



Arizona Human  
Trafficking Council

**Arizona Human Trafficking Council**

**September 11, 2018, 9:00 AM**

**Governor's 2<sup>nd</sup> Floor Conference Room**

1700 West Washington Street, PHOENIX, ARIZONA 85007

A general meeting of the Arizona Human Trafficking Council was convened on September 11, 2018 at the Governor's 2<sup>nd</sup> Floor Conference Room, 1700 West Washington Street, Phoenix, Arizona 85007, notice having been duly given.

Members Present (21)	Members Absent (3)
Gil Orrantia, Co-Chair	Gary McCarthy
Cindy McCain, Co-Chair	Rachel Mitchell
Nathaniel Brown	Barb Trella
Sarah Beaumont	
Jason Vail Cruz (representing Allie Bones)	
Heather Carter	
Dr. Cara Christ	
Doug Coleman	
Brian Freudenthal	
Maria Fuentes	
Debbie Johnson	
Joseph Kelroy	
Sheila Kembel	
Lois Lucas	
Zora Manjencich	
Greg McKay	
Jennifer Pinnow ( representing Frank Milstead)	
Sheila Polk (Phone)	
Dominique Roe-Sepowitz	
Brian Steele	
Michael Trailor	
James Waring	
Staff and Guests Present (40)	
Nikki Green	Amiee Hoke
Joanna Jauregui	Paola Diaz
Kassi Woods	Alex Koleszar
Mark Doty	Jerri Hutson
Hal H. Sacks	Maxine Becker
Holly Yost	Stacey Sutherland
Holly Reynolds	Joanna Zigler
TC Colla	Lisa Luchesi

Sarah Kent	Rachel De La Torre
Kirk Wilson	Andrea Kadar
Peggy Perlmeta	Christina Lopez
Eona Lugo	Yajayra Franco
Erin McCarthy	Leeroy Pooley
Marlena Pina	Wendi Malmgren
Erin Tangen	Rebecca Chesley
Leona Morales	Sean P. Connolly
Alfreda Moore	Alejandro Flores
Mara Hagerman	Christine Matlock
Carol Gandolfo	Brooke Reaves
Vienna Welch	Sue Micetic

#### Call to Order

- Mr. Gil Orrantia, Co-Chair, called the Arizona Human Trafficking Council meeting to order at 9:04 a.m. with 21 members and 40 staff and guests present.

#### Welcome/Introductions

- Mr. Orrantia, Co-Chair, welcomed everyone again and asked all members to introduce themselves.

#### Approval of Minutes

- Mr. Orrantia, Co-Chair, requested a review of the **May 30, 2018** meeting minutes.
  - Ms. Debbie Johnson motioned to accept the **May 30, 2018** minutes.
  - Mr. Joseph Kelroy seconded the motion.
    - The motion passed with no dissenting votes.

#### Dignity Health

- Ms. Janet Shepard presented to the council on the trauma-informed approach to victim assistance that Dignity Health has implemented using the PEARR (Provide Privacy; Educate; Ask; Respect and Respond) model. In a 2014 study, it was found that 88% of human trafficking survivors had some contact with health care providers while being exploited. Studies also showed that medical care providers were oftentimes unable to identify and appropriately respond to the trafficked person. The goal of Dignity Health's program is to ensure that trafficking victims are identified in the health care setting and provide appropriate assistance with victim-centered, trauma-informed care and services. Dignity Health recognizes the widespread prevalence of trauma and the complex trauma that trafficking victims experience. Complex trauma is linked to a wide range of problems including, addiction, homelessness, chronic physical conditions, depression, and anxiety, as well as increasing a person's risk for revictimization. The goal of the program is to recognize trauma triggers as well as the physical and emotional reaction to triggers in order to avoid re-traumatization. Dignity Health in collaboration with HEAL and PSC developed a tool that offers key steps for healthcare professionals to provide victim assistance in a trauma-informed manner. The PEARR tool incorporates providing privacy, to separate the victim from their trafficker; to educate in a normalized way; allow time for discussion, approach with trauma-informed perspective and to; respect and respond in an appropriate manner if victim denies or refuses services, by offering resources for next time. Dignity Health will educate all staff on how to recognize patients who may be in a trafficking situation and what to do to help in order to increase the number of individuals who are willing to accept help.
- Mrs. Cindy McCain asked if protocols are different in regards to children, and what happens if a provider comes in contact with a child they suspect is being trafficked? Ms. Shepard stated that Dignity Health's policies are similar and that the protocol is to act in accordance with the laws that provide a protocol to help the child by engaging relevant state agencies.

- **Ms. Maria Fuentes** asked what feedback have they received since the PEARR tool has been rolled out and implemented? **Ms. Shepard** stated that feedback has been positive, and that the tool fosters collaboration and engagement.

### Update on the Collaborative

- **Mr. Mark Doty**, Phoenix Police Department, and **Ms. Lisa Luchessi**, Mercy Maricopa, provided an update on the new collaborative process of responding to minor victims of sex trafficking that began last December. The collaborative was created to provide youth with health and trauma-informed care immediately upon pick up. Prior to implementation, providers saw an AWOL rate of 90%, which has now been reduced to 10%. The collaborative developed four areas of identification, assessment, treatment, and tracking. Identification occurs through interviewing by social workers or within detention centers. Once a victim is identified they are sent to observational services for children and adolescents (OSCA) at St. Luke's Medical center for a 23-hour evaluation. Since 3/4 of the victims are in DCS custody, consent for care is able to be provided over the phone. OSCA assesses the child for danger to self and others and provides guidance for further individual therapy, which is provided within 48 hours of release from OSCA. The collaborative also allows for tracking, including if a youth is considered high-risk or a confirmed trafficking victim. Treatment is provided to victims immediately, with the DCS stabilization team providing services at placement, whether within St. Luke's inpatient program or within the community. Since the collaborative, the retention rate has increased to 89%, providers are able to identify more kids and other counties including Pinal and Yavapai are interested in coming on board. The collaborative is also working on a foster care project, in which partner agencies meet once a month to develop training for foster parents working with this population as well as identifying foster parents who may be able to provide care to trafficking victims. Training for foster parents includes education on trafficking and trauma as well as connecting each family to a trauma therapist.
- **Mr. Greg McKay** asked once law enforcement and OSCA are involved, is any work being done on their cell phones as a source of information to locate other victims or for criminal prosecution? **Mr. Doty** stated that if law enforcement can develop probable cause to get into the phone, then forensic examinations are done, which can provide invaluable evidence. Ownership must first be determined, for example, if parents own the phone, they are not able to access data without their consent first.
- **Mrs. McCain** asked if a component of the foster care training included information on LGBTQ youth? **Ms. Luchessi** stated that they currently have two foster care agencies working on that piece as the LGBTQ community is very vulnerable. This component of training has not been implemented yet, but the two agencies will be involved once it is ready.
- **Ms. Jennifer Pinnow** asked what happens once foster youth age out? **Ms. Luchessi** stated that Mercy Care has a specialist that works with kids from 17 years of age to ensure a continuation of services.
- **Dr. Dominique Roe-Sepowitz** asked what the community can do that is missing from the collaborative and if a support group is needed for family members? **Ms. Luchessi** stated that she would like to see a service hub for victims that is safe and sustainable that allows data collection, victim tracking, and forensic interviewing.
- **Ms. Heather Carter** asked if there was ever a challenge to find behavioral health beds when immediate treatment was needed? **Ms. Luchessi** stated that Mercy Care block purchased and manages all beds within OSCA. If St. Luke's determines a child must be placed in inpatient care, they are the top priority.
- **Ms. Sarah Beaumont** asked if the team completes a physical health assessment, such as testing for STDs? **Ms. Luchessi** stated that upon intake, full medical assessments are completed within the emergency department, and the child is then returned to OSCA. She further stated that the collaborative is always looking for other organizations to collaborate and partner with.
- **Mr. Nathaniel Brown** asked if race could be included in trafficking information? He is interested in learning the number of Native American youth being trafficked in Maricopa County. He would also like to bring collaborative partnerships such as the one presented on to the Navajo Nation.
- **Dr. Roe-Sepowitz** asked with the insurance changes beginning October 1st, would this affect the youth they work with? **Ms. Luchessi** stated that changes will not affect those involved with DCS, that their

insurance plan remains in effect through 2020. OSCA is funded through crisis dollars, and so it is available to any child enrolled in AHCCCS.

#### **National Advisory Committee on the Sex Trafficking of Children & Youth in the U.S.**

- **Mr. Tim Roemer** presented to the council Governor Ducey's recent appointment to the National Advisory Committee on the Sex Trafficking of Children & Youth in the U.S. Since Governor Ducey is unable to attend the meeting, Mr. Roemer will be traveling to Washington D.C. to represent him. Governor Ducey is excited to begin work with the committee and knows that his appointment is a reflection of the hard work of the Arizona Human Trafficking Council. The governor began his work against human trafficking as a member of the task force and is looking forward to highlighting all the great work of the Human Trafficking Council. This won't happen overnight. Meetings Thursday and Friday of this week. The purpose of the national committee is to provide recommendations and best practices to submit to US Attorney General and Secretary of Health and Human Services on how to combat human trafficking in the United States with potential options to do more on the issue both administratively and within legislation. The Committee will consist of twenty-one members of diverse professionals, including Governor Mark Dayton of Minnesota, a survivor, medical professionals, law enforcement, other subject matter experts, judges, and prosecutors. A final report is expected to be released in 4 years. The committee will plan to meet twice a year and intend on being action driven, at the correct pace, while recognizing the sense of urgency. Mr. Roemer thanked Mrs. Nikki Green and the councilmembers for providing information on the protocols and best practices Arizona has established on behalf of the governor. Appreciates all the hard work. Mr. Roemer concluded that the commitment on behalf of Governor Ducey is to foster collaboration and to continue to work on this issue with the input of the Human Trafficking Council, to act as a force multiplier, and to work as a nation to combat human trafficking.
- **Mrs. McCain** stated that the Department of Justice should also be involved in the national committee.

#### **Update on Forensic Nurses Training**

- **Dr. Roe-Sepowitz** and **Ms. Jill Rable**, HonorHealth, provided an update on the forensic nurses training. The program was made possible by a grant received from the Governor's Office of Youth, Faith and Family and was developed by input received from sexual assault nurse examiners (SANEs). A focus group was convened that including eleven nursing professionals that would come in contact with trafficking victims, what was found is that all had challenged providing services. Notes that were received by focus groups were that challenges included identification, what to do once a victim is identified and support from infrastructure. Hospital systems understand a lot of work is needed in terms of identification and providing long term needs to victims. At HonorHealth there are 26 nurses that serve the 13 year old and up population for sexual assault and has implemented electronic medical records and 3 questions pertaining to human trafficking for sexual assault victims. In focus groups, nurses were uncomfortable asking the questions at first because they were unsure of what to do with the answer. One question being, 'Have you exchanged sex for something of value?' This showed the need for greater collaboration among agencies, and medical organizations as well as other agencies will be invited to improve the questions and provide resources for practitioners after a victim discloses. They hope to develop a statewide toolkit to track how many people are in health systems that need victim services, whether or not there is a protocol in place and what can be done to help ensure one is implemented. Next steps include providing training for specific populations and creating a train-the-trainer program.
- **Mr. McKay** asked what the other two questions were? **Ms. Rable** stated the other two questions are 'Are you being tricked to exchange sex for something?' and 'Are you currently or have you ever been involved in prostitution?' **Mr. McKay** asked if it will include the medical hearsay exception? **Ms. Rable** responded that part of the toolkit will include the recommendation that this screening practice needs to be rooted in medical records and that practitioners need to be comfortable with how they will document suspected victims. The recommendations will encourage the use of recording direct quotes.

### Sub Committee Reports

- **Outreach and Awareness Committee**
  - **Mr. Gary McCarthy** was absent from the meeting, the committee forwent a report.
- **Policy Committee**
  - **Ms. Sheila Polk** stated that the committee has yet to meet, but will plan to do so this fall. Ms. Polk discussed a group of women in Yavapai county who are looking to build transitional housing for girls aging out of foster. She has connected them with Mr. Brian Steele to mentor them. They plan on fundraising and proving awareness presentations.
- **Training Committee**
  - **Dr. Roe-Sepowitz** shared that over the summer, the committee conducted focus groups for the sex trafficking court with 12 attendees to inform judges on what to expect. She completed a webinar with the National Criminal Justice Training Center regarding the YES Survey that had 850 attendees. Trainings have been completed with Mayo Clinic staff and 85 attendees of the Navajo Nation conference in June. The STAR group is available in 17 groups around Arizona, and is now being offered in Georgia. The 2018 YES Survey has been completed and a training is being developed regarding sexual assault and trafficking in people with disabilities. This is an exciting opportunity as it is estimated that 25% of trafficking victims have had a special education experience.
- **Victim Services Committee**
  - **Mr. Steele** stated that the committee continues to work on their primary objectives, and that at the meeting Ms. Lois Lucas and Dr. Beaumont were able to find an opportunity for collaboration to expand medical services. The committee plans to capture and implement survivor driven services as well as implement findings from the YES Survey. The committee also plans on working to generate identification and service gaps for labor trafficking victims.

### Future Meeting Dates

- **Co-Chair Gil Orrantia**, announced the following meeting dates;
  - Wednesday, October 24, 2018 at 9:00 AM
  - Wednesday, December 12, 2018 at 9:00 AM

### Call to the Public

- **Co-Chair Gil Orrantia** gave call to the public.
  - **Ms. Erin McCarthy** asked how placement is chosen for treatment facilities or detention centers

### Adjourn

- **Chairman Gil Orrantia** called for adjournment at 10:39 AM.

Dated 13 of September 2018  
Arizona Human Trafficking Council  
Respectfully Submitted By:  
Nikki Green  
GOYFF