**ENHANCING ACCESS TO SERVICES FOR**

**VICTIMS OF HUMAN TRAFFICKING**

**Implementing Entity:** Orpe Human Rights Advocates

* Hire 1 part-time court-based victim advocate
* Hire 1 full time Social Worker
* Hire 4 part-time Training Specialists
* Contract with outside consultant to provide trauma-informed care
* Hire 1 full-time Program Coordinator
* Hire 1 full-time Bilingual Shelter Manager
* Hire 1 Part-time Administrative Assistant
* Hire 1 full-time Staff Attorney

1. **STATEMENT OF THE PROBLEM**

**Issue**: The Inadequate Response to Trafficking Victims’ Individualized and Specialized Needs May increase the Risk of Revictimization and thus Worsen the Trafficking Victim Problem.

The number of human trafficking cases in Maryland, especially Anne Arundel County continues to rise each year, making the limited availability of victim-centered and trauma-informed specialized trafficking victims’ services providers in Maryland a vital concern. Problem analysis reveals that providers of specialized victims’ services in Maryland are limited in quantity and quality; unable to meet all individualized and specialized needs of victims. This project proposal is set to address these gaps through Orpe Human Rights Advocates (OHRA*)’s* infrastructure[see www.orpecharity.org]. OHRA is a community-based organization with victims-centered and trauma-informed services approach and is emerging has one of the crucial victim-centered and trauma-informed providers of specialized multidisciplinary services in Maryland [see www.orpecharity.org]. It has vocation of providing response to survivors of trafficking, individualized and specialized service needs including immigration legal services; civil legal aid, case management and social works; promote income security programs; housing services; emotional support including safety and mental health services; education and certification programs, job/vocational training, professional skills building, executive and leadership skills development; and employment services including job readiness, skill building, supported employment to victims of trafficking. OHRA’ core values are teamwork, passion for its mission, commitment to clients, volunteers, and community partners, initiative and commitment to eliminate systemic barriers to justice based on race, nationality, sex orientation, religion, nationality, and economic disparities. OHRA is committed to fostering an inclusive culture in the workplace. Our work to end barriers to justice starts with increasing the racial diversity of our staff to better reflect the communities we serve. This project proposal is a multi-disciplinary approach in providing specialized victim services. The supportive services division is responsible for coordinating the needs of victims of trafficking. Should this application be approved, the project will be implemented by this division, in partnership with the Baltimore-Washington Medical Center of the University of Maryland (BWMC). BWMC will be providing supportive assistance to the delivery of “Integrated Behavioral and Health Care Services” (see Support letter).

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This project is designed to provide response to the increasing needs in specialized services for victims of human trafficking. According to the Bureau of Justice, victims of trafficking frequently do not seek help due to language barriers, fear of their traffickers, or fear of law enforcement. During her remarks, Vice President Harris noted that “globally, human trafficking is a $150 billion business.” That’s [a 2014 estimate](https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---declaration/documents/publication/wcms_243391.pdf) from the International Labour Organization. In Maryland, there are still counties where comprehensive and specialized victim services are absent. For example, Anne Arundel County (AA) with 582.777 of population, 8.1% population year still underserved in terms of trafficking victims’ services provision. The 6 first month of 2018 report of AA detectives and law enforcement revealed an increase of 100% of human trafficking cases due to the flux of people traveling to “Live Casino” for gambling and the proximity of BWI Airport. According to the National Human Trafficking Resources Center, in 2019 there were 187 human trafficking cases reported in Maryland. This represents a 11% increase from reports to the hotline in Maryland in 2018 (n=168) and a 55% increase from Maryland’s 2017 reports (n=121). Of the 2019 cases of human trafficking reported to the national hotline, 68% involved sex trafficking (n=127), 19% involved labor trafficking (n=36) and 6% involved sex and labor trafficking (n=11). Between June 2013 and April 2020, over 671 reports of suspected child sex trafficking (CST) were reported to and screened in by Child Protective Services (CPS) units in Maryland’s 24 Local Departments of Social Services (LDSS) agencies. According to survey done by the Maryland Human Trafficking Task Force (MHTTF), victim service providers in Maryland identified 396 victims of sex and labor trafficking served in 2014. Of the 396 individual victims, 381 were sex trafficking victims and 15 were victims of labor trafficking. Of the sex and labor trafficking victims whose ages were reported, 56% were children. As of September 2019, the counties with the most CST reports are Baltimore City, Prince George’s County, Washington County, Baltimore, Anne Arundel County, Harford County and Montgomery County. Law enforcement agencies (local, state and federal) are the biggest referral source for these cases, reporting more than 30% of Maryland CST cases. Most alleged victims involved in these reports were aged 14-17 when first identified and primarily reside in Maryland, although over 20 confirmed minor victims were from other states (Pennsylvania, Texas, California, Florida, New York, West Virginia, Ohio, Michigan and North Carolina) were trafficked in Maryland. The National Human Trafficking Hotline reports that in the Delaware – Maryland – Virginia/D.C. (DMV) area between January 1, 2015, and June 30, 2018, 384 victims of labor trafficking were identified, along with 96 victims of sex *and* labor trafficking. Nearly half (43%) of these victims were foreign nationals and reported being exploited in domestic worker situations (22%), hostess/strip clubs (10%), restaurants (7%), and peddling/begging rings (14%). Exist millions of unreported cases involving international victims. International victims are hard to identify and have less chance of being rescued because they fear law enforcement, and ICE. Recent study revealed that the increase in human trafficking is aggravated in part due to Maryland’s geographical position adjacent to the interstate I-95 corridor makes it easy for traffickers to transport people on the NY- DC- VA circuit. According to the Maryland Rescue and Restore Coalition (2016) HT in Maryland is a lucrative business. On average, a trafficker can make $200,000 annually from one girl. Studies revealed that Maryland is one of the top three most profitable states. The National Human Trafficking Hotline (2017) reports that from 2007 to December 2016, Maryland calls to the hotline numbered 3081 with a total of 7,770 trafficking cases. Preliminary data shows CST victims in Maryland are 91% female, 4% male, 3% transgender and 2% unknown. However, the total of trafficking numbers in any area is notoriously difficult to substantiate; many are reported as prostitution, and victims are unwilling to come forward due to fear. Data from the first 6 months of 2018 showed 100% of increase in cases in AA County each year and county disposes only two detectives fully dedicated to human trafficking. The study conducted by the University of Maryland School Of Social Work in 2017 revealed that over 200 child sex trafficking (CST) victims were identified in 17 counties across Maryland. Most were Maryland residents between the ages of 14-17. Vulnerable populations include unaccompanied immigrant minors, homeless and runaway youth and youth who have run away from foster care or juvenile services. Another study revealed that between 2013 and 20120, the state of Maryland has experienced an unexpected increase in serious crimes in human trafficking cases. During this period, HT increased by 55 % (from 396 victims to 671 victims) and the trend continues to be in crescendo each year. 56% were children under 18 and 43% were foreign-born victims. The exact numbers are unknown, the U.S. DOS estimates that up to 17,500 people are trafficked into the U.S. every year. The Trafficking Victims Protection Act of 2000 (TVPA), Pub. L. 106-386 was enacted to combat HT and provide response to the needs of trafficking victims. OHRA’s project is designed to contribute to the effort of Federal Government to combat HT. Victims face significant barriers to access the services. Among the barriers include: 1) limited availability of programs that promote trafficking victims’ **independency and self-sufficiency.** Many of VHT are underserved or unserved, often because of the trauma, fear, language barriers, economic limitations, disabilities, stigma, location, or lack of the awareness. Unable to access to victims’ services and unaware of benefits that might be eligible for. Among the benefits include education, job/vocational training, skill building, job readiness/employment, housing. This gap is due to limited availability of victim-centered and trauma-informed service providers centered on the provision of specialized multidisciplinary victims service providers. The requested funding of $440,000 intend to address this problem.

Current attempt to address the issue in Anne Arundel County is a mixed approach with a focus on the County Domestic Violence Services managed by YWCA. According to the law enforcement report of 2019, there are only 2 law enforcement officers dedicated in investigating human trafficking cases in the County. The AA County interconnect with counties such us Baltimore, Prince George County, Howard, Frederick, Montgomery, Washington. Since OHRA has established a trafficking victim-centered service in 2019, it has addressed 87 cases associated with victims’ needs. 73% of the cases involved international trafficking victims. While formal evaluations have not been completed, the above stated results would have been above average if OHRA was given the opportunity to implement victim-centered services project geared around five evidence-based approaches: 1) Align efforts to promote a strategic, victim-centered and trauma-informed approach to the provision of specialized victim services to align trafficking victims with the goal of achieving independency and self-sufficiency. 2) Promote programs that empower victims achieve the goal of independency self-sufficiency. 3) Improve the understanding of trauma-informed to provide trauma-informed training to first OHRA’s responders, health care professionals, and non-traditional identifiers. It is our wish that all task force members understand trauma, and how trauma affects victims’ response to services and the criminal justice process, and the individual task force members’ response to victims. 4) Improve outcomes by promoting effective, culturally appropriate, trauma-informed services that improve the short- and long-term health, safety, well-being of victims, and 5) Harnessing technology to connect with victims, or potential victims of human trafficking with victims’ service providers, law enforcement, and advocates. Project will be implemented in Anne Arundel County, but it has vocation to serve all counties of Maryland, DC, and VA.

Between 2020 and 2021, the Victims Services of OHRA addressed 87 cases involving trafficking victims. This project is motivated by a case of an 18-year girl victim of trafficking held in captivity since 2018 until now. This girl is being submitted in commercial sex trafficking and forced labor servitudes and is seeking help. The girl was 18 at the time of kidnaping and lived in Maryland with her single Mom and 8-year-old sister. Victim was a brilliant and intelligent student Victim was suffering severe trauma because of divorce between her and father. The victim’s medical records from BWCM indicate that by 2 times the victim attempted to commit suicide. It was in these conditions trafficker succeeded to enter in contact with the victim via internet. Trafficker managed to kidnap the victim from her single mother apartment located in Anne Arundel Cunty while victim’s Mon was at work. Forcing her to abandon the care of a-8-year little sister. Leaving a-8-year alone at home. The 8-year girl alerted her mom. Her mom alerted police. Police came to the location of incidence. However, police lacked the understanding that they were dealing with human trafficking case. Trafficker succeeded to remove the victim from Glen Burnie (Maryland) to an isolated location in Pennsylvania where there is no access to bus, no commercial activities, no social services, no medical centers, and no law enforcement around. OHRA’s advocates were able to identify and located the victim and performed screening and interview by harnessing OHRA’s technology platform based on a Secured Private Digital Collaborative platform (SPCP**.** Parents are desperate. OHRA’s advocates are working with ICE, law enforcement to form a task force. Task force is expected to be assigned the mission of rescuing the victim and possibly capture traffickers for prosecution. According to the AA county department of social services, several children, girls and women are in captivity to serve traffickers. They are crying for help. The AA County social services department reported that any youth on runaway status is now considered as a potential trafficking victim. When child victims are identified, they are referred to the Child Advocacy Center. Child Advocacy Center has limited resources. International and domestic, adults and minor victims face challenges and barriers to access to victim services for both reasons fear or the appropriateness of victim services. There is a need for innovative solutions to address these challenges and promising practices to overcome barriers. This is one of the goals behind this project proposal. The requested fund of $440,000 will be used to implement an innovative and specialized victim-centered and trauma-informed services approach that focuses on the provision of specialized multidisciplinary victims’ services. Fund will be used to develop capacity that serve specialized victim-centered and trauma-informed services for victims of HT.

OHRA proposes a 24-month “trafficking victim-identification” research and development project that will enhance our response to Maryland ‘s continuing human trafficking problem and understand what works and what do not work in dealing with the provision of services to victims of human trafficking. As will be described further, we will be engaging Professor Daniel Dormoy, PhD; of United States Institute of Leadership to assist us in completing a fresh strategic problem analysis of access to comprehensive services for victim of human trafficking, adjust and expand our current evidence-based victim services responses, and evaluate the impacts of these strategies on victim services in Maryland and cross the United States.

**Current Situation**

Currently, the OHRA’s Division of Supportive Services houses the Trafficking Victims Coordinator (Miss. Sharon Kinards), who is the only full-time employee whose role is to coordinate the needs of victims of human trafficking. However, that individual is also the only support person in the Division of Supportive Services of OHRA, which means that her duties are largely related to case management that do not involve direct outreach to support and expand victims’ services. Direct outreach would be better handled by a Licensed Social Worker. Social Worker would have been effective in co- managing cases within the county systems. Social worker also would only be effective enough if would have been provided with the means and capacity to properly respond to the needs and manage cases within the system. Victims of trafficking are served by the OHRA’s supportive program, which also manage the programs associated with emergency shelter and housing services, Currently, there is a need to hire a victim-centered advocate**. As a victim-centered approach service provider, OHRA advocates that the victim's wishes, safety, and well-being take priority in all matters and procedures. However,** too often, trafficking victims are required to wait for long periods of time for critically needed services. OHRA’s services has a vocation to assist large numbers of clients with limited resources to address all their needs. Time pressures on overburdened police departments often place the priorities of other cases ahead of the trafficking case/victim. Heavy caseloads in prosecutor's offices can often take the focus off the victim's need for sensitive treatment and helping the victim understand what occurs during the prosecution of a case. When law enforcement, prosecution, service providers, or other professionals are involved in a case, the needs of victims must remain central in the process. The part-time victim-centered advocate will advocate and make sure that victim’s needs for safety are prioritized. There is a need for civil justice staff attorney and accredited BIA immigration legal advocates whose role will be preparing, counseling victims of human trafficking in immigration matters and related matters including asylum seekers, refugees, and T-visas. The immigration attorney will be supervising the immigration department and create collaborative relationship with USCIS immigration officers, Immigration Judges, and ICE. The staff attorney is a licensed attorney who will be handling cases requiring representation before the courts including children’s victims of exploitation, girls and women victims of human trafficking, deportation, and related cases involving criminal or civil justice system. Staff are available to assist victims with filing petitions when requesting Personal Protection Orders. Staff are also available to provide victims/survivors of HT information on completing Maryland Office of Victim Services (OVS) Victims Compensation Application. This Office is operated by one (1) part-time case manager (victim advocates); two (2) part-time adm-assistants; one (1) full time program manager. We have an emergency shelter service. However, this shelter is not included in this project because it is the renovation model. It will be full operational in about 3 months from now. The emergency shelter will need to hire two (2) full-time shelter managers (day and night shifts); four (4) shelter workers (2-day shift and 2-night shift). OHRA operates housing services. The housing services department is operated by a HUD certified housing counselor. There is a need of one (1) Staff travel throughout area on a daily basis depending upon victims’ transportation needs. OHRA services provides voluntarily assistance and support to victims of HT regardless of the law enforcement involvement or length of time since the assault or crime took place. The scope of OHRA services is numerous and includes crisis intervention, emotional support, safety plan development, and legal assistance. OHRA provides information to and make referrals available to community resources, such as financial assistance, food assistance, rent/housing assistance, etc. OHRA provides civil advocacy within the state, and federal judicial system and provide assistance with completion, submission, and monitoring of crime victim compensation application. OHRA is implementing a comprehensive victim service that address substance abuses and mental health needs that co-occur with or as a result from victimization. There is a need of a part-time substance abuse coordinator whose role is develop and maintain the coordinated delivery of substance abuse treatment and prevention, promotion and education services to victims and community.

**PROJECT/ PROGRAM DESIGN AND IMPLEMENTATION**

Orpe Human Rights Advocates (OHRA) has designed a team approach to the execution of this initiative, joining with Baltimore Washington Medical Center of the University of Maryland (BWMC) to bring a new and powerful partnership to the forefront. Inherent to its mission is the commitment to advance specialized multidisciplinary human trafficking victims’ services delivery. the BWMC will be collaborating in the area of Mental Health and Health Care (see letter of intent). Partnership is also an opportunity to advance a coordinated information sharing system such as a secured private digital communication network with justice, public safety, ICE, and homeland security communities of interest to facilitated identification and privately communicate with the victims or potential victims. The synergy of this collaborative effort, strategically combining the expertise of each partner’s industry with the expertise of the trafficking victims’ services provider community will assist state and local organizations in achieving the goal of identifying victims of trafficking and referrer them to competent victims’ service providers for the purpose of addressing their respective needs. This partnership is founded upon a strong history of each organization as providers of comprehensive services to victims of trafficking; each possessing a successful track record of collaborative in providing these services to trafficking victims. OHRA has identified the following project design components that directly respond to the needs and gaps identified above:

OHRA proposes to use funding for travel costs and registration fees for two OVC-related trainings per year, such as the Conference on Human Trafficking or Conference with related topics such as: Justice for Victims of Trafficking, for staff to increase our staff’s ability to comprehensively support victims. The OVC-related trainings help victims, victim service providers, allied professionals, and other interested parties. OVC provides federal funds to support crime victim compensation and assistance programs throughout the Nation, offers training for diverse professionals who work with victims, develops and disseminates publications, supports projects to enhance victims' rights and services, and educates the public about victim issues. We propose to use the requested funds to expand the services of victim Programs by hiring one (1) full-time Legal Advocate to work with victims of Human Trafficking, within the Maryland service area. One full-time (1) licensed social worker to provide mental health counseling to victims; conducting initial assessments of victim's situation to determine needs and goals; researching and advocating for appropriate public assistance resources for victims; communicating with victims' care teams; providing crisis intervention as needed; referring victims to appropriate treatment centers, as indicated; ensuring that all case files, and other records, strictly comply with policies, regulations, and procedures; coordinating victims’ developmental planning and maintaining ongoing contact with outside service providers; and actively participating in ongoing training as needed in order to meet all certification standards and credentialing policies. The Chief Legal Staff Officer will be supervising and monitoring staff attorneys to ensure competent representation of each client according to national performance standards and ethical rules. The objective of supervision is to assure that all victims legal services provided by lawyers are 'competent' within the meaning of rules of professional conduct and 'effective' pursuant to prevailing professional standards. The Project proposes to hire half-time Administrative Assistant to assist with data reporting, creating outreach material, and to assist with transportation. These positions will work within the DLS programs department to provide crisis intervention, resources, and referrals to victims of crime upon first contact with the OHRA. Funding will be used to upgrade the OHRA’s case management and data collection software to ensure proper tracking of data of victims of crime. The Project will also provide victim services to include but not be limited to emergency food/snacks, clothing, personal hygiene products, cleaning supplies, toiletries, household supplies, lodging, transportation costs, childcare assistance, relocations costs, and court-related fees. We propose to use funding to purchase emergency closet supplies; all of which will support the victim services. ORPE Advocacy is able to provide emergency supplies on a case-by-case basis. We propose to use funding to contract with a female holistic therapist. Holistic therapeutic approach is based on understanding of the interconnectedness of all life and the importance of balance and harmony in Creation. Our mind, body, spirit and emotions are all interconnected. Excellent health status is achieved when all four parts of one’s being are in balance. Holistic healing is restoring of balance to the mind, body, spirit and emotions for a more balanced and harmonious path to healing and recovery. Holistic healing practices and cultural enhancement activities are both core and complementary interventions in promoting wellness and long-term recovery. These practices and activities are interlaced throughout many behavioral health programs. A holistic therapist can make use of community strengths by developing coordinated community responses with law enforcement, criminal justice, and health and human services while protecting confidentiality and reducing stigma. We propose to use the fund to share the costs of emergency shelters as stipulated in Memorandum of Understanding between the OHRA and the Summit Ministry. We propose to use funding to expand our ability to contract with up one licensed attorney who will be providing necessary legal representation and advocacy to support victims. We propose to use funds to contract the services of licensed Trauma-Informed Counselor (TIC) for the Victims. The TIC will provide counseling services for victims and survivors of interpersonal violence. The counselor will participate as part of the Program serves all victims equally regardless of age, race, religious belief, ethnic origin, sexual orientation, disability, or socio-economic status.

**GOALS**

**GOAL 1**: **Align efforts** to promote a strategic, victim-centered and trauma-informed approach to the provision of victim services to align trafficking victims with the goal of achieving independency and self-sufficiency. The primary goal of this project is to develop capacity to serve the victims of human trafficking and deliver a widely accessible multidisciplinary victims service delivery to enhance the quality and quantity of services available to assist all victims of HT to achieve their respective goals. Victims’ goals advocated by OHRA include increase victims’ independency and self-sufficiency and the feelings of safety and well-being. Victims’ activities to be delivered include education/training, job/employment placement, legal services, victims’ emotional support, safety, and Mental health services. The project is specifically tailored to make the most of current national assets and investments in offering essential and much-needed multidisciplinary victim-centered and trauma-informed services. This goal is addressed through the following objectives:

**Objective 1:** Hire Case Manager/Service Planner to deliver leadership case management service delivery to **perform multiple roles as point person, victim advocate, and facilitator of communication in order to help the victim navigate complex justice and social service systems.**

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| **Activities** | **Time Frame** | **Outcome** | **Evaluation** |
| Hire a case manager with ability to establish rapport and a trusting relationship with the trafficking victim, and to identify and access local, state, and federal resources to address the victim’s needs comprehensively | Ongoing | **Protection of victims’ rights and informed consent**. |  |
| **Goal setting and individualized service planning** | Ongoing | Successfully establish quality survivor-driven plan that take in consideration of survivor own words. |  |
| **Initial and ongoing assessments.** | Ongoing | Victim’s accomplishments and strengths and current or new service priorities in need of support identified |  |
| **Locating appropriate resources and services.** Make sure that any referrals offered to victims espouse a similar commitment to client-centered, trauma-informed support services | ongoing | Victim’s needs and goals addressed |  |
| **Monitor circumstances that may impact the victim’s safety** | Ongoing | Safety planning conducted at every meeting with a victim. |  |
| Advocate on behalf of the victim as needed to help reduce barriers and monitor and evaluate the effectiveness of the intervention in meeting the victim’s needs and achieving the client's goals. | Ongoing | victim’s needs are met, and client's goals achieved |  |
| Monitor Case Management Software to secure the system delivery and promote efficiency | Ongoing | Efficiency in service delivery |  |

**Objective 2: Hire Legal Advocate**

This position will focus on intake, case management, and case placement for clients applying for services through OHRA program, and assistance with community outreach, training, volunteer recruitment, and communications.

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| **Activities** | **Time Frame** | **Outcome** | **Evaluation** |
| Provide trauma-informed services and support to survivors of human trafficking and other individuals placed at increased risk of future exploitation | Ongoing |  |  |
| Conduct intake for potential HTPP clients, which may include phone intake and/or on-site intake at community partner organizations | Ongoing |  |  |
| Promote programs that empower victims acquire professional skills and facilitate victim be employed | Ongoing | Increased independency and self-sufficiency |  |
| Review and respond to service requests and referrals from HTPP website | Ongoing |  |  |
| Screen applicants for program and income eligibility | Ongoing |  |  |
| Provide guidance and support to clients needing fingerprints, court records, and other documents | Ongoing |  |  |
| Manage documents and paperwork associated with cases | Ongoing |  |  |
| Assist with placement of clients with volunteer attorneys | Ongoing |  |  |
| Help with scheduling and set up of trainings | Ongoing |  |  |
| Prepare flyers and factsheets, and assist with drafting social media and newsletter content | Ongoing |  |  |
| Participate in outreach activities that may include occasional weekend and evening work | Ongoing |  |  |
| ·Prepare flyers and factsheets, and assist with drafting social media and newsletter content | Ongoing |  |  |
| Attend local and state-level task force meetings and other HTPP related events | Ongoing |  |  |
| Engage in training opportunities related to human trafficking, trauma-informed services, and client empowerment models, among other related topics | Ongoing |  |  |

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## GOALS

OHRA project lays out four goals, eight objectives, and contains more than 100 associated action items for victim service improvements that can be achieved during the next 5 years. OHRA staff will coordinate efforts and work toward each of these goals simultaneously. Actions to improve victim identification are woven through each of the goals. The four goals are:

To implement, expand, and enhance access to comprehensive services for victims of human trafficking.

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| **GOAL 1: ALIGN EFFORTS**  Promote a strategic, coordinated approach to the provision of services for victims of human trafficking at the federal, regional, state, territorial, tribal, and local levels. | | | | |
| **OBJECTIVE :** | Increase trauma-informed interaction with victims and utilize community partners to help  identify areas of concern for victims | | | |
| **Strategy:** Establish collaborative efforts and projects among all key community stakeholders through ORPE Advocacy’s activities to enhance services, investigate, forensic evidence and prosecute crimes of SA, DV, Dating, Stalking… | | | | |
| **Activity 1** | | **Timeframe** | **Outcome** | **Evaluation** |
| Address immediate legal and safety needs of crime victims (protective ortder,etc..) | | Ongoing | Victims will be able to report that their sense of safety and security has increased as a result of the services received through this project. | At each meeting, victims will be asked to complete onsite evaluations indicating their increase in skills and knowledge about  in planning their own safety. |
| Review Lethality Assessment Reports and determine high risk offender. | | Ongoing | Victims express an understanding of their victimizations and its effect on their lives. Increase in knowledge about  victimization | victims will be asked to complete onsite evaluations indicating the degree of their fears. |
| Determine immediate need of victims and work with community resources to meet those needs. | | Ongoing | Client express satisfaction about the services | Victims will be asked to complete onsite evaluations indicating their satisfaction for the services  received. |
| Contact clients for follow-up after the crimes report is filed | | Ongoing | Victims report that their quality of life have improved because the set goals have been  accomplished | Victims will be asked to indicate the needs and if these needs are being met. |
| Link victims to community  contacts to assist victim with ongoing safety planning needs | | Ongoing | Victims will be able to report an increase in | Victims will be asked to  complete onsite evaluation to indicate the community |

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| assessments, and social services in the community setting. | | |  | | | knowledge about the criminal justice system | | contacts to assist for the needs and ongoing safety planning. | |
| **GOAL 2: IMPROVE UNDERSTANDING**  Expand and coordinate human trafficking-related research, data, and evaluation to support evidence-based practices in OHRA’S victim services. (page 18)  Establish a ORPE/State multi-disciplinary team that will increase communication across the various systems that serve crime victims to help develop a trauma informed community response for crime victims and provision of legal assistance, especially victims of domestic violence, sexual abuse, dating, children and  victims of human trafficking. | | | | | | | | | |
| **Objective 1** | | | | | **Objective 2** | | | **Objective 3** | |
| By the end of Month 6, project staff will identify and invite community partners in our service area to participate in the policy committee. The policy committee will create policy and procedures that adhere to State and Federal laws regarding confidentiality | | | | | By month 6, local agencies will be aware of the project and necessary MOU development will have started with local agencies (Social Services, Law Enforcement,  District Attorney, etc.). | | | By the end of month 12, at least one MDT meeting will be completed and meetings will continue at least bi-monthly through the project period. | |
| **GOAL 3: EXPAND ACCESS TO SERVICES**  Provide and promote outreach, training, and technical assistance to increase victim identification and expand the availability of services. (page 24)  To increase the accessibility to trauma-informed, culturally appropriate victim services by creating holistic case plans, developed with information gathered from an MDT setting with input from the victim, service providers and local agencies | | | | | | | | | |
| **Objective 1** | | | | | **Objective 2** | | **Objective 3** | | |
| By month 6, project staff will create and begin distribution of a survey of local victim service agencies to determine a menu (what and where local services are available) and how to access them. By month 12, outreach materials will be available that identify crime victim services, availability and eligibility. | | | | | By the end of year 1, project staff will develop at least one holistic case plan that addresses accessibility of crime victim’s services. | | By the end of Year 2, project staff will have developed service plans for 15 crime victims that offer services that increase access to available services in the community and when no community services are available, the project specialist will deliver support services as identified in question above.  By the end of Year 3, more than 60  clients will have received program services. | | |
| **GOAL 4: IMPROVE OUTCOMES**  Promote effective, culturally appropriate, trauma-informed services that improve the short- and long-term health, safety, and well-being of victims.  Support and enhance the capacity of the identified rural communities to provide support and legal assistance to survivors of sexual assault and domestic violence, stalking, dating and to build community capacity to prevent 1st time perpetration of these crimes, through the creation of Coordinated Community (CCR) and  Sexual Assault (SA) Response Teams. | | | | | | | | | |
| **OBJECTIVE** | | Increasing the identification, assessment of and appropriate response to adult victims of SA; DV; and Sex Trafficking, in rural communities through building collaborative efforts among SA and DV victim service providers; law enforcement agencies; prosecutors; courts; other criminal justice service providers; human and community service providers; educational institutions; and health care providers; by encouraging, supporting collaboration and  coordination of services to victims of SA, DV and their families. | | | | | | | |
| **Strategy:** | Establish cooperative efforts and projects among all key community stakeholders through  ORPE Advocacy’s activities to enhance services, investigate and prosecute incidents of SA and DV. | | | | | | | | |
| **Activity** | | | | **Timeframe** | | **Outcome** | | | **Evaluation** |

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| ORPE’s CCR and/or ORPE’s | Months 1-8 | Local CCR/SART Coordinators will demonstrate increased skills and knowledge about community collaboration, including building sustainable collaborations with underserved communities to identify crime victims in need of legal assistance. | At each training session, training participants (local CCR/SART Coordinators will be asked to complete onsite evaluations indicating their increase in skills and knowledge about community collaboration and sustainable collaborations with underserved communities. |  |
| SART Specialists will provide |  |
| training to local CCR and/or |  |
| SART Coordinator on best |  |
| practices and necessary |  |
| structures to establish |  |
| cooperative relationships and |  |
| projects among all key |  |
| community stakeholders. |  |
| Trainings will include a focus |  |
| on the provision of legal |  |
| assistance to the underserved |  |
| communities. |  |
| With support from ORPE CCR Specialist and/or ORPE’s SART Specialist, communities will conduct written assessment of service providers to identify strengths and barriers within the community to create a coordinated response to incidents of SA and/or DV. |  | Local CCR/SART Coordinators will have an enhanced understanding of the strengths and barriers to support collaboration among service providers in their communities. | Local CCR/SART Coordinators will submit analysis of the service provider assessments.  Community assessments will be conducted at the beginning of the project to establish a baseline, and re-administered at the end of the project to measure change in  strengths and barriers to community collaboration. |
| ORPE’s CCR Specialist and ORPE’s SART Specialist will train local CCR/SART Coordinators on how to establish leadership and structure of CCR/SART. | Months 9-16 | Local CCR/SART Coordinators will demonstrate an understanding about effective structures and leadership for community collaboration | At each training session, training participants and local CCR/SART Coordinators will be asked to complete onsite evaluations indicating their increase in skills and knowledge about  community collaboration |
| Based on assessment results, local CCR and/or SART Coordinators will invite interested stakeholders to become members of CCR/SART team, establish a leadership structure and begin convening monthly meetings | Months 17-  23 | Increased collaboration in communities regarding services and prevention initiatives. CCR teams will represent the diversity of their communities. | Local CCR/SART Coordinators will present membership rosters, description of leadership structure, and inclusion plan for underserved communities, and meeting minutes to ORPE’s CCR and ORPE’s SART  Specialists |

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| **OBJECTIVE :** | | Increasing the safety and well-being of women and children in rural communities by | | | |  |
|  | | dealing directly, immediately, appropriately and effectively with SA and DV. | | | |
| **Strategy:** | Work in cooperation with the community to develop activities (such as standardization of protocols) that increase coordination of services for victims of SA and DV. | | | | |
| **Activities** | | | **Timeframe** | **Outcome** | **Evaluation** |
| ORPE’s CCR Specialist and | | | Months 24-29 | CCR/SART team members will demonstrate increased knowledge and skills about how to facilitate community awareness and how to create multiple points of entry to service system. | Training participants (local CCR/SART Coordinators will be asked to complete onsite evaluations indicating their increase in skills and knowledge about facilitation of community awareness and creation of  multiple points of entity. |
| ORPE’s SART Specialist will | | |  |
| provide training on community | | |  |
| education and awareness and | | |  |
| about creating multiple access | | |  |
| points for survivors | | |  |
| ORPE’s CCR Specialist and ORPE’s SART Specialist will provide technical assistance on facilitating cross-training sessions among providers. | | | Ongoing | CCR and SART teams will begin to implement cross- training events.. | Local CCR and SART Coordinators will submit to ORPE reports on number of cross-training sessions conducted and  barriers to community collaboration. |
| ORPE CCR Specialist and ORPE SART Specialist will provide training and technical assistance as needed concerning the creation of inter-agency referral and  service protocols. | | | Ongoing | Local CCR and SART team member organizations will create inter-agency referral and service protocols. | Local CCR and SART Coordinators will submit samples of newly- developed protocols developed to ORPE. |
| ORPE Consultant will work with local CCR/SART teams and local healthcare providers to establish and/or strengthen SANE programs. | | | Ongoing | Numbers of survivors served by ORPE programs will increase in communities. | ORPE programs will be asked to submit baseline and post-project service numbers for people served through ORPE  project |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OBJECTIVE :** | Creating and implementing relevant strategies to increase awareness and prevent first time | | | |  |
|  | perpetration of SA and DV | | | |
| **Strategy:** State and local CCR/SART Coordinators will work to develop local strategies to increase  awareness and change attitudes, norms and policies that condone, support or ignore SA and DV. | | | | |
| **Activities** | | **Timeframe** | **Outcome** | **Evaluation** |
| Local CCR/SART Coordinator | | Months 30-36 | Local CCR/SART Coordinators will have the capacity to host community-wide forms about domestic and sexual violence, to assess the attitudes, beliefs and behaviors of community members, and to analyze the assessment results. | Local CCR/SART teams will submit forum plans to ORPE for review and/or technical assistance as they prepare to host the forums in their areas. |
| will receive tools and training | |  |
| from ORPE about engaging their | |  |
| SART/CCR team to conduct a | |  |
| community-wide forum to assess | |  |
| attitudes, beliefs and behaviors | |  |
| which condone, perpetuate or | |  |
| combat violence against women. | |  |
| They will receive tools to assist | |  |
| with analyzing assessment | |  |
| results | |  |
| Local CCR/SART teams will plan a community forum on preventing first time perpetration of DV and/or SA.. | | Ongoing | Communities will have well-organized and effective forums which assess, educate and engage their community members. | Local CCR/SART teams will submit forum plans to ORPE for review and/or technical assistance as they prepare to host the forums in their  areas. |
| Local CCR/SART teams will conduct a community forum on preventing first time perpetration of SA and DV | |  | CCR/SART team will have an enhanced understanding of the knowledge, attitudes, beliefs and behaviors which may condone, perpetuate or combat violence against women. Community members will have increased participation in primary  prevention. |  |
|  | | Ongoing |  | Assessment results will be submitted to ORPE. Local CCR/SART Coordinators will report to ORPE the number of new volunteers who are engaged in prevention work as a result of the forums. |
| NCCASA SANE Consultant will work with local CCR/SART teams and local healthcare providers to establish and/or strengthen ORPE programs. | | Ongoing | Numbers of survivors who are served by ORPE programs will increase in communities served by the ORPE Consultant.  Existing ORPE programs will be asked to submit | Numbers of survivors who are served by ORPE programs will increase in communities served by the ORPE Consultant.  Existing ORPE programs will be asked to submit |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | baseline and post-project service numbers for  people served through OHRA project | baseline and post-project service numbers for  people served through SANE project |
| Local CCR/SART teams will |  | Increased community | Local CCR/SART |
| hold a forum and follow-up | capacity to prevent SA | Coordinators will submit |
| meetings for community | and DV. Communities | to ORPE reports on post- |
| members interested in | will develop a list of focus | forum activities including |
| developing/engaging in | areas for primary | focus areas identified and |
| prevention efforts. | prevention efforts in their | any preliminary action |
|  | areas | steps identified. |

1. **INTPUTS (Products)**
2. **Projected number of individuals expected to receive services based on presenting victimizations during the reporting period (Caseloads)**

To limit the potential caseload or make sure resources were reserved for the neediest cases, we have implemented guidelines based on income eligibility criteria. However, our eligibility guidelines are generally flexible, especially when the victim needs an emergency protection order and the abuser is represented by counsel.

|  |  |  |  |
| --- | --- | --- | --- |
| **Victimization Type** | **Numbers** | | |
|  | **(11/21-11/22)** | **(11/22-22/23)** | **(11/23-1124)** |
| Adult Sexual Assault and Rape | 92 | 94 | 81 |
| Domestic Violence | 97 | 112 | 88 |
| Victims of Human Trafficking | 41 | 40 | 38 |
| Teen Dating Victimization | 34 | 39 | 32 |
| Stalking / Harassment | 39 | 40 | 18 |
| Child Abuse/Neglect | 24 | 26 | 21 |
| Violation of a Court (Protective) Order | 12 | 12 | 13 |
| Asylum seekers / Refugees | 42 | 46 | 48 |
| Immigrant victims’ relief under U-Visa; T-visa ; VAWA | 38 | 48 | 44 |
| Housing, Emergency Shelter, Eviction Prevention | 68 | 69 | 57 |
| Victims seeking help for food, cash assistance, transportation | 67 | 66 | 60 |
| Victims assistance - Civil Matters (divorce, custody, adoption,…) | 122 | 124 | 120 |
| Victims seeking help in Opioid detox as a result from victimization | 49 | 50 | 36 |
| **TOTAL** |  |  |  |

**Case Load**

Within this project, we expect providing legal representation in court to an average of 120 domestic violence victims per year. Much larger number of victims expected to be provided with legal advice and counseling. Our previsions forecast OHRA to providing legal services to more than 300 victims from October 2021 to October 2022 (representing the 1st year of funding). We project handle the following victims’ legal cases:

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Cases** | **1st Year**  **(11/21-11/22)** | **2nd Year**  **(11/22-11/23)** | **3rd Year**  **(11/23-11/24)** |
|  | **No of Cases** | **No of Cases** | **No of Cases** |
| Temporary*/ex part* Orders | 92 | 122 | 90 |
| Permanent Protection Orders | 97 | 132 | 86 |
| Child Custody | 67.0 | 77 | 62 |
| Child Support | 22 | 33 | 20 |
| Divorce | 96 | 122 | 118 |
| Immigration | 120 | 130 | 140 |
| Credit repair | 48 | 68 | 70 |
| Eviction Prevention | 87 | 89 | 101 |
| **TOTAL** |  |  |  |

We project to assist about 133 victims with a victim compensation application through this project. The tables below indicate the numbers of victims expected to be served annually:

1. **Projected No of people expected to receive information referral services through this project**

|  |  |
| --- | --- |
| **Victimization Type** | **Number** |
| Information about the criminal justice process | 55 |
| Information about the victims’ rights; about how to obtain notification | 110 |
| Referral to other victim service programs | 88 |
| Referral to other services, supports, resources including legal, medical, faith-based. | 67 |

All information received from clients are protected and will be treated in confidentiality mode.

1. **Projected number of people expected to receive Personal Advocacy / Accompaniment service annually through this project.**

|  |  |
| --- | --- |
| **Victimization Type** | **Number** |
| Law enforcement interview advocacy/accompaniment | 33 |
| Credible fear of persecution interview | 49 |
| Reasonable fear of persecution interview | 38 |
| Master Calendar Hearing (In Removal Proceedings) | 38 |
| Interview before immigration officer (U-visas; T-visas) | 22 |
| Interpreter services | 89 |

1. **Projected number of individuals who will receive Civil Justice Services Assistance annually through this project:**

|  |  |
| --- | --- |
| **Victimization Type** | **Number** |
| Notification of criminal justice events  *(Case status, arrest, court proceedings, case deposition, release…)* | 22 |
| Victim impact statement | 21 |
| Prosecution interview advocacy / accompaniment  *(Includes accompaniment with the prosecuting attorney, and with victim/witness)* | 20 |

1. **INTENDED OUTPUT (Results)**

After being served or assisted in resolving or reducing the impact of psychological and physical pains caused by their perpetrators, through this project, victims will be able to experience positive changes in their lives; particularly, in terms of personal safety, health, emotions, mind, body and spirit. In addition, through ORPE’s self-sufficient income programs centered on the premises of self-efficacy, self-leadership, and capacity building; victims will be given with necessary tools susceptible to change their social economic status from insufficient income to the status of self-sufficient income. These premises are expected to make great impact in their lives and in victims’ communities. After having accomplished the cycle of assistance, victims will be able to positively express the relevance of the assistances received through this project and testifying for positive outcomes, with outcomes’ statements similar to those stated below:

1. **Positive Outcomes as a Result of the Services Provided through this Project**

|  |  |
| --- | --- |
| **Outcome** | **Client’s statement** |
| Victims will be able to report that their sense  of safety and security has increased. | *“My immediate sense of safety and security has increased*  *as a result of the services, I received from ORPE.”* |
| Victims will be able to report an increase in  knowledge about victims’ services. | *“I am more knowledgeable about the community services*  *and resources available to victims at ORPE Advocacy.”* |
| Client express satisfaction about the services | *“I am satisfied with the services I received through ORPE.”* |
| Victims will be able to report an increase in knowledge about the criminal justice system. | *“I am more knowledgeable about the criminal justice*  *system.”* |
| Victims will be able to report an increased  ability to plan for their safety. | *“I know more ways to plan for my safety.”* |

1. **Decrease in Negative Effects Resulting from the Victimization**

|  |  |
| --- | --- |
| **Outcome** | **Client’s statement** |
| Victims experience a decrease in the frequency  and/or intensity of crime-related symptoms (change psychological functioning) | *“My crime-related symptoms (e.g., sleepless, fear or*  *anxiety, nervousness, etc.) are less frequent or less severe since I became involved with ORPE Advocacy* |
| Victims express an understanding of their victimizations and its effect on their lives. Increase in knowledge about victimization | *“I now know how being a victim may affect important aspects of my life.”* |
| Victims report decrease in the level of vulnerability  by identifying a support system. | *“I have identified a support system to help me address*  *my victimization.” (e.g., decrease in isolation…).* |
| Victims report that their quality of life has improved  because the set goals have been accomplished | *“ORPE Advocacy helped me achieve the goals I set*  *out to accomplish.”* |

## TRAINING AND TECHNICAL ASSISTANCE NEEDS

Training and Technical Assistance Needs: Our project specialists/advocates will participate in the OVCTTAC Victim Assistance online training. Online training is a valuable tool for increasing skills and knowledge of staff. We also will encourage our project staff to apply for the Leadership Institute at the National Victim Assistance Academy. We may request TA for developing our resource survey for local victims’ services to assess what services are currently available in our community. Under this Trafficking Victims grant, OHRA will be providing training to recipients’ victim services providers that are also grantee partners, legal services providers that are also grantee partners, pro bono attorneys, and community groups. Other individuals and agencies that will be receiving training are victim services providers that are not formal partners on OVC grant project: law students; criminal justice officials (judges, police, etc.). Project will also use the resources to create products. Products include training/resource materials and marketing brochures. Training Curriculum and Evaluations will focus on building, structuring and securing Leadership for Coordinated Community Response and Trafficking Response Teams; Engaging Underserved Communities in Preventing and Responding to trafficking victims; Raising Community Awareness and Engagement about Human Trafficking; Toolkit for Hosting a Community Forum About Human Trafficking; Community Attitudes, Norms and Beliefs About Human Trafficking Assessment Tool; and Local Inter-Agency Referral and Service Protocols.

**Capabilities**

**Key personnel in this project:**

Dr. Robert Fletcher is the Chair of the organization. Robert Fletcher has a PhD in Theology. He is a Senior Pastor for more than 30 years. He is the Senior Pastor of Summer Ministry Center. He has been working with victims of crimes, individuals with substance abuse disorders (SUD) for more than 20 years. The ORPE Advocacy Chief Operational Officer (COO) is Miss. Debra Suzanne Grace. The COO has extensively worked as Executive Director at the Summit for over 20 years. As a Senior Pastor and Advocate, Debra has been working in the violence against women programs designated to end SA and DV for the past 13 years. She serves on various boards and committees and was recently one of the leader of Project Mom administered within the auspice of the Governor of Maryland. The ORPE Advocacy **Legal Chief Legal Staff** (CLS) is Edward**-** T Moises. Mr. Moises is a lawyer who has more than 10 years of legal practice experience. He graduated in 2005 from Beasley School of Law at Temple University, Philadelphia, PA. He holds (JD,and LLM) degrees. He is a well-trained trial lawyer. He worked for more than 10 years with the Law Firm Fremaux. He also worked as Counsel at the Office of Public Defender Melissa Douglas, Alexandria District Court, Virginia. The **ORPE Financial Coordinator** is Miss Zora Emilio. Zora Emilio holds an Executive Master in finance from the United States Institute of Leadership. She has over 4 years of experience with nonprofits in the finance and administrative arenas. Under this project the Financial Coordinator will ensure that all cost reports are completed and submitted in a timely manner; that all partners submit accurate and complete requests from ORPE Advocacy and that all appropriate financial reports and accounting practices are observed. Primary duties with ORPE include accounts payable and receivable, financial grant reporting to government agencies and other funders, implementation and oversight of administrative policies and procedures and human resource management, including payroll and related benefits. **The Shelter** is managed by **Pastor Suzy Fletcher**. Pastor Suzy ensures the Shelter is on track in completing its mission and informs the ORPE Advocate board of directors on the condition of the shelter. Pastor Suzy is in charge of official records and documents and ensures the shelter complies with federal, state and local laws. She keeps updated on new trends and industry information and oversees the recruitment of other employees and volunteers. Miss Lindsey Kyles, is the **Victim Witness Coordinator**. She is a well-trained advocate who holds a master’s degree in human services and communication. As Victim Witness Coordinator, she reports to the Chief Legal Staff and offers support services and liaise with prosecutor, court systems, victim preparation and responding to the needs of victims.

## DATA COLLECTION AND EVALUATION

Program evaluation will consist of data collected by the project specialist as they provide services to victims and work with the community. We will collect data using our current case management software, regarding the number MDTs held, cases staffed, service plans created, service plans completed, victimization rates and the actual services accessed by victims. We will also collect data on crime victims, including age, type of crime and disability status to evaluate if our targeted outreach services were effective. The data will be collected using our case management software and other case management tools such as file reviews. A successful project is defined by an increase in service knowledge and acquisition for victims, completed service plans, low victimization rates and identifying whether children, young, or international victims were the majority of our clients.

## COLLABORATIVE ACTIVITIES / LEVERAGE RESOURCES

OHRA a multidimensional community-based organization. Services have number of collaborative partnerships, both internal and external that will be capitalized to leverage resources to continue this project after the end of the grant period. Internally, we will collaborate with our newly housing program, our program, our existing supportive programs, and our Restoring Human Dignity program. We’ve also put in place a cutting-edged online fundraising platform and working on bringing into this project engaged and recurring donors. Externally, we have strong partnerships with University of Maryland Baltimore Washington Medical Center; DHHS and DHS, the main providers of services to victims of trafficking in our local area. OHRA has just started implementing a multidisciplinary crime victims’ program. In three years, our program will be fully implemented, and a successful grant will help completed the planning and its implementation. With the framework in place and Maryland Community already taking place, the OHRA along with our local social service partners can continue the work that started by the grant project.

## PLAN TO RENIEW PROGRAM

Our project creates a multi-disciplinary team that while present in Maryland, it does not cross the jurisdictional boundaries of the borders nor does it serve all counties. The multidisciplinary dimension of the project, along with trafficking victim advocates, will increase access to specialized victims’ services. Our project will utilize services and collaborations that are already in place, such as the connection between social services and county/state social services. We already jointly respond and staff child abuse dependent adult abuse referrals. Law enforcement and the district attorney’s office have a process for communicating regarding crime investigation and prosecution. What we lack is a process that creates lines of communication between the silos of existing services. Social Services and law enforcement struggle to share information, victims’ service agencies are often not in the loop with the district attorney’s office, the district attorney’s office is not in communication with social services. The data from the Bureau of Justice Statistics, the Dept. of Health and Human Services and Maryland Dept. of Social Services supports our Legal Assistance Services program.