Community **Against** Sexual Harm

COMPREHENSIVE SURVIVOR SERVICES (CSS) EVALUATION

Acknowledgments

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- The CASH Survivor Advisory Council for their valuable insights and feedback to make sure that research and evaluation efforts stayed respectful and true to the lived experiences of survivors.
- Focus group participants for allowing us the privilege of their time and stories.
- RTI International for collaboration on earlier efforts that informed this work, and for continuing to answer questions about the OHTS Instrument.

This report and the project team are informed by the warmth, kindness, and generosity of all contributors at every step of this evaluation.

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I. Executive Summary

Community Against Sexual Harm (CASH) offers trauma-informed, peer-led case management for survivors of sex trafficking and other forms of sexual exploitation in Sacramento, California. Their Comprehensive Survivor Services (CSS) programs are designed to meet survivors "where they are," offering a range of services and supports for participants to achieve personalized goals around safety, well-being, social connection, and self-sufficiency.

Between 2022 and 2024, CASH partnered with the Institute for Social Research at Sacramento State (ISR) to evaluate their CSS programs, explore their use of a new standardized instrument for assessing participant outcomes (the Outcomes for Human Trafficking Survivors (OHTS) Instrument), and identify opportunities for ongoing program improvement. This mixed methods evaluation was informed by case management data, data from the OHTS instrument, participant focus groups, and sensemaking with staff and members of a Survivor Advisory Council. The report underscores CASH's vital role in supporting survivors and provides strategic recommendations for strengthening and expanding its services. The following key findings emerged from the evaluation:

- Most participants entered the program with a *high number of basic needs*, including lack of stable income, lack of housing, and mental health concerns.

- A majority of participants (between 51% - 68%) experienced *improvements in safety, physical health, housing, and resource management* during their enrollment.

- Participants stressed that *case managers' approach to services*—including their non-judgmental, trauma-informed, and participant-led orientation—were instrumental in helping them to stay in the program and accomplish goals.

The following key recommendations could inform CASH CSS programs moving forward:

- Continuing to offer participant-led, non-judgmental services to survivors of sex trafficking in Sacramento.

- Considering suggestions for service expansion (such as increased outreach to the most hard-to-reach populations, offering additional emergency services, and expanding locations) while being thoughtful about expanding in a sustainable way that supported the high quality (and highly personalized approach) to case management.

- Continuing to streamline and improve data quality in support of ongoing program monitoring and evaluation.

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II.   Introduction

Over 13,000 individuals were sex trafficked in Sacramento County between 2015 and 2020. This estimate represents 11.3 times more victims in the County than were previously identified by law enforcement or service providers.[1] Many victims of sex trafficking and sexual exploitation are unaware of resources and assistance that are available to them; when connected with services, these individuals require comprehensive, trauma-informed assistance to meet their needs.

Community Against Sexual Harm (CASH) is a non-profit organization located in the Oak Park neighborhood of Sacramento, California that provides services to women who have been sex trafficked or commercially sexually exploited. Central to CASH's mission is a non-judgmental approach to working with participants to achieve safety and stability. CASH uses comprehensive, peer-led services with an eye to meeting survivors "where they are." Case managers prioritize participants' safety and security, respond to participants' acute needs, and center participants' agency in collaboratively setting and working toward goals tailored to each person's well-being. As a peer-led organization, many of CASH's professional staff are also survivors. Their lived experience with trafficking and sex work gives them first-hand knowledge of the particular needs of women seeking assistance, fostering trust with participants, and effectively addressing complex circumstances.

CASH's Comprehensive Survivor Services (CSS) programs provide participant-centered case management services to people who have experienced sex trafficking or other forms of sexual exploitation. Participants are enrolled in one of two programs based on prior victimization; both programs offer the same individualized, participant-led services to all participants.

Evaluation Purpose

CASH partnered with the Institute for Social Research at Sacramento State (ISR) to conduct an outcome evaluation of their CSS programs. With funding from the State Budget Act of 2019 administered by the California Department of Justice, this evaluation sought to:

- Understand participant's experiences and outcomes after participating in CSS programs' services.

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[1] RTI International, Community Against Sexual Harm, and Institute for Social Research at Sacramento State. *Estimating sex trafficking in Sacramento County: Final Report.* 2022. Accessed here on September 6, 2024.

- Understand how the Outcomes for Human Trafficking Survivors (OHTS) Instrument—a new standardized instrument developed by [RTI International](#)—was being utilized, and whether it aligned with the CSS programs' services.

- Utilize findings from both elements of the evaluation to improve service delivery.

This report summarizes key findings from ISR's evaluation for participants enrolled between April 2022 to March 2023. Findings were informed by the following data sources:

- Logic model development with ISR and CASH staff.

- Analysis of needs assessment, case management, and OHTS data for 83 participants enrolled during the study period.

- Engagement with CASH's Survivor Advisory Council, an advisory group of former CASH participants originally convened to contribute to a sex trafficking prevalence study conducted by RTI, CASH, and ISR.

- Interviews with CASH staff.

- Focus group with program participants.

More details on the evaluation purpose and methods are described in subsequent sections of this report.

III. CASH Comprehensive Survivor Service Programs: Program Design Overview

CASH's CSS programs provide individualized, peer-led case management to women who have experienced trafficking or other forms of sexual exploitation. CASH's approach focuses on harm mitigation, participant-driven services and goals, and judgment-free support and partnership with each person. After program enrollment, participants progress through three phases—1. Building a Foundation, 2. Strong Support, and 3. Secure and Safe—that respond to their dynamic needs and acknowledge ongoing progress towards well-being, resiliency, and personal goals.

Program Enrollment. Participants are eligible for CSS programs if they have experienced sex trafficking or are victims of crimes. Participants can enroll through self-referral (including through CASH's drop-in center), word-of-mouth, or a referral from a local service provider or law enforcement agency.

Phase 1 | Building a Foundation. Once eligibility is established, participants can begin participating in CSS case management and other services. During this first phase (typically the first 90 days of enrollment), participants work with their case managers to establish basic safety and address well-being. Services often include drop-in support for food, clothing, or safe respite; assistance obtaining temporary housing (including rent support, emergency housing, and connection to appropriate County shelters); assistance obtaining restraining orders; education on survivor rights and benefits; and linkages to trauma-informed medical care. Common goals (referred to as "Foundational Goals") during this first phase include:

- Regularly meeting with case managers.

- Obtaining California identification documents.

- Discussing and applying for eligible benefits, including compensation from the California Victim Compensation Board (CalVCB).

- Establishing primary care and receiving reproductive health care/education.

- Enrolling and participating in RECON (a 9-week job readiness class), other employment readiness programs, or school.

- Assessing eligibility for additional housing supports.
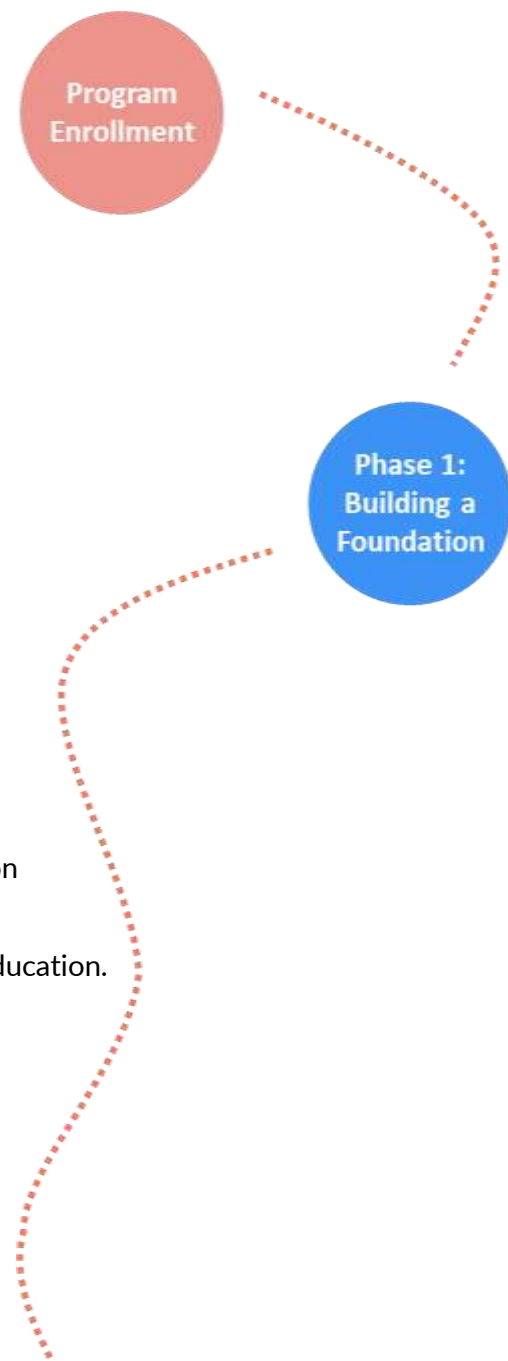
Phase 2 | Strong Support. As participants progress into the Strong Support phase, services become more personalized and participant-driven. Case managers support participants to identify personal goals that increase their ability to safely leave their exploitative circumstances ("the life"). Goals during this phase may include:

- Establishing stable transitional or permanent housing.

- Selecting and regularly attending therapy, substance treatment, or other mental health and wellness programs.

- Obtaining employment or connecting with services designed for people with disabilities.

- Continuing education, such as working towards a high school diploma or GED), enrolling in a college course, or participating in an internship.

- Completing a budgeting course.

- Having a written self-care and safety plan.

- Independently scheduling and keeping weekly or bi-weekly case management meetings to support progress towards goals.

Phase 2:
Strong
Support

Phase 3 | Secure and Safe. The last phase of the CSS programs is fully participant-driven, with case managers supporting participants to establish long-term stability. Goals during this phase may include:

- Establishing permanent, affordable housing.

- Earning stable income to support their new living situation.

- Understanding—and understanding how to improve—credit scores.

- Identifying a minimum of two consistent, supportive people.

- Reuniting with children.

- Creating a long-term, written aftercare plan.

Phase 3:
Secure
and Safe

While presented linearly, participants often take a non-linear path through these phases. Participants may enroll and leave multiple times before completing all phases. It is also common for clients to "go dark" on a case manager (i.e., stop communicating) for a period of time. They may also move backward and forwards on their path as priorities and circumstances change. Reflecting their focus on harm reduction and participant-driven progress, CASH keeps participants enrolled and eligible for services as long as they maintain contact with a case manager. Participants who leave the program may also return at any time.
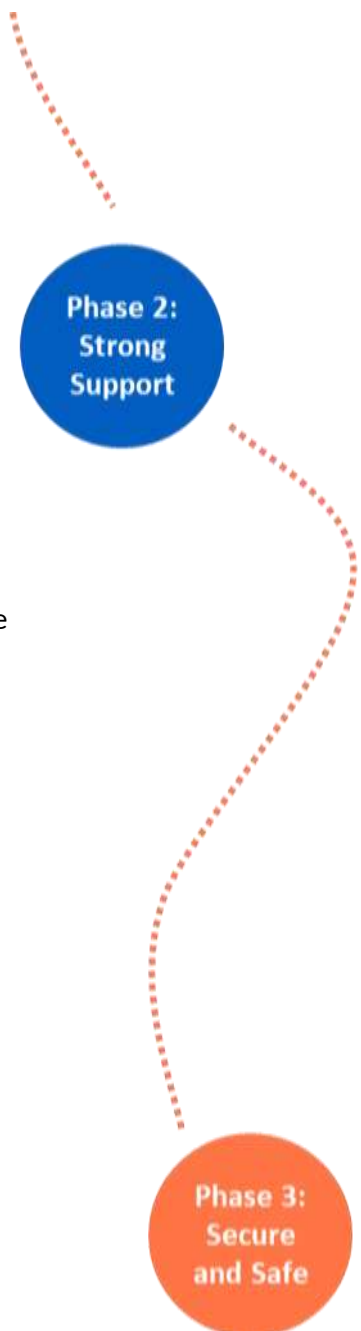
IV. Evaluation Overview for CASH's CSS Programs

Evaluation for CASH's CSS programs focused on two key evaluation domains: 1) the experiences and outcomes of participants in CASH CSS programs, and 2) utilization of the OHTS Instrument at CASH. Figure 1 summarizes the research questions within these domains and the corresponding methods used to explore those questions. More details on each method can be found in the Appendix.

Figure 1: Key evaluation focus areas, questions, and evaluation methods

Evaluation domain	Methods
1. Participant experience and outcomes	
a) *Who participated* in CSS services during the study period? b) *What was their experience* throughout each of the program's major phases? c) How did participation in CSS influence *participant outcomes*? d) *How can CASH services be improved* to better support participant experience and outcomes?	• Analysis of needs assessment and case management data recorded between April 2022-March 2023 (n=83) • Focus group with program participants (n=7, May 2024) • Sensemaking session with Survivor Advisory Council members (n=9, January 2024)
2. Utilization of the OHTS Instrument at CASH	
a) How did *CASH use* the OHTS Instrument? b) How did the OHTS *align* with CSS service delivery model? c) How can the OHTS *inform* CASH's understanding of its services? d) How can the OHTS be *improved*?	• Analysis of OHTS data by outcome category (n=29-59*, April 2022 – March 2023) • Logic model development and cross-walking the CSS programs' services to the OHTS Instrument with CASH staff (n=5, August 2022) • Interviews with CASH staff (n=2, April 2023)

*n varied by outcome category

V.   CASH Participant Profile

Eighty-three CASH CSS participants were enrolled between April 2022 and March 2023 and had case management records available for the evaluation. Figure 2 describes select aspects of CASH's participant profile during this timeframe.

Figure 2: Profile of CASH CSS participants, April 2022 to March 2023

Half of participants were ages 25 to 34

Age group	Percentage
35 and older	16%
25 to 34	50%
18 to 24	27%
Under 18	7%

65% were parents of one or more children

47% were homeless or in a shelter

79% wanted help accessing food and clothing
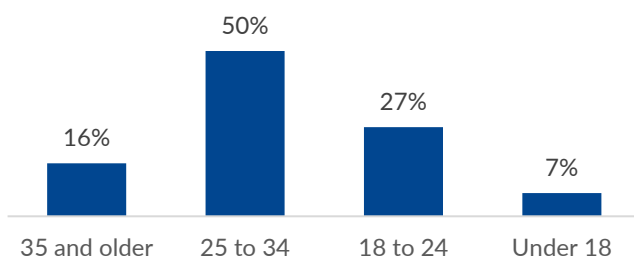
Most participants were African American or White

Race	Percentage
African American	43%
White	31%
Two or more races	13%
Hispanic	10%
Other*	2%
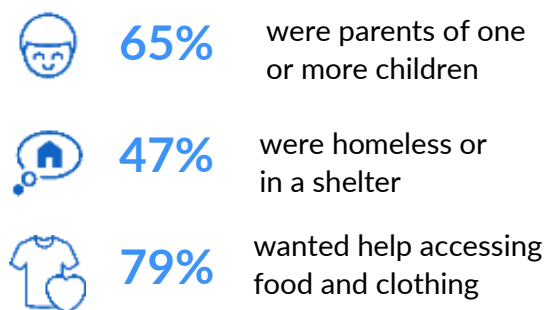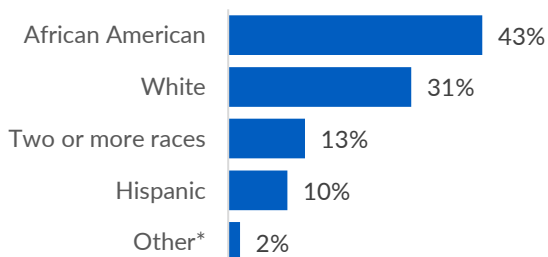
One in four had no current source of income

Public benefits: **44%**
Sex work: **12%**
Employment: **10%**
Other: **7%**

26% No income
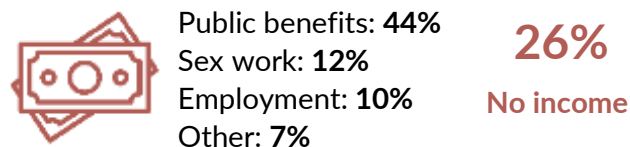
Most were survivors of physical or sexual abuse

95%
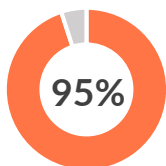
Half had current issues with alcohol or drugs

45%
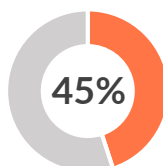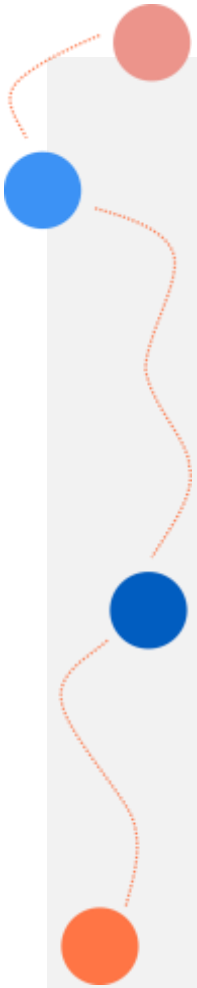
4 in 5 had current mental health concerns

82%
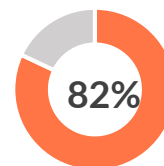
* Other includes Native American and Hawaiian/Pacific islander. Due to small sample size, analyses moving forward examine African American, White, and "Another race" (Two or more, Hispanic, Native American, Hawaiian/Pacific Islander)

VI.   Participant Experiences in CSS Programs

A key component of this evaluation was understanding how participants moved through each phase of the program, from enrollment through Phase 3: Secure and Safe. This chapter highlights key findings about participants' experiences during each phase, with findings informed by focus group participants' reflections and case management data.

Focus Group Perspectives:
CASH's Approach to Every Phase of the CSS Program

Across all phases, focus group participants affirmed that the following core principles were present in their experiences with the program:

- **Non-judgment.** Participants felt that staff's own lived experiences helped them show up without judgment for each person on their journey, allowing them to continue engaging in services even when stumbling or taking steps back. As one person shared, *"[my case manager] had been where I had been, and it just related to me on a level that was so different."*

- **Participant-led.** Participants felt they could choose their own goals and move at their own pace. According to one person, *"[my case manager] heard what I said, and was listening to me, and they stuck with me all the way."*

- **Genuine.** Participants felt that CASH staff were reliable and genuinely cared about them as people, not just caseloads.

- **Trauma-informed**. Participants felt that CASH staff treated them with care and sensitivity. At the same time, they appreciated that CASH staff were honest and transparent with participants, which created a more open, authentic space for discussion, goal-setting, and accountability.

Program Enrollment

Focus group participants shared that the most common ways they learned about CASH and the CSS programs were through partner agencies (including law enforcement) and positive word-of-mouth from family members, friends or acquaintances, and current and former CASH participants. Some shared that they had gone on to spread that positive word-of-mouth themselves.

> *"The first time I heard about CASH, I was actually in jail. And I was there for a while, and there was a girl there, who...was going to get a program through CASH. And I thought, 'Man, that's really cool. And everybody's talking about CASH...'"*
>
> *"I came here when I first became homeless. My aunt told me about this place."*
>
> *"The first time when I ever came in contact with CASH, I was 15. Before then, I was at a different program...They told me that I should come to CASH."*
>
> *"I'll see women out on the street, begging for money, or out there. I'm like, 'You know what? You can go to CASH, right there around the corner. They'll get you some food, get you a little outfit.'"*

Focus group participants reported repeated contact with CASH staff before they successfully enrolled in—and stuck with—programs. The persistence of staff to stay in touch with potential participants kept CASH on their radars for when they were ready to engage in services.

> *"I wasn't even serious the first time [I came to CASH] ... But when I called them that second time, and didn't know what I was going to do... I didn't have nothing, but [thought] 'I can't lose my baby, I can't go through that again.'"*
>
> *"I used to work on Stockton, prostituting... I got caught up and then they had me and other girls in the room, and then... after that, everything changed... Ever since I stepped out here, that [staff member] [was] always like, 'How are you? I am glad to see you.' She always wants to hear positive things of what's happening with me. But then I remember she tried to give me her card, and I was like, 'Lady, you're crazy. I'm not going to go to your program.'"*
>
> *"I was still getting drunk, I was still getting high, and they [CASH] kept telling me that they believed in me. And I was like, 'You guys don't care about me.' I blew it off at first."*

Enrollment often came at pivotal moments in their lives, such as a new child, substance use relapse, a loss of housing, or release from prison. Focus group participants stressed their gratitude that CASH was ready to "meet them where they were" with the support that they needed, without judgment about their circumstances or their path to CASH services.

> *"I was pregnant, and then I had my son. I came home from the hospital. I was in the motel... I tell you, I didn't have nowhere to go... I am calling everybody. And I called my homegirl, and I'm like, 'I'm not crying but I'm on the verge because it's getting late, I don't know what to do.' She was like, 'Call CASH.'"*
>
> *"[CASH staff] walked us over here to this place the day after I got out of jail. I'd been there for 11 months, and the day after, she walked us down here. I took my first walk in the real world, and yeah, it was really nice."*

Stories shared by focus group participants highlighted the importance of a trauma-informed approach throughout the outreach and enrollment process, as those first contacts with CASH staff were sometimes cited as the first time that a participant realized they had experienced trauma or exploitation.

> *"I think it was my first time realizing that I was traumatized."*
>
> *"[The CASH staff member] started explaining to me, so I broke down crying to her, because she was all like, 'You don't need to be in this life. You don't need to be out here on the streets.'... I just didn't know what to tell her, besides I was used to this."*

Reflecting participants' circumstances when they decided to seek CASH CSS services, many reported a high number of basic needs at enrollment (see Figure 3).

Figure 3: CSS participants' needs at program enrollment (n=63-70)

89%
needed physical, reproductive, dental, or optometric care

56%
needed assistance paying for public transportation

25%
did not have anyone to call for support
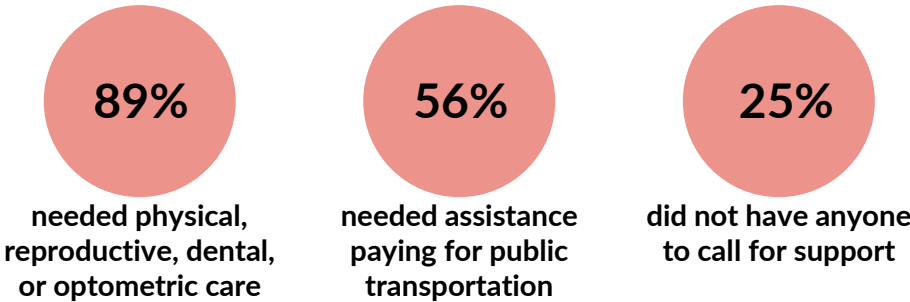
Phase 1: Building a Foundation

Focus group participants underscored the first phase of enrollment—typically the first 90 days—as a critical part of getting oriented to CASH's approach to CSS services. See Figure 4 for their insights on this phase.

Figure 4: Participant insights on key elements of Phase 1

Staff created a sense of safety through establishment of a safety plan, non-judgmental support, and a welcoming space

"I feel like it starts with your safety plan, because the first thing you need...is your safety plan."

"Just hav[ing] a place to go, clean, and you could just walk in the room and know that...not that we're here for the same reasons, but everyone could relate, just having a safe place."

"For me, it was the acceptance and the non-judgment, because the other organizations and programs and things that I had gone through before, I always felt some sort of judgment, and I think it was because most of the case managers at other places have not walked the same life that we have."

Participant-led services were tailored to what they were ready to work on

"They don't push anything on you. They're like, 'This is what we offer, and if you're open to it, this is what you could do.'"

"For the most part, they don't even have to say, 'Well I suggest you do...' They don't need to do none of that, because we all came in here on what we already needed."

Staff ensured that services and resources were aligned with participants' needs

"[CASH staff] make sure that the shelter they put you in, you're comfortable at.... If you have issues with the shelter they put you in, you come back here and you talk to them, like, 'Hey, A and B is happening.' And they try to figure it out with you. Yeah, they really help a lot."

"They figure out how to help you, even if it's not them—they can't offer it—they make sure that you're safe somewhere else."

Participants felt supported even through early apprehension about services

"The first few times I was here [at CASH], I was more closed off. Even in groups, I would just sit there and observe. I'd be like, 'I'm here. I'm doing whatever I got to do to not be in jail. I really don't care.' But the second time was when I opened up more, and was getting to know the [staff] ladies around here better."

"The first day I came to CASH, they had put me in a place [rehab]. I ran away because that's what I was used to. I didn't run away because I didn't like the place, I just ran away because that's what I was used to. So, when I ran away, the same day, the director of CASH...she was in a van on Stockton Boulevard... She was looking for me, and she would not give up."

Foundational Goals. During Phase 1, CASH case managers track participants' achievement of key "Foundational Goals" that contribute to immediate safety, well-being, and self-sufficiency while also supporting ongoing progress in the program. According to case management data, between 29% and 45% of participants enrolled between April 2022-March 2023 achieved these foundational goals by March 2023 (see Figure 5).

Figure 5: Percent of participants who achieved Foundational Goals (n=83)

Foundational Goal	Percent
Obtained California identification documents	45%
Applied for eligible government assistance	36%
Established Primary Care Physician	35%
Enrolled and participating in school or employment readiness program	33%
Received Reproductive Health Care Education	31%
Completed Vi-SPDAT or Shelter Assessment*	30%
Dicsussed CalVCB eligibility	29%

* The Vi-SPDAT (Vulnerability Index-Service Prioritization Decision Tool) is a common tool used by housing support programs to assess urgency of placement.

Achievement of Foundational Goals varied for some demographic groups. For example, those with children were more likely to have established a primary care physician (43%) than those without children (21%) (p=0.05). Those who were White were more likely to have completed a Vi-SPDAT or Shelter Assessment (42%) than those who were African American (22%) or another race (29%), though the difference across all three groups was not significant (p=0.24).

Foundational Goal findings provide important insight into the focus of services and supports during the first 90 days of services. At the same time, the overall percent completing Foundational Goals, as well as percent differences among different demographic groups, should be interpreted with caution due to limitations with case management data. For example, CASH's case management system only tracked whether a Foundational Goal was met or not met; it did not track whether it was met *prior to enrollment* (and therefore was a not a focus of CSS services). Improving data quality or enhancing data entry systems could provide more insights into the impact of CSS services for establishing safety and security for program participants.

Phase 2: Strong Support

In Phase 2, participants transition from establishing basic safety and well-being to identifying personal goals they would like to achieve during their time in the CSS programs. As one focus group participant described, *"Once you're safe and have a safe place, that's where you start to work on [goals like] are you going to get a job? ...School? Treatment? What are you going to do with yourself? Because we can keep making safety plans, but eventually you're going to have to go somewhere and do something."* In addition to the goals cited by this participant. others described working to find stable housing or reestablishing contact with children.

After defining these goals, case management during Phase 2 begins to focus on the concrete supports needed to achieve them. These supports could include: taking job certification exams, enrolling in school or other employment programs, getting supplies (such as laptops) or transportation means to participate in these programs, enrolling in and completing substance use treatment, and housing navigation support.

Participants and Survivor Advisory Council members highlighted how Phase 2 built on the values and case management style established during the first 90 days in the program. During this phase, they also cited the particular importance of:

- **Consistent support.** Focus group participants appreciated the weekly contact with CASH staff, their willingness to accompany them to certain appointments, and their availability. As one participant said, *"Every little slight inconvenience I have, I know I could call somebody [at CASH], and they're going to be here for me."*

- **Material and emotional supports "above and beyond" expectations.** Participants expressed gratitude for the unexpected ways that CASH supported them, such as providing hotel vouchers for temporary housing, making sure they had a cake and presents for a child's birthday, providing emotional support during medical appointments, and staying with them after-hours until solutions were identified.

- **Support through difficult times.** Participants described common experiences of going in and out of the CSS programs, but said they felt encouraged to continue coming back. One participant shared her own repeated attempts to stay in the program: *"The second time I came [to CASH], I did get more help. And I slipped up, and then I ended up here a third time. But...each time I came back, they're like 'Are you ready? Are you ready?'"*
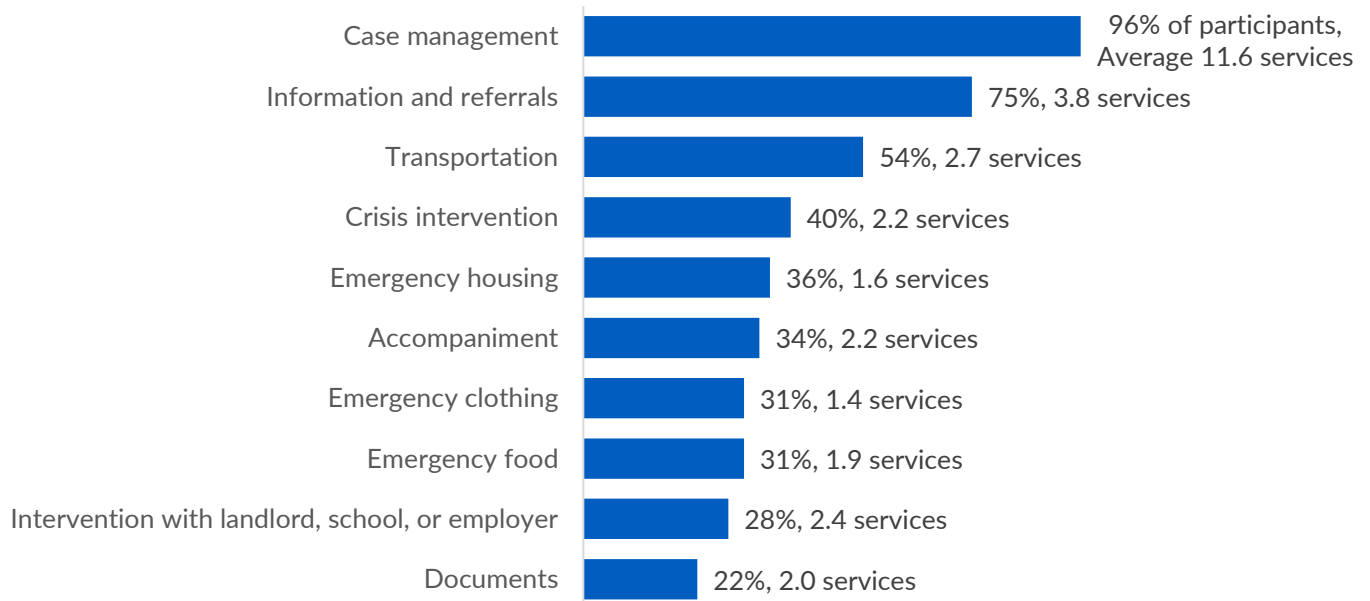
"Once you're safe and have a safe place, that's where you start to work on [goals like] are you going to get a job? ...School? Treatment? What are you going to do with yourself? Because we can keep making safety plans, but eventually you're going to have to go somewhere and do something."

- Former CASH participant

Service utilization. Participants engaged in a wide array of services during enrollment. Almost all (96%) participated in case management, averaging 11.6 case management interactions during their enrollment. The majority also received information and referrals from CASH staff (75%), and support with transportation (54%). About one-third of participants received support with crisis intervention (40%), emergency housing (36%), accompaniment to appointments (34%), and emergency food and clothing (31%) (see Figure 6).

Figure 6: Top 10 services utilized by CASH CSS participants (n=83)

Service	Utilization
Case management	96% of participants, Average 11.6 services
Information and referrals	75%, 3.8 services
Transportation	54%, 2.7 services
Crisis intervention	40%, 2.2 services
Emergency housing	36%, 1.6 services
Accompaniment	34%, 2.2 services
Emergency clothing	31%, 1.4 services
Emergency food	31%, 1.9 services
Intervention with landlord, school, or employer	28%, 2.4 services
Documents	22%, 2.0 services

Variations in service utilization emerged for some demographic groups. For example, participants with children were more likely to have transportation services (63%) compared to those without children (38%, p=0.03). Participants' service utilization also varied by race/ethnicity, with utilization of emergency housing services higher among African American/Black participants (47%) and participants of another race/ethnicity (43%) compared to those who were White (15%) (p=0.03). This pattern could also be seen in utilization of emergency food services (44% among African American/Black participants, 33% among participants of another race/ethnicity, and 12% among White participants, p=0.02).

To ascertain whether these differences could be attributed to varying participant needs, additional analyses were conducted for only those who indicated a need for the service when they enrolled in the program. However, these analyses did not eliminate differences in service utilization by demographic group. While these differences point to areas for further exploration to ensure that all participants are getting the services they need, questions about data completeness and consistency mean that these results should be interpreted with caution. Improving data quality would help to determine whether these differences are truly occurring for participants.

Phase 3: Secure and Safe

Phase 3 of the CSS programs focus on establishing long-term stability for participants as defined by participants. Focus group participants shared stories of the ways their lives had changes and the sense of accomplishment that graduation symbolized for them. They talked proudly about what they were able to accomplish during this phase and after graduation. See Figure 7 for a sample of these stories.

Figure 7: Participant perspectives on their successes from CASH's CSS programs

I really thought I would never stop the fast life... **Once you're done with the help, they connect [you] to these programs...** *They make sure that you have your career going, that you're going to be able to pay [for] your lifestyle, [that] you're not going to go back to the way you're going. And that's what I'm doing right now is going back to school and all these different things, but it's because of CASH.*

I think **[CASH staff] helped me get back in school**...*get to college for the first time. And I just had this inner monologue my whole life that I was too stupid to go to college. And that was a lie that I told myself for a really long time. And I've just finished my second semester, and I have a 4.0 average.*

[My proudest achievement with CASH] was actually graduating program, because it took me three times to be back here. And when I finally got the certificate from [CASH staff], I cried... I never thought I would be here, sober, for one ...And then for two, with my son back in my life. It's a lot of things that goes on to getting that certificate. **They don't give you that certificate until they know you're ready to leave them.** *I think that was my greatest achievement.*

[CASH] helped me get... I got my own place. I got my own apartment, and I'm the first one to live there. And I have a housing voucher, and it's beautiful. **And my boys are back with me full time.**

I thought I was going to be drinking and doing drugs forever, and selling drugs and myself, and I didn't think nothing was ever going to change. And I tell them all the time, 'I never thought I was going to change.' **And they [CASH] always tell me, 'We knew you were.** *We knew you were. I always believed in you.' My parents never even believed in me like that.*

I've got a career now. *I work as a case manager with foster kids... Every day, I show up to work, and I get so much... What's the word? Satisfaction... gratitude, all of them. I get so much from my job... and getting to celebrate with [my CASH case manager], and here [at CASH].*

While some shared their hesitance to end their participation (*"When it was time to graduate, I turned them down for a couple of months. You can't shake me"*), they simultaneously celebrated the positive steps they had taken to prepare themselves to graduate. They continued to express gratitude for case managers who celebrated their wins alongside them and encouraged them to take pride in their accomplishments. They also felt confident that they would be supported to come back to CASH without shame if they needed to (*"Even if you graduated a week ago, they're going to take you back in"*). Finally, many reported staying connected to CASH after graduation because of the depth of connection they had developed with the organization and its staff. As one person shared, *"I graduated CASH two years ago, but I still come back here because this is like my home away from home. This is my family."*

Graduation and total length of participation. ISR examined data on graduation from the CSS programs, length of participation, and transitions between phases. During the study period, six participants (7%) successfully completed the program, 39 participants (49%) were still enrolled, and 36 participants (43%) exited before completing the program because they stopped contacting CASH, ended services, or moved away. These findings are limited by the time-bound nature of the evaluation. As participants and staff both explained, it can take multiple attempts to enroll in the CSS programs, begin to consistently utilize services, and make progress towards personal goals.

Average length of participation also varied widely. Figure 8 represents each participant's total CSS program enrollment during the period, ranging from less than one week up to nine months. Those who successfully completed the program were enrolled for the longest period (an average of 4.7 months); however, this should be interpreted with caution given the small number of participants who graduated during the study. Those still enrolled were in the program an average of 2.8 months (but as long as eight months). Those who exited before completing the program tended to leave after two months.

Figure 8: Length of participation for each CSS participant, by enrollment status at end of study period
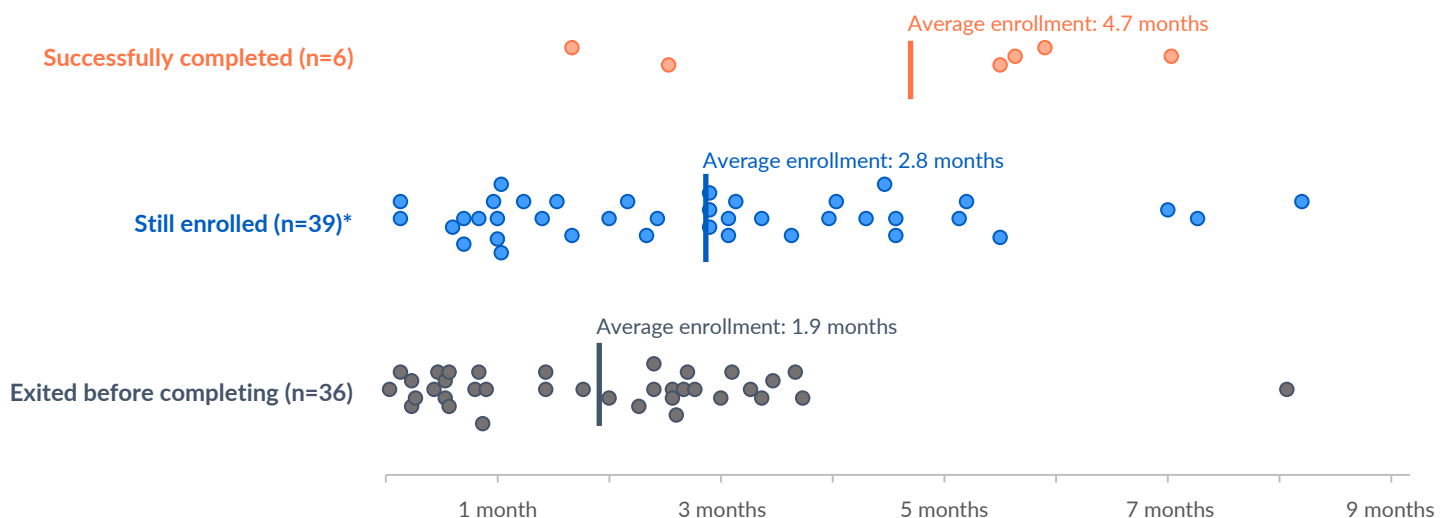
* Excludes two participants with incomplete enrollment information.

This evaluation was not able to further assess how the length of enrollment correlated with completion of each phase. While the program's three phases are defined, tracking of phase completion in CASH's case management system did not always align with these definitions. For example, some participants were moved from one phase to the next without completing expected benchmarks for that phase. According to case managers, this was intentionally done for participants who were not interested in completing these benchmarks. This reflects CASH's participant-driven approach to service delivery, but also points to a greater need to understand how data entry affects nuances in outcome data. Therefore, ongoing monitoring and evaluation of the length of enrollment and graduation rates may produce more meaningful insights on program completion.

Participant Recommendations for CSS Service Expansion and Sustainability

Focus group participants were asked to share recommendations for how CASH could improve the services they offer through the CSS programs. Their feedback focused on expanding CASH's reach and enhancing existing services. These recommendations included:

- Adding more locations that could serve people in different parts of Sacramento.
- Adding staff of different racial/ethnic groups or who speak languages other than English to serve a more diverse population.
- Exploring creative outreach efforts that would get information about CASH to the hardest-to-reach populations.
- Engaging graduates as volunteers.
- Exploring ways to offer expanded services, such as a 24-hour facility or more emergency services.

Focus group participants repeatedly underscored that one of CASH's most valuable resources is its compassionate staff. Their gratitude—along with focus group participants' advice for future CSS participants—is highlighted on the following page.

Because CASH staff were described as critical components of the CSS programs' impact, staff will themselves need ongoing support that allows for sustainable program enhancement or expansion. One focus group participant voiced a CASH case manager's own advice: *"She told me the most important thing is never pour from an empty cup, because you can't give, give, give, and give, and then have nothing left."* Therefore, any expansion to services would benefit from ongoing attention to CASH staff's capacity, maintenance of healthy professional boundaries, and proactive steps to prevent burnout and promote staff self-care.

GRATITUDE

We know we're safe here.
It's a safe place.

They get to know you. **They know you,**
they know your kids, and they really
care about you.

I feel like I **wouldn't be the person that I
am** if I never came to CASH.

You're not by yourself. They let you know
that. It's one thing for people to say that,
but for you to see that, like,
"Damn, I'm really not alone."

CASH was involved with everything.
There was no down, I don't have nothing
negative to say about these people, and
that's [a] first.

I never thought I was going to stop being
on the streets. I never thought I was going
to do what I'm doing now. I always
thought it was going to be same thing
over and over until I just one day OD'd, or
died, or someone killed me, or something,
and now I did a completely 360. And
they're here. **If you want to change your
life, they will help you change your life.**

Just show up. They so good at what they do,
that if you just show up, and keep showing up, if
you don't do nothing else, just keep showing up.
They going to get you right. Just show up. You
ain't got to believe, you ain't got to do nothing,
just show up.

Trust the process...If you get out of the
environment you're in, you'll be fine...We're
used to our comfort zone, to our people that
we're used to being around with every day, that
have our same supposedly mindset...All I say [is]
just trust the process.

I would say, **be open and stay committed**,
because if you're committed, they're going to
really be 10 times more committed than you.

I would say, **what do you have to lose?**
Everything's going to be there, everything else
going to stay. You can go back to whatever it is
you're leaving, but just, you don't have anything
to lose right now.

Don't give up for your future self, because
everybody, as you get older, you change. And so
I would just say don't give up, just keep pushing.

It's ok to leave, but **always come back**.

WISDOM

VII. Measuring OHTS Outcomes for CASH participants

In April 2022, CASH began using the Outcomes of Human Trafficking (OHTS) Instrument to measure participant outcomes. The OHTS was developed by RTI International as a free tool for organizations serving survivors of human trafficking—including service providers, evaluators, and other researchers—to systematically collect information on participants' outcomes related to safety, well-being, social connectedness, and self-sufficiency. Designed as a Microsoft Excel database, the OHTS asks case managers to rate participants on 38 measures in 14 outcome categories using a five-point scale. Combined with program data, RTI International describes the purpose of the tool as:

- Supporting case management for individual clients.

- Supporting data-driven decision-making about program development and improvements.

- Identifying resource gaps within participant populations.

- Communicating program successes to partners and funders.

- Building knowledge about how to best serve human tracking survivors.

The OHTS is a standardized tool intended for use by any program that serve survivors of human trafficking. RTI International provides extensive guidance on how to use the tool, while also offering flexibility in certain domains about how the tool is implemented (such as how often it is used). In 2023, the California Governor's Office of Emergency Services (CalOES) began requiring all recipients of its Human Trafficking Victim Assistance Program funding to use the OHTS as part of its evaluation and reporting guidelines, thereby increasing the number of OHTS users.

As part of the evaluation of CASH's CSS services, ISR explored:

- CASH's *utilization* of the OHTS within the context of CSS programs.

- *Alignment* between the OHTS outcome categories and CSS programs' services.

- *CSS participants' outcomes* as measured by the OHTS, and how those outcomes compared to participant, staff, and Survivor Advisory Council understandings of participant trajectories.

- *Insights* about the OHTS that can inform future use of the tool by CASH, the OHTS developers at RTI, and other OHTS users (including fellow CalOES grant recipients).

This section explores each of those topics, drawing on data from a logic model development session, OHTS outcome assessment data on program participants, interviews with CASH case managers, and insights from Survivor Advisory Council members.

OHTS Use at CASH

CASH case managers used the OHTS for the entire period of the evaluation (April 2022 through March 2023). Prior to use, CASH case managers participated in a training session facilitated by RTI staff, while CASH leadership engaged directly with the creators of the evaluation instrument to provide feedback on the upcoming assessment, establishing shared understanding of the tool, outcome category definitions, and rating scales. Case managers also met weekly to troubleshoot challenges and processes for completing assessments.

Case managers completed an OHTS assessment within 72 hours of intake, two weeks after intake, and monthly thereafter during the entire enrollment period. If a participant temporarily stopped services, case managers continued to complete assessments for as long as they remain enrolled, and picked up with the next assessment if/when they returned to services. OHTS assessment restarted for participants who took extended breaks from services. OHTS assessments were stored in an Excel database developed by RTI International and were not combined with CASH's case management data (stored in their Apricot case management database).

Case managers used the OHTS as a supplemental tool to identify and assess participants' individual goals and progress, as well as a reporting tool for CASH's CalOES grant. They reported that the OHTS Excel database was relatively easy to use, and saw promise in OHTS's potential to tell them more about participant experiences in their program. They reported little utilization of the built-in data visualization tabs that display assessment summaries, participant change over time, and program summary data.

At the same time, case managers experienced technical challenges when entering data into the OHTS Excel database. The source of these challenges (such as user input, the user's operating environment, or the OHTS Excel database itself) was not identified, but contributed to increased time spent on data entry and potential impacts on data quality. These included:

- *Challenges saving assessments*, which sometimes led to duplicate assessments in the database.

- *Technical issues with data entry*, such as cells freezing or dropdown options disappearing.

- *Cell restrictions* that did not permit edits on client identifiers such as name and birthday; errors on these identifiers could only be fixed by deleting and reentering the full assessment.

Case managers also pointed to two aspects of the tool that added to the amount of time needed to complete each assessment:

- *No space for notes* about participant histories or personal goals, such that case managers typically had to move back and forth between the OHTS Excel database and Apricot to complete assessments.

- *Inability to see previous assessments* when current assessments were being completed. Case managers wanted to see new assessments pre-populated with previous assessment scores.

OHTS Alignment with the CSS Programs

Before analyzing OHTS data, ISR and CASH assessed alignment between the CSS programs' services and the OHTS outcome categories. Two insights emerged about the alignment of OHTS outcome categories and CSS programs:

Most—but not all—OHTS outcome categories corresponded to CSS services | CASH offered CSS services that aligned with 11 out of 14 outcome categories. The remaining five outcome categories are not addressed by CASH's CSS programs. Therefore, changes in these metrics may not be attributable to CSS services. See Figure 9 for more details.

Some outcome categories were more important for CASH than others | While all outcome categories were important, the CASH Survivor Advisory Council identified six high importance OHTS outcome categories for establishing stability for CASH's typical participants: behavioral health, physical health, safety, housing, resource management, and parenting (see Figure 9). The OHTS also includes built-in functionality to track whether individual participants prioritized a given outcome category at each assessment. In general, the outcome categories prioritized by individual participants aligned with the high importance OHTS outcome categories identified by the CASH Survivor Advisory Council.

Figure 9: OHTS outcome category alignment with CSS programs

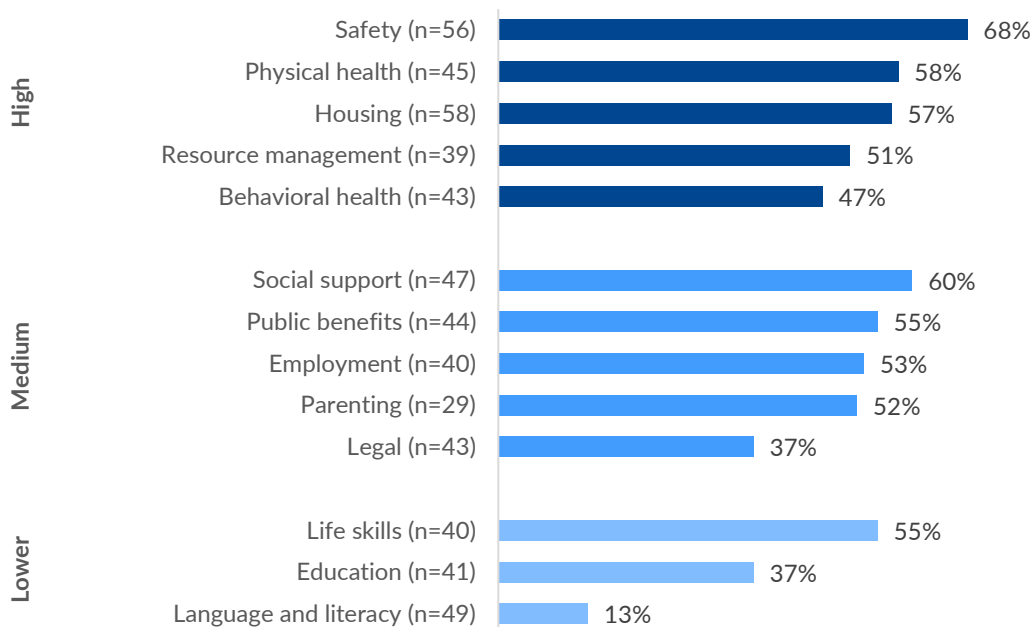| OHTS outcome category	Does CSS offer services relevant to the outcome category?	How did the CASH Survivor Advisory Council rank the importance of the outcome category?
A: Behavioral health	✓	High
B: Physical health	✓	High
C: Safety	✓	High
D: Housing	✓	High
E: Language and literacy		Lower
F: Education		Lower
G: Employment	✓	Medium
H: Resource management	✓	High
I: Public benefits	✓	Medium
J: Life skills	✓	Lower
K: Legal	✓	Medium
L: Immigration		Lower
M: Social support	✓	Medium
N: Parenting	✓	High (when applicable)

CSS Participants' OHTS Outcomes

Though the OHTS is not in perfect alignment with the CSS programs' services or approach, data from the assessment offers an important opportunity to understand how participant outcomes change over the course of enrollment.

Seventy-two CSS participants (out of a total 83 participants included in the evaluation) completed at least two OHTS assessments during the study period (an average of 3.8 assessments over 11.5 weeks).[2] Data was available at expected intervals (intake, two weeks after intake, and monthly thereafter) for 59 participants, and available at baseline and at least one follow-up for between 29-58 participants.[3] Ratings are grouped together based on the CASH Survivor Advisory Council's input about the importance of each of these ratings (high, medium, lower; see previous page).

CSS services helped the largest percentages of participants improve high importance outcome category ratings (47% - 68% of participants). Between 37% to 60% of participants also improved in medium importance outcome categories. Improvements in lower importance outcome categories were less frequent and more varied (13% - 55%), aligning with staff input that these are not typically focus areas for CASH CSS services. See Figure 10.

Figure 10: Percent who increased their OHTS outcome category rating* from baseline to last assessment

High		
Safety (n=56)		68%
Physical health (n=45)		58%
Housing (n=58)		57%
Resource management (n=39)		51%
Behavioral health (n=43)		47%

Medium		
Social support (n=47)		60%
Public benefits (n=44)		55%
Employment (n=40)		53%
Parenting (n=29)		52%
Legal (n=43)		37%

Lower		
Life skills (n=40)		55%
Education (n=41)		37%
Language and literacy (n=49)		13%

* Due to limited data, the OHT Immigration rating (lower importance) is excluded.

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[2] Of the 72 participants with at least two OHTS assessments, 36% (n=26) had five or more assessments.

[3] Thirteen participants had assessment dates that indicated duplicate assessments or assessments that were earlier/later than anticipated. Baseline ratings may be skipped if case managers lack sufficient information to complete the rating. Total number of participants varied based on outcome category rating, as case managers do not have to complete all ratings at all assessments.

Although many participants experienced overall increases in OHTS outcome category ratings, variations over time reflected the dynamic nature of people's experiences. Participant's trajectories were influenced by personal progress, life circumstances, and external resource availability. The following sections further explore the top six high importance OHTS outcome categories, with insights from Survivor Advisory Council members about the supports, services, and challenges participants may experience. Insights from CASH case managers about the OHTS itself are also included to further contextualize these findings.

A note about the data. This is the first exploration of OHTS data across multiple participants at CASH. These data provide important preliminary insights into participant experiences in CSS programs, as well as how well the OHTS may be measuring their outcomes. Reflecting questions about data quality described in a prior section, findings should be interpreted as exploratory rather than conclusive. Analysis was limited to the sample of participants with at least two OHTS assessments (n=29-58) at the expected intervals utilized by CASH staff (within 72 hours of intake, after two weeks, and every month thereafter). Figures 10 to 15 are anchored by statistics about the whole participant population (including the percent of participants who experienced change and average beginning and ending ratings), and illustrated by trajectory lines that represent a real example of one participant's experiences and ratings. Finally, due to the small sample size, this section does not include stratifications for different demographic groups.

Insights from the CASH Survivor Advisory Council

The CASH Survivor Advisory Council was a gathering of former CSS participants convened to discuss and inform CASH services, programs, and research. The Survivor Advisory Council was originally brought together to contribute to a sex trafficking prevalence study conducted by RTI, CASH, and ISR from 2020 to 2023, and continued to meet on a monthly basis through May 2024. Throughout this time, members engaged in various research and evaluation activities, including consultation and data collection for the prevalence study, logic model design for this evaluation, input about the OHTS, data sensemaking, and support with focus group facilitation.

All nine members of the Survivor Advisory Council received the same services—often from the same case managers—as participants included in this evaluation. Their expertise on both the OHTS and CASH services informed findings in this section.

Safety

The OHTS Safety outcome category includes three measures about safety: threats to safety, safety plans, and recognition/consideration of threats to safety. Approximately two-thirds (68%) of participants increased their OHTS Safety outcome category rating, with an average increase of 1.2 points. This was the largest percentage of participants who increased in an OHTS outcome category, reflecting the CSS programs' focus on establishing safety (see Figure 11).

Figure 11: Example OHTS Safety outcome category trajectories for CSS participants (n=56)

Reminder: Each OHTS outcome category consists of multiple measures with ratings on a scale of 1 to 5, with 5 representing the highest outcome.

2.0 → 3.2	2.8 → 2.8	2.7 → 1.9
68%	**20%**	**12%**
experienced an increase in their rating by an average of 1.2 points	experienced no change in their rating	experienced a decrease in their rating by an average of 0.8 points

According to the Survivor Advisory Council, supports that helped to improve the OHTS Safety rating included: developing a safety plan and greater awareness of safety, avoiding certain people or places, actively participating in harm reduction services, living in a safe environment, learning about healthy relationships, and having a supportive partner.

Survivor Advisory Council members also pointed to the value of specific services like self-defense classes, access to basic needs like transportation and housing, and financial management resources. These were seen as protective against common challenges to staying enrolled in services, like financial worries or negative influences from peers, family, and traffickers that could lead to people back to "the life."

Physical Health

The OHTS Physical Health outcome category includes four measures about physical, sexual, reproductive, vision, and dental health: effect of health issues on daily functioning, treatment/management of health issues, understanding of basic needs, and health care access. On average, OHTS Physical Health ratings were higher at baseline than other OHTS outcome categories. Over half (58%) increased their rating, and another 31% experienced no change (see Figure 12).

Figure 12: Example OHTS Physical Health outcome category trajectories for CSS participants (n=45)

58%	**31%**	**11%**
experienced an increase in their rating by an average of 1.3 points	experienced no change in their rating	experienced a decrease in their rating by an average of 0.5 points
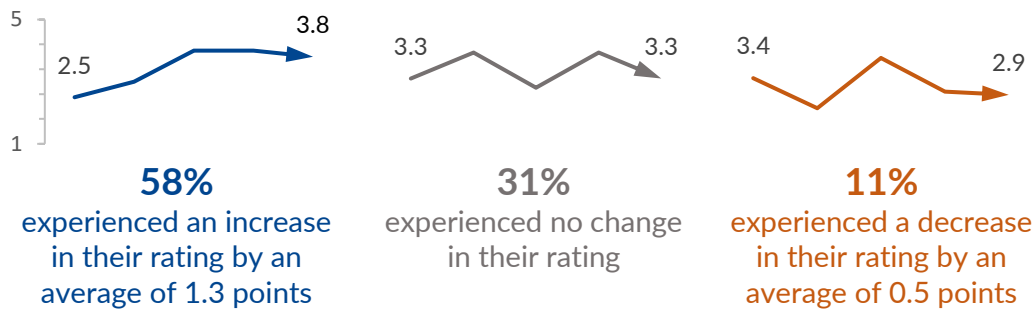
Survivor Advisory Council members pointed to the importance of getting immediate support with medication and access to healthy food, establishing health insurance, receiving accompaniment to medical appointments, and finding trauma-informed providers with experience working with survivors of sex trafficking.

They also described the potential role for resources that went beyond basic health needs to encourage self-care. Ideas includes access to gym passes, increased utilization of farmers markets, nutritionists, community gardens, or women- and survivor-led groups to encourage healthy lifestyle changes.

Challenges that they expected might influence these trajectories included long wait times for medical services or paperwork processing, fears about seeing medical professionals, missed appointments with CASH, unsafe sex, unmanaged chronic illnesses, and loss of insurance.

CASH case manager insights on the OHTS:
Specificity of assessment language

In several outcome categories (including Physical Health, Behavioral Health, Safety, and Parenting), rating descriptions use terms like "mildly," "moderately," "seriously," and "rarely." As one case manager shared, these terms can be interpreted differently within and across organizations: "Everybody's comprehension of those words is going to be different because here's just too much left for your own interpretation." Clarifying this terminology—through training, ongoing discussion among case manager, or revised definitions—could strengthen the reliability of assessments over time, across participants, and across different case managers.

Housing

The OHTS Housing outcome category includes two measures about housing: the adequacy/long-term stability of housing, and the management of housing needs (or for minors, parent/guardian management of housing needs). Just over half (57%) of CSS participants increased their overall OHTS Housing rating. On average, participants' final assessments reflected lower ratings than other high importance outcome categories (see Figure 13).

Figure 13: Example OHTS Housing outcome category trajectories for CSS participants (n=58)

57%	29%	14%
experienced an increase in their rating by an average of 1.2 points	experienced no change in their rating	experienced a decrease in their rating by an average of 0.8 points

According to the Survivor Advisory Council, resources that were particularly helpful for improving the OHTS Housing rating included:

- *Direct housing assistance*, including emergency housing (such as hotel vouchers), rental assistance, coordination with agencies offering housing, and support to apply for housing assistance.

- *Education* on tenant rights, housing applications, self-advocacy for resources, and financial literacy.

- *Support with other financial resources*, like applying for other forms of government assistance (including CalVCB), seeking employment, and repairing credit.

Common challenges to housing stability included the high cost (and limited availability) of housing, waitlists to get into housing, or time-limited housing. They also noted crises—such as relationship challenges, personal loss, drug and alcohol relapse, or loss of income—that could interrupt housing progress. Finally, they suggested support for move-in costs (such as furniture purchases) could be another way to support participants to continue making progress on housing stability.

**CASH case manager insights on the OHTS:
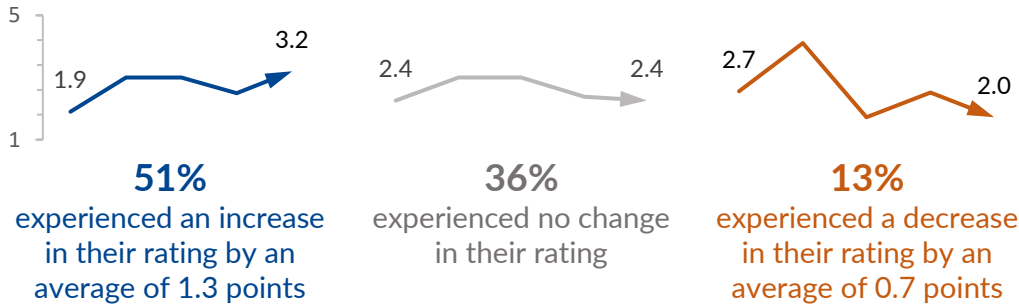Challenges with the OHTS Housing outcome category**

While case managers felt that most OHTS outcome category definitions and rubrics were easy to understand, they noted challenges with the OHTS Housing outcome category and the interconnected OHTS Employment outcome category. These included:

- *Understanding outcomes and rating participants in the context of Sacramento's housing crisis.* Case managers pointed out that, while commonly used, the definition of affordable housing used for this outcome category (approximately one-third of income or less) is often unattainable in California.

- *Rubric steps and definitions that did not align with the specific experiences of the CSS participant population.* Case managers felt that the rubric definitions for the OHTS Housing outcome category, as well as the distance between each step in the rubric, were not aligned with typical circumstances for CSS programs' priority populations. For example, given the high percentage of participants who were unhoused or in unstable housing at enrollment, case managers felt that moving from emergency to transitional housing was significant. However, this would not necessarily register as a change in their OHTS Housing outcome rating. This suggested that the outcome category was less useful for CASH as a case management tool documenting individual progress for participants.

- *Difficulty rating OHTS Employment and OHTS Housing separately.* Case managers noted the high correlation between housing and employment—including the links between the definitions used within these categories—that made it challenging to think about them separately or choose the appropriate rating. As one case manager said, "It looks straightforward on paper, but when you're actually doing your assessment, it's harder."

Resource Management

The OHTS Resource Management outcome category includes three measures that assess management of basic resources: the status of access to basic needs, skills to manage resources, and decision-making around financial resources. Half (51%) of CSS participants with OHTS data increased their rating. Ratings for this outcome category tended to start lower than other high importance outcome categories, with a lower percentage experiencing improvement (see Figure 14).

Figure 14: Example OHTS Resource Management outcome category trajectories for CSS participants (n=39)

51%
experienced an increase in their rating by an average of 1.3 points

36%
experienced no change in their rating

13%
experienced a decrease in their rating by an average of 0.7 points

Survivor Advisory Council members described a wide range of events and circumstances that could influence a person's trajectory towards steady resource management. Common challenges cited included personal crisis, lack of readiness to utilize services, financial stressors, and difficulty knowing about or accessing available resources. They pointed to familiar supports to help navigate these challenges, such as emergency resources and compassionate case managers. Finally, they suggested increased outreach/advertising about available services and greater awareness of Sacramento-area emergency hotlines for sex trafficking survivors (including CASH and the Sacramento Family Justice Center's hotline).

Behavioral Health

The OHTS Behavioral Health outcome category includes two measures about mental health, emotional health, and substance use: effect of behavioral health issues on daily functioning, and the use of healthy coping strategies. While fewer people increased their OHTS Behavioral Health rating compared to other high importance outcome categories, those who did increase in this area had a relatively large increase in their rating (an average of 1.6 points) (see Figure 15).

Figure 15: Example OHTS Behavioral Health outcome category trajectories for CSS participants (n=43)

47%
experienced an increase in their rating by an average of 1.6 points

37%
experienced no change in their rating

16%
experienced a decrease in their rating by an average of 1.2 points

Survivor Advisory Council members underscored the value of consistent therapy, counseling, medication, and substance use treatment in improving behavioral health. At the same time, they acknowledged the negative factors that can influence these trajectories, including relapse, lack of follow-through on appointments, and unhealthy relationships. In addition to the treatment-based approaches to improving or maintaining behavioral health, they also described personal accountability—including being ready for change, practicing healthy coping, avoiding triggers, practicing their faith, and following through with appointments.

Suggestions for supporting CSS participants included increasing access to individual counseling through on-site therapy or transportation support to appointments, as well as continuing to have relatable case workers who provide non-judgmental support.

Case manager insights on the OHTS:
Accuracy of the first assessment

CASH case managers noted that the first assessment—particularly for an outcome category related to sensitive behavioral health topics such as mental health struggles or substance dependency—may not provide an accurate "baseline" assessment. Clients may be more willing to honestly disclose this information after establishing more rapport with staff. Early ratings may start high and appear to drop as the case manager learns more about the client. Therefore, baseline ratings and changes over time for this outcome category should be interpreted with more caution.

Parenting

The OHTS Parenting outcome category consists of one measure that reflects the participant's contact with their children: care-giving (if participant actively cares for the child or children), level of contact (if someone else cares for the child or children), or agency compliance (if child welfare has custody of the child or children). OHTS assessments were available for 29 CSS participants. Of these 29 participants, about half (52%) increased their OHTS Parenting rating (see Figure 16). These participants ended with relatively high final ratings compared to other OHTS outcome categories.

Figure 16: Average OHTS Parenting outcome category trajectories for CSS participants (n=29)

2.4   3.9   3.3   3.3   4.1   3.1

52%
experienced an increase in their rating by an average of 1.5 points

33%
experienced no change in their rating

19%
experienced a decrease in their rating by an average of 1.0 points

In exploring these trajectories, Survivor Advisory Council members noted the importance of parenting-specific resources such as parenting classes and affordable child care. They also underscored the critical role that resources like housing, transportation, employment, behavioral health services, and support from other family members play in creating stability for participants and their children—and the impact it can have to lose those resources.

Suggestions for supports to foster improved parenting outcomes included easily accessible family counseling and mental health counseling for children, daycare at CASH, mediation services for co-parents, and free legal workshops geared towards survivors of sex trafficking.

Impact of CSS Programs on OHTS outcomes

To better understand how CSS services contributed to participant outcomes, ISR explored the correlation between case management service utilization and OHTS outcomes (i.e., how closely related the number of case management services were to the amount of improvement a participant experienced). While there was some correlation between the number of case management services and the OHTS Social Support outcome category (where more services were associated with greater improvement), there was no correlation between case management services and any other OHTS outcome category. There was also no correlation between total services received and any OHTS outcome category, or between length of enrollment and any OHTS outcome category. The lack of association may be due to the following:

- **Services entered in Apricot provide only one part of the picture of CASH's approach to service delivery.** Focus group participants repeatedly pointed out that a case manager's approach—without judgment and with genuine care—was as important as the concrete resources, referrals, and one-on-one case management offered by the programs. As a result, there are aspects of case management that are not documented in the Apricot database, such as texts and phone calls between case management visits, the tone with which case managers approached those interim communications, and their reliability. Using the total number of case management services recorded in the Apricot database may therefore be an incomplete and imperfect proxy for a participant's level of ongoing engagement with the CSS programs or their case manager.

- **Imperfect alignment between OHTS outcome categories, definitions, and CASH CSS services.** As previously noted, not all OHTS outcome categories were addressed by CSS services. In addition, CASH case managers pointed out that some rubric definitions were difficult to interpret consistently.

  Data quality. The quality, completeness, and availability of data on both services and outcomes may also play a role in the lack of association found in this exploratory analysis.

Insights on Ongoing Use of the OHTS

Early findings from CSS participants' OHTS data offer insights into the instrument's real-world application. The following insights can inform ongoing use of the OHTS at CASH, and may also be useful for RTI and the growing number of organizations using the OHTS.

- **Certain outcome categories are better aligned with the CSS programs' services and participant focus areas.** Identifying alignment between the OHTS and the CSS programs' logic model helped to pinpoint the outcome categories most likely to be impacted by CSS services. Similar cross-walking activities may help other organizations using the OHTS to understand what outcome categories will be most relevant to them.

- **Adjustments to the user interface might improve staff's ability to use and learn from data on an ongoing basis.** While CASH staff were excited to learn from the OHTS data, they were also honest about the amount of time it took to enter data and the technical challenges they encountered. Additional training on the user interface, how to make the Excel database work in their unique operating environment, and/or how to troubleshoot issues (such as saving or navigating drop-downs) could make data entry easier, more consistent, and therefore more worthwhile for staff. More training to fully utilize the built-in data visualization tabs could also make it easier for staff to interpret and learn from OHTS data in an ongoing way. Finally, exploring integration between the OHTS Excel database and CASH's Apricot case management database might open up other ways to streamline data entry.

- **Insights on outcome category and rating definitions could inform future technical assistance or instrument updates from RTI.** In addition to feedback on the user interface, CASH case managers offered important insights (highlighted earlier) about the instrumentation, including where it was more challenging to consistently interpret rating definitions, which assessments were considered more or less "reliable," and what outcome categories were most challenging to utilize. These insights could be used for updating the RTI Instrument's user guide and any accompanying technical assistance or guidance.

- **Improved data quality may enhance the ability to use OHTS data for CSS evaluation.** Though exploratory in nature, these analyses with CASH's OHTS did support organizational understanding of participants' experiences, highlight program successes for partners and funders, and identify opportunities for service improvement. They revealed illuminating trends in participant trajectories and sparked thoughtful discussion with staff, Survivor Advisory Council members, and former CSS participants about the circumstances and services that influence those trajectories. Therefore, there is ongoing value in analyzing OHTS data as part of CSS evaluation. Improved data quality (including OHTS and case management data) and a larger population of CSS participants with completed assessments may increase the ability to draw meaningful conclusions from the data.

- **Understanding the purpose, strengths, and limitations of the tool could clarify how an organization uses the data.** The OHTS was developed for universal use by organizations serving diverse survivors of human trafficking, and therefore does not reflect the specific context of a community. It was also designed to focus on larger benchmark milestones rather than small steps towards progress, which would require a more granular rubric and potentially influence the tool's ease of use. Its application to many settings is a strength of its design; at the same time, case managers expressed interest in further capturing the nuanced accomplishments and setbacks on participant trajectories. CASH and other organizations could benefit from clarifying how the OHTS's intended uses align with their own intended uses and implementation of the instrument.

VIII. Conclusions and Recommendations

Evaluation of CASH's CSS programs reveals the significant impact of these services on survivors of sex trafficking and other forms of victimization. Through non-judgmental, trauma-informed case management, participants were able to make improvements that fostered safety, well-being, and long-term stability. These findings affirm CASH's vital role in assisting survivors as they work towards recovery and independence. While these improvements were supported by qualitative and quantitative findings, the evaluation also surfaced opportunities to enhance services, data collection, and future evaluation efforts. The following recommendations summarize these opportunities:

- **Continue offering participant-driven, non-judgmental services to survivors of sex trafficking in Sacramento.** Former participants and Survivor Advisory Council members extolled the value of CASH's approach to CSS service delivery, and the ways in which this approach supported their own progress and successes. OHTS data confirmed that the majority of participants experienced improvements in key outcome categories. These findings both support ongoing implementation of CSS programs.

- **Consider participant and Survivor Advisory Council suggestions for sustainable service expansion.** In focus groups and sensemaking on OHTS findings, former participants and Survivor Advisory Council members offered suggestions to increase outreach, expand the availability of services, and add new services to support participants along their journeys. CASH could benefit from considering these thoughtful insights, with an eye towards expansion that is sustainable for the organization and retains the staff's ability to provide the level of high-quality case management they currently offer.

- **Further explore elements of CASH staffing, staff training, and case management style that could inform other organizations' service delivery efforts.** According to participants, skilled staff were central to their positive experiences with CSS services. CASH's staff resources—including its onboarding process and workforce development guide for survivors—are part of an intentional approach to training highly skilled, compassionate staff with lived experience. Future evaluation could further document CASH's approach to workforce development. Insights on their unique approach could inform efforts to expand the organization, or to encourage other organizations to adopt a similar model.

- **Explore ways to streamline and improve data quality.** Improvements to data quality would increase CASH's ability to tell the story about the impact of CSS services. It would also help inform CASH's understanding of how services, levels of engagement, and outcomes vary for different demographic groups. Ways to increase data quality might include: additional training and technical assistance on data entry tools, development of data entry instructions/tip guides, adjustments to data collection forms, and integration between Apricot and OHTS databases.

IX. Appendix: Methods

This evaluation report includes data from the following sources:

- **Logic model development with CASH staff, and cross-walking to the OHTS**. Five CASH staff members participated in a logic model development workshop with ISR staff in August 2022. The purpose of this workshop was to understand alignment of CASH programming and services with OHTS outcome categories. This workshop also helped clarify CSS programming phases and CASH's programming activities.

- **Analysis of CASH Case Management and Needs Assessment data.** Electronic case management data from CASH's Apricot database was available for 83 participants who were enrolled in CASH between April 2022 and March 2023. Data included: demographic information, enrollment and exit details, service utilization, and completion of Foundational Goals. Data were cleaned and analyzed in SPSS.

  Paper copies of needs assessments completed by 71 participants were also shared with ISR for data entry and analysis in SPSS. Needs assessment data were merged with other case management data to assess whether participants were more likely to participate in specific services (or complete a Foundational Goal) if they expressed a need for it at enrollment. However, because needs assessment data is only collected at baseline and not repeatedly updated, it provided an incomplete picture of needs over the full course of the program. In addition, data quality—including missing data and variations in the needs assessment form used by case managers—limited the consistency of data available in these forms. While select data participants' baseline needs were included in this report, the data was ultimately not used for larger adjustments to service or Foundational Goal findings.

  Because one of the CSS programs is implemented jointly with the Sacramento Family Justice Center (FJC), ISR initially attempted to include data from participants served by FJC. However, because of differences in data collection and reporting (including the timing of data collection and availability of specific data points), FJC participants were ultimately excluded from analysis.

- **Analysis of OHTS data.** Electronic OHTS data from CASH's OHTS Excel database was available for 80 out of 83 participants enrolled in CASH during the study period. Of these, 72 had at least two OHTS assessments. Thirteen participants had OHTS assessments that appeared to be duplicates or occurred at unexpectedly short (less than one month) or long (over four months) intervals compared to routine completion of the assessment (at enrollment, two weeks after enrollment, and every four weeks thereafter). Therefore, a total of 59 participants were eligible for inclusion in analysis of OHTS data. Case managers can elect to skip specific ratings in the OHTS if they do not have enough

information; as a result, the total number of participants with available data for each OHTS outcome category varies between 29 and 58 participants. Data were cleaned and analyzed in SPSS.

- **Interviews with CASH Staff.** Two CASH staff members participated in two in-person interviews on September 2022 and April 2023 to discuss their use of the OHTS. The September 2022 interview focused on intended use of the new instrument, interpretation of outcome categories and use of the scoring scale, and anticipated challenges. The April 2023 interview revisited their experiences using the OHTS. Questions focused on how case managers used the OHTS over the past year, what challenges they encountered, their experience with the technical interface, how the tool was helpful, and how the instrument could be improved.

- **Survivor Advisory Council Sensemaking Session.** Six Survivor Advisory Council members attended an in-person sensemaking session in January 2024. ISR presented preliminary findings from the OHTS data for feedback. ISR also facilitated a "World café"-style activity, inviting pairs of Advisory Council members to discuss data on the OHTS trajectories that they were most interested in exploring. Members were prompted to think about what events and external factors could impact participant trajectories within the OHTS outcome categories, as well as services that CASH offered (or could offer) to support participants on those trajectories. Lunch was provided, and CASH paid the Survivor Advisory Council for their time.

- **Focus Group with Program Participants.** Seven program participants participated in a focus group in May 2024 to discuss their experiences with CASH's CSS programs. Focus group guide questions covered their experiences from initial knowledge of CASH through service delivery and program graduation. ISR facilitators also asked about their overall experience working with CASH and recommendations for improving CSS services. While CASH staff were not present during the focus group, CASH provided space for the focus group, and space for child care. Two Survivor Advisory Council members also joined the focus group to provide extra support and comfort. Dinner was provided, and participants received $150 in VISA gift cards in appreciation for their time.