

Northwell Health Human Trafficking Response Program (NHHTRP)

Primary Investigator: Santhosh Paulus, MD

Co-investigators/Collaborators:

Michael Recupero, MSN, RN, NE-BC Director of Patient Care Services, Emergency Department, Huntington Hospital

Judy Ann Richter, LMSW Social Work

Donna Tanzi, MPS, BSN, RN-BC, NEA-BC– Director of Nursing Education & Professional Development

Affiliated Departments:

- Family Medicine
- Social Work
- Palliative Medicine
- Nursing
- Emergency Department
- Pediatrics

Grant Focus:

GME: Train residents to observe and recognize signs of human trafficking within Internal Medicine, Family Medicine, Obstetrics & Gynecology, Emergency Medicine, Pediatrics, and Psychiatry.

IPE: The training that residents receive will be by an inter-professional team.

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PROPOSAL ABSTRACT

Problem/Educational Issue: Human trafficking effects an estimated 45.8 million men, woman and children worldwide, with approximately 57,700 – 471,000 living in modern slavery in the United States alone. Loyola University reports 88% of sex trafficking survivors had contact with a healthcare provider while being trafficked. A John Hopkins University Study showed that 95% of nurses and doctors surveyed had never received formal training on human trafficking.

Goal: The goal for Northwell Health is to lead the way in healthcare by training its residents to identify victims and those at risk of human trafficking and provide longitudinal care for survivors that is trauma-informed, victim centered, and survivor led. Residents upon graduation will take this training and in turn educate patients and other physicians across the country and around the world, thus making an impact on society as a whole.

Approach: Northwell Health Human Trafficking Response Program (NHHTRP) will provide interdisciplinary education and training in identifying victims of human trafficking and those at risk. We will use a ‘train the trainer’ methodology. One resident will be paired with a faculty member from Residency Programs in Internal Medicine, Family Medicine, Pediatrics, Emergency Medicine, Psychiatry and Obstetrics and Gynecology in the Health System. This dyad will first be trained and then this dyad will train all residents in their respective residency programs. A local Task Force at each hospital will then assist in the training of the remaining staff at their hospital.

Predicted Outcomes: Upon completion of the training, the residents will have a strong understanding of Human Trafficking and be better equipped to recognize the red flags that may present in their patients. The residents will also have the tools and information needed to appropriately refer potential victims to outside resources.

Anticipated Impact including dissemination plan: The impact of training residents within Northwell Health will enable residents to identify victims of human trafficking and those at risk. This education will also be disseminated beyond Northwell both regionally and nationally. This will be accomplished through the presentation of posters, workshops, published literature and symposiums.

PROPOSAL NARRATIVE

Rationale & Statement of the Problem

Human trafficking can be broken down into the act, the means and the purpose. The act of recruiting, transportation, harboring, transferring or receiving individuals by the means of force, fraud, coercion, abuse of power or vulnerability for the purpose of exploiting for sex or labor. Ultimately it is a business that is based on exploitation.

According to an Annals of Health Law report through Loyola University, 88% of sex trafficking survivors had contact with a healthcare provider while being trafficked. Unfortunately, many of the nurses, doctors, and first responders who clinically treated these patients did not recognize the signs of human trafficking, thus they released victims back to their captor after their care. In a study through John Hopkins University, 95% of ER doctors and nurses surveyed had never received formal training on human trafficking.

We set out to determine whether the training of Residents from Internal Medicine, Family Medicine, Pediatrics, Psychiatry, Emergency Medicine and Obstetrics & Gynecology as part of the greater scheme of training both clinical and non-clinical staff in the Emergency Department and in Ambulatory Centers on how to recognize the red flags and indicators of human trafficking through a pedagogy which includes a combination of computer modules such as iLearn and live training, result in an improvement in residents' ability to identify those at risk of human trafficking.

Background & Theoretical Framework

According to the Global Slavery Index (GSI) in 2016, it is estimated that 45.8 million people are in some form of modern slavery across the world. The International Labor Organization (ILO) puts the estimate at 20.9 million globally. Polaris, a nonprofit non-governmental organization that works to combat and prevent modern day slavery and human trafficking breaks it down into 25 types of categories. Each one has its own business model, trafficker profiles, recruitment strategies, victim profiles, and methods of control that facilitate human trafficking. Human trafficking is a lucrative business grossing some \$150 billion dollars worldwide. It commonly ranks as the second or third most lucrative industries after illegal drugs and weapons/arms.

Human trafficking is considered modern day form of slavery. The exact number of cases of human trafficking in the US, in New York and specifically in New York City, Nassau and Suffolk County are elusive. The GSI estimates that there are 57,700 living in modern slavery in the US with other organizations' estimates are as high as 471,000. The percentage of potential labor trafficking cases in Suffolk County is more than double the national average over a ten-year period ending in June 2017 with 38% of potential cases coming from labor trafficking, while the national average is 16%. Over an 18-month period the National Human Trafficking Hotline reported over 700 calls in Suffolk County alone with only 4% of calls from medical professionals. The discrepancy between the likely incidence and the number of reports from medical professionals suggest a failure to identify victims and those at risk for human trafficking.

Approach

The Northwell Health Human Trafficking Response Program Huntington Task Force launched in September 2017 and includes members from Huntington Hospital, ED Service Line, Glen Cove Hospital and at the system level in Northwell Health. Individual members include: Santhosh Paulus, Judy Ann Richter, Dana Cortapasso, Michael Grosso, Susan Knoepffler, Keisha Barry, Natalie Calinda, Adrianna Garite, William Gehrhardt, Julizann Gomez, Leonardo Huertas, Maria Johneas, Ruth Ostermann, Jemella Raymore, Michael Recupero, Elizabeth Reilly, Donna Tanzi, Jamie Travers, Joan Mahoney, Ellen Florentine, Meghan Billia, Shannel Blanchard, Kayte Kalb, and Dominique Walker. Members of the Northwell Health Human Trafficking Response Program

System Steering Committee include: Ram Raju, Thomas McGinn, Tochi Iroku-Malize, Udai Tambar, Santhosh Paulus, Dana Cortapasso, Dana Kaplan, Kaitlin Doyle, Ramon Soto, and Joseph Moscola.

Our research has included looking at existing programs and policies through leaders at Dignity Health and through Massachusetts General Hospital. These institutions have developed a Human Trafficking Initiative within their health systems which have already been implemented. We can draw on their experiences as they have a manual of shared learning and guidebook on Identification, Assessment, and Response in the Health Care Setting already in place.

The Task Force has launched a system-wide initiative that includes three phases and within which is the Residency Education initiative. The system-wide initiative briefly includes:

1. Phase 1: Pilot program launch – On September 14, 2017 the NHHTRP System Task Force received training through Restore NYC and began its pilot program at Huntington Hospital.
2. Phase 2: Strengthen policies and develop curriculum and training material – create a manual, iLearn modules, live training sessions and a plan to train Northwell Health employees in identifying victims of human trafficking and those at risk. In addition, staff will partner with community organization who work with survivors of human trafficking.
3. Phase 3: Scale Program – Roll out the NHHTRP throughout the Northwell Health system's 23 Hospital Network.

Similarly, the Medical Residency Education focus of the project has 3 phases.

Phase 1: Develop curriculum and training material for Resident Education

We will develop a curriculum with two levels of training for the iLearn and one for the Live Training (Table 1).

iLearn Training

The iLearn will focus on foundational content that is self-directed and multi-modal in approach. The materials will be self-paced using reading materials, videos and quizzes. It will consist of two modules.

- 1.0 - Introduction to the scope of the problem of human trafficking and the gap in healthcare to recognize the signs of human trafficking (with Pre-Test)
- 2.0 - How to recognize the red flags and indicators of human trafficking (with Post-Test)

LIVE Training

Identification & Response in the Health Care Setting: Curriculum created in collaboration with Restore NYC, an anti-trafficking organization based in New York City.

The live training will focus on application strategies and skill development through case discussion, small group work, and review of pre-work.

| Residency Education Initiative Training | | | |
|--|---|---|--|
| Level | Description | Training | Assessment: Pre/Post Survey |
| iLearn | | | |
| 1.0 | Introduction to the problem of human trafficking | Foundational Content Self-Directed, Multi-modal and Self-Paced: Reading, Video and Quizes | Pre: Short Answer based: Overall assessment of knowledge and attitude |
| 2.0 | Recognizing Red Flags and Indicators of Human Trafficking | | Post: Short Answer based: Overall assessment of knowledge and attitude |
| Live Training | | | |
| | Identification & Response in the Health Care Setting | Application, Strategies and Skill Development with case scenarios | Short Answer based: Overall assessment of knowledge, skills and attitude |

Phase 2: Formation and training of the Resident: Faculty dyads.

Two person teams of a paired Resident with a Faculty Member in Family Medicine, Internal Medicine, Pediatrics, Emergency Medicine, Psychiatry and Obstetrics and Gynecology will be formed. These dyads will be a part of a local Hospital Task Force and will participate in the “train the trainer” model.

Phase 3: Develop OSCE sessions

Through the use of simulated patients, residents skills, attitudes and knowledge can be assessed through the use of OSCE sessions. A multi-station OSCE based at CLI will be created. This OSCE will

provide the opportunity for residents to apply the skills to the simulated patient care. Patient vignettes will be developed and then used to train standardized patients.

Outcomes & Evaluation Plan

The effectiveness of the pilot will be assessed in three ways.

1. Post-intervention data will be compared to baseline data looking at the number of patients identified as victims of human trafficking and at risk to the number of referrals made to established community organizations working with victims and survivors of human trafficking.
2. There will be a pre and post assessment among residents to assess knowledge and attitude. This assessment will utilize a short answer format.
3. Skill acquisition will be assessed via the OSCE described above.

Plan for dissemination of project outcomes regionally and nationally

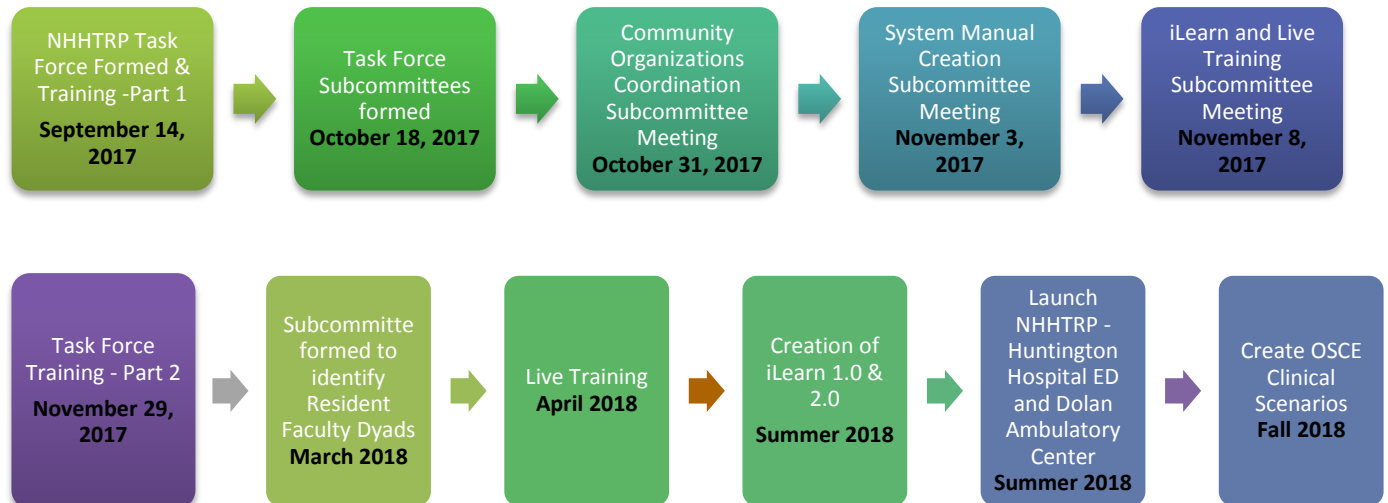
We plan to present our findings at both local and national presentations as well as to publish in journals. Our project presentation will be a main part of the Department of Family Medicine's Academic Day in October, 2018 at the Zucker School of Medicine at Hofstra/Northwell. We plan to present at Northwell Health's Annual Human Trafficking Symposium in January 2019 which would be a regional presentation. We also plan to present at the Residency Program Solutions National Conference through the American Academy of Family Physicians in March of 2019 in Kansas City, MO.

References

1. Lederer LJ, Wetzel CA. The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *Ann Health Law*. 2014;1:61-91.
2. Alpert EJ, Ahn R, Albright E, Purcell G, Burke TF, Macias-Jonstantopoulos W. Human trafficking: guidebook on identification, assessment, and response in the health care setting. *Mass Gen Hosp and Mass Med Soc*. 2014;1-44.
3. Human trafficking response program shared learnings manual. *Dignity Health Human Trafficking Response Program – Shared Learnings Manual*. 2017:1-52.
4. Identification and referral in health care settings: Survey Report. *Cast: Coalition to Abolish Slavery & Trafficking*. 2016:1-6.
5. The typology of modern slavery: defining sex and labor trafficking in the United States. Polarisproject.org. <http://polarisproject.org/sites/default/files/Polaris-Typology-of-Modern-Slavery.pdf> Published March 2017. Accessed September 25,2017.

6. Prevalence. The Global Slavery Index 2016. <https://www.globallslaveryindex.org/findings/>. Published 2017. Accessed August 14, 2017.

PROJECT TIMELINE



BUDGET

The funds obtained from the Medical Educator’s Grant would be used towards the cost of the video production of the iLearn training modules 1.0 & 2.0. The production cost of these videos will be \$5,000.

The space for meetings and training sessions would be in kind donations from the sponsoring institution. The members of the Human Trafficking Response Program Task Force are all voluntary members and do not receive financial compensation.

| Northwell Health Human Trafficking Response Program Budget | | |
|---|---|----------------|
| Activity | Description | Cost |
| Space | Meetings, Training Sessions & Employee time | In Kind |
| Video Production | iLearn 1.0 and 2.0 | \$5,000 |
| COST | Total | \$5,000 |

BIOGRAPHICAL SKETCH #1

NAME: Santhosh Paulus

POSITION TITLE: Huntington Hospital Site Director Family Medicine Residency, Associate Program Director Hofstra Northwell School of Medicine Family Medicine Residency at Glen Cove, Assistant Professor

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

| INSTITUTION AND LOCATION | DEGREE <i>(if applicable)</i> | Completion Date MM/YYYY | FIELD OF STUDY |
|--|----------------------------------|----------------------------|--------------------|
| University of Miami, Coral Gables, FL | BS | 05/1997 | Microbiology |
| Ross University School of Medicine, Dominica, WI | MD | 05/2002 | Doctor of Medicine |
| Glen Cove Family Medicine Residency, Glen Cove, NY | | 06/2005 | Family Medicine |

A. Personal Statement

I am excited to be the lead on the Northwell Health Human Trafficking Response Program (NHHTRP) Task Force as I have experience, background and leadership skills that I have gained over the years. As Associate Program Director of the Glen Cove Family Medicine Residency Program and Site Director at Huntington Hospital I have had to work inter-professionally with Nursing, Social Work and Administrative Staff to further resident education and training. As the Founder and President of Cycling For Change, Inc., a not-for-profit that raises funds and awareness to fight human trafficking, I have had the privilege to lead a team of over 40 volunteers in various events. I led a group of cyclists cross country in 2015 and hosted several Bike-a-Walk-a-thons and Golf Outings with a total participation over 300 individuals combined. Currently, I formed the NHHTRP Task Force with 26 current members ranging from ED

physicians, Nursing, Nurse Managers, Social Work, Palliative Care Physicians, Pediatricians, Hospital Administration, etc.

BIOGRAPHICAL SKETCH #2

NAME: Judy Richter

POSITION TITLE: LMSW

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

| INSTITUTION AND LOCATION | DEGREE <i>(if applicable)</i> | Completion Date MM/YYYY | FIELD OF STUDY |
|--|----------------------------------|----------------------------|--------------------------|
| State University of New York Plattsburgh | BA | 5/1977 | Sociology/Human Services |
| Adelphi University | MSW | 5/1997 | Master of Social Work |

A. Personal Statement

As a license social worker at Northwell Health Huntington Hospital I am honored and excited to work with the Human Trafficking Task Force at Huntington Hospital. As chair of the Huntington Hospital Drug Task Force I have extensive experience with promoting awareness, educating patients and families struggling with addiction and providing essential support to those suffering. In addition, I have organized several successful and informative forums providing professional guidance in the area of addiction for the community as well as for the staff at Huntington Hospital. I was invited to sit on a panel of experts led by Dr. William Spencer, Legislator to discuss the critically important increase of babies being born addicted in Suffolk County. I recently completed a six month position on a wellness panel for the Suffolk County

Department of Health. A story I wrote based on a patient's experience in the ER called "Goodbye My Sweet Handsome" was published in the "Narrateur", a Hofstra School of Medicine publication. I am currently working on a short film based on this story to be used for training purposes throughout the Northwell System. I am passionate about providing patients with the best possible care and professionalism. I am happy to use my expertise to co-chair Northwell Human Trafficking Task Force. Working with an interdisciplinary team as well as a community organizations will help Northwell Health to become a leader in this critical area. Through awareness and education we can educate staff throughout the system on Human Trafficking and provide a much needed resources for those suffering from being trafficked.

B. Positions and Honors Northwell President Award winner 2015

C. Positions and Employment LMSW Huntington Hospital 5/1999 to present

BIOGRAPHICAL SKETCH #3

NAME: Donna Tanzi

POSITION TITLE: Director, Nursing Education, Innovation, & Research, MPD

EDUCATION/TRAINING

| INSTITUTION AND LOCATION | DEGREE <i>(if applicable)</i> | Completion Date MM/YYYY | FIELD OF STUDY |
|--|----------------------------------|----------------------------|----------------------|
| CUNY Graduate Center, 5 th Ave, NYC, NY | PhD (c) | 05/2019 | Nursing |
| NYIT, Old Westbury , NY | MPS | 08/89 | Professional Studies |
| Adelphi University, Garden City, NY | BS-N | 01/81 | Nursing |
| Nassau Community College, Garden City, NY | AS-Nursing | 05/78 | Nursing |

A. Personal Statement

As a Nurse Educator creating educational programs, which enhance the knowledge base of others, is critical. I am committed to the educational process and will fully develop a program that will deliver appropriate content and strategies to improve outcomes.

B. Positions and Honors

Director

Adjunct Clinical Faculty, Nursing

Nurse Educator

Nassau/Suffolk Nurse of Excellence 2007

C. Positions and Employment

Director, Nursing Education, Innovation, & Research, Magnet project Director- Huntington Hospital

Sr. Administrative Director, Nursing Education- Lenox Hill Hospital

Nurse Educator- Huntington Hospital

Clinical Adjunct Faculty, Nursing: NYIT, NCC

Director, Operations, Abel Health Management

Director, Occupational Health, Kemper Insurance

Occupational Health Coordinator: First Card Services, First National Bank, Chicago, Citibank

D. Other Experience and Professional Memberships

American Nurses' Association- National, NY Chapters

Association for Nursing Professional Development

BIOGRAPHICAL SKETCH #4

NAME: Michael Recupero RN

POSITION TITLE: Director of Patient Care Services

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

| INSTITUTION AND LOCATION | DEGREE <i>(if applicable)</i> | Completion Date MM/YYYY | FIELD OF STUDY |
|----------------------------------|----------------------------------|----------------------------|----------------------------|
| Suffolk County Community College | Associates in Nursing | 5/2008 | Nursing |
| St Joseph's College | Bachelors | 8/2002 | Psychology |
| Stony Brook University | Masters | 5/2012 | Nursing/Nurse Practitioner |

A. Personal Statement

I began my career in Human Sciences as a Case Manager after receiving my Bachelors in Psychology at St Joseph's College. I worked at Options for Community Living dealing with persons who were afflicted with AIDS. I learned to handle a case load of 40 patients for whom I linked with many different local, state and federal resources. I then became an RN working in the emergency department and caring for patients with diverse backgrounds and complaints. Soon after working in direct patient care I found a home in leadership, where I was able to make policies and affect practice to deal with the many challenging populations that present to the ED. As a leader, I've been fortunate enough to help develop and set up a Specialized Treatment Unit, as a result of the EBOLA scare. This afforded me the opportunity to develop policies and implement best practice when dealing with special populations. I then was the director in charge of Building a brand new Emergency Department at Huntington Hospital, again in charge of training, policy making, and regulatory requirements.

B. Positions and Honors

RN

Manager

Director

C. Positions and Employment

ED RN – Manhasset @ Northwell

ED Manager – GlenCove @ Northwell

ED & logistics Director – Huntington @ Northwell

D. Other Experience and Professional Memberships

Manager Specialized Treatment Center

ANCC Nurse Executive Board Certified

INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL

As we will only be collecting program evaluation data for quality improvement and is not a research project, there was no submission to the IRB for review.

APPENDIX

Northwell Health Human Trafficking Response Program (NHHTRP)

1. Summary
2. Overview
3. Next Steps
4. Budget
5. Collaboration with Community Organizations
6. Goal

SUMMARY

The proposed program is an opportunity for Northwell Health to become a regional healthcare leader in identifying victims and those at risk of human trafficking and providing longitudinal care for survivors that is trauma-informed, victim centered and survivor led. Through a phased approach, we plan to build internal capacity for growth and impact. First, we will strengthen our existing policies and develop new curriculum and training material based on national best practice. Then, we will partner with Restore NYC, a community-based organization with expertise in serving the victims of human trafficking, to launch a pilot in both the Huntington Hospital ED as well as the Dolan Ambulatory Center in the Spring and Summer of 2018. The pilot will train approximately 286 clinical and non-clinical staff. Finally, after evaluating the pilot, we plan to scale the program to be system wide and eventually with possibly CLI serve as a regional training center. The total budget for all three phases would cost \$44,500 with \$16,000 to cover phase 1 and 2 and phase 3 costing \$28,500.

OVERVIEW

According to the Global Slavery Index (GSI) in 2016, it is estimated that 45.8 million people are in some form of modern slavery across the world. The International Labor Organization (ILO) puts the estimate at 20.9 million globally. Polaris, a nonprofit non-governmental organization that works to combat and prevent modern day slavery and human trafficking breaks it down into 25 types of categories. Each one has its own business model, trafficker profiles, recruitment strategies, victim profiles, and methods of control that facilitate human trafficking. Human trafficking is a lucrative business grossing some \$150 billion dollars worldwide. It commonly ranks as the second or third most lucrative industries after illegal drugs and weapons/arms.

Human trafficking can be broken down into the act, the means and the purpose. The act of recruiting, transportation, harboring, transferring or receiving individuals by the means of force, fraud, coercion, abuse of power or vulnerability for the purpose of exploiting for sex or labor. Ultimately it is a business that is run by exploitation.

The exact number of cases of human trafficking in the US, in New York and specifically in New York City, Nassau and Suffolk County are elusive. The GSI estimates that there are 57,700 living in modern slavery in the US with other organizations' estimates are as high as 471,000. Over an 18 month period the National Human Trafficking Hotline reported over 700 calls in Suffolk County alone with only 4% of calls from medical professionals. This statistic calls to attention the lack of identification of victims and those at risk for human trafficking among health care professionals.

In an Annals of Health Law report through Loyola University, it is reported that 88% of sex trafficking survivors had contact with a healthcare provider while being trafficked. Unfortunately, many of the nurses, doctors, and first responders who clinically treated these patients did not have the training to recognize the signs of human trafficking, thus they released victims back to their captor after their care. In a study through John Hopkins University, 95% of ER doctors and nurses surveyed had never received formal training on human trafficking.

NEXT STEPS

The Northwell Health Human Trafficking Response Program Task Force launched in September 2017 and includes members from Huntington Hospital, Glen Cove Hospital and at the system level in Northwell Health. Individual members include: Santhosh Paulus, Judy Ann Richter, Dana Cortapasso, Michael Grosso, Susan Knoepffler, Keisha Barry, Natalie Calinda, Adrianna Garite, William Gehrhardt, Julizann Gomez, Leonardo Huertas, Maria Johneas, William Lynch, Ruth Ostermann, Jemella Raymore, Michael Recupero, Elizabeth Reilly, Donna Tanzi, Jamie Travers, Joan Mahoney, Ellen Florentine, Cathy Blackman, Meghan Billia, Shanell Blanchard, Kathryn Kalb and Dominique Walker.

The goal of the Task Force is to bridge the gap among the need of victims of human trafficking and the training of health care providers. Our work can help Northwell Health become a leader in this critical area for the greater New York region.

Phase 1: Strengthen policies and develop curriculum and training material

Revise Northwell Health's Human Trafficking Policy, create a Human Trafficking Response Program Manual, and create and implement a plan to train Northwell Health employees to be able to identify victims of human trafficking and those at risk.

Our research has included looking at existing programs and policies through leaders at Dignity Health and through Massachusetts General Hospital. These institutions have developed a Human Trafficking Initiative within their health systems which have already been implemented. We are able to draw on their experiences as they have a manual of shared learning and guidebook on Identification, Assessment, and Response in the Health Care Setting already in place.

Phase 2: Launch pilot program

On September 14, 2017 the Northwell Health Human Trafficking Response Program (NHHTRP) Task Force received its initial training through Restore NYC, a New York City based not-for-profit who serves foreign national survivors of sex trafficking with a holistic, trauma-informed, and culturally sensitive approach. Restore NYC trains and assists law enforcement and nonprofits partners so they are better equipped to identify and help survivors. The training entitled: Human Trafficking: Identification & Response in a Health Care Setting was well received. The NHHTRP Task Force convened on October 18, 2017 and subcommittees were formed. The plan is to train a total of 286 clinical and non-clinical staff in the Huntington Hospital ED and the Dolan Ambulatory Center in the Spring and Summer of 2018 as the pilot site for the Health System. This will include both computer based iLearn modules as well as live training. In addition to the training, staff will learn how to coordinate with and partner with community-based organizations who work with survivors of human trafficking, ensure the safety of the victims, as well as to meeting their health needs.

Phase 3: Scale program

After evaluating the pilot for effectiveness, this training and program will be rolled out to the entire Health System. The effectiveness of the pilot will be determined by comparing post-intervention to baseline data for the number of patients identified as victims of human trafficking and those at risk and also by the number of referrals made to established community organizations working with victims and survivors of human trafficking. Based on the success of the program, possibly through CLI, Northwell Health can explore the possibility of becoming a regional training center for clinical and non-clinical professionals to identify victims of human trafficking. By training other systems we amplify our ability to meet this unmet need. In the event that traffickers avoid Northwell Health facilities due to our reputation of identifying victims of human trafficking, we expand our influence by providing training to other healthcare systems to help ensure that victims and those at risk do not go unidentified.

BUDGET

Currently, we are requesting funding for phase 1 and 2, which totals \$16,000. The primary program cost is for the training since much of the resources to complete the project are already in place within the Health System. The initial training by Restore NYC for the pilot site is \$10,000, with each additional site costing \$1,000 each. Food in the form of refreshments at meetings and training sessions will be \$1,000 per site. Media publications in the amount of \$5,000 to educate staff through the computer based iLearn and also to educate patients and family. The space for meetings and training sessions would be in kind donations from the sponsoring institution. The members of the Human Trafficking Response Program Task Force are all voluntary members and do not receive financial compensation.

Phase 3 of the training would cost an additional \$28,500 which includes the creation and implementation of iLearn modules which would include the production of videos to augment the modules, survivor consultation fees for an advisory role to ensure that our policies and procedures are survivor led, Task Force leadership education, and Community educational forums. The cost of video production would be

a one time fee in the amount of \$5,000. Task Force leadership education would total \$2,500 on an annual basis for one member to attend national conferences for networking and education. Community educational forums would cost an estimated \$1,000 annually to conduct. The total budget for 2018 would cost \$19,100 and for 2019 would cost \$10,000.

COLLABORATION WITH COMMUNITY ORGANIZATIONS

Currently the Task Force is collaborating with Restore NYC and partnering with them as they provide training to health care providers and employees in Northwell Health to identify victims of human trafficking and those at risk. We are also collaborating with the Safe Center LI in Bethpage, NY in coordinating services for victims. Meetings took place to coordinate with the Suffolk County Police Department with the Suffolk County District Attorney's office as well as presentations to Suffolk County Legislators on policy recommendations and to Suffolk County Executive's Office Human Trafficking Subcommittee on policy recommendations and to provide updates on Northwell Health's initiatives to combat human trafficking. Northwell is also collaborating with Greater New York Hospital Association (GNYHA) as the Human Trafficking Response Program launches its live training in April 2018.

GOAL

The goal is for Northwell Health to lead the way in healthcare in identifying victims and those at risk of human trafficking and providing longitudinal care for survivors that is trauma-informed, victim centered and survivor led.

sp revised 4/13/18