

CJ ANALYSIS



Project LIFE Analysis Report

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As of March 5, 2020

Introduction

The following report summarizes a retrospective study conducted by the Applied Research Division (ARD) of the San Diego Association of Governments (SANDAG) for North County Lifeline's (NCL) **Project LIFE (Living in Freedom from Exploitation)**. Since 2011 NCL has been providing supports and services to victims of human trafficking in the San Diego region. Often funded through grants from the U.S. Department of Justice Office of Victim of Crimes (OVC), California Office of Emergency Services (CalOES), County of San Diego and private funders, NCL has partnered with other community agencies throughout the region, to identify, engage, and provide trauma informed, culturally appropriate and gender-specific supports to trafficking victims. Support and services were provided to clients at various levels determined by client needs and level of engagement. SANDAG has served as a research advisory role in the implementation of Project LIFE, assisting in documenting the efforts of NCL and capturing valuable information on the target population to help inform practice. As a result of this partnership, information describing the characteristics and needs of this underserved population became available, and NCL again partnered with SANDAG to conduct a retrospective study of all individuals served through Project LIFE, prior to and through the end of the grant period (2012-2019). The following report describes the program, the number of individuals served, their characteristics, and their progress in stabilizing various areas of their lives through their participation in the program.

Brief Background

Human trafficking is one of the fastest growing criminal enterprises in the world and within the United States. A report in 2018 indicated that California had the most reported cases for human trafficking in the nation,¹ demonstrating the local pertinence of this issue. Often referred to as modern day slavery, human trafficking involves fraud, coercion and/or force of another individual to perform labor or sexual act for the profit and benefit of others.^{2,3,4} Trafficked individuals include children and adults, males and females, and people from all cultures and races. However, those most at-risk are vulnerable populations such as immigrants, those fleeing poverty or violence, homeless or runaways, and individuals with history of child or domestic violence abuse.

As an area known for year-round tourism with international borders, the San Diego region is a gateway for traffickers and is infamous for being identified by the FBI as one of the top 13 high intensity child prostitution areas and having a sex trade industry measured as one of the most lucrative of illicit businesses, second only to the drug trade in San Diego County.⁵ Due to its particular prevalence in San Diego County, CalOES awarded funding to this area as one of nine separate task forces throughout California between 2004 and 2010 to address the issue of human trafficking. From this funding came the North County Human Trafficking Taskforce, formed in San Diego to address human trafficking countywide. Human trafficking in North San Diego County is significant and a product of geography, criminal gang activity, and large youth runaway and undocumented immigrant populations. NCL was invited to join the Task Force in late 2011. NCL worked with all trafficking victims identified by the Task Force (as well as those referred by other sources) until 2014, when the North County based Task Force was disbanded due to lack of funding. When the San Diego Human Trafficking Task Force was later created, NCL became one of three providers providing emergency responsive services and immediate, in-person victim advocacy throughout the county for human trafficking victims in San Diego County. Specifically, the Project LIFE (Living in Freedom from Exploitation) program provides the extensive services for human trafficking victims throughout San Diego County, designed on OVC's comprehensive model, partly in-house and partly through referral to other organizations.

¹ Polaris Project (2019). *2018 Statistics from the National Human Trafficking Hotline*. Available online at <https://humantraffickinghotline.org/states>

² For children involved in the sex trade, elements of fraud, coercion, and/or force are not required.

³ Anti-Slavery International Modern-Day Slavery Fact Sheet. Available online at antislavery.org/wp-content/uploads/2016/11/Modern-slavery-fact-sheet.pdf

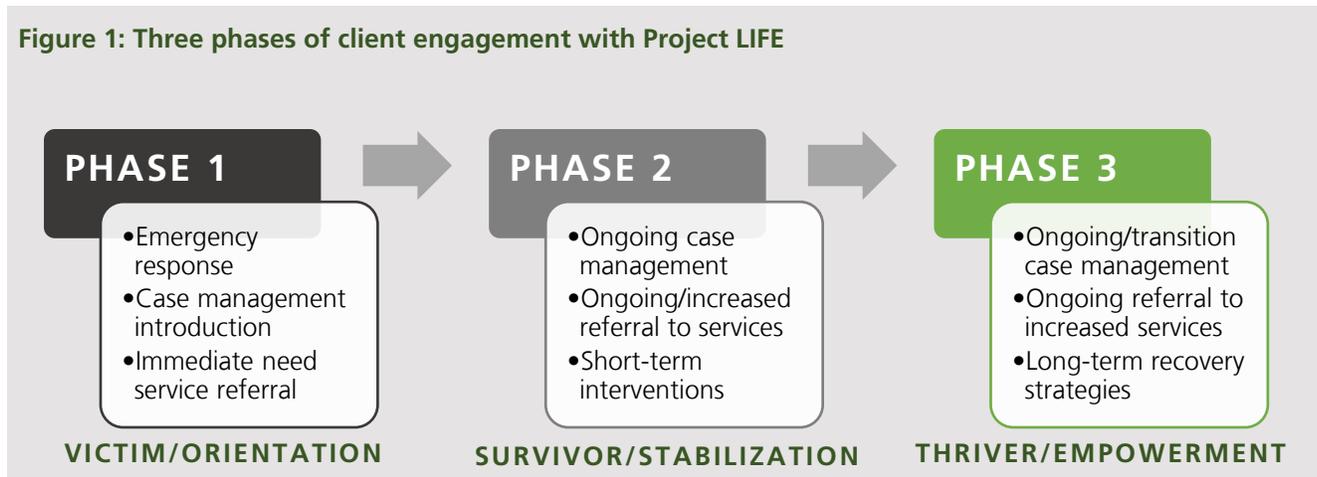
⁴ Trafficking in Persons Report. *United States Department of State Publications June 2019*. Available online at state.gov/reports/2019-trafficking-in-persons-report/

⁵ Carpenter, A. C. and Gates, J. (2016). *The Nature and Extent of Gang Involvement in Sex Trafficking in San Diego County*. San Diego, CA: University of San Diego and Point Loma Nazarene University.

Program Description

Project LIFE offers a comprehensive, trauma-informed supportive case management and trauma counseling for victims in the northern region of San Diego County, and is a countywide program offering services for all human trafficking victims regardless of age, gender, gender identity, country of origin, or the specific type of trafficking. Project LIFE provides victims with trauma-informed emergency response, safety planning, intensive case management and behavioral health services. The initial engagement stage is crucial in developing a trusting relationship and building rapport with individuals in the target population. Client engagement with Project LIFE can occur over the course of three phases, with the intensity of interventions titrating over the course of services as the client stabilizes (Figure 1).

Figure 1: Three phases of client engagement with Project LIFE



Source: SANDAG, 2020

PHASE 1 consists of three stages that involve emergency response, crisis management, safety planning, case management, and service referral. In alignment with Maslow’s hierarchy of needs, the primary goal of this phase is to stabilize clients in terms of their immediate needs such as shelter, safety, and medical attention. During the first meeting with a potential client, staff employ emergency response protocols to develop rapport with the client and connect them with resources to address any immediate needs, including housing, food, hygiene, clothing, and medical services. Following the initial meeting, should the client choose to further engage in services, staff work with the client to establish case management expectations and complete assessment forms. The final stage of Phase 1 involves continued follow-up by staff with the client to ensure they are fully supported in all essential needs, as well as the generating appointments and referrals to prioritize services based on the client’s needs and appropriate level of care required. Service provision in this stage typically includes accessing public benefits, securing safe housing, establishing a safety plan, obtaining necessary personal items (i.e., clothing, hygiene products, etc.), and getting necessary medical care.

PHASE 2 has three goals that operate concurrently with one another: ongoing case management and ongoing service referrals. Case management efforts during this phase focus on psycho-social education to encourage the client to create physical and emotional distance with their perpetrators and facilitate a safe transition out of the lifestyle. This phase involves a concentration on services that occur on an ongoing basis, such as medical and dental appointments, behavioral health, and legal/document processing. The final component of this phase is the introduction of short-term interventions related to housing and transportation to further stabilize the client in the community independent of the perpetrator and law enforcement.

PHASE 3, the last phase in the Project LIFE continuum, includes ongoing case management, ongoing service referrals, and long-term recovery strategies. Case management in Phase 3 largely involves transitioning the client towards greater independence and exploring readiness for trauma-specific treatment. Service referrals are focused on trauma-specific treatment and the promotion of client independence through life skills classes (i.e., budgeting, parenting, financial literacy, support groups, etc.). Clients are also encouraged to navigate the system (with assistance from Project LIFE staff) to locate additional services as needed. Another driver of service referrals are client needs identified through the development of long-term recovery strategies, which include topics such as housing, transportation, creation of a support system, employment, education, and life and behavioral development skills.

In accordance with the program model adopted by Project LIFE, the program operates using an “open door” policy, meaning clients are always permitted to return to the program after they choose to disengage, regardless of how much time has passed. Therefore, formal “exit dates” have not been captured for this program. Additionally, the client-centered model allows for movement between phases in both directions, therefore it is possible for a client to move from Phase 1 to Phase 3, and then revert to Phase 2 as determined by their progress, needs, and circumstances.

Methodology

To further the development of human trafficking knowledge for intervention programs and law enforcement, SANDAG conducted a retrospective study on all Project LIFE participants who received services between 2012 (the start of data collection) and 2019 which assessed the characteristics and needs of the population. The study included both process and outcome analysis to document the population, services that were received, and any improvement in the quality of life of clients. Specifically, process data provided information on client characteristics (i.e., demographics, trafficking histories, psychometric assessments) and services received for clients. The outcome data consisted of one metric (i.e., Matrix) to measure change over time from intake and when the last Matrix was completed for each client. As noted later in the report, the study was limited because the data gathered by the program staff were not originally designed for an evaluation, which also constrained the scope of the analysis.

Process Research Questions

To understand the characteristics of the clients and services that were provided to them, the following research questions were addressed:

1. What were the number and characteristics of clients who received Project LIFE level services?
2. What was the type and dosage of services received by clients?
3. How satisfied were clients with Project LIFE?

Outcome Research Questions

To understand any changes in client well-being after participating in Phase 3, the following research question was addressed:

1. Did clients who received case management demonstrate improvement in safety, well-being, and/or self-sufficiency as measured by the Matrix?

Analysis

Measures of central tendency, frequencies, and variability were used to describe the population and services received. When possible, paired samples t-test were used to determine significant changes between intake and exit assessments.

Sample

The sample used in this study includes all Project LIFE clients documented by NCL between February 2012 (project inception) and September 2019. As described in the Program Description, clients could engage with

the program at various levels, or phases, that are delineated by intensity of case management, dosage of service delivery based on client need, client willingness to engage in specific service components, and client's level of functioning at program intake. All clients begin in Phase 1 and gradually achieve status in Phase 2 and Phase 3 based on their progression through phase goals. The program model implemented by NCL dictates that client evolution through the continuum of care (phases) is determined by the stages of change⁶ and trauma-informed case management practices. Between February 2012 and September 2019, Project LIFE served a total of 306 unique individuals at various phases.

Data Collection

Tracking Information Management System (TIMS): In accordance with grant requirements, Project LIFE staff periodically entered client data into the federal TIMS system for required OVC performance measure reports. Data collected in TIMS included client demographics (i.e., gender, race, country of origin), intake characteristics (i.e., immigrations status, exploitation history, etc.), and services delivered to the client. Copies of these reports were made available to SANDAG by NCL for this analysis in the form of an Excel download.

PCL-5: The PCL-5 assessment is used by NCL to assess the presence and severity of PTSD symptoms. In addition to assisting with making a provisional diagnosis of PTSD, the PCL-5 is useful in guiding treatment decisions, identifying targets for intervention, monitoring improvement, and tracking treatment progress over time. Two different criteria for evidence of PTSD are considered when scoring the PCL-5: 1) A total sum of 33 or higher across all questions and 2) Scores of 2 or higher across categories (Criterion A-E) suggests the presence of PTSD.

DSM-5 Cross Cutting Symptom Measure: The DSM-5 assessment is used by NCL assess mental health domains that are important across psychiatric diagnoses. The DSM-5 Cross Cutting Symptom Measure helps to inform clinical decision making and treatment, to identify additional areas of inquiry that may have significant impact on treatment and diagnosis, and track changes in the presence, frequency and severity of symptoms over time. Rather than a single cumulative score, the DSM-5 considers individual thresholds on 13 domains, including: depression, anger, mania, anxiety, somatic symptoms, suicide, psychosis, sleep, memory, repetitive behaviors, dissociation, personality, and substance use.

Client Satisfaction Survey (CSS): NCL staff administered a CSS to clients at 30 days after intake and at 90 day intervals thereafter to ensure clients have a voice in the relationship, helps the program better understand the needs of the clients being served, and provides valuable insight into the shortcomings and strengths of the program. This survey included 10 statements with topics ranging from staff interactions with clients to quality of services received. Clients were asked to rate how much they "Strongly Disagree" (1) or "Strongly Agree" (5) with each statement, with an option for "Neutral" (3).

Matrix: The Matrix assessment was administered to clients to address the outcome research question and inform case plan development. The Matrix is a case management tool used to assist staff in measure client progress towards self-sufficiency and change over time. The Matrix measures client improvement across multiple domains (i.e., safety, financial stability, educational, etc.) between two periods (Pre and Post). Project LIFE staff established a baseline measure (Pre) on the Matrix for each client within 30 days of intake and administered additional assessments (Post) at 90-day intervals thereafter. Client progress was measured by observing changes from baseline in each domain compared to their most current assessment. Each domain was scored on a scale of 1 to 5 that describes the level of stability a client is experiencing in that domain (1= "In Crisis", 2= "Vulnerable", 3= "Stable", 4= "Safe/Self Sufficient", and 5= "Thriving"). Therefore, a positive shift in Pre-to-Post scores represented increased stability, while a negative shift represented decreased stability.

⁶ Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). *In search of how people change: Applications to addictive behaviors*. *American Psychologist*, 47(9), 1102-1114. Retrieved from <http://dx.doi.org/10.1037/0003-066X.47.9.1102>

Limitations

As with all research, there were limitations to this analysis that should be considered when discussing the results. The first notable limitation is the reality of missing data across multiple data elements, which is in part due to the sensitivity of this population and the fear surrounding documentation of certain personal attributes (i.e., sexual orientation). Missing data may be non-random, which might affect generalizability/reliability of the results.

While the original analysis plan included predictive analysis, such as regression models, to identify characteristics that were associated with client success, there were several factors that barred this analysis. First, demographic data displayed heavily skewed distributions that lacked variation, which, in addition to missing data, eliminated the possibility of performing predictive analysis with these variables on this sample. Additionally, a data element to control for the amount of time a client was actively participating in the program was not available for this analysis. Basic demographic characteristics and duration of engagement are standard elements required for effective predictive modeling efforts and should be considered in future data collection. In summary, conducting a more rigorous analysis to identify factors that contribute to Matrix movement requires more robust data than what was available at this time.

Results

Process Measures

What were the number and characteristics of clients who received Project LIFE services?

Overall, Project LIFE clients have been predominately female (92%) with the same proportion of male (4%) and non-binary/transgender (4%) individuals. Project LIFE clients mostly identified as heterosexual (89%), however in alignment with program goals, NCL also served a number of clients identifying as bisexual (9%), gay (1%), pansexual (1%), or lesbian (<1%)⁷. Project LIFE clients were diverse, with a similar amount identifying as Caucasian (29%) or Hispanic/Latino (28%), with the remaining clients identifying as African American (22%), some combination of multiple ethnicities (14%), or other (8%). On average, clients were 27.8 years old (SD=10.8) at their initial meeting date with Project LIFE, ranging from 13 to 58 years old. Finally, because all clients were victims of human trafficking, Project LIFE asked clients to specify their country of origin. Dispelling the myth that trafficked individuals cross borders and consistent with other reports,⁸ most clients named the United States of America as their country of origin (84%), with an additional 9% from Mexico and 2% from China. The remaining clients (5%) identified countries in Asia, South America, and Eastern Europe as their place of origin.

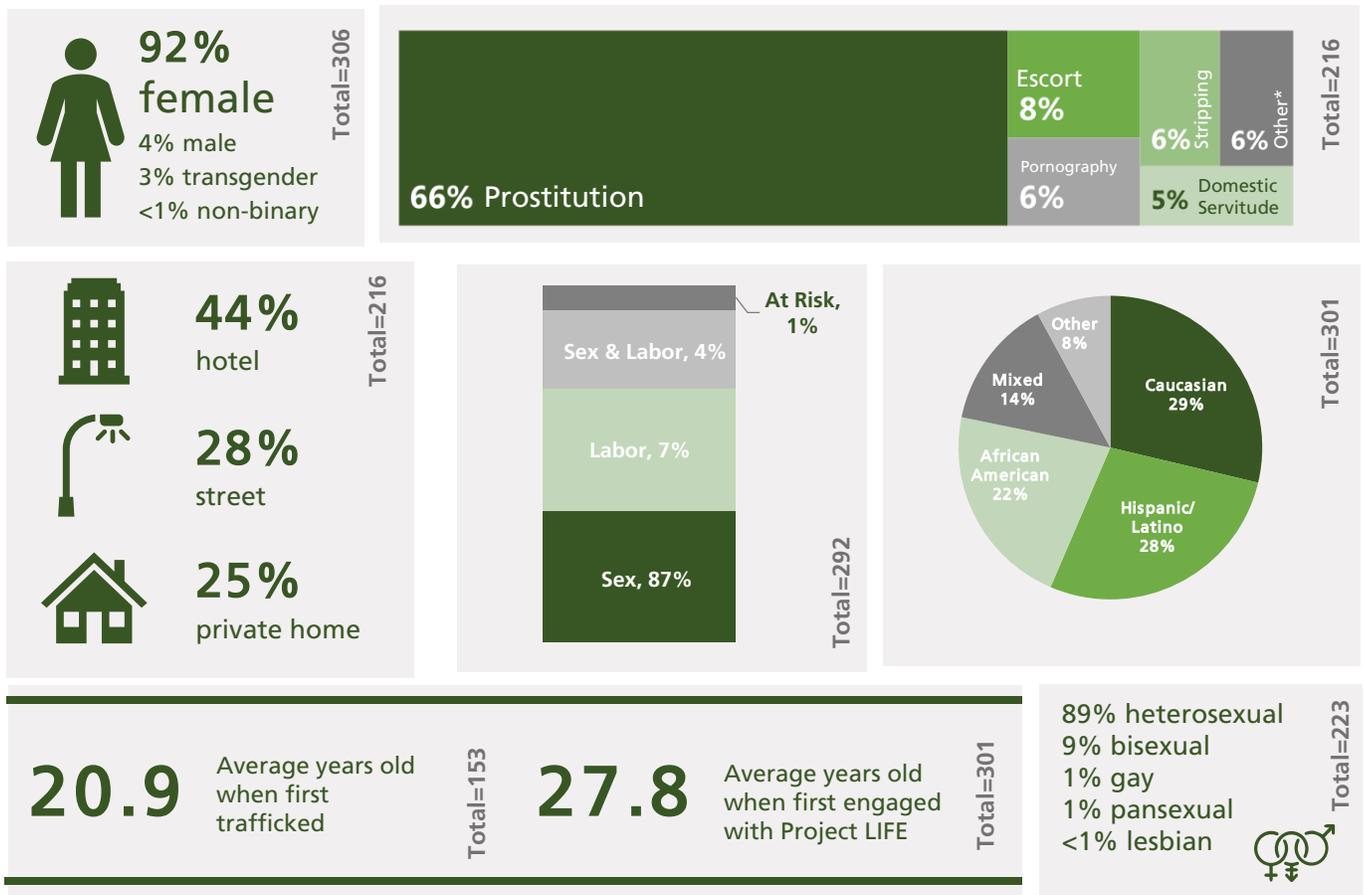
To inform case management strategies and be mindful of specific therapy types clients might benefit from, Project LIFE staff tried to document the primary type of trafficking previously experienced by each client. The majority of Project LIFE clients identified sex trafficking as their primary type (87%), while 7% identified labor, 4% identified both sex and labor, and 1% were at risk for becoming trafficked⁹. Clients reported entering the trafficking life at 20.9 years old on average (SD=10.2), with a range of 3 to 56 years old. Regarding specific types of trafficking ever experienced by clients, the most common was prostitution (66%), followed by escort services (8%) and pornography (6%) (Appendix Table 1). The most common settings in which clients ever experienced trafficking included hotels/motels (44%), on the street (28%), or in private homes (25%) (Appendix Table 2).

⁷ In accordance with the trauma-informed program model, NCL did not require data collection for clients who were not comfortable with this process. Therefore, there are a number of cases for which particular data fields were not available, such as sexual orientation. Cases with missing data are not included in analysis for which the data is missing.

⁸ Polaris Project (2019). *2018 Statistics from the National Human Trafficking Hotline*. Available online at <https://humantraffickinghotline.org/states>

⁹ In this context, "at risk" individuals are those who have been identified as displaying significant "flags" or precursors related to human trafficking experiences, even if explicit confirmation of those experiences has not been made.

Figure 2: Client Characteristics Summary



* "Other" includes Field/Agriculture, Food Service, Transportation, and Other exploitation types.
Source: SANDAG, 2020

Beginning mid-2017, clients participating in therapy with Project LIFE were administered two different psychometric assessments, the PCL-5 and the DSM-5 Cross-Cutting Symptom Measure, which are designed to identify trauma-related and psychiatric symptoms a person may be experiencing in order to effectively inform case management and treatment strategies.¹⁰

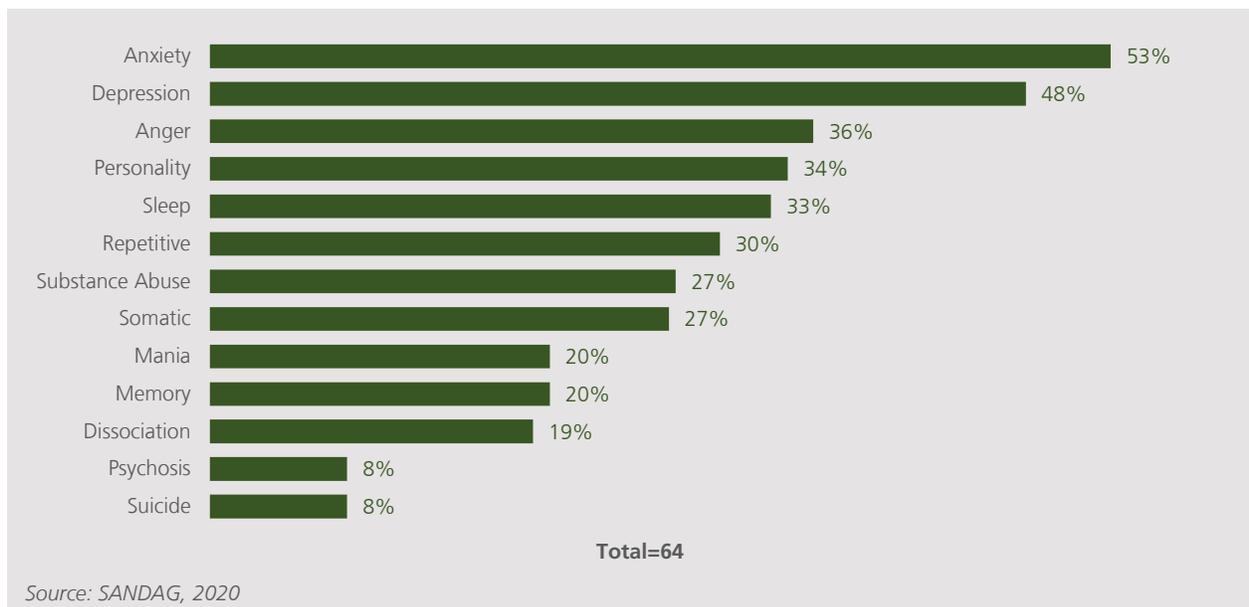
The PCL-5 uses the threshold of a total score of 33 points or more, as well as a score of two or higher across categories to indicate the potential need for PTSD treatment. With a possible score of 80, the average (mean) score of clients on the PCL-5 was 41.2 (SD=14.0), with 3 in 4 of assessed clients (74%) meeting the total score threshold (n=42). Further, 79% of clients met the threshold related to scores across categories. Results from the PCL-5 suggest that 3 in every 4 Project LIFE clients met criteria for a PTSD diagnosis and could benefit from treatment that targets trauma and post-traumatic stress.

The DSM-5 Cross-Cutting Symptom Measure (DSM-5) uses a defined threshold on each of the 13 domains on the assessment to inform case management decisions and treatment strategies. Overall, Project LIFE clients (n=64) assessed as having symptoms across all DSM-5 domains, with Anxiety being the most common (53%) and Psychosis and Suicide being the least (8% each) (Figure 3). Other domains where symptomology thresholds were commonly met included Depression (48%), Anger (36%), Personality (34%), and Sleep (33%). The proportion and diversity of clients meeting symptomology thresholds across the DSM-5 domains further illustrates the prevalence of behavioral health concerns (possibly trauma related), which may have also made these clients vulnerable to victimization.

Of those assessed, **75%** of clients were identified as potentially benefitting from trauma-informed treatment

¹⁰ Due to the fact these psychometric assessments were adopted after original program was implemented, only a proportion of the total clients served received these assessments and have data available for analysis: PCL-5=42, DSM-5 Cross-Cutting= 64.

Figure 3: DSM-5 Symptomology of Project LIFE Clients by Domain



What was the type and level of services received by clients?

The program provided a variety of service types to clients, which were categorized as time-based provision, incident-based provision, or other service provision for the purposes of data collection (Appendix Table 3). Project LIFE documented 182 clients who completed a formal intake during the time-period of this study.¹¹

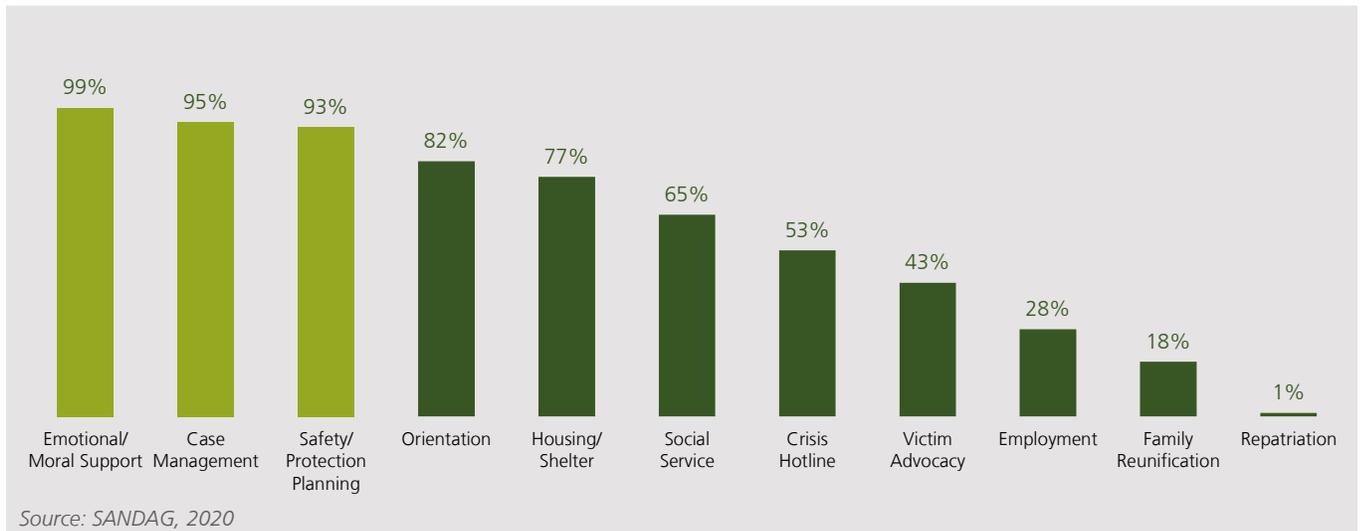
Time-based services included:

- orientation
- crisis hotline
- criminal justice system-based victim advocacy
- emotional/moral support
- employment assistance
- family reunification
- housing/shelter advocacy
- ongoing case management
- protection/safety planning
- repatriation
- social service advocacy/explanation of benefits

Figure 4.1 summarizes the percent of clients who received each time-based service at any point during their participation with Project LIFE. For these services, staff documented the amount of time, in 15-minute increments, clients received each type of service. The most common time-based services clients received were emotional/moral support (99%), ongoing case management (95%), and safety planning (93%) (Figure 4.1). These most widely received services were also the time-based services with the most dosage delivered, with an average of 33.7 hours (SD=51.6) for emotional/moral support and 27.7 hours (SD=38.1) for ongoing case management.

¹¹ Due to the flexibility of the program model, some clients may have received services in the early phases of their participation without formally completing a program intake. To ensure consistency in the data, only clients who had a documented intake in the TIMS database were included in the service delivery analysis.

Figure 4.1: Time-Based Services (n=182)



Incident-based services captured in data collection included:

- childcare
- dental
- education
- housing/rental assistance
- interpretation assistance
- medical services
- mental health
- substance use treatment
- transportation
- other

The most common incident-based services included transportation (81%), followed by mental health (48%), and housing/rental support (46%) (Figure 4.2). Finally, other services (neither captured as time-based or incident-based) provided by Project LIFE included financial assistance (77%), provision of personal items (60%), and legal assistance (21%) (Figure 4.3).

Figure 4.2: Incident-Based Services (n=182)

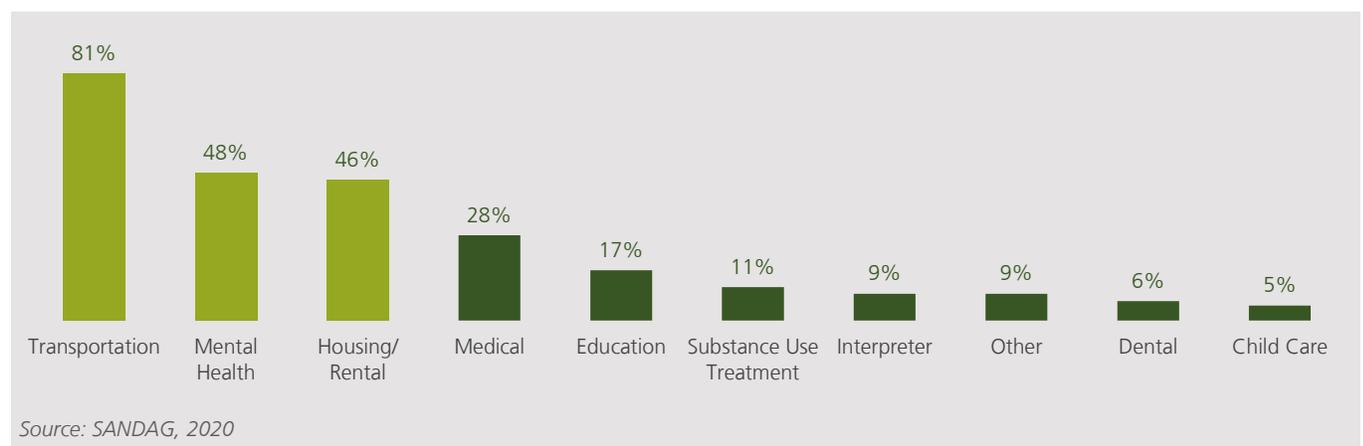
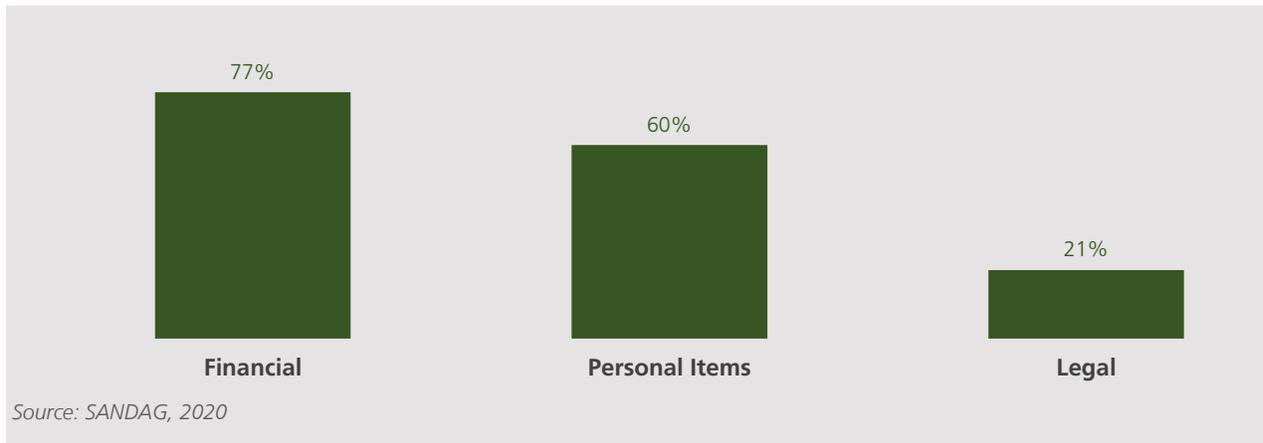


Figure 4.3: Other Services (n=182)



The emerging theme across all three service categories – time-based, incident-based, and other – appears to be consistent with the stated program model, which focuses on triaging clients before turning attention to long-term needs. This trend is evident in the data, as the most widely received services (aside from orientation) are directly related to the most urgent needs individuals experience in daily life, including safety planning, transportation, housing/shelter, financial support, access to social services, and acquisition of personal items. Additionally, emotional/moral support was received by nearly every client, as this service is recognized as a core pillar in the program model to encourage client independence and promote success in other service areas.

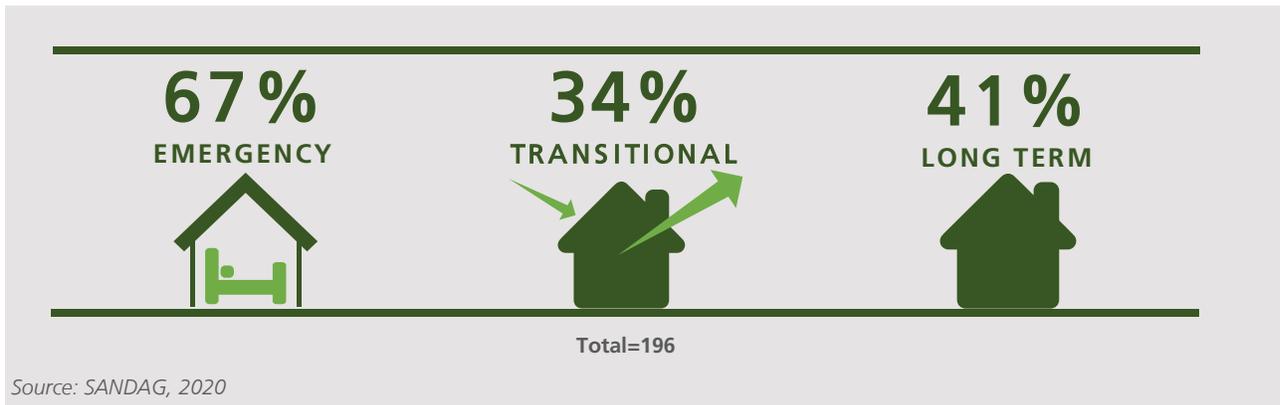
Given the importance of having a safe living situation, additional data were collected regarding housing linkages facilitated by the program. There are three standard levels of housing placements that represent a progression from least stable to most stable:

- Emergency (intended placement for ~60 days or less),
- Short-Term/Transitional (secure, but not intended to be permanent), and
- Long-Term (permanent placement).

Although the goal for clients is a one-way progression from less stable to more stable situations, Project LIFE continues to honor the client-centered approach and recognizes that clients may move in both directions on the spectrum. Therefore, client placements are not always linear in nature as staff work to best address client needs on a particular day.

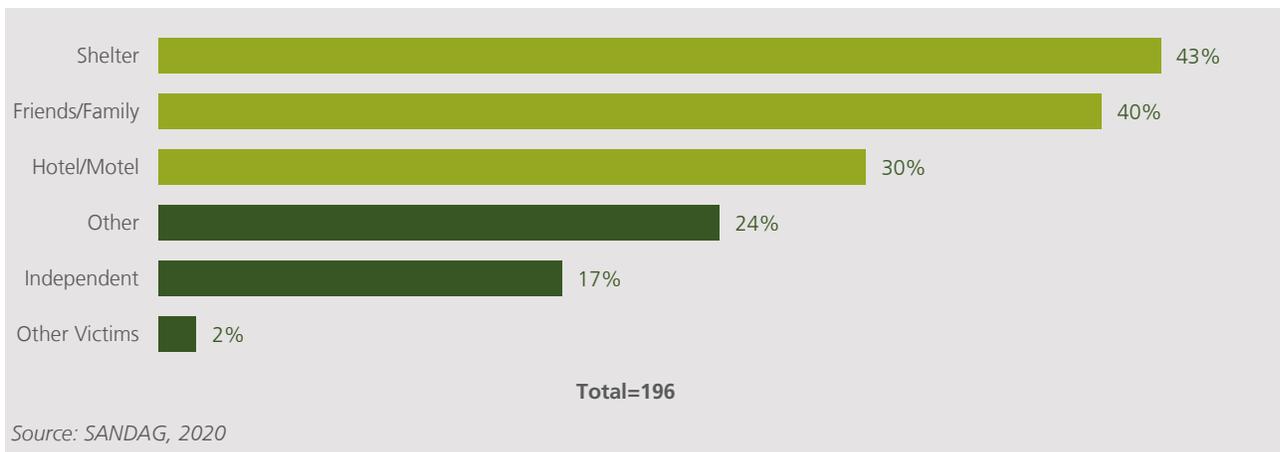
Nearly two-thirds of clients (63%) received housing placements from Project LIFE during the study period. Of those with placements, the program connected two-thirds (67%) of clients to Emergency Housing, just over one-third (34%) of clients to Transitional Housing, and about two in five (41%) to Long-Term housing (Figure 5.1). Consistent with Emergency Housing being the most widely utilized placement type, the most common location for housing was a shelter (43%), followed by friends/family (40%) and hotel/motel (30%) (Figure 5.2).

Figure 5.1: Housing Placement Types



Source: SANDAG, 2020

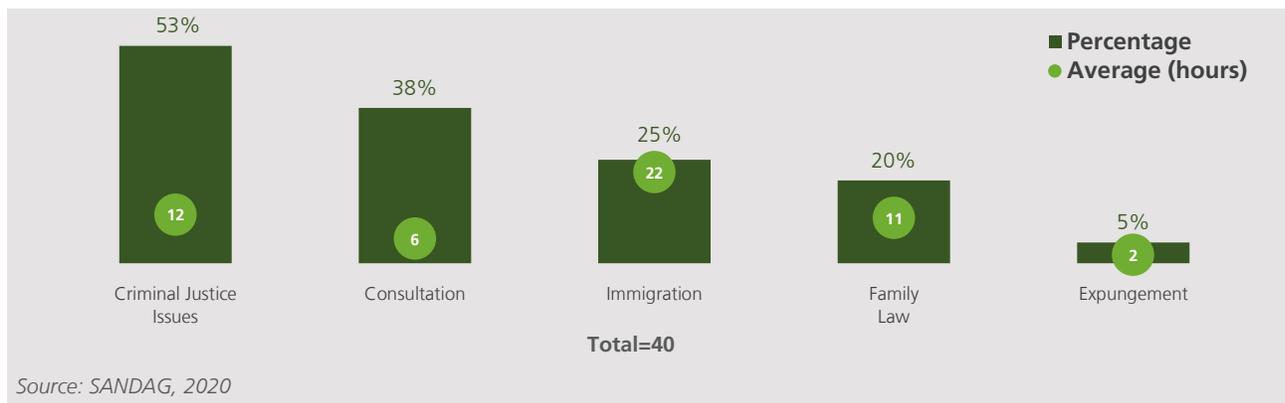
Figure 5.2: Housing Setting Types



Source: SANDAG, 2020

Additionally, information about legal and immigration services provided to clients was also collected. Approximately 13% of clients received legal services, with clients receiving an average of 16.2 hours of legal services (median=10.0, range=1-74) and attending an average of 4.3 meetings (median= 3.0, range=1-17) (n=40). Specific legal services included guidance on criminal justice issues, general consultation, immigration, family law, and expungement. Of clients who received legal services, counsel for criminal justice issues was the most commonly received type of service (53%), while service time in hours was greatest for immigration counsel (mean=22 hours) (Figure 6).

Figure 6: Clients Receiving Each Type of Legal Service and Average Dosage of Each Type Received



Source: SANDAG, 2020

Finally, 5% of, or 15, clients received immigration services through the program. Project LIFE initiated immigration action for 60% of these clients, including filing Visa applications, filing for continued presence, filing for immigration relief, beginning certification, or some other action. Further, immigration actions were granted for 67% of the clients receiving immigration services, including the granting of a Visa, continued presence, immigration relief, or other action. There were no cases where immigration actions were denied.

How satisfied were clients with Project LIFE?

In order to assess client satisfaction with the program, staff administered a survey to individuals approximately 30 days after intake and every quarter thereafter, with a total of 108 clients completing a survey.¹² Results from the surveys indicate clients felt overwhelmingly positive about the program and the services received (Table 1).¹³

Table 1: Client Satisfaction Survey Results

Domain	Disagree	Neutral	Agree
Overall I am satisfied with the services received	1%	2%	97%
Staff are courteous and helpful	1%	1%	98%
Staff treated me with respect	1%	0%	99%
Staff conveyed a positive attitude	1%	0%	99%
Staff helped me to have a full understanding of services and the process	1%	1%	98%
My complaints were handled/resolved to my satisfaction	1%	3%	96%
I received the help wanted/ needed	1%	1%	98%
I have received follow-up services as wanted/needed	1%	2%	97%
My sense of safety and stability has increased since starting services with Lifeline	2%	2%	96%
Total=108			

Source: SANDAG, 2020

Outcome Measure

Did clients demonstrate improvement in safety, well-being, and/or self-sufficiency?

The Matrix was utilized to measure change over time among clients who received both pre- and post-assessments as part of ongoing case management and/or therapy services (n=160). For each assessment, clients were scored from “least” to “most” stable, with scores of “In Crisis” (1), “Vulnerable” (2), “Stable” (3), “Safe/Self Sufficient” (4), or “Thriving” (5) (Figure 7). It is the goal of Project LIFE to facilitate the movement of clients from the lower end of the spectrum to the higher end.

¹² Due to the anonymity of the data collection procedure and the timeframes in which staff administered the survey, it is possible the same client could have turned in multiple surveys. The results may also be influenced by the status of the clients who were asked to complete the survey, as clients who were more engaged with the program are more likely to fill out a survey, and therefore may bias the results towards those who had a more lucrative experience.

¹³ Although these scores are reflective of positive client experiences with the program, there is a notable lack of variation in the responses that may suggest a more sensitive instrument might yield more informative results.

Figure 7: Scoring options of Matrix domains



Source: SANDAG, 2020

Analysis of pre-Matrix scores revealed that for every domain most clients scored as being *In Crisis (1)* or *Vulnerable (2)*, with a range of 53% for Shelter/Housing to a high of 85% for Financial (Table 2 and Appendix Table 4). The large proportion of clients scoring in these categories across all domains illustrates the high level of need clients have upon entry into Project LIFE. Examination of post-Matrix scores showed that domains demonstrated improvement by reducing the number of clients scoring *In Crisis (1)* or *Vulnerable (2)*, specifically Basic Needs (-35%), Health/Medical (-28%), and Transportation (-28%). Overall, the frequency analysis shows that clients generally shifted from less stable to more stable across every domain between their first Matrix assessment and their most recent (Table 2 and Appendix Table 4).

Table 2: Clients scores by level for each domain in pre and post Matrix

Domain	Score	Pre	Post	Difference
Basic Needs	In Crisis/Vulnerable	63%	28%	-35%
	Stable	21%	45%	24%
	Safe/Thriving	16%	27%	11%
Education/Employment	In Crisis/Vulnerable	76%	58%	-18%
	Stable	18%	28%	10%
	Safe/Thriving	6%	13%	8%
Financial	In Crisis/Vulnerable	85%	59%	-26%
	Stable	13%	29%	16%
	Safe/Thriving	2%	12%	10%
Health/Medical	In Crisis/Vulnerable	58%	30%	-28%
	Stable	31%	43%	12%
	Safe/Thriving	10%	26%	16%
Immigration	In Crisis/Vulnerable	54%	34%	-20%
	Stable	18%	24%	6%
	Safe/Thriving	28%	42%	13%
Mental Health	In Crisis/Vulnerable	83%	60%	-23%
	Stable	15%	31%	16%
	Safe/Thriving	3%	9%	7%
Safety	In Crisis/Vulnerable	61%	39%	-21%
	Stable	24%	28%	4%
	Safe/Thriving	15%	33%	18%
Shelter/Housing	In Crisis/Vulnerable	53%	34%	-19%
	Stable	23%	41%	19%
	Safe/Thriving	24%	24%	1%
Social and Emotional	In Crisis/Vulnerable	74%	50%	-24%
	Stable	22%	37%	15%
	Safe/Thriving	4%	13%	9%
Transportation	In Crisis/Vulnerable	69%	41%	-28%
	Stable	21%	39%	19%
	Safe/Thriving	11%	20%	9%

Total=138-160

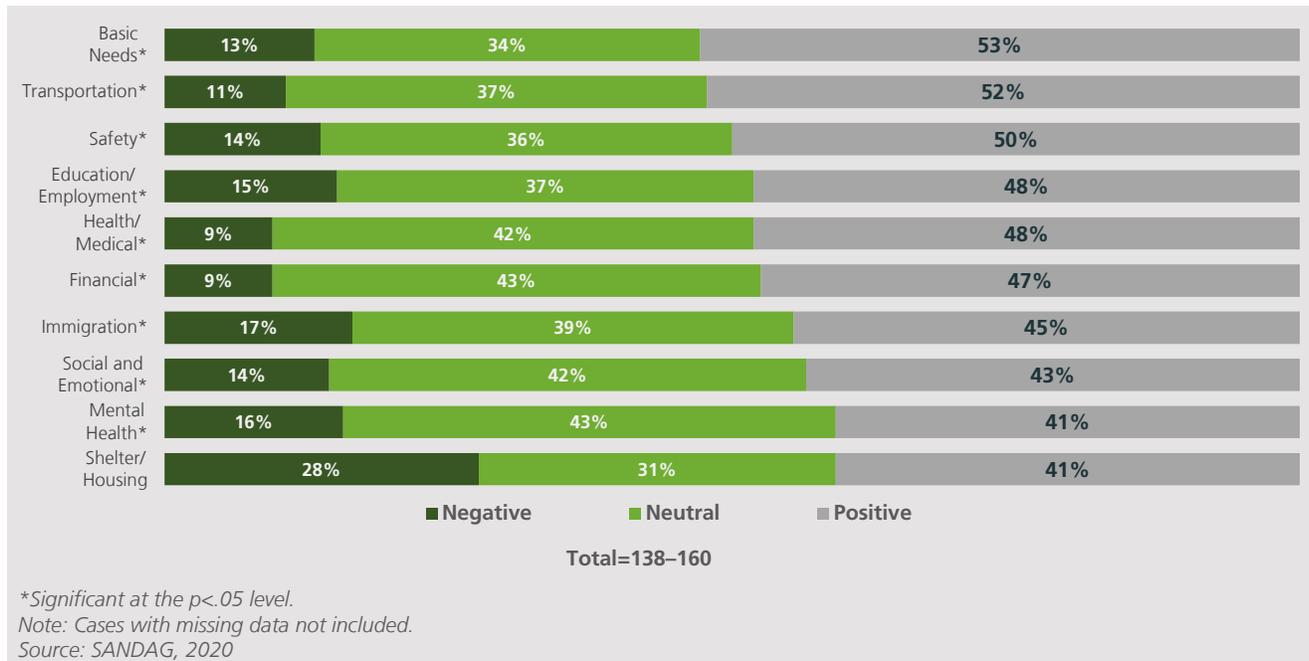
Note: Cases with missing data note included. Scoring: 1-2= In Crisis or vulnerable, 3= Stable, 4-5= Safe/self-sufficient or Thriving
Source: SANDAG, 2020

Directionality of changes between pre- and post- Matrix assessments showed that 41% to 53% of clients improved their status in each domain. As Figure 8 shows, the greatest proportion of clients made gains towards increased stability (positive change) in the areas of Basic needs (53%), Transportation (52%), and Safety (50%) (Appendix Table 5). The trend towards stability in these domains reflects the program model, which strives to address the most immediate needs of clients before focusing efforts on additional long-term needs. These changes were also consistent with the services received by clients and aligned with Maslow’s hierarchy of needs, where a person’s physical and safety needs must be met prior to attending their other needs.¹⁴

Clients generally shifted from less stable to more stable across nearly every domain

¹⁴ Maslow, A., & Lewis, K. J. (1987). *Maslow's hierarchy of needs*. Salenger Incorporated, 14, 987.

Figure 8: Directionality of Changes in Pre-to Post Matrix, by domain

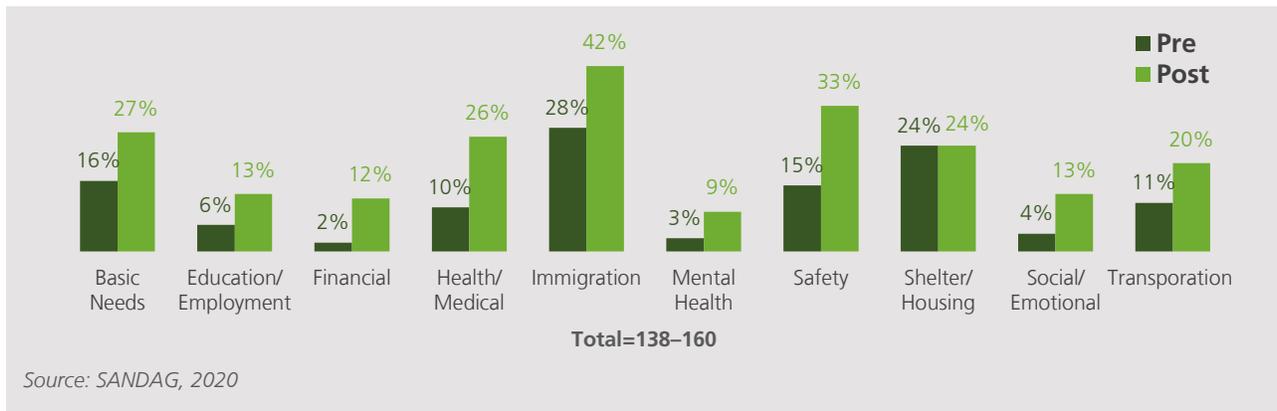


The ultimate goal of Project LIFE is to support a client in achieving a level of *Safe/Self-Sufficient (4)* or *Thriving (5)* in each domain. As expected, few clients entered the program at this higher level of functioning (low of 2% in the Financial domain to a high of 28% in the Immigration domains). However, analysis of post-Matrix scores showed significant gains in all domains. The greatest improvement towards *Safe/Self-Sufficient* or *Thriving* were in the Safety (15% to 33%), Health/Medical (10% to 26%) and Immigration (28% to 42%) domains. There were no domains that saw a decrease in stability. The domains with the smallest shifts toward stability included Mental Health (3% to 9%) and Social/Emotional (4% to 13%). This level of change is consistent with the experience of complex trauma, as well as the resulting psychological and emotional damage victims of human trafficking must recover and heal from. In general, data support the notion that Project LIFE clients are shifting towards stability across most areas. Although progress towards stability is recognized, it is notable that the majority of clients are still in need of support to achieve a level of *Safe/Self-Sufficient (4)* or *Thriving (5)* (58% in Immigration to 91% in Mental Health).

Clients showed an overall trend towards increased stability across all areas

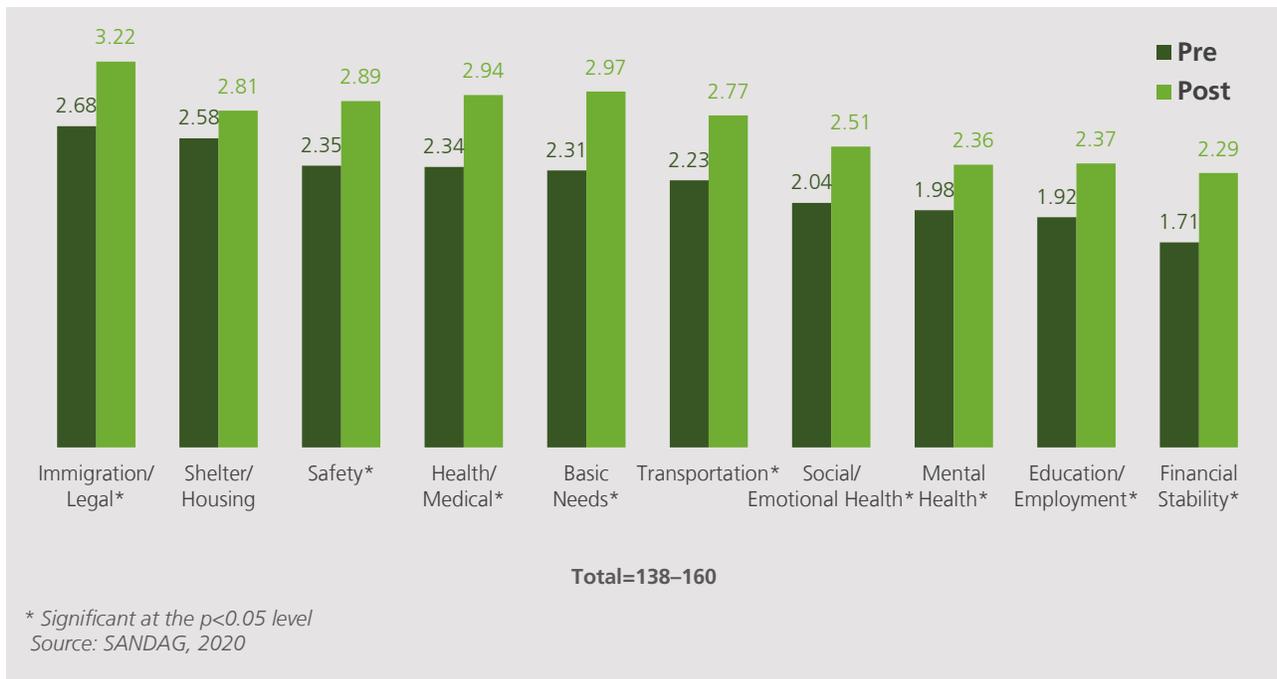
"I'm happy with the things I have got, this has helped me out a lot"
 - Client Satisfaction Survey

Figure 9: Percentage of Clients Scoring *Safe/Self-Sufficient (4)* or *Thriving (5)*



Further, analysis of average scores compared over time showed positive gains in all domains, with statistically significant gains noted in all except for Shelter/Housing. Overall, Basic Needs (2.31 to 2.97) and Health/Medical (2.34 to 2.94), as well as Financial Stability (1.71 to 2.29) domains showed the greatest amount of positive change between pre- and post-assessments (Figure 10 and Appendix Tables 6 and 7). Despite significant gains, post- Matrix showed the Education/Employment (mean=2.37, SD=0.98) and Financial Stability (mean=2.29, SD=0.97) domains still had the lowest average scores (indicating a higher level of need).

Figure 10: Average Pre- and Post- Matrix scores, by Domain



The general shift of the average client being “*In Crisis*” or “*Vulnerable*” in the pre-assessment to “*Vulnerable*” or “*Stable*” in the post-assessment indicates clients were more stable after participating in Project LIFE. Although some clients were able to achieve more stability than others, neither the pre- or post- assessment average domain scores reflected “*Safe/Self Sufficient*” or “*Thriving*” ratings. These findings illustrate the challenge of achieving stability in certain areas during the time clients are involved with Project LIFE.

“They saved my life”
- Client Satisfaction Survey

Table 3: Summary of Matrix Results

Greatest shifts out of <i>In Crisis/Vulnerable</i>	Most clients demonstrating shifts towards stability	Greatest proportion of clients reaching <i>Safe/Self-Sufficiency or Thriving</i>
<ul style="list-style-type: none"> • Basic Needs • Health/Medical • Transportation 	<ul style="list-style-type: none"> • Basic Needs • Transportation • Safety 	<ul style="list-style-type: none"> • Immigration • Safety • Basic Needs

Source: SANDAG, 2020

Discussion/Recommendations

This report summarized the analysis SANDAG provided to NCL in support of their evaluation of Project LIFE. Project LIFE served 306 clients across 3 phases of intervention between February 2012 and September 2019. Clients were predominantly female (92%) and were ethnically diverse, with a similar percentage reporting as Caucasian (29%), Hispanic/Latino (28%), or African American (22%). Clients identified across the spectrum of sexual orientation, with heterosexual, bisexual, gay, pansexual, and lesbian preferences represented.

Sex trafficking was the largest form of previous exploitation reported by clients, with most clients having experienced being prostituted (66%). The most common settings for any exploitation type were hotel/motel (44%), on the street (28%), or in private homes (25%). The large variety of these setting types illustrates there is no single profile where exploitation occurs, but rather it is pervasive across both public and private domains.

In terms of service delivery, Project LIFE provided 24 different types of services to clients during the study period. The most commonly received services were emotional/moral support (99.5%), ongoing case management (94.5%), and safety planning (92.9%). Demonstrating the variety of services that clients received, analysis shows that 10 different types of services were received by half or more of clients. Project LIFE facilitated housing placements for clients based on a case-by-case basis. Of clients who received placements, 67% were ever placed in Emergency Housing, 34% in Transitional Housing, and 41% in Long-Term Housing. Overall, clients were most commonly placed in shelters (43%) or with friends/family (41%).

Although missing data and lack of a control group prohibits drawing any causal inferences between program participation and outcomes, analysis of the Matrix over time reveals positive changes and strides made by Project LIFE clients. Overall, clients achieved greater levels of stability across most areas, particularly in the domains of Basic Needs, Safety, and Transportation. A parallel observation to these improvements is the recognition that the majority of clients are still striving to obtain a level of *Safe/Self-Sufficiency* or *Thriving* in all areas, supporting the need for additional research to identify specific factors that contribute to client success which might include targeted efforts to overcome specific systemic barriers, analysis of time engaged with the program, or other factors. Overall, findings suggest that Project LIFE was able to address many of the immediate needs of this population, leading to increased levels of stability and safety, with room for continued improvement to yield long-term success.

Appendices

Appendix Table 1: Type of Trafficking Experienced by Clients

Trafficking Type	Percentage of Group
Prostitution	66%
Escort	8%
Pornography	6%
Stripping	6%
Domestic Servitude	5%
Other	4%
Field/Agriculture	1%
Food Service	<1%
Transportation	<1%
Total=216	

Source: SANDAG, 2020

Appendix Table 2: Trafficking Settings Experienced by Clients

Setting	Percentage of Group
Hotel	44%
Street	28%
Home	25%
Parking Lot	5%
Strip Club	5%
Brothel	4%
Group	4%
Bar	3%
Casino	3%
Other	3%
Bus Station	2%
Office	2%
Retail	2%
Restaurant	1%
Agriculture/Farm	1%
Construction	1%
Factory	1%
Massage	1%
Total=216	

Source: SANDAG, 2020

Appendix Table 3: Services Received by Clients

Service Type	Percentage of Group
Emotional/Moral Support	99%
Case Management	95%
Safety	93%
Orientation	82%
Transportation	81%
Housing/Shelter	77%
Financial	77%
Social Service	65%
Personal Items	60%
Crisis Hotline	53%
Mental Health	48%
Housing/Rental	46%
Victim Advocacy	43%
Employment	28%
Medical	28%
Legal	21%
Family	18%
Education	17%
Substance Use Treatment	11%
Interpreter	9%
Other	9%
Dental	6%
Child Care	5%
Repatriation	1%
Total=182	

*Note: Percentages do not equal 100 due to multiple responses per client.
Source: SANDAG, 2020*

Appendix Table 4: Frequency of pre- and post- Matrix scores by domain

Time	Domain	1	2	3	4	5
Pre	Basic Needs	25%	38%	21%	14%	3%
Post	Basic Needs	8%	21%	45%	21%	6%
Pre	Education/Employment	39%	37%	18%	4%	1%
Post	Education/Employment	19%	39%	28%	11%	2%
Pre	Financial	47%	38%	13%	1%	1%
Post	Financial	24%	34%	29%	12%	0%
Pre	Health/Medical	19%	40%	31%	9%	1%
Post	Health/Medical	6%	24%	43%	23%	4%
Pre	Immigration	22%	32%	18%	13%	15%
Post	Immigration	11%	23%	24%	17%	25%
Pre	Mental Health	23%	60%	15%	3%	0%
Post	Mental Health	15%	45%	31%	8%	1%
Pre	Safety	22%	39%	24%	13%	3%
Post	Safety	13%	26%	28%	23%	9%
Pre	Shelter/Housing	19%	35%	23%	18%	6%
Post	Shelter/Housing	17%	18%	41%	17%	8%
Pre	Social and Emotional	27%	47%	22%	4%	1%
Post	Social and Emotional	15%	35%	37%	11%	2%
Pre	Transportation	22%	47%	21%	8%	3%
Post	Transportation	8%	33%	39%	14%	6%
Total=138-160						

Source: SANDAG, 2020

Appendix Table 5: Directionality of Pre-to-Post Matrix

Domain	Negative Change	Neutral	Positive Change
Shelter/ Housing	28%	31%	41%
Mental Health	16%	43%	41%
Social and Emotional	14%	42%	43%
Immigration	17%	39%	45%
Financial	9%	43%	47%
Health/ Medical	9%	42%	48%
Education/ Employment	15%	37%	48%
Safety	14%	36%	50%
Transportation	11%	37%	52%
Basic Needs	13%	34%	53%
Total=138-160			

Source: SANDAG, 2020

Appendix Table 6: Average pre- and post- Matrix scores by domain

Domain	Pre		Post	
	Mean	SD	Mean	SD
Immigration/ Legal Services**	2.68	1.36	3.22	1.34
Safety**	2.35	1.04	2.89	1.18
Shelter/ Housing	2.58	1.17	2.81	1.14
Health/ Medical**	2.34	0.93	2.94	0.93
Transportation**	2.23	0.97	2.77	0.99
Basic Needs**	2.31	1.07	2.97	0.97
Social and Emotional Health**	2.04	0.84	2.51	0.95
Education/ Employment**	1.92	0.93	2.37	0.98
Mental Health**	1.98	0.69	2.36	0.88
Financial Stability**	1.71	0.79	2.29	0.97
Total=138-160				

* Significant at the $p < 0.05$ level

** Significant at the $p < 0.01$ level

Note: Only clients with a valid both a pre- and post- assessment within each domain included in analysis.

Source: SANDAG, 2020

Appendix Table 7: Difference of Means Statistics Summary for Pre-to-Post Matrix

Domain	Mean	Std. Deviation	Lower	Upper	t	df	Sig. (2-tailed)
Safety	0.54	1.15	0.29964	0.78786	4.38268	160	0.0000160
Financial Stability	0.58	1.02	0.38361	0.77367	5.83823	158	0.0000000
Social and Emotional Health	0.41	1.04	0.25440	0.67253	4.36386	138	0.0000180
Shelter/ Housing	0.24	1.16	-0.02591	0.48118	1.76641	159	0.0782901
Health/ Medical	0.58	1.02	0.39237	0.80260	5.73122	158	0.0000000
Mental Health	0.38	0.96	0.20900	0.55799	4.32493	159	0.0000208
Immigration/ Legal Services	0.53	1.41	0.23940	0.83655	3.54518	157	0.0004521
Transportation	0.55	1.05	0.32720	0.75747	4.95989	159	0.0000012
Basic Needs	0.67	1.09	0.43478	0.88637	5.75610	159	0.0000000
Education/ Employment	0.46	1.08	0.24179	0.66388	4.22163	158	0.0000318

Total=138-160

Source: SANDAG, 2020