

Michigan Human Trafficking Health Advisory Board

2015 Annual Report



RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Pursuant to Public Act 461 of 2014, the members of the Michigan Human Trafficking Health Advisory Board developed this annual report to detail the Board's activities and recommendations for improving health and mental health services for victims of human trafficking. The report is submitted to the chairs of the committees concerned with health policy of the Michigan Senate and House of Representatives.

Board Members

Chairperson Erin Diamond, of Livonia, represents individuals with experience and expertise in the fields of human trafficking prevention and intervention and the treatment of human trafficking survivors.

Vice Chairperson Elizabeth Hertel, of East Lansing, is the policy and legislative director at the Michigan Department of Health and Human Services. Ms. Hertel serves as a designated representative from the Michigan Department of Health and Human Services.

Dr. Jeffrey Jackson, M.D., of Grand Rapids, represents mental health professionals.

Sheila Meshinski, R.N., of Macomb, represents registered professional nurses with experience in an emergency department, emergency room, or trauma center of a hospital.

Dr. Dena Nazer, M.D., of Detroit, represents individuals licensed to practice medicine and was recommended by the Speaker of the House.

Brigette Robarge, of Belleville, represents human trafficking survivors.

Ruth Rondon, of Wyoming, represents human trafficking survivors.

Dr. Subburaman Sivakumar, M.D., of Northville Township, represents individuals licensed to practice medicine and was recommended by the Senate Majority Leader.

Steve Yager, of Lansing, is executive director of the Children's Services Agency at the Michigan Department of Health and Human Services. Mr. Yager serves as a designated representative from the Michigan Department of Health and Human Services.

Contents

- Executive Summary..... 4
- Introduction..... 6
- Background..... 7
- Work Summary 8
- Recommendations..... 13
- Conclusion 19

Executive Summary

Human trafficking is the recruitment, harboring, transporting, providing, or obtaining of a person for compelled labor or commercial sex acts through the use of force, fraud, or coercion, or if the individual induced to perform a commercial sex act is under 18 years old. In other words, human trafficking is modern slavery. Human trafficking exists in every state across the country, including Michigan. Victims of human trafficking can be anyone—male or female, child or adult, domestic or international.

Human trafficking is also a health problem, and the healthcare community can play an integral role in stopping it. Healthcare professionals need the training and tools to properly identify, treat, and connect victims with community resources.

In October 2014, Governor Rick Snyder signed into law a package of bills specifically geared toward strengthening statewide efforts to combat human trafficking. One of these bills created the Michigan Human Trafficking Health Advisory Board, a public advisory body comprised of health and mental health professionals, human trafficking prevention experts, government agency representatives, and survivors of human trafficking. The Michigan Human Trafficking Health Advisory Board's mission is to improve the quality of and access to health and mental health services for victims of human trafficking.

This is the Board's inaugural annual report to the legislature on its activities. The report includes a summary of the Board's work in 2015 and recommendations from the Board for future projects.

Work Summary:

1. Developing a human trafficking protocol for hospitals and emergency departments
2. Partnering with the social work program at Eastern Michigan University to create a Michigan human trafficking resource guide
3. Collaborating with the Michigan Human Trafficking Commission to identify and recommend training for healthcare professionals
4. Collaborating with Children's Protective Services to update and revise the *Human Trafficking Of Children Protocol*
5. Developing a survey to gather information about victim services
6. Organizing a statewide calendar of human trafficking training and education events for healthcare professionals

Recommendations:

- Develop and implement a standardized human trafficking protocol for hospitals and emergency departments
- Implement a screening tool for child victims at Child and Adolescent Health Centers
- Improve training for mental health professionals and create a directory of mental health professionals with expertise on human trafficking

- Partner with state healthcare organizations and associations to create a coordinated statewide human trafficking awareness campaign for healthcare professionals
- Create a directory of shelters and housing locations that are properly trained to accommodate victims of trafficking
- Improve access to life skills training for victims aging out of youth programs
- Work with Michigan State Housing and Development Authority (MSHDA) to improve access to housing assistance for trafficking victims
- Create and distribute a resource guide for victims
- Partner with substance use disorder treatment programs to develop a coordinated service plan for trafficking victims
- Encourage victim service providers to list themselves externally on the National Human Trafficking Resource Center's website
- Partner with Michigan's Human Trafficking Court to ensure court-ordered services for trafficking victims are trauma-informed and victim-centered
- Work with current labor trafficking awareness efforts to educate healthcare professionals on the health effects of labor trafficking
- Identify federal grants and other funding sources for improving health services for trafficking victims

Introduction

In 2013, the Michigan Commission on Human Trafficking was created to study human trafficking in Michigan and develop recommendations for a comprehensive approach to the issue. A 21-bill legislative package overhauling the human trafficking chapter in Michigan's laws was developed from the Commission's recommendations, and the bills were signed into law by Governor Snyder in 2014.

One of these bills, Public Act 461 of 2014, established the Michigan Human Trafficking Health Advisory Board within the (now) Michigan Department of Health and Human Services. The 9-member board is comprised of representatives from state government health and family services agencies, medical professionals, human trafficking survivors, and human trafficking prevention and intervention experts. Public Act 461 of 2014 charges the Board with five essential duties:

- Collect and analyze information about available health services for trafficking survivors;
- Identify government agencies that are involved with issues related to human trafficking and coordinate the dissemination of information about health services to trafficking survivors;
- Meet with local health agencies to review health services and establish a program to make survivors more aware of available services;
- Establish a program to improve public awareness about available health services for survivors; and
- Review existing state laws and administrative rules relating to health services for survivors.

The following report gives a summary of the Human Trafficking Health Advisory Board's work in 2015. The Board held its first meeting in June of last year and met three times in 2015. In addition, members of the Board participated in workgroups focused around each of the Board's five statutory charges. To promote continuity between the work of the 2013 Commission and the Board, work by the Board in 2015 was based on recommendations from the Commission. Each project listed below directly correlates to or builds upon a recommendation from the Commission's 2013 report. In addition, the report also includes a list of the Board's recommendations for improving health services for victims. The Board plans to use these recommendations as a guide for its work in the future.

Background

The issue of human trafficking has received increased attention by the public in recent years. While the number of human trafficking cases in the United States remains unclear, we know that people are being trafficked in communities—large and small, affluent and poor, rural and urban—across the country. Members of our communities are being exploited at the hands of profiteers and robbed of their most fundamental right—freedom. Michigan is no exception to this crime.

Human trafficking is no longer considered solely a law enforcement issue but is now seen as a health issue, as well. Experts on human trafficking emphasize that healthcare professionals play an important role in both identifying and assisting victims of trafficking. Studies have shown that a majority of human trafficking victims report seeing a healthcare professional at some point while being trafficked. Unfortunately, healthcare professionals may lack the knowledge or training to identify them. We must change this. Every day healthcare professionals have an opportunity to empower victims to leave their traffickers, and we should give them the tools and training necessary to do this.

However, the healthcare professional's role does not end once a victim has been identified. Viewing human trafficking from a health perspective means recognizing the unique health effects that trafficking has on its victims. Trafficking not only affects physical health but can leave mental and emotional scars that persist long after visible wounds have healed. The needs of trafficking victims are complex, and the factors affecting physical, mental, and emotional health are interrelated. To properly address these complex needs, the healthcare community should collaborate with other resources and providers in the community to assist victims. The Human Trafficking Health Advisory Board recognizes this need for cooperation and the Board has made a conscious effort to partner with other government agencies, community non-profits, healthcare organizations, and, most importantly, survivors of human trafficking. No one person, provider, or organization can address all of the needs of trafficking victims, but through education, training, and coordination we can walk alongside victims and offer them the chance to move forward in their journey to living healthy, self-determining lives.

Work Summary

Work Item 1: Developing a human trafficking protocol for hospitals and emergency departments

2013 Michigan Human Trafficking Commission Recommendation

Develop a Standardized Human Trafficking Victim Assessment Tool: Michigan should develop a standardized assessment tool for practitioners likely to interact with human trafficking victims. The development of such a tool will help collect more accurate human trafficking data and address the problems of underreporting and failure to self-identify. It will also ensure that appropriate services are offered at an earlier stage of treatment. When developing a Michigan-specific tool, the Commission recommends involving a broad cross-section of practitioners, specialists, academicians, and anti-trafficking advocates. It also recommends that the tool be field tested in a pilot program using law enforcement and providers who have experience working with trafficking victims.

The 2013 Michigan Human Trafficking Commission recommended developing a standard assessment tool for identifying victims of human trafficking. The tool would be consistent for all practitioners who are on the “front lines” and likely to come into contact with trafficking victims. Healthcare professionals are some of the most likely “front line” providers to interact with trafficking victims and could benefit greatly from a standardized assessment tool. Unfortunately, no such tool is being consistently used across Michigan.

However, in addition to an identification tool, healthcare professionals need a protocol to guide them through the appropriate steps of caring for a trafficking victim. While some healthcare providers may be aware of the signs of human trafficking, very few know how to properly treat victims or what resources are available for them in the community. To address this, the Board is researching the possibility of developing a human trafficking protocol model that can be recommended to hospitals and emergency rooms.

The Board is studying cases of human trafficking protocols that have been implemented at hospitals and emergency departments across the country, and several examples are promising for Michigan. In Kansas, Via Christi Health, a national leader in the field of providing healthcare for trafficking victims, implemented one of the nation’s first human trafficking protocols for its healthcare professionals in 2014. Their protocol includes “red flags” of human trafficking and a four step process for the caregiver to follow if they suspect their patient might be a victim. The protocol is easy to understand, simple, and convenient. Similar to many hospitals’ protocols for domestic violence, Via Christi’s human trafficking protocol is an inconspicuous pamphlet that healthcare professionals can keep nearby to discreetly consult. In Maryland, government agencies, anti-human trafficking organizations, and Baltimore’s Mercy Hospital have partnered to pilot a human trafficking protocol.

The Board plans to continue meeting with human trafficking experts and healthcare professionals to explore the possibility of a pilot protocol in 2016.

Work Item 2: Partnering with the social work program at Eastern Michigan University to create a Michigan human trafficking resource guide

2013 Michigan Human Trafficking Commission Recommendation

Identify Existing Federal and Private-Sector Trafficking Awareness Resources: The Commission recommends the identification of existing federal and private-sector trafficking awareness resources that can be printed and distributed by law enforcement, community groups, trade associations, faith-based organizations, and individuals.

The Commission's 2013 report highlights the difficulty many service providers encounter when trying to communicate with each other and coordinate services. Michigan has a network of coalitions and task forces on human trafficking across the state, but organizations that work with trafficking victims still lack a common resource to identify other organizations and services. The lack of a common resource guide with information on the services and organizations for trafficking victims can prevent coordination between providers and cause organizations to spend resources duplicating services. In addition, a resource guide will help providers identify gaps in services in their community. Similarly, the lack of a common resource guide has made it more difficult for victims to locate and access services. Victims are often stuck trying to navigate a complex web of resources, programs, and organizations. The lack of information about services can also discourage victims from leaving their trafficking situation or convince them that services for trafficking victims are not available.

To address this problem, the Board has partnered with the social work program at Eastern Michigan University to develop a comprehensive resource guide for victims of human trafficking. The guide will be developed to help victims and service providers identify and connect with services like case management; education and life skills training; housing—both short and long term; hotlines and crisis centers; legal and immigration assistance; physical, emotional, and mental health services; and substance use disorder treatment.

Work Item 3: Collaborating with the Michigan Human Trafficking Commission to identify and recommend training for healthcare professionals

2013 Michigan Human Trafficking Commission Report Recommendation

Medical Professionals Should Receive Basic Human Trafficking Training: The Commission recommends that all medical professionals receive at least basic-level human trafficking training. This training will assist medical professionals in recognizing human trafficking and to appropriately respond to victim needs.

The 2013 report by the Michigan Human Trafficking Commission emphasized the need for medical professionals to receive human trafficking training. The report mentions how most healthcare

professionals without human trafficking training claim to have never treated a trafficking victim, but once they have been trained most realize that they have treated a victim but were not aware of it.

To address this lack of training among healthcare professionals, the Michigan Legislature passed Public Act 343 of 2014 as part of the package of human trafficking-related bills that were signed into law by Governor Snyder in 2014. Public Act 343 required all licensed healthcare professionals to receive training on identifying victims of human trafficking. In addition, the state was required to develop standards for the human trafficking training that healthcare professionals would receive.

As part of the development of standards, the Board has been working with the Michigan Human Trafficking Commission to research existing training for healthcare professionals on the topic of identifying victims of human trafficking. While there are several online trainings for healthcare professionals available on the national level, the Board and Commission did not find a comprehensive online training for healthcare professionals that was specific to Michigan. Because there was no online, Michigan-specific training, the Commission and Board compiled the best practices from national trainings. The groups plan to create an online portal where healthcare professionals (among other professional groups) can find information about human trafficking in Michigan and connect to existing online training by national groups to fulfill Public Act 343's training requirement. The Commission and Board plan to continue exploring the possibility of developing a comprehensive, Michigan-specific online human trafficking training for healthcare professionals.

Work Item 4: Collaborating with Children's Protective Services to update and revise the *Human Trafficking of Children Protocol*

2013 Human Trafficking Commission Report Recommendation

Implement the DHS/CPS Human Trafficking of Children Protocol: The Commission commends DHS for the development of its new Human Trafficking of Children Protocol and recommends its full implementation as soon as practicable so CPS social workers and other department personnel can approach child trafficking cases in a manner that is more informed and effective.

In 2013, Michigan's Children's Protective Services developed a protocol for working with children who were victims of trafficking. The protocol included a list of "red flags" of trafficking, a directory of shelters for children, the procedures for cooperating with law enforcement, and steps for connecting the victim with appropriate services from the community. However, this protocol was created before Michigan passed the package of human trafficking bills in 2014, so the protocol needs to be updated.

A special committee was brought together by Michigan's Children's Protective Services to update the *Human Trafficking of Children* protocol, and several Board members were selected as members of the committee. CPS specifically involved members of the Board in this committee because a section of the protocol that needs to be updated is about the health needs of child victims. Also, Board members on the committee are working to ensure that the process for identifying and accessing community services for child victims is clear and efficient. Members are also working with CPS to make sure its list of providers is current and appropriate for child victims.

Work Item 5: Developing a survey to gather information about victim services

2013 Human Trafficking Commission Report Recommendation

Continue Surveying Michigan-Based Service Providers: Non-governmental organizations should continue to be surveyed in an effort to determine if these organizations are already providing services to victims of human trafficking. For example, homeless shelters may be appropriate survey candidates, though the potential issue of duplicative data is problematic.

A common problem when working on the issue of human trafficking is a lack of data. Not only is there a lack of accurate data on the prevalence of human trafficking in Michigan, but there is also a lack of information about victim services. There is no up-to-date information on the number of human trafficking victim service organizations, nor is there accurate data on the number of victims being served in Michigan or what services they're using. Organizations like the Human Trafficking Clinic at the University of Michigan or the National Human Trafficking Resource Center are sources of reliable and helpful data about trafficking in Michigan, but Michigan still lacks comprehensive, statewide data on human trafficking.

The 2013 Michigan Human Trafficking Commission recognized that existing data sources represented only the "tip of the iceberg" for victim services and that further work was needed to get a complete picture of the services available in Michigan. In response to this recommendation, the Board is partnering with the Michigan Human Trafficking Commission to jointly produce a victim service provider survey to distribute to a broad range of providers. This survey may include law enforcement and state court personnel, as well. The Board and Commission plan to begin distributing this survey in early 2016.

Work Item 6: Organizing a statewide calendar of human trafficking training and education events for healthcare professionals

2013 Human Trafficking Commission Report Recommendation

Identify Existing Federal and Private-Sector Trafficking Awareness Resources: The Commission recommends the identification of existing federal and private-sector trafficking awareness resources that can be printed and distributed by law enforcement, community groups, trade associations, faith-based organizations, and individuals.

While researching current efforts in Michigan to raise awareness about human trafficking, the Board found several organizations have taken an active role in educating the healthcare community about human trafficking. The organizations that host awareness events and training for healthcare professionals are varied and include victim service providers, community coalitions, and healthcare organizations. For example, Manasseh, a victim service organization in Grand Rapids, regularly provides training to healthcare professionals about providing mental health services for child victims of trafficking

while St. John Hospital & Medical Center in Detroit recently hosted a day-long forum for healthcare professionals on the legal and medical implications of human trafficking.

The amount of training and resources available for healthcare professionals about human trafficking has grown in the past several years, but healthcare professionals lack a centralized location to access these events in their area. As a public body that is charged with improving health services for trafficking victims, the Board decided it would act as this central hub for training information. The Board created a calendar on its webpage to announce upcoming human trafficking events for healthcare professionals across the state. The Board began publicizing events on its webpage in December 2015, and in 2016 it plans to partner with training providers to publicize upcoming human trafficking events to the healthcare community.

Recommendations

Develop and implement a standardized human trafficking protocol for hospitals and emergency departments

In addition to developing a standardized assessment tool, the Board recommends the development and implementation of a human trafficking protocol for hospitals and emergency departments. Once a potential victim is identified, healthcare professionals need to have a set procedure for properly treating the victim. Similar to protocols for domestic violence or child abuse, a human trafficking protocol would include the warning signs of human trafficking, the steps that a healthcare professional must follow for potential treatment, and resources to provide for the victim if they decide not to report their situation to law enforcement.

A standardized human trafficking protocol for hospitals and emergency departments in Michigan would alleviate several issues related to healthcare for victims of trafficking. First, a protocol would improve healthcare professionals' ability to identify victims. Part of the identification portion of the protocol would include a list of approved questions for the healthcare professional to ask if they suspected a patient was a victim of trafficking. As the 2013 Commission's report noted, a protocol could address the issue of underreporting of human trafficking data in hospitals. Across the state, hospitals would be using the same definition of human trafficking and process for identifying victims. In addition, a protocol could dispel the notion that trafficking victims are criminals, and it could help trafficking victims see themselves as victims of a crime, not perpetrators. A protocol could give healthcare professionals the opportunity to let victims know that they are, in fact, victims of a crime and that help is available for them if they would like it.

Second, a protocol would improve the quality and consistency of care for victims. Providing healthcare professionals with clear procedures and approved resources for victims would ensure that victims are receiving a certain level of appropriate trauma-informed, victim-centered care at all hospitals and emergency departments across the state. As it currently stands, the quality of care that a victim receives at a hospital or emergency room is largely dependent on the healthcare professional's individual knowledge of human trafficking and familiarity with local resources.

Implement a screening tool for child victims at Child and Adolescent Health Centers

Child and Adolescent Health Centers are settings where healthcare professionals have the opportunity to interact with child victims of trafficking. The Child and Adolescent Health Center Program is a jointly-run initiative by the Michigan Department of Health and Human Services and the Michigan Department of Education to provide high-quality, accessible health and mental health services to children and adolescents up to age 21. The program administers 82 clinical and alternative clinical centers, 14 School Wellness Programs, and 4 Behavioral Health Service models throughout the state. Since the Michigan Department of Health and Human Services oversees the program and the Board is housed within the

Department, there is a natural opportunity to work with the Department on implementing a screening tool for child victims at the centers. A screening tool would be a small list of questions that providers could ask children at their clinics to identify potential victims of trafficking. Similar to implementing a protocol for hospitals, the Board recommends piloting the screening tool at a limited number of sites first to evaluate the tool's effectiveness.

The Board is currently studying a screening tool for child victims of trafficking that was created by Dr. Jordan Greenbaum. Dr. Greenbaum, a leading healthcare expert on child victims of trafficking, developed a six-item screen for possible child commercial sexual exploitation/sex trafficking. The Board recommends piloting a tool like this at Child and Adolescent Health Centers.

Improve training for mental health professionals and create a directory of mental health professionals with expertise on human trafficking

The burgeoning body of research studying the health effects of human trafficking suggests that most victims of human trafficking require some form of mental healthcare. Unfortunately, most mental healthcare professionals have not been educated on the unique needs of a trafficking victim. Patients may have a difficult time accessing a mental healthcare professional with experience treating victims, and many organizations who work with victims are not aware of mental healthcare professionals in their area who have experience working with victims.

To address these issues the Board recommends two actions. First, the Board recommends the development of more training specifically for teaching mental health professionals how to treat victims of trafficking. While training for health professionals, in general, about human trafficking is becoming more widespread, the Board has found that relatively few mental health professionals have received training related to the mental health effects of trafficking. Second, the Board recommends creating a directory of mental healthcare professionals who have expertise in treating victims of trafficking. A directory could help victims and organizations access appropriate mental health treatment.

Partner with state healthcare organizations and associations to create a coordinated statewide human trafficking awareness campaign for healthcare professionals

The Board recommends working with healthcare organizations, associations, societies, etc. to develop a coordinated statewide campaign dedicated to raising awareness among healthcare professionals about human trafficking. One possibility for increasing awareness among healthcare professionals in Michigan is to connect with existing public awareness campaigns or events. For example, in 2015 President Obama declared January as Human Trafficking Prevention Month, and each year January 11 is recognized as Human Trafficking Awareness Day across the nation (including Michigan). The Board and partner groups could launch their campaign during this time and connect with other human trafficking awareness events and campaigns to improve publicity.

Create a directory of shelters and housing locations that are properly trained to work with victims of trafficking.

Finding adequate emergency housing for trafficking victims is one of the most common problems mentioned by those who work with victims. Victims of trafficking have unique needs, and emergency shelters for homelessness or domestic violence, for example, may not be appropriate places for them. Victim service organizations, healthcare providers, law enforcement, and other groups working with victims need to know where they can refer trafficking victims who are in need of emergency shelter. The number of emergency shelters trained to serve trafficking victims has increased since the 2013 Michigan Human Trafficking Commission report mentioned the issue of housing, but most victims and providers still have trouble finding information about what emergency housing options are available. The Board recommends creating a directory of shelters and other emergency housing locations that have appropriate facilities and training for assisting victims. A directory should make it easier for victims and providers to access and connect with shelters in their area.

Improve access to life skills training for victims aging out of youth programs

Another area of need mentioned by victims and service providers was the lack of life skills training for young adult victims. Victims who are aging out of youth residency programs for trafficking victims need to be equipped with the basic skills to live healthy, independent lives. An important aspect of the basic life skills training should be to teach victims about healthy habits and what resources are available for them to address their mental, emotional, and physical health needs. The Board recommends victim service providers work with local clearinghouses, like United Way 2-1-1, to identify life skills training in their area. Service providers could partner with organizations in their community offering life skills training to help young adult victims access these trainings.

Work with MSHDA to improve access to housing assistance for trafficking victims

The Michigan State Housing Development Authority (MSHDA) has resources available for people who are experiencing homelessness or those at risk for experiencing homelessness. MSHDA considers human trafficking victims to be individuals who are at risk or experiencing homelessness, so victims are eligible to receive this housing assistance. MSHDA's assistance can help trafficking victims find a new private residence away from their trafficker.

The Board recommends partnering with MSHDA to educate field workers and community partners about providing housing assistance to victims of human trafficking. In addition, victim service providers need to be made aware of the housing assistance from MSHDA that trafficking victims can receive.

Create and distribute a resource guide for victims

Victims of human trafficking in Michigan need a simple, clear resource guide of the services that are available to them. One of the biggest issues with providing services for victims is a lack of coordination or knowledge of services in a community. Victims are forced to spend time and energy bouncing between organizations to receive services. This lack of coordination is a major barrier to services for victims, and they may be pulled back into their trafficking situation if they cannot find the support and resources they need. Other states like Ohio and Tennessee have created thorough, yet easy-to-understand resource guides for trafficking victims, which may provide a helpful example for Michigan's guide.

The Board is currently developing a resource guide with the social work program at Eastern Michigan University, but it still needs to collaborate with state and regional coalitions of victim service providers on distributing the guide once it is created.

Partner with substance Use Disorder Treatment Programs to Develop a Coordinated Service Plan for Trafficking Victims

Many victims of human trafficking need treatment for substance use disorder when they leave their trafficking situation. Often, traffickers will use addiction as a method of recruitment and control of victims. Traffickers will use drugs as a means of compelling victims with an addiction into commercial sex work or forced labor. In addition, many victims may develop a substance use disorder as a way of coping with the trauma of human trafficking.

Because substance use can be a method for traffickers to control victims, treatment is one of the first and most important needs for many victims when trying to leave their trafficker. Victims and service providers who spoke with the Board stressed the difficulty they face in accessing affordable, safe, and trauma-informed substance use disorder treatment programs. Through speaking with providers and victims, the Board identified several important barriers to treatment:

- 1) Treatment facilities may be at capacity and cannot take any more clients
- 2) Information on available treatment options is limited and difficult to locate for both victims and victim service organizations
- 3) Many victims do not have health insurance, so treatment programs can be too expensive
- 4) Facilities lack trauma-informed programming designed to meet the unique needs of trafficking victims

The Board recommends partnering with members of the substance use disorder treatment field to develop a plan for improving access to services. The Board recommends including representatives from substance use disorder treatment facilities, the Michigan Department of Health and Human Services, victim service organizations, and survivors in this workgroup.

Encourage victim service providers to list themselves externally on the National Human Trafficking Resource Center’s website

The National Human Trafficking Resource Center is one of the most widely-used resources for connecting victims with services in their area. To locate services, victims and advocates can either call the National Human Trafficking Resource Center’s help line or use their website’s service locator function. Unfortunately, while the hotline has a private directory of more than 70 groups in Michigan who are involved with anti-trafficking efforts or victim services, the online service locator lists only seven organizations for Michigan, all of which are located in the state’s southeast region. Therefore, online users have access to only a fraction of the services available to them. To be listed on the Resource Center’s website, organizations must complete a separate application and go through a background check to ensure they offer quality services. The problem is service providers may not be aware of this separate application and background check process.

The Board recommends organizing a statewide effort to encourage service providers to list themselves publicly on the National Human Trafficking Resource Center’s website. Members of the board spoke with the National Human Trafficking Resource Center about the lack of resources for Michigan listed on their site, and they mentioned recent efforts in Wisconsin to address the same issue. Several state agencies in Wisconsin partnered to convene a statewide meeting with service providers to teach them about the importance of being listed on the center’s website. Michigan should follow this example and conduct a similar statewide meeting with victim service providers.

Partner with Michigan’s Human Trafficking Court to ensure court-ordered services for trafficking victims are trauma-informed and victim-centered

In 2014, Michigan’s State Court Administrative Office partnered with the Human Trafficking Law Clinic at the University of Michigan to pilot a Human Trafficking Specialty Court in Washtenaw County. The court was created to change the way the criminal justice system views people who have been charged with crimes like prostitution. One of the changes for the specialty court was to assess individuals who have been charged with prostitution for signs that they are a victim of human trafficking. For individuals who were determined to be victims of trafficking, the court would offer a diversion program that included legal assistance, mental health services, and substance use disorder treatment rather than incarceration. Those who were placed into the diversion program worked with a treatment team—including a case manager, judge, substance use disorder treatment facility representative, and peer support specialist—to develop a treatment plan for the individual.

The Board recommends partnering with Washtenaw County’s Human Trafficking Specialty Court and the Human Trafficking Law Clinic at the University of Michigan to help courts across Michigan offer trauma-informed and victim-centered services for trafficking victims. While the Human Trafficking Specialty Court in Washtenaw County was the first court to offer a diversionary program to trafficking victims, several “safe harbor” laws passed by the Michigan legislature in late 2014 have given every court in the state the opportunity to offer a treatment program to victims of trafficking. Public Act 334 of 2014

allows courts to defer entering a judgment of guilt and order mandatory mental health and substance use disorder treatment if an individual who is convicted of prostitution can show the court they are a victim of trafficking. Likewise, Public Act 336 of 2014 allows for some minor sex trafficking victims to maintain protection from prostitution charges if they agree to participate in court-ordered treatment. In both cases, the Board wants to ensure that the same level of appropriate, needs-based services that were ordered by the Human Trafficking Specialty Court in Washtenaw County are being ordered by all courts across Michigan that work with victims of trafficking.

Work with current labor trafficking awareness efforts to educate healthcare professionals on the health effects of labor trafficking

Labor trafficking is often left out of the public discourse surrounding human trafficking. Media attention, public awareness campaigns, and victims services regarding human trafficking may only focus on sex trafficking, without mentioning that labor trafficking is another form of human trafficking. In addition to sex trafficking, labor trafficking is also a problem in Michigan, and labor trafficking victims have unique needs that should be addressed. It is important for health professionals to know about the health effects and “red flags” associated with labor trafficking.

The Board recommends partnering with groups that are currently raising awareness about labor trafficking to educate health professionals about the health consequences and indicators of labor trafficking. To encourage collaboration between groups, the Board recommends partnering with state agencies and non-governmental organizations that work with populations that are at a heightened risk for labor trafficking to develop educational materials for health professionals. If there are labor trafficking awareness campaigns already under way in Michigan, the board should find ways to work together and offer guidance on raising awareness in the healthcare community.

Identify federal grants and other funding sources for improving health services for trafficking victims

The Board recommends creating a group dedicated to identifying potential sources of funding for improving health services for victims. In the last several years, federal agencies like the Department of Health and Human Services, the Department of Labor, and the Department of Justice have offered grants dedicated to improving services for victims of trafficking. For example, in September 2015 the Department of Justice announced \$44 million in grant funding to support anti-human trafficking efforts and to help connect trafficking victims with services across the country, including \$1.5 million to the Michigan State Police and Salvation Army to support law enforcement and victim services efforts in southeast Michigan. The Boards wants to encourage and facilitate innovation and collaboration in victim services by researching grants and informing eligible providers about funding opportunities.

Conclusion

The Board's work and recommendations described in this report represent one piece of the much larger puzzle of confronting human trafficking in Michigan. Healthcare professionals play a vital role in identifying and supporting victims of human trafficking, and they should work with community partners to offer a multi-pronged approach to meeting the needs of trafficking victims. The mental, physical, and emotional effects of human trafficking on victims are complex and creating victim-centered treatment plans requires collaboration from the continuum of victim services. To demonstrate the need for including the healthcare community in the broader response to human trafficking, many of the recommendations in this report call for the Board to partner with outside groups and find collaborative solutions to improve services for victims. This report builds on best practices from across the country to ensure the Board is recommending evidence-based, collaborative approaches to human trafficking.

As the recommendations in this report are implemented, healthcare professionals in Michigan will be better equipped to identify and work with victims of human trafficking. Healthcare professionals will also understand how to connect victims with other resources in the community. The Board believes that through the projects and recommendations described in this report healthcare professionals will have the opportunity to achieve their field's highest aim: empowering some of society's most vulnerable individuals to live healthy, independent lives.