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**Final Research Report**  
**Evaluability Assessment of a Metropolitan Network Service Delivery Model to Connect  
Trafficked Persons with a Full Range of Victim Services**

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## INTRODUCTION

Survivors of human trafficking in the U.S. have myriad short-term needs (e.g., transitional housing, health care) and longer-term needs, such as mental health care, legal services, child welfare services, case management, housing, and vocational training.<sup>1,2</sup> Because of the service complexity, as well as the need for these services to be trauma-informed (i.e., survivors may lack trust of authority figures and institutions), seamless coordination for a survivor can be extremely challenging. As a result, there are often gaps between what a trafficking survivor needs and the services that are provided.<sup>1-4</sup> Research on collaborative network models that bridge these gaps is sparse, yet emerging.<sup>5</sup> Furthermore, the emerging evaluations of human trafficking intervention courts (HTICs) have focused on criminal justice (CJ) system outcomes rather than qualitative outcomes; e.g., did survivors receive the services they need?<sup>2,4,5</sup>

The current study examined the Buffalo City Human Trafficking Intervention Hub Court (BCC HTIC) and its network of partners to describe the model as it currently functions and the evaluability of this approach for improving outcomes for survivors of human trafficking through improved coordination of social services. We used questions from an evaluability assessment checklist to guide our inquiries and analysis.<sup>6</sup> For the purposes of this evaluability assessment, the BCC HTIC and its partner organizations and agencies are informally referred to as the “Buffalo network.” The goals of this study were to conduct a formative evaluability assessment of this novel, metropolitan systems network model in the greater Buffalo, New York region designed to connect probable human trafficking victims (identified through the CJ system) with social and victim services, and to determine if sufficient, high-quality data is accessible to evaluate the impact of the Buffalo network approach, centered by the BCC HTIC. In addition, the goal of the evaluability assessment was to develop foundational materials that could help support and inform an eventual outcome evaluation of a metropolitan area human trafficking victim service delivery model. The study set out to answer several broad research questions:

- 1) How is the Greater Buffalo network structured, in terms of relative formality, governance, communication, data systems, and tracking referrals?
- 2) What (network) data are available regarding the case history of each survivor served and what are the data access mechanisms and burden to provide data? What is the potential for developing secure protocols to recruit and interview survivors to investigate services received and outcomes?
- 3) Is there an implementation plan for this network model of victim services that can be documented for replication in other metropolitan areas?
- 4) What are the key measures necessary to conduct a rigorous outcome evaluation of this and similar network models of victim service programs?

As a product of this research, a program Implementation Guide has been created<sup>1</sup>, and a summary of this evaluability assessment prepared for peer review.

## **METHODS**

### **Overview of Buffalo Network Service Delivery Model**

Recognizing that some individuals who appear in the court system may be in need of protection from human trafficking (just as some justice-involved individuals are diverted to drug or mental health treatment courts, veterans courts, etc.<sup>7</sup>), human trafficking intervention courts have been established as another form of problem-solving court.<sup>8</sup> The Buffalo City Human Trafficking Intervention Hub Court (BCC HTIC) was established in October 2013 with the goal of identifying and diverting human trafficking victims who were arrested and awaiting conviction. Situated in Erie County, New York, the BCC HTIC serves defendants from six

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<sup>1</sup> See Program Implementation and Evaluation Guide on the NORC project page: <https://www.norc.org/PDFs/BuffaloNetworkEvaluabilityAssessment/HumanTraffickingInterventionCourtsMetropolitanNetworkServiceDeliveryModel.pdf>

adjoining Western New York counties. Consistent with the trauma-informed choices made in the BCC HTIC, defendants will be referred to as clients here forth.

The BCC HTIC has two main goals: 1) connect human trafficking survivors and those at high risk of trafficking with critical recovery services such as trauma/mental health counseling and case management, health care, housing, and substance use treatment, and 2) help clients avoid criminal convictions by dismissing or reducing charges. Individuals referred to the HTIC are fully informed about the program and given the choice to participate or not (those who do not want to participate in the program are sentenced per usual processes). All clients are required to engage in some type of services (whether just meeting with an advocate to make a plan or taking further steps), determined by their own comfort level. Only certain types of cases require court mandates (for client safety reasons, e.g., high risk of overdose).

Since its inception in 2013, BCC HTIC has seen over 300 cases. BCC HTIC accepts cases with many types of charges, including assault, larceny, and drug charges as well as prostitution charges. BCC HTIC follows a holistic, client-driven, and trauma-informed approach wherein each client is treated as an individual with unique circumstances and needs. Although it functions, procedurally, similar to a regular criminal court, the BCC HTIC operates through a safety lens when working with survivors. The staff in the BCC HTIC are specially trained to recognize red flags of trafficking, including traffickers and ‘johns”, that present in the court and also to respond to the needs of survivors where their safety may be compromised (e.g., instead of issuing a warrant for a “failure to appear” to court, the court will deploy resources in the community to help locate a survivor without a punitive response). Survivors can be connected to a variety of Buffalo service providers based on their needs, and BCC HTIC maintains partnerships with many local organizations and agencies to connect survivors with tailored, individualized plans for recovery to help human trafficking survivors achieve stability while resolving criminal charges. Partners within this network include law enforcement, legal service

providers, treatment and medical care services, housing, and education and job training service agencies.

The International Institute of Buffalo (IIB) serves as the primary intensive case management referral source for BCC HTIC. IIB is one of the leading HT victim services agencies in the Buffalo area. Since 2007, IIB has provided an estimated 1,500 domestic violence and HT survivors with myriad essential services using a holistic, trauma-informed approach.

IIB, law enforcement agencies, and several other partners interact through regular participation in the Western District of New York Human Trafficking Task Force (WDNYHTTF) (<https://wnytrafficking.org/>). HTIC personnel (i.e., the Judge, the Resource Coordinator, or any other judiciary personnel) cannot participate in the WDNYHTTF given that it is a prosecutorial based team, and HTIC must remain impartial.

### **Data Collection Instruments and Supplemental Materials**

Two semi-structured interview guides were developed to support in-depth key informant interviews with representatives of the Buffalo network partnership agencies and human trafficking survivors. The partner interview guide (see [Implementation Guide](#)) covered topics including services provided to survivors, network structure, referral process, partnerships, data collection and data systems used to track survivors, and protocols and processes for working with survivors. The survivor interview guide (see [Implementation Guide](#)) addressed survivor experiences with trafficking services, awareness of services, satisfaction with HTIC, barriers and facilitators to accessing services, and potential willingness to use or recommend trafficking services. The interview guide also included a section on survivors' potential willingness to participate in future research interviews, hesitations to being recorded or observed during interviews, and important considerations for HTIC evaluation researchers. Supplemental materials were also developed for survivor interviews and distributed to participants either before interviews or during the interview for easy reference. This included a participant information sheet with details about the purpose of the project and interview and a list of

Buffalo-area referral organizations that survivors may have worked with. Additionally, the research team worked with a document developed by the Institute on Trauma and Trauma-Informed Care (ITTIC) that provides trauma-informed guidance to help prepare interviewers along with information about debriefing steps following interviews with survivors. All interview materials were developed by the NORC team in collaboration with the BCC HTIC and IIB, and experts at ITTIC.

## **Data Sources**

**Court data.** The judicial system maintains a database on individuals arraigned in the Buffalo City Court as well as those clients who were transferred from the six adjoining counties. While the research team was able to receive a description of the data collected in the BCC UCMS-Universal Case Management System, to understand how useful that data would be for an outcome evaluation (i.e., if the outcome evaluation would be able to rely on UCMS measures of impact), it was necessary to review the quality of the data itself. The research team established a contractual data use agreement with the New York State Unified Court System (UCS) to access data contained in the UCMS about BCC HTIC cases from January 2017 through December 2021. The research team also requested access to an aggregate report representative of all BCC courts for the same time period to assess the potential of being able to conduct demographic comparisons with BCC HTIC cases. BCC HTIC data was sent in three quarterly downloads (August 2020, January 2021, and June 2021) to the research team via a secure server with restricted access. Each quarterly download consisted of nine Excel spreadsheets reflecting the following datasets: demographic, treatment activity, drug tests, infractions and sanctions, assessment responses, charges, attorney type, persistent person identifier, and non-participant screening data. The court data included demographic characteristic variables (*race, sex, ethnicity, age*, and an *in-jail* and *warrant status* indicator) and treatment related variables (service provider name, number of referrals from the BCC HTIC and

the number of days in treatment for BCC HTIC clients) as well as other data not included in the scope of this project.

**Stakeholder Meetings.** We held multiple meetings with the BCC HTIC Resource Coordinator, BCC HTIC judge, and the Director of Survivor Support Services at IIB. We discussed Buffalo network, the court's mission, history, geographic and legal contexts, partnerships, and processes for case and data management. We also discussed IIB's mission, history, partnerships, and barriers and facilitators for meeting client needs. Meeting notes served as qualitative data sources that guided data collection (e.g., types of stakeholders to interview) and analysis, and informed our understanding of the BCC HTIC case management process.

**Partner Interviews.** The study team worked with the BCC HTIC and IIB, a social services agency partnering with the HTIC to support the current evaluability assessment, to identify 41 partner organizations and agencies in the Buffalo area to which survivors of trafficking are frequently referred. We conducted semi-structured interviews between August 2020 and March 2021 with 21 Buffalo network partner organizations and agencies (see Appendix Table 1 for representative comments from Partner Interviews). Complexities due to the COVID-19 pandemic in early 2020 resulted in delay of outreach to some partners and challenges to scheduling interviews with network providers who were operating in a limited capacity. Representatives of law enforcement agencies and other essential service providers tended to be more accessible than representatives of social service providers. After multiple outreach attempts, the study team completed 6 out of 7 interviews with law enforcement contacts, 6 out of 8 interviews with legal services contacts, and 9 out of 26 interviews with social service contacts. The research team discussed the recruitment challenge with IIB and BCC HTIC staff over the recruitment period; the common understanding was that staff at social service agencies were overwhelmed because of the pandemic conditions with staffing problems, including burnout and turnover, and the increased needs of their clientele populations. However,

constructive interviews were held with key partners, with results indicating similar responses to many questions, suggesting saturation on key themes.

All interviews were conducted remotely either on the phone or through Zoom and were audio recorded and subsequently transcribed with permission. The interview guide covered topics including services provided to survivors, network structure, referral process, partnerships, data collection and data systems used to track survivors, and protocols and processes for working with survivors.

**Survivor Interviews.** The study team worked with an IIB case manager to identify clients who were survivors of human trafficking and interested in participating in one-to-one interviews conducted by the co-Director of ITTIC (a licensed clinical social worker). The ITTIC interviewer partnered with the NORC study team to conduct the interviews virtually via Zoom between July and November 2021 (see Appendix Table 2 for representative comments from Survivor Interviews). Interviews (n=9) lasted approximately one hour and were audio-recorded and then transcribed with permission. Interviewees received a \$81.25 gift card as compensation for their time (consistent with federal consulting fee schedule used by IIB when engaging survivors). The NORC team worked closely with partners from BCC HTIC, IIB, and ITTIC to develop the interview guide, designed to assess the feasibility of future evaluation research that would be inclusive of survivors of trafficking. Interview topics included survivor experiences with trafficking services, awareness of services, satisfaction with HTIC, barriers and facilitators to accessing services, and potential willingness to use or recommend trafficking services. The interview guide also included a section on survivors' potential willingness to participate in future research interviews, hesitations to being recorded or observed during interviews, and important considerations for HTIC evaluation researchers.

## **DATA ANALYSIS**

**Quantitative Data.** The study team conducted a descriptive analysis of court data received from the BCC HTIC. Court datasets were imported into SAS for cleaning and manipulation.

Categorical variables (e.g., service provider type) that were coded inconsistently due to misspellings or abbreviations were recoded as new variables to facilitate analysis. The persistent person identifier (PPI) and demographic datasets were merged to create a new dataset with person-level data for demographic variables of race, sex, ethnicity, age, and in-jail and warrant status. We de-duplicated data to reflect each client's most recent episode (an arrestee referred to the HTIC is assigned an episode number) and current information. The level of missingness for each variable was assessed and a cutoff date for analysis was set (January 18, 2022) to match the timeframe of episodes available in the aggregate BCC HTIC dataset. The study team conducted a descriptive analysis of court data from the BCC HTIC using SAS and Excel. We created frequency tables describing individuals' demographic characteristics such as race, sex, ethnicity, age, jail status, and warrant status. Additionally, the number of referrals made to service providers, the number of days in treatment, and the number of closed cases were described using frequency tables. An *a priori* completion threshold of 50% or higher was set for inclusion of data in descriptive analyses; i.e., we did not examine descriptive statistics for UCMS data components missing data on more than 50% of the cases.

**Qualitative Data.** We conducted a thematic analysis of interview transcripts and transcript-style notes using NVivo 12. Using our semi-structured interview guides, the team created two respective codebooks that included codes, definitions, and example text to guide coding of all interviews. The team pilot-tested both codebooks using the same process: three team members each coded the same transcript independently, met to discuss and resolve discrepancies, and adjusted codes and definitions as necessary to finalize the codebook. Analysts independently coded the remaining interviews, flagging text that required discussion or clarity. We used coding queries to write summaries of codes, highlighting exemplary quotes when possible. After coding, we used summary tables for each code to identify important themes, similarities, and differences between interviews.

## RESULTS

**COURT DATA.** Across the nine datasets received over three quarters from the Buffalo City Court, only two datasets (Demographics and Treatment Activity) were sufficiently complete to inform basic data analyses.<sup>2</sup> From the Demographics data captured over the study period, it was possible to determine that the BCC HTIC had served 216 cases (since 2017), of whom nearly all individuals were not in jail (98%) and fewer than one out of five individuals (15%) were under active warrant status. From the Treatment Activity dataset, it was possible to assess the number of referrals to social services, the types of services to which BCC HTIC clients were referred and, for about half of the cases (45%), the duration in treatment before the case episode for the given referral was closed. Data on case completion was missing for just over half of the cases referred (54%).

**PARTNER DATA.** Interviews with Buffalo network partners (see Appendix Table 1 for representative partner quotations by topic) revealed a remarkable degree of collaboration and mutual respect, supported by the relationships partners had with BCC HTIC, IIB and WDNYHTTF. Interview participants were generally interested in supporting further research that might inform whether the BCC HTIC network approach was constructive in terms of improving outcomes for survivors of human trafficking. Data systems varied across the network partners, however, and an outcome evaluation that drew directly on partners as a data source would require memoranda of understanding and a structured system for research data collection. For example, negotiating a secure data system to update case notes, possibly using the Outcomes for Human Trafficking Survivors (OHTS) instrument,<sup>9</sup> similar to the coordinated data structure being developed by the Empowerment Collaborative of Long Island (ECLI), would facilitate documentation of referrals made and received, as well as regular *but not repetitive* updates to

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<sup>2</sup> The remaining seven datasets — Drug Tests, Charges, Infractions and Sanctions, Attorney Type, Non-participant screening, treatment activity responses, and PPI — despite appearing to exhibit high completion rates, often include values like, “none”, “null”, or “no answer” (these are not data entry categories seen and entered by the Resource Coordinator, and thus are truly missing data) as countable responses, limiting the overall usefulness of the data.

survivor outcomes (limiting the burden on survivors to provide the same updates at visits to different service providers, if they did not wish to repeat themselves). It would also be constructive to build and integrate a module for tracking partners' frequent *ad hoc* communications to document network activity.

**SURVIVOR DATA.** Survivors demonstrated their interest in having their experiences documented to contribute to trafficking prevention and protection and services for other victims (see Appendix Table 2 for representative survivor quotations by topic). However, the need (as a result of COVID-19) to develop protocols for engaging survivors remotely created an opportunity to test flexible options (welcomed by study participants). Also, to avoid additional burden on survivors, survivor data is likely best collected through a structured system such as use of the OHTS at service provider visits. A secondary data collection system for survivors not currently seeking services could be structured with the BCC HTIC Resource Coordinator, for clients still in touch with the Court, or through warm referrals to research staff.

## **DISCUSSION**

The purpose of this study was to determine whether an outcome evaluation of the Buffalo network of partners—inclusive of the BCC HTIC, other CJ entities, and social service providers—is feasible. The results of this evaluability assessment indicate that such an outcome evaluation would be challenging at the current time for the BCC HTIC, primarily because of turnover in the HTIC Judge position (twice), a current gap in the Resource Coordinator role, and unclear commitment from the BCC overall for creating the trauma-informed conditions supportive of client safety and progress. However, we would highlight the key points requiring attention to launch a successful impact evaluation at any given HTIC, as follows.

First, researchers need to confirm with the Court the key variables that would require completion in the Court data system (see [Implementation Guide](#) for the BCC HTIC). In a given HTIC, it may be necessary to provide research support or otherwise establish supportive protocols to balance Court staffing constraints and any missing feedback from network partners

that is interfering with data entry of the selected metrics. Outcome evaluation analyses examining Court data can be designed to examine case referral and disposition metrics by age, sex, race and ethnicity. Further, to the extent that the data are sufficiently complete, these outcomes can be compared in a quasi-experimental design to matched cases from BCC courtrooms other than the BCC HTIC.<sup>3</sup>

Second, the conduct of an outcome research evaluation will best be supported through collaboration with trusted network partners, such as IIB and the widely appreciated WDNYHTTF, to establish agreement on a system for documenting referrals and ad hoc communications, as well as coordinating collection of survivor outcome data with the intent to limit burden on survivors.

Third, it is critical to engage survivors during study design and implementation to ensure the study results are constructive for the primary community of interest.<sup>10,11</sup> Recruitment is feasible through the BCC HTIC partner network case managers. The coincidence of constraints introduced by the pandemic necessitated flexibility in warm-handoff and interview protocols. Individuals' relative comfort with remote participation in meetings and planning has developed rapidly, facilitating inclusive opportunities that should not be neglected going forward (see [Implementation Guide](#) for methods). In a full outcome evaluation, we would suggest recruiting a panel of survivors to review the evaluation design prior to implementation and, importantly, to contribute to interpreting results for practitioners for the immediate benefit of other survivors.

Limitations to advancing an outcome evaluation of the BCC HTIC might reasonably apply to any HTIC evaluation. First, sufficient training and preparation of the judge and other court personnel to work within a non-traditional justice structure is essential.<sup>12-15</sup> Turnover in HTIC leadership creates natural variation that must be accommodated in the evaluation design.

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<sup>3</sup> Arraigned individuals can choose if they want to continue in the HTIC program or return to criminal court. Although there would be some selection bias, HTIC clients and individuals in criminal court could be matched on demographics and other measures such as the circumstance of the criminal charges and substance use profile to evaluate individual outcomes.

Second, local/state laws may also change, as will guidance to prosecutors and law enforcement (e.g., the movement toward decriminalization of prostitution in NY). The shifting social norms and protocols as a result of the pandemic during the current study—and the reduced appearance in court of survivors of human trafficking—will inevitably result in assumptions regarding the estimation of HTIC outcomes. Like any research design, advance planning reflecting these considerations will result in more robust and reliable outcome evaluation results.

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## Appendix

**Appendix Table 1. Representative Comments from Partner Interviews**

Theme	Summary of Theme	Representative Quote
<b>A. Communication Structure within the “Network”</b>		
Client-Centered Communication	Partners described a mostly informal <i>ad hoc</i> communication structure based on client needs	“We are in constant contact. ... Depending on what is happening, like if there is a break in case and need to get on it right away, group text will go out with an email on top of it. And then meet up, sometimes not at the office. Talk several times a day. Meet over weekends. Which is fine, doesn’t even seem like work because been doing it so long. Will start a group text for logistics and where we meet; once we meet, everything is documented.”
Advocate Alliance and Task Force Meetings	Partners agreed the existence of both a formalized law enforcement task force and advocate alliance group lead to more frequent inter-organizational communication and coordination.	“We meet monthly with advocates and case managers in the county, which is wonderful that we take the time to foster those relationships. ... We offer monthly trainings and then we offer quarterly space for networking and trainings. The alliance, I think, is very special. I’ve worked in other counties where victim services aren’t as collaborative and are a bit territorial over their cases. I would say that here in Erie County, we work hard to put the client first and to meet and support the client need. And we are going to do that as collaboratively as we possibly can.”
<b>B. Mechanisms for Services and Referral Process</b>		
Case Identification and Screening Methods	Partners described a collaborative approach to identifying cases of human trafficking, working closely with IIB and HTIC.	<p>“We worked with IIB to add some specific questions to our screening tool that we utilize on our hotline; that’s how folks connect with us for shelter and services. Those screening questions are intended to indicate if someone could be a victim of human trafficking.”</p> <p>“We try to forward as much as we can to [HTIC] because of the nature of what we are doing. If you go to local courts, a lot of people don’t have understanding of what we are trying to do. Sometimes make an arrest just to make an arrest to get them the help they need. A lot of local courts don’t understand it like Judge [of HTIC’s] court. [We] try to refer to that court as much as possible.”</p>
Informal, Client-Centered, and Collaborative Referral Process	Partners described a mostly informal, client-centered, and collaborative process for referring clients to other service providers in the network, with IIB advocates and the HTIC Resource Coordinator referenced as integral partners in this process.	<p>“We really try and not duplicate services. We really try and identify what is it that IIB is going to provide to the client, what it is we do, and how we can best support the client, and then really ensuring good communication between service providers so that the client is feeling especially supported when they are going through whatever process it is they are identifying as wanting to go through or needing to go through.”</p> <p>“Often...there is one agency who finds out about the case first, so they are the first agency intervening and providing services; and so they are working with the client to determine what the needs are, and then reaching out or providing referrals or working with other agencies based on that.”</p>
<b>C. Documentation and Data Systems</b>		
Tracking System and Process	Partners use internal case management systems to track client data internally.	“Everybody has their own system on how they document things. ... We rely heavily on the communication of the service providers involved.”

	These systems are often meant for internal funding or reporting purposes, and they do not interface with outside organizations in the Buffalo Network.	“My coworker is responsible for managing that data in Excel; she is kind of the guru of pulling all the data we collect. And then she puts it in there and tracks, who we saw, when we saw them, what services we provided them, and who we referred them out to; she does all of that by hand.”
<b>D. Facilitators and Barriers to Service</b>		
Building Trusting Relationships with Clients	Partners emphasized building trust with clients as a key facilitator to clients’ engagement with service providers and collaboration with law enforcement.	<p>“We let [clients] know they are regarded and that people care about what happens to them. We get a lot of really good response to that, because at the end of the day it’s not about us hitting a number or a goal. It is about helping and caring for people and that is not something [clients] receive in their typical life... We lead with that and that tends to generate some kind of response because it builds trust and [clients] really believe that we care.”</p> <p>“IIB in particular has helped [clients] restore themselves and help them trust us [law enforcement].”</p>
Limited Organizational Resources/Capacity	Organizational challenges included having the right information collection systems, administrative hurdles, or resources to provide training for staff.	“What ends up happening is people are in this revolving door of admin, discharge, admin, discharge... They will want us to put someone in MAT unit, which is inpatient, but the person has four children; she can’t go into inpatient. It’s a perpetual cycle. Advocacy is what is most important... and trying to convince others that harm reduction is something to buy into.”
Complexity Client Challenges	Other barriers were rooted in the complexity and severity of the challenges faced by clients.	“You have to be a very special person and have unique qualities because its frustrating work; it’s not an immediate gratification or any sometimes. You know, yeah at the end of the day you might spend 30 hours on one person or one case, and they end up leaving, so it’s very frustrating.”
<b>E. Facilitators and Barriers to Developing Partnerships</b>		
Established Personal and Professional Relationships	Productive working relationships with other organizations were attributed to long-standing personal relationships between individuals.	<p>“I’ve been around 25 years, so people in the systems will call me and ask if they can run something by me.”</p> <p>“I know the care they will get with [organization], and know they are in good hands.”</p>
Quality of Care Standards	Partners trust the quality of the care and services provided by other stakeholders.  Alternatively, a lack of trust in the quality of care or services inhibited partnerships.	<p>“I find it challenging to work with organizations that have more rigid, abstinence-based requirements and that are not properly trauma-informed or inclusive of certain populations.”</p> <p>“The purpose of that alliance was to bring the victim service providers together to create and foster these collaborative relationships, to identify the areas of expertise that we all hold, determine how we can best access that expertise, and how we can lean on one another and not duplicate services, because that just creates confusion for clients.”</p>
Importance of Formalized Structures	Partners believe formal structures, particularly task forces, also play a key role in facilitating relationships.	“The alliance, I think, is very special. I’ve worked in other counties where victim services aren’t as collaborative and are a bit territorial over their cases. I would say that here in Erie County, we work hard to put the client first and to meet the client need and support the client need.”

Navigating and Overcoming Biases	Partners felt demonstrating mutual respect played a critical part in facilitating partnerships to best serve clients.	“When you are trying to force a law enforcement agency to work with a social service agency, it is very hard. There were some arguments. ... We gave a presentation to law enforcement and social service agencies on how you work together and why you do need each other. Once you can figure that out and get that mutual respect for what each other does, and understand why they do some of the things they do, then it’s invaluable in prosecuting these cases, or...just even helping a survivor, whether they go to law enforcement or not.”
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**Table 2. Representative Comments from Client (Survivor) Interviews**

Theme	Summary of Theme	Representative Quote
<b>A. Service Awareness</b>		
Increase Awareness	Participants expressed a need for increasing awareness of human trafficking.	<p>“I never even knew they were available to help me, you know. Had I known in certain situations, I could have called [services] and got myself out of the situation.”</p> <p>“I don’t think that [victims] would know unless they were told because I don’t see a lot on like ads or the Internet; I don’t see commercials obviously. I don’t see any of that. You’ll see like the commercials for the drug addicts or smoking, but you don’t see commercials for a hotline for human trafficking or a hotline to help anyone like that.”</p>
<b>B. Service Facilitators</b>		
Tangible Support	Participants benefitted from tangible support including financial assistance for housing, bills, and medical care.	<p>“People want to help themselves too, sometimes they can’t do it for themselves at first.”</p> <p>“[Service Provider] helped me find this apartment and I love it.”</p> <p>“You get rewarded and they help like, especially during the holidays, especially Christmas. Like people don’t have money to buy stuff, but they gave you stuff so that your kids could have Christmas, which is really nice.”</p>
Intangible Support	Participants felt most comfortable working with organizations where staff were patient and accepting of their circumstances.	<p>“They are there for you, which is good because I don’t really have a lot of support in my life.”</p> <p>“To have those women in my life that made it so easy to talk to, and I didn’t feel judged, and they informed me on things was just huge for me and it came from each of those institutions all three of those people have been impacted my life.”</p>
Safety	Participants emphasized the need to feel safe when working with service providers.	<p>“Feeling safe and like you have a fresh start and you don’t have to keep looking over your shoulder all the time.”</p> <p>“I always felt safe working with the ones like [organization] and the human trafficking court. I’ve always felt completely safe.”</p> <p>“They helped me like create a safety plan so I feel like I’m safe and I have other options and other places that I can go.”</p>
<b>C. Service Barriers</b>		
Judgment from Service Providers	Participants did not feel comfortable working with service providers who were judgmental or who made clients feel rushed.	<p>“I don’t like when I feel judged by someone like, ‘Oh, you’re pregnant,’ or ‘You’re having another kid? You’re crazy.’”</p> <p>“I came from knowing nothing on the criminal side; nothing about court, nothing about how to deal with my charges. That’s why I dealt with it the way I did that was so negative. And then on top of that, I already felt judged from being in the medical field. The medical field is judgmental period, and I know that from being on that side.”</p>

<b>D. Experience with HTIC</b>		
Positive Experience	The HTIC was a positive, helpful resource for clients during and after their experience with the court.	<p>“I didn’t realize what was going on... [The resource coordinator] gave me a paper like a pamphlet and described human trafficking and what it is like...like the pain of the debt—that was with my drug dealer—like I didn’t realize that was a thing until I got it put in my face and explained. I just, it was part denial and it was part like...that wasn’t what was going on.”</p> <p>“That court honestly it saved my life, it really did...They were my support system for a long time, [the judge and resource coordinator], and they still are.”</p> <p>“Always checked in on me, they made sure I was doing the right thing... They helped talk me through how to be a mother to my kids.”</p>
<b>E. Evaluation Concerns and Motivation</b>		
Willingness to Participate in Evaluation	All participants felt comfortable participating in future evaluation efforts in order to contribute to understanding and development of resources for human trafficking victims.	<p>“Personally, I wouldn’t mind it at all, I would love for someone...I would love, if what I’m doing would help somebody else or help something get better into these types of situations.”</p> <p>“I speak at like a lot of meetings and stuff like I help a lot of women anyways like with my story and so doing this, I am more than happy to help with any type of research that will help women...I would love, if what I’m doing would help somebody else or help something get better into these types of situations. If I’m making a difference that’s what keeps me getting better and that’s what keeps me growing as a person, because where I came from was traumatic and life changing, and I could have died and I’m here, and I know there’s other women up so me personally, I wouldn’t mind it.”</p> <p>“You know because God forbid, you trigger somebody, or you know. The mental health part of it all is being afraid that you know, the offenders are going to see this or they’re going to see my face and they’re going to know that I’m alive and there you know what I mean and they’re going to know that I’m putting this out there yeah and then just got to be careful really got to be careful.”</p>