

**Feasibility Study for Provision of
Anti-Human Trafficking Training**

Session Law 2017-151, Section 5



Report to the

**Joint Legislative Oversight Committee on
Justice and Public Safety**

and

**Joint Legislative Oversight Committee on
Health and Human Services**

and

Human Trafficking Commission

and

Governor

By

North Carolina Department of Health and Human Services

February 1, 2018

Feasibility Study for Provision of Anti-Human Trafficking Training

I. Background

Per Session Law 2017-151, Section 5, in consultation with the North Carolina Human Trafficking Commission, the Department of Health and Human Services shall study the feasibility of training health care providers, emergency medical providers, and relevant first responders in human trafficking identification and response and preventative tools and methods. The Department shall report its findings and recommendations to the Joint Legislative Oversight Committee on Justice and Public Safety, the Joint Legislative Oversight Committee on Health and Human Services, the Human Trafficking Commission, and the Governor no later than February 1, 2018.

II. Human Trafficking in North Carolina

In 2017, at least 473 calls were made and 118 cases have been reported to The National Human Trafficking hotline that referenced North Carolina.¹ Every day in the United States, sex and labor trafficking victims enter health care facilities. However, these victims often go undetected, as health care professionals are not properly equipped to identify them. With proper training, health care providers can play a significant part in identifying and caring for trafficking victims. Medical personnel can also document injuries, testify as expert witnesses, and provide affidavits for submission in legal cases. But to identify trafficking cases, health care providers must be familiar with red flags and indicators of human trafficking.²

In North Carolina, there are thousands of health care providers, emergency medical providers, and first responders that potentially interact with victims and survivors of trafficking every day. For the purposes of this study, state statistics are provided on several, but not all, of the professional groups identified as the highest priority to receive training, as follows:

- Emergency Medical Technicians (EMTs): 26,948
- Advanced Emergency Medical Technicians (Advanced EMTs): 2,035
- Paramedics: 9,059
- Emergency Medical Responders: 1,126
- Emergency Medical Dispatchers: 2,063³
- Active Licensed Nurses: 83,693
- Active Licensed Medical Doctors (MD) & Doctor of Osteopathic Medicine (DO): 26,907
- Active Licensed Physicians Assistants (PAs): 4,237⁴

¹ <https://humantraffickinghotline.org/state/north-carolina>

² <http://www.safeta.org/news/375641/The-Human-Trafficking-Legal-Center-and-HEAL-Trafficking-jointly-release-a-new-fact-sheet.htm>

³ Provided by the North Carolina Office of Emergency Medical Services

⁴ Provided by the Kaiser Family Foundation

III. Feasibility Study Process

A study team was convened with representation from each of the following DHHS Divisions:

1. Division of Social Services
2. Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
3. Division of Health Service Regulation/Office of Emergency Medical Services

The team utilized a dual phase approach for completing the study and identifying the recommendations outlined in this document.

Phase 1: Research and Focus Groups

In partnership with the Human Trafficking Commission, the team conducted an in person, facilitated focus group as a part of the first statewide Human Trafficking Commission Symposium. This was the first of three statewide offerings to be completed by the end of 2018. This discipline-specific dialogue was focused on health care providers and emergency medical providers that interact with potential trafficking victims often in traumatic situations. The intent was to gather feedback from health care providers, emergency medical providers, and first responders to inform the direction of resource identification, training development, and other necessary professional support. The discussion questions were targeted under two main headings:

Structured Discipline-Focused Questions:

1. What are current resources available that help with identification and response for human trafficking?
2. Where do you get your information? (i.e. AHEC courses, handouts, webinars, face-to-face trainings, conferences, etc.)
3. What else do you need in your toolkit? Where do you feel you are not equipped?
4. What information, resources, and tools do you think you might need?

Existing Training Requirements and Potential Impact of Additional Requirements

1. What other professional reporting or screening requirements do you have per your professional credential or licensure?
2. What other mandatory professional training requirements do you have per your professional credential or licensure?
3. How would additional screening or training requirements integrate with existing requirements?
4. As a frontline provider/responder, what would you recommend?
5. What is the potential impact on any required actions?
6. What other screening requirements do they have professionally?

This step was the longest and most resource intense. The team felt it was important to obtain input from frontline personnel where any mandate or regulatory requirements will be most impactful.

Phase 2: Discipline Specific Subject Matter Expert Interviews

With the previous phase focused on state-level management of health care providers, emergency medical providers, and first responders, per recommendation from the focus group, for phase two the team wanted to include additional input from acknowledged subject matter experts or leaders in the field of anti-human trafficking and health care professionals (both medical and behavioral health). This was accomplished via face-to-face meetings with rural and urban hospital staff (i.e. triage nurses, psychiatric nurses, Emergency Department nurses, etc.), behavioral health professionals (i.e. mental health clinicians, behavioral health service providers, etc.), advocacy groups, and service providers.

IV. Findings

Below is a summary of the findings from the Focus Group and Subject Matter Expert Interviews listed under the major findings that informed the recommendations in the next section.

1. There is a need for training that emphasizes a multi-disciplinary response from multiple professionals to address human trafficking. Effective short and long-term treatment of victims must include partners such as the following:
 - Emergency department medical staff
 - EMS providers
 - Acute care or inpatient hospital nursing staff
 - Primary care providers, to include pediatricians
 - School nurses, guidance counselors, and social workers
 - Law enforcement
 - Human services professionals, such as social workers, case managers, and economic services providers
 - Dental and orthodontic staff
 - Insurance providers

2. Some currently available trainings were identified that can be utilized or adapted for North Carolina needs. The following options were discussed in the Focus Group and Subject Matter Expert Interviews:
 - HEAL Trafficking program: toolkits and training
 - HHS/ACF SOAR training
 - Partner state anti-trafficking training
 - Florida Refugee Services Program curriculum
 - Established survivor trainings
 - Mental Health First Aid
 - Division of Public Health Family Planning Program
 - Opioid trainings

3. External recognition and support are necessary to ensure successful implementation and sustainability of any program. The following entities were identified during the Focus Group

and Subject Matter Expert Interviews as important partners in the training, credentialing, and continuing education process:

- The Joint Commission and other health care accrediting bodies
 - Health care professional licensure and advocacy organizations
 - North Carolina Hospital Association
 - Public safety organizations, such as law enforcement and EMS
 - Electronic medical records providers
4. Focus Group participants and Subject Matter Experts recommended the following strategies for successful implementation of a training program:
- Incorporation of trauma-informed care principles
 - Utilization of existing educational infrastructure such as the Area Health Education Centers, Health care Coalitions, Trauma Regional Advisory Committees
 - Ability of providers to implement in-house training within established annual or continuing education programs
 - Available via multiple deliver options: webinars, computer-based learning, distance education, in-person training
 - Expansion of existing signage or mandatory posting of human trafficking information and hotline number

V. Recommendations

The phased approach to the study formed the recommendations detailed below for future action to support anti-human trafficking efforts across North Carolina.

Recommendation One:

The NC Human Trafficking Commission, in collaboration with the DHHS, should form an Advisory Group of subject matter experts to explore and evaluate anti-human trafficking training curriculums, models, and screening tools used in other states. Members of the advisory group should include, but not be limited to, relevant governmental agencies, licensure and credentialing agencies, and subject matter experts.

Following the evaluation of multiple curriculums and screening tools, a choice should be made to implement an existing curriculum and tools or develop a training curriculum specifically designed for health care providers, emergency medical providers, and first responders. Based on the language of Session Law 2017-151, and the findings of this study, providers that should be prioritized for training and fall in the categories provided by the legislation (health care providers, emergency medical providers, and relevant first responders) are:

1. Nursing Staff (RN, BSN, LPN, NP) in Emergency Departments and Hospitals
2. Physician Assistants in Emergency Departments and Hospitals
3. Physicians (MD and DO) in Emergency Departments and Hospitals
4. Emergency Medical Providers credentialed by the North Carolina Office of EMS, to include EMT, EMT-Intermediate, Paramedics

5. Mobile Crisis Providers
6. Behavioral Health Crisis Responders
7. Social Workers, including Licensed Clinical Social Workers, in Emergency Departments and Hospitals

Two training modules should be developed:

1. Introductory awareness, identification, response, and resources, and
2. Annual refresher module

The training should be provided in a train-the-trainer format so that providers and agencies can incorporate within existing training programs once implemented, and the training should be offered through a variety of methods and platforms, including web-based and face-to-face.

This training will generate capacity, competency, and quality of health care staff response following identification of a victim of human trafficking. The training curriculum, once selected, should be developed and implemented statewide within a three-year period.

Recommendation Two:

A review of the needs for the NC Human Trafficking Commission should be completed by the legislature in order for the NC Human Trafficking Commission to oversee the management, development, and implementation of the training plan. This review should include consideration of the needs of the Commission in coordinating, developing, evaluating, and rolling out tasks in select pilot sites of the mandatory trainings for health care providers, emergency medical providers, and first responders as defined in this study. Personnel resources may be needed to develop necessary professional partnerships for implementation, monitoring, and ongoing technical support. Collaboration with relevant governmental agencies will need to be established, along with engagement and coordination with licensure or credentialing agencies to ensure integration into existing requirements, subject matter advocacy groups, behavioral health agencies, and human trafficking support agencies. This work should include the review and utilization of resources already developed by federal, state, and advocacy groups. The NC Human Trafficking Commission should also maintain the right to update the curriculum based on pilot site feedback and access to trainings with continuing education unit (CEU) opportunities made available for health care professionals at the NC Human Trafficking Commission-approved symposiums and conferences.

Recommendation Three:

Anti-human trafficking public awareness posting legislation (per Session Law 2017-57) should be expanded to include posting of anti-human trafficking signs in federally qualified health centers, community health centers, community mental health centers, county departments of social services offices, county department of social services online websites, and local public health departments or consolidated human service agencies.

Recommendation Four:

Following implementation of mandatory trainings for prioritized health care providers previously discussed in this document, the second stage of training implementation should occur for health care professionals in health departments, urgent care centers, community health centers, and primary care

provider facilities.

VI. Conclusion

Due to the increasing prevalence of human trafficking cases, especially in North Carolina, providing support to health care professionals, emergency medical providers, and first responders is a much-needed step towards improving statewide anti-human trafficking resources, health care provider capacity and level of competency of our health care providers. This will contribute to the overall multi-disciplinary and multi-jurisdictional approach to combat human trafficking in North Carolina. It is important to also recognize that the suggested anti-human trafficking training received by all health care providers, emergency medical providers, and first responders noted within this study, will not enhance the proficiency in treatment methodology provided to individuals who have experienced human trafficking. Rather, the trainings will strengthen the statewide level of identification, response and prevention methods needed to reduce the total number of individuals affected by human trafficking in North Carolina.