MO Dep’t of Health</p> <p>KC Coalition Against Human Trafficking (CAHT)</p>	<p>To develop an implementation strategy to make mental health services available to trafficking survivors</p>	<p>1. Schedule meeting with department heads to determine existing mental health resources within each county by 4/2020.</p> <p>2. Collaborate with local coalitions to determine need and issues concerning mental health that affect trafficked population by 4/2020.</p> <p>3. Create working group to determine how existing resources</p>	<p>1. Collaborate with local therapists and clinics to gauge interest and build support for incorporating uninsured and sliding fee services into existing practices by 6/2020.</p> <p>2. Identify alternate and accessible locations where mental health services may be provided in urban and rural areas within the service region by 8/2020.</p>	<p>1. Propose policy interventions to obtain funding for service development and delivery by 2/2021.</p> <p>2. Motivate coalitions to advocate legislators and other stakeholders to support funding for mental health services and service delivery units by 4/2021.</p> <p>3. Prepare proposal and talking points for private business leaders (insurers)</p>	<p>Survivors will have appropriate and accessible crisis services.</p>

		<p>may be used and to identify additional resources and stakeholders at the state level and in private industry by 6/2020.</p>	<p>3. Identify service providers who may be willing to provide services to individuals within the service region or remotely (Tele Health) by 8/2020.</p> <p>4. Determine amount of costs for additional services to meet identified need and create proposal for funding by 10/2020.</p> <p>5. Collaborate with local coalitions to develop advocacy and funding plan, and talking points by 12/2020.</p>	<p>and foundations to bridge gap in public funding by 6/2021.</p> <p>4. Develop public relations campaign to motivate the public to become involved in advocacy and fundraising efforts to bridge any remaining funding gap or resource needs by 8/2021.</p>	
<p>Mental Healthcare</p> <p>Mental Health Boards</p> <p>Community Behavioral Health Centers</p>	<p>To develop an implementation strategy to increase funds available to hire and train crisis service</p>	<p>1. Schedule meeting with agency representatives to identify key stakeholders and</p>	<p>1. Collaborate with local coalitions to develop advocacy plan to meet defined needs by 6/2020.</p>	<p>1. Propose policy interventions to obtain funding for service development and delivery by 11/2020.</p>	<p>HT survivors and individuals vulnerable to HT receive available and accessible crisis services</p>

<p>MO Dep't of Health KCPDs CITs</p>	<p>workers to provide appropriate services to trafficking survivors (crisis response team)</p>	<p>resources by 4/2020. 2. Schedule meeting with key stakeholders to create working committee by 4/2020. 3. Determine need and define parameters of need for crisis services by 6/2020.</p>	<p>2. Develop a working group to manage and carry out advocacy plan by 8/2020. 3. Collaborate with local coalitions to develop talking points for discussion with policymakers and constituents by 12/2020.</p>	<p>2. Motivate coalitions to advocate legislators and other stakeholders to support funding for crisis services and service delivery units by 1/2021. 3. Prepare proposal and talking points for private business leaders (insurers) and foundations to bridge gap in public funding by 3/2021.</p>	
<p>Legal Services MO Supreme Court Task Force on HT Missouri Public Defender</p>	<p>To develop an implementation strategy to increase funds available to hire and train public defenders to represent trafficking survivors</p>	<p>1. Schedule meeting with Task Force members to identify key stakeholders and resources by 4/2020. 2. Schedule meeting with key stakeholders to create working</p>	<p>1. Collaborate with local attorneys and bar associations to determine availability of pro bono services and legal service credits to increase existing legal service resources and increase</p>	<p>1. Develop clinic at UMKC for law students to represent trafficking survivors at local area courts by 9/2020. 2. Increase pro bono private attorney</p>	<p>HT survivors and individuals vulnerable to HT receive available and accessible legal services</p>

<p>Missouri court judges and administrators (in each county)</p> <p>Local attorneys and bar members</p>		<p>committee by 4/2020.</p> <p>3. Identify resources, stakeholders and key policy makers to approach regarding funding and creation of additional legal services by 6/2020.</p>	<p>attorney pro bono participation by 6/2020.</p> <p>2. Collaborate with local HT agencies, court staff and bar associations (trainers) to determine what additional training may be necessary for existing PDs and volunteer attorneys by 7/2020.</p> <p>3. Determine additional sources of funding (national and local) from public and private sources; determine availability of funds and devise timeline and responsibility for grant preparation and application by 9/2020.</p>	<p>participation by 10/2020.</p> <p>3. Propose policy interventions to increase funding for local PD programs to increase services to trafficking survivors by 12/2020.</p> <p>4. Determine ongoing training and resource needs to maintain pro bono representation and respond to ongoing HT developments by 12/2020.</p> <p>5. Motivate local coalitions to advocate to legislators and state policy makers to support PD funding and development by 12/2020.</p>	
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***Note all of the timelines provided in the advocacy maps are for guidance only/ to provide recommended gaps between action steps. It is expected that they will be altered based on any community's start-date, to suit the needs of the collaborative partners, and to address feasibility within communities.**

Central Region. *Mental health, transportation, and adult shelter* among the top three needs identified by providers in the region (see Figure 4). As described in the needs assessment, this region hosts a variety of educational, economic, and governmental headquarters for the state with access to these resources easy. By appearances this region has many local and state resources to support anti-trafficking efforts, but because this area serves not only the suburban cities of Columbia, Jefferson City, and the Lake of the Ozarks, but the surrounding rural region as well, these services are often overburdened. This region reported a total of 28 survivors identified in the previous 12 months, mostly experiencing sex trafficking (93%). These survivors experienced primarily IPV based sex trafficking.

Central Missouri Regional Strategies

Mental health. We propose the formation of a working group to focus on broadening and increasing access and capacity for providing appropriate trauma-informed care. This group would consist of mental health providers (clinicians and hospitals; DSV, Substance Use, and homelessness providers), [MO-TIC model representatives](#), regional anti-trafficking coalitions, CATE, and regional trafficking service providers. Survivor leaders should also participate in this group to ensure it is as survivor informed as possible.

The primary objective of this group will be to create a network of informed professionals that can increase access to appropriate, adequate, and trauma informed mental healthcare for survivors of trafficking in the region. To do this, the group will investigate barriers to mental healthcare in the region for survivors of trafficking and develop solutions to these identified barriers. These solutions should be survivor and evidence informed and should be evaluated and modified accordingly. This work group should enlist the assistance of regional academic research partners (e.g., University of Missouri; University of Central Missouri) to ensure

solutions and interventions are empirically based and disseminated to enhance knowledge about mental health interventions with survivors of trafficking within the field. Moreover, this group should enlist assistance from resource partners such as MU Extension to increase resource connections and develop potential solutions to these identified needs and increase training capacity. Potential business partners might also include [Central Missouri Economic Development Alliance](#) to develop donor and fundraising bases, local foundations (e.g., [Shelter Foundation](#) and [Veteran's United Foundation](#)) and faith based initiatives to bridge potential gaps in public funding for mental health and other services needed to support mental health.

Transportation. Transportation is an issue in this largely rural area of the state which makes access to needed aftercare services more challenging for survivors of trafficking. We recommend that stakeholders such as the [Volunteer Action Center](#) and the [Central Missouri Community Action Center](#), [city bus administrators](#), human trafficking providers, survivors, private taxi companies and others create an alliance working to reduce barriers to accessible transit in the central Missouri area. The first step is to identify transit leaders and work to connect these systems through collaborative agreements to facilitate access to transit. Next, we recommend the development and implementation of training regarding trafficking to all transit offers to ensure trauma-informed interactions and raise awareness regarding trafficking identification and response. Finally, these partnerships and transit solutions should be evaluated and monitored for continued improvement to meet the needs of survivors throughout the region. Additionally, these providers ought to work closely with the [Central Missouri Economic Development Alliance](#) to facilitate the development of protective resources to help prevent potential vulnerabilities to becoming re-trafficked due to poverty and isolation.

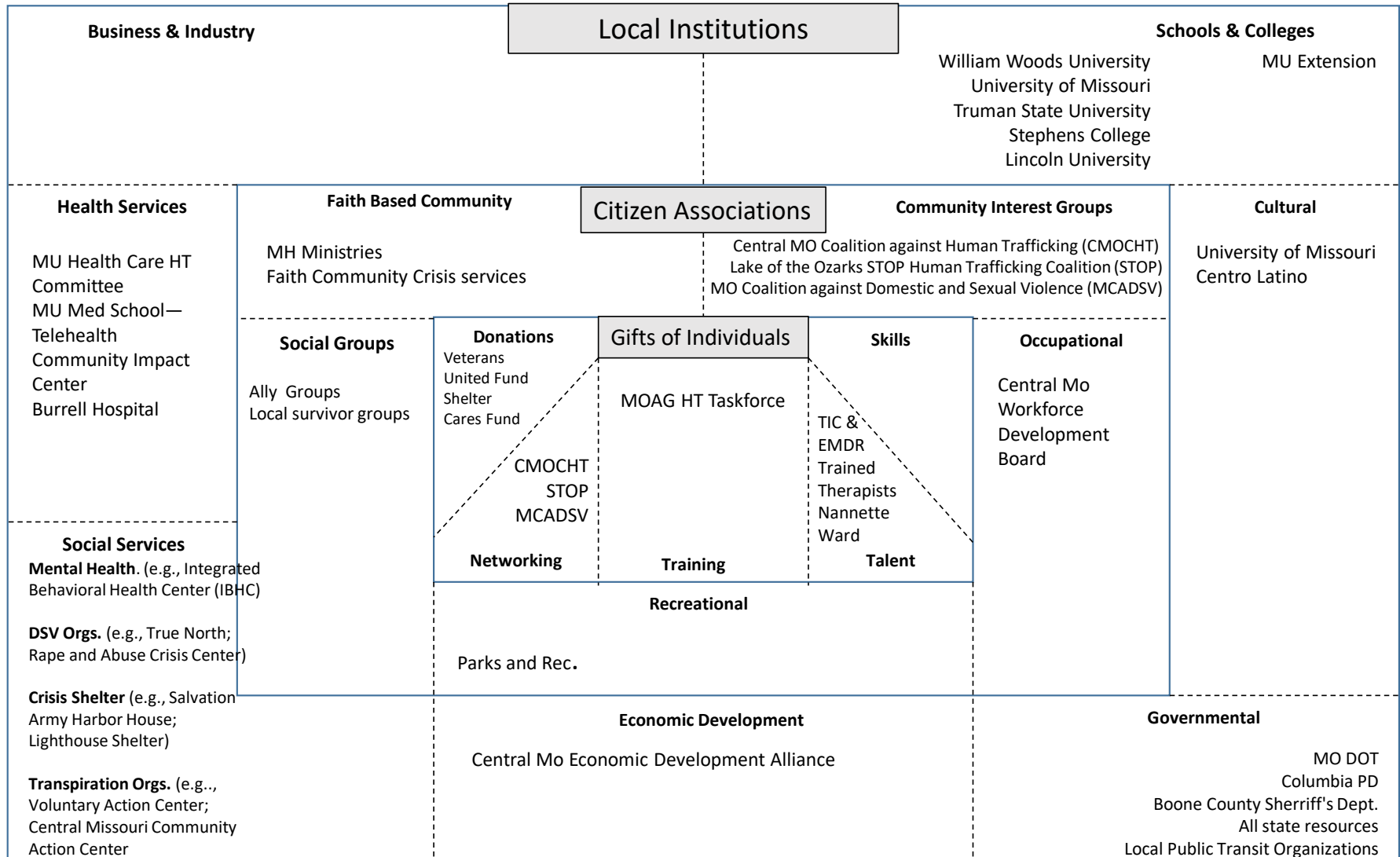
Adult shelter. In the logic model, we propose the development of a strategy to make housing (crisis and longer-term) more accessible to survivors of trafficking in the region by first training response staff about trafficking and intersections with DSV and homelessness (i.e., [Salvation Army Harbor House](#)). Next, we recommend connecting housing service providers together in a taskforce and through an MOU expressing their intent to collaborate to more seamlessly provide rapid shelter and housing relief to survivors of trafficking. This working group will identify access barriers and structural needs in the region. This exercise is likely to achieve a coordinated solution among faith-based initiatives related to housing responses as well as all shelter, DSV, and HT providers. The key will be to continually monitor the progress toward the ultimate goal.

Evidence is beginning to show that there are clearly important overlaps between the needs of DSV and HT survivors such that primarily DSV targeted agencies theoretically ought to be able to shelter HT survivors. However, in practice, practitioners are finding important nuances suggesting that minimum modifications to existing DSV services are needed for trafficking survivors ([Futures without Violence, 2019](#)). While more research is needed to better understand what is observed in practice, we do have some understandings about how DSV agencies can do to offer services for trafficking survivors. Absent in this discussion about DSV agencies serving trafficking survivors is the male survivor and female survivors who have not experienced IPV related trauma and as such would not be eligible to received services from a DSV agency. Practice suggests that homeless shelters are not always “good-fits” to address the complex needs of these trafficking survivors ([Freedom Network, 2019](#); [Polaris Project, 2018](#); [Walsh, 2016](#)) particularly among LGBTQ survivors (Choi, Wilson, Shelton, & Gates, 2015; Dank et al., 2015; Murphy, 2017); yet, with limited human trafficking specific shelter services available, options

are severely constrained for these survivors. Hence, partnership with the [Safe Shelter Collaborative](#) is important to facilitate rapid and appropriate placement of these survivors of trafficking.

Not directly involved, but which may prove to be useful are collaborations between economic development organizations in the area such as [Central Missouri Economic Development Alliance](#), which could help fundraising efforts and work to minimize structural obstacles for addressing the shelter needs of trafficking survivors and assist in developing future safeguards against economic instability among survivors, and engage in fundraising, and capacity building among response agencies if these collaborations have not been formed already. Utilizing the expertise and creative works of area [University of Missouri Extension](#) and [University of Central Missouri](#) faculty may spur additional solutions not yet thought of and offer assistance with research to empirically evaluate these solutions. Local foundations (e.g., [Shelter Foundation](#) and [Veteran's United Foundation](#)) and faith based initiatives could also be brought in to bridge potential gaps in public funding for housing needs.

Figure 19. Central Region Asset Map Mental Health, Transportation, & Adult Shelter



Performance Measure for Strategy Achievements

Central Region: Mental Health, Transportation, & Adult Shelter

Region: CEN

Resources:	Tasks:	Short Term Outcomes:	Medium Term outcomes:	Long Term outcomes:	Ultimate Outcome:
<p>Transportation</p> <p>MCASDV, HT Coalitions, VAC, CMCAC</p>	<p>Advocate for increased transportation, shelter, and MH care access for HT survivors</p> <p>Develop a plan to involve foundation/philanthropists in meeting the needs of survivors</p> <p>Develop cooperative agreement protocol among providers re: services expectations & referral</p>	<p>1.Survey all MH and transportation agencies to see which can participate in cooperative agreement</p> <p>2. Create allies community for outreach and public awareness.</p> <p>3.Convene PD, SD, coalition True North to begin developing response protocol.</p>	<p>1. Develop framework for transportation policies for HT survivors to access MG, PH, and employment services.</p> <p>2. Train ally members, community on appropriate EB messaging re: trafficking.</p> <p>3. Formalize protocol</p>	<p>1. Implement mechanism for HT transport.</p> <p>2. Evaluate training and implement quality control of presentations</p> <p>3. Meet monthly re: protocol and trouble shooting and evaluation</p>	<p>Increase access and appropriate mental health care and shelter for adult survivors of trafficking in the region.</p>

<p>Crisis Shelter</p> <p>MO HUD COMO Housing Authority Regional Homeless Shelters Faith-based Initiatives</p>	<p>Increase local housing accessibility for housing and shelter options</p>	<p>1. Provide HT awareness for shelter & housing staff 2. Form a policy review committee between housing and HT professionals</p>	<p>1. Implement review recommendation for shelter and housing 2. ID local foundation with interested in housing instability to establish partnership</p>	<p>1. Review outcomes of policy recommendations to ensure meeting goals. 2. Approach foundation about developing rapid rehousing plan.</p>	<p>Increase access and appropriate mental health care and shelter for adult survivors of trafficking in the region.</p>
<p>Mental Healthcare</p> <p>True North, IBHC, Burrell, Private MH therapists, Community Impact Center</p>	<p>Develop specialized group of trained MH professionals knowledgeable re: trafficking Develop agreements re: MH/SUD and housing instability with HT survivors</p>	<p>1. Gather list of able and willing local MH professionals to create an MH response unit for trafficked individuals.</p>	<p>1. Convene a stakeholder meeting to discuss and improve housing issues for HT survivors with MH and SUD comorbidity 2. Discuss staff review board for committee to strategize hard to</p>	<p>1. Maintain this network 2. Continue meetings to minatory and address issues that come up 3. Monitor and evaluate staffing group.</p>	<p>Increase access and appropriate mental health care and shelter for adult survivors of trafficking in the region.</p>

			place clients.		
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***Note all of the timelines provided in the advocacy maps are for guidance only/ to provide recommended gaps between action steps. It is expected that they will be altered based on any community's start-date, to suit the needs of the collaborative partners, and to address feasibility within communities.**

Conclusion

In conclusion, this report aimed to provide strategic action plans for Missouri and the regions within the state, as well as the Metro East St. Louis region. By showing the ways collaborative models can be used to address the top needs identified statewide and regionally, our goal was to assist service providers and community stakeholders to provide a meaningful response to human trafficking. The advocacy maps and narratives are intended to provide an example, or basic guide, that stakeholders can use to discuss and refine their strategies. We hope that providing these tools will assist in the response to human trafficking, to better provide support to human trafficking survivors and their needs. Our recommendations and exploration into each region also resulted in a set of research recommendations for the future. This can be found in Appendix A at the end of this document.

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Appendix A

Future Research

Future Research

- Explore possibility of establishing and evaluating the effectiveness of ROSCA or “lending circle” options for individuals engaging in commercial sex to help smooth life transitions.

- Work with SafeShelter Collaborative or Sheltered Alliance to increase real time knowledge about shelter options for survivors in crisis.
- Broaden and validate prevention curricula to be inclusive of older teen, young adults, and gender/sexual minorities.
- Monitor regional anti-trafficking efforts through the performance measure models provided in this report. Assess whether this tool helps regions implement more comprehensive and effective anti-trafficking efforts as well as increase collaboration among resources.
- Facilitate and evaluate the effectiveness of a statewide provider conference to streamline strategic investments.
-
- Expand extension ECHO trainings to law enforcement for rural IPV responses, incorporate trafficking into the training.

Provider Suggestions

- Providers urged research around state level crisis services and mental health stabilization. Establish a tele-health room for trafficking survivors to receive mental health and substance use support by a group of skilled, licensed therapists to develop a mobile response unit to support the needs of survivors with mental health crises and/or exiting stabilization. Establish and evaluate the effectiveness of this method to uncover a possible approach to mitigating crisis shelter needs in areas with low or no options available for trafficking survivors.
- Providers urged for regionally unique responses to be vetted and evaluated for best-practice approaches.
- Providers noted the need for policy analysis of human trafficking and DSV agency and state level policies to examine potential conflicting and unintended consequences of these policies. In addition, they urged for the training of DSV staff on the unintended consequences of agency and state level policies in relation to trafficking survivors and how to troubleshoot these issues as they arise.

Appendix B

Missouri Trauma Informed Providers Consultants

Participants from the 2018 State Trauma Summit on Sensory and Somatic Tools

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