

Trafficking Victim Assistance Program Assessment Survey

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Introduction:

With funding from the Office on Trafficking in Persons (OTIP), and in collaboration with the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Office of Planning, Research, and Evaluation (OPRE), ICF is conducting a program assessment to better understand the operations and efficiencies of the Trafficking Victim Assistance Program (TVAP).

Participation in this survey is voluntary, and will have no impact on current or future funding opportunities. You may choose not to answer any questions, or stop participating at any time. The information you give us is confidential. Responses to survey questions will not identify you as a respondent and will be aggregated across all grantees and/or subrecipients. ICF will take all necessary precautions to ensure that what you share remains confidential by presenting all findings in summary and removing any references that might identify you or your organization.

The results of this survey will be combined with other information gathered through the assessment to produce a report that will be used to better understand the operations and efficiencies of TVAP. Aggregated program data will be shared back with the grantees and subrecipients to help guide their implementation.

If you have any questions about the survey or this process, please feel free to email the Principal Investigator, Jaclyn Smith at Jaclyn.Smith@icf.com.

€ I understand the above statements and agree to continue.

€ I do not wish to continue.

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To complete the survey, please refer to the following definitions of key terms related to the TVAP Assessment.

Key Terms [included as needed depending on the respondent type]

TVAP: Trafficking Victim Assistance Program

Grantee(s): A term used to describe the three organizations who receive funding from OTIP to manage the TVAP program to support comprehensive case management services for foreign national victims of trafficking.

Subrecipient(s): A term used to describe the organizations that receive a subaward from the TVAP grantee organization to provide direct services to foreign national victims of trafficking enrolled in the TVAP program.

Foreign National: A person without U.S. citizenship or nationality (may include a stateless person).

Pre-Certified Victim: A foreign national adult or minor (under 18 years of age) potential victim of a severe form of trafficking who is seeking a Certification or Eligibility Letter from HHS and who is actively pursuing T nonimmigrant status and/or a Continued Presence (CP) issued by the Department of Homeland Security (DHS).

Certified Victims A foreign national trafficking victim that has received a HHS Certification or Eligibility Letter.

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Organization and Case Management

The following section asks questions about your organization and the types of services that it provides to foreign national victims of trafficking.

1. Which of the following best describes your organization's role within the Trafficking Victim Assistance Program?
 - a. Grantee
 - b. Subrecipient

2. *[Only if "subrecipient" selected in Q1]* With which TVAP grantee organization does your organization have a Memorandum of Understanding to provide services to foreign national victims of trafficking?
 - a. Tapestri
 - b. US Conference of Catholic Bishops (USCCB)
 - c. US Committee on Refugees and Immigrants (USCRI)

3. *[Only if "subrecipient" selected in Q1]* How long has your organization had a Memorandum of Understanding with a TVAP grantee to provide services to foreign national victims of trafficking?
 - a. Less than one year
 - b. One year
 - c. Two years
 - d. Three years
 - e. More than three years

4. Which of the following best describes the organization in which you work? (Mark all that apply.)
 - a. Anti-trafficking organization
 - b. Faith-based organization
 - c. Immigrant and Worker advocacy organization
 - d. Refugee service provider
 - e. Survivor-led organization
 - f. Victim service provider
 - g. Other (please specify): _____

5. Which of the following best describes your primary role in your current position?
 - a. Direct service delivery/Frontline staff (e.g., case manager, etc.)
 - b. Administration
 - c. Management
 - d. Other (please specify): _____

6. Please indicate how your organization provides each of the types of services listed below by selecting the box in the relevant column. Please ensure that your responses to the question below are accurate and complete, to the best of your ability. **Answers to this question will carry forward and impact later questions.** For example, if your organization provides a service directly, in house, please check the corresponding box in the column "In House." If

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your organization provides referrals to another organization and pays for those services via reimbursements, please check the corresponding box in the column "Refer Out (Paid)." If your organization provides a service through in-kind donations, please check the corresponding box in the column "Unpaid/In-Kind." If your organization provides a service in house and also provides referrals to another organization and pays for those services, check "In house" and "Refer Out"

	In House	Refer Out (Paid)	Unpaid/ In-Kind
a. Childcare services			
b. Clothing			
c. Personal care items			
d. Educational services (e.g., ESL, General education, GED)			
e. Employment services			
f. Food (e.g., grocery store gift cards)			
g. Emergency shelter			
h. Housing services (e.g., rent, utilities)			
i. Legal assistance (e.g., "Know Your Rights" presentations, advocate in court)			
j. Legal services (e.g., assisting with applications for immigration relief, support provided by a legal professional)			
k. Life skills (e.g., learning to use public transportation, learning to do laundry, opening a bank account)			
l. Medical services (e.g., health screenings, immunizations, cost of			

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medicine)			
m. Mental health services			
n. Vision services			
o. Dental services			
p. Substance use treatment services			
q. Translation/ Interpretation services			
r. Transportation			
s. Benefit or income assistance (e.g., SNAP, TANF, Refugee Cash Assistance, etc.)			
t. Other (please specify): _____			

7. [Only if “subrecipient” selected in Q1] How many pre-certified clients did you serve using TVAP funding from October 2016 to September 2017?
 - a. [slider]

8. [Only if “subrecipient” selected in Q1] How many certified clients did you serve using TVAP funding from October 2016 to September 2017?
 - a. [slider]

9. [Only if “subrecipient” selected in Q1] How many derivative family clients did you serve using TVAP funding from October 2016 to September 2017?
 - a. [slider]

10. Please select the funding streams that your organization receives. (Mark all that apply.)
 - a. Office for Victims of Crime (OVC) funding
 - b. Victims of Crime Act (VOCA) funding
 - c. Office of Refugee Resettlement (ORR) funding
 - d. Other federal grant funding
 - e. State or local funding
 - f. Foundation funding
 - g. Private donations
 - h. Other (please specify): _____

11. Which of the following best describes the type of trafficking experienced by the populations your organization primarily serves? (Mark all that apply.)
 - a. Sex trafficking

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b. Labor trafficking

12. Which of the following best describes the populations your organization **primarily** serves? (Mark all that apply.)

- a. Adults
- b. Children (under 18 years of age)
- c. U.S. citizens and lawful permanent residents
- d. Foreign nationals
- e. People with disabilities
- f. Runaway and homeless youth
- g. Youth who have experienced child abuse and maltreatment
- h. Unaccompanied minors
- i. Victims of domestic and sexual assault
- j. Elderly
- k. Lesbian, gay, bisexual, transgender, and questioning
- l. Immigrants/migrant workers
- m. Refugees
- n. People with low incomes
- o. Racial and ethnic minorities
- p. Other (please specify): _____

13. Which of the following racial and ethnic minorities does your organization **primarily** serves?

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or other Pacific Islander
- e. White
- f. Hispanic or Latino ethnicity
- g. Other minority (please specify): _____
- h.

14. [Only if “subrecipient” selected in Q1] How do victims find out about TVAP? (Mark all that apply.)

- a. Direct outreach
- b. Referral from another organization
- c. HHS Certification or Eligibility Letter
- d. National Human Trafficking Hotline
- e. Word of mouth
- f. Website
- g. Printed materials
- h. Other (please specify): _____

15. Which of the following best describes your organization’s geographic service area? (Mark all that apply.)

- a. National
- b. Regional (please specify): _____

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- c. State (please specify): _____
- d. Local (please specify): _____
- e. U.S. Territory (please specify): _____

16. Which of the following best describes the areas where your organization provides services?
 [Note: This question will act as a filter for questions in the “Administrative and Service Costs” section. Respondents will only see questions about urban and rural differences in costs if they select the “Both” response option.]
- a. Urban/Suburban
 - b. Rural
 - c. Both Urban/Suburban and Rural

Nature of Connections

The following section asks you about the frequency and nature of your connections with other organizations who are in your service referral network.

17. [Only if “grantee” selected in Q1] Please indicate the extent to which your organization does the stated activities with other TVAP grantees from October 2016 to September 2017. The scale ranges from “Never” to “Always” and includes “Not Applicable.”:

1 Never	2 Rarely	3 Sometimes	4 Often	5 Always	9 Not applicable
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- a. Received referrals
 - b. Sent referrals
 - c. Provided case consultation
 - d. Received case consultation
 - e. Participated in joint or coordinated case management
 - f. Shared resources (e.g., materials, information)
 - g. Received resources (e.g., materials, information)
 - h. Shared client information
 - i. Received client information
 - j. Provided training or technical assistance
 - k. Other (please specify): _____
18. [Only if “subrecipient” selected in Q1] Does your organization coordinate services with or make referrals to other organizations that receive TVAP funding?
- a. Yes
 - b. No
 - c. Don’t know
19. [Only if “subrecipient” selected in Q1 AND If yes to Q18] Please list the top three organizations that you know receive TVAP funding with whom you coordinate services or make referrals.

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- a. [text box]
- b. [text box]
- c. [text box]

20. [Only if “subrecipient” selected in Q1 AND If yes to Q18] Please indicate the extent to which your organization did the stated activities with each of the organizations you listed in question 18 from October 2016 to September 2017. The scale ranges from “Never” to “Always” and includes “Not Applicable.”

	1 Never	2 Rarely	3 Sometimes	4 Often	5 Always	9 Not Applicable
	[Organization 1]		[Organization 2]		[Organization 3]	
a. Received referrals from?						
b. Sent referrals to?						
c. Provided case consultation?						
d. Received case consultation?						
e. Participated in joint or coordinated case management?						
f. Shared resources (e.g., materials, information)?						
g. Received resources (e.g., materials, information)?						
h. Shared client information?						
i. Received client information?						
j. Provided training or technical assistance						
k. Received training or technical assistance?						

21. [Only if “subrecipient” selected Q1] Please list the five organizations in your service referral network, outside of your TVAP grantee’s network, that you MOST frequently contact, regardless of their funding sources.

- a. [text box]
- b. [text box]
- c. [text box]
- d. [text box]

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e. [text box]

22. [Only if “subrecipient” selected Q1] Please indicate the frequency that your organization did the stated activities with each of the organizations you listed in question 20 and your TVAP grantee, from October 2016 to September 2017. The scale ranges from “Never” to “Always”

1 Never	2 Rarely	3 Sometimes	4 Often	5 Always	9 Not applicable
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and includes “Not Applicable.”

	[Grantee]	[Org 1]	[Org 2]	[Org 3]	[Org 4]	[Org 5]
a. Received referrals from?						
b. Sent referrals?						
c. Provided case consultation?						
d. Received case consultation?						
e. Participated in joint or coordinated case management?						
f. Shared resources (e.g., materials, information)?						
g. Received resources (e.g., materials, information)						
h. Shared client information?						
i. Received client information?						
j. Provided training or technical assistance?						
k. Received training or technical assistance?						

23. [Only if “subrecipient” selected in Q1; Only services selected as “refer out” in Q6 will display] Please indicate the frequency that your organization referred out to the organizations you listed in question 20 for each of the services listed below from October 2016 to September 2017. The scale ranges from “Never” to “Always” and includes “Not Applicable.”

	1 Never	[Organizatio n 1] Rarely	[Organizatio n 2] Sometimes	[Organizatio n 3] Often	5 Always	9 Not applicable	[Organizatio n 5]
a. Childcare							

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services					
b. Clothing					
c. Personal care items					
d. Educational services (e.g., ESL, General education, GED)					
e. Employment services					
f. Food (e.g., grocery store gift cards)					
g. Emergency shelter					
h. Housing services (e.g., rent, utilities)					
i. Legal assistance (e.g., “Know Your Rights” presentations, advocates in court)					
j. Legal services (e.g., assisting					

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with applications for immigration relief, support provided by a legal professional)					
k. Life skills (e.g., learning to use public transportation, learning to do laundry, opening a bank account)					
l. Medical services (e.g., health screenings, immunizations, cost of medicine)					
m. Mental health services					
n. Vision services					
o. Dental services					
p. Substance use treatment services					
q. Translation/ Interpretation					

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n services					
r. Tran sportation					
s. Bene fit or income assistance					
t. Othe r (please specify): _____					

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Administrative and Service Costs

The following section asks questions about your organization’s estimated administrative and service costs. We ask about this in two ways. First, we will ask about your total costs for each service you provide to pre-certified and certified victims. Then, we will ask you for the average costs per victim for each type of service. To complete the questions in this section, it will be helpful to have your organization’s detailed budget narrative available for reference. Please make your best, educated guess for the questions in this section. **Note: Formatting for review only.**

24. [Only if “subrecipient” selected in Q1] How many staff positions (e.g., case managers, grant administrators) at your organization are partially or fully funded by TVAP?
 a. [text box]
25. [Only if “subrecipient” selected in Q1] Please list the staff positions (e.g., case managers, grant administrators) at your organization that are partially or fully funded by TVAP.
 a. [text box]
 b. [text box]
 c. [text box]
 d. [text box]
 e. [text box]

[Only if “subrecipient” selected in Q1; Positions listed in Q25 will carry forward.]	26. Approximately many total people (i.e., number) were employed in each of the listed positions from October 2016 to September 2017?	27. What was the average yearly salary for this position from October 2016 to September 2017? Please make your best, educated guess.
a. [Position 1]	[text box]	[text box]
b. [Position 2]	[text box]	[text box]
c. [Position 3]	[text box]	[text box]
d. [Position 4]	[text box]	[text box]
e. [Position 5]	[text box]	[text box]

[Only if “subrecipient” selected in Q1; Positions listed in Q25 will carry	28. From October 2016 to September 2017, approximately what percent of time did this position spend on TVAP?	29. From October 2016 to September 2017, approximately what percent of time does this position spend on TVAP grant-
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<i>forward.]</i>		related administrative tasks (e.g., processing invoices, reporting requirements)?
a. [Position 1]	[percent slider]	[percent slider]
b. [Position 2]	[percent slider]	[percent slider]
c. [Position 3]	[percent slider]	[percent slider]
d. [Position 4]	[percent slider]	[percent slider]
e. [Position 5]	[percent slider]	[percent slider]

<i>[Only if “subrecipient” selected in Q1; Only services selected in Q6 will display]</i>		30. Please provide the estimated total cost for the services that your organization provided and paid for using TVAP funding from October 2016 to September 2017. Note: Please do not include derivative family members in your estimate of total costs.	31. How many clients received the services that your organization provided and paid for using TVAP funding from October 2016 to September 2017? Note: Please do not include derivative family members in your count of clients served.
a. Childcare services	Pre-certified victims?	[slider]	[slider]
	Certified victims?	[slider]	[slider]
b. Clothing	Pre-certified victims?	[slider]	[slider]
	Certified victims?	[slider]	[slider]

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c. Personal care items	Pre-certified victims?	[slider]	[slider]
	Certified victims?	[slider]	[slider]
d. Educational services (e.g., ESL, General education, GED)	Pre-certified victims?	[slider]	[slider]
	Certified victims?	[slider]	[slider]
e. Employment services	Pre-certified victims?	[slider]	[slider]
	Certified victims?	[slider]	[slider]
f. Food (e.g., grocery store gift cards)	Pre-certified victims?	[slider]	[slider]
	Certified victims?	[slider]	[slider]
g. Emergency shelter	Pre-certified victims?	[slider]	[slider]
	Certified victims?	[slider]	[slider]
h. Housing services (e.g., rent, utilities)	Pre-certified victims?	[slider]	[slider]
	Certified victims?	[slider]	[slider]
i. Legal assistance (e.g., “Know Your Rights” presentations, advocate in court)	Pre-certified victims?	[slider]	[slider]
	Certified victims?	[slider]	[slider]
j. Legal services (e.g., assisting with applications)	Pre-certified victims?	[slider]	[slider]

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for immigration relief, support provided by a legal professional)	Certified victims?	[slider]	[slider]
k. Life skills (e.g., learning to use public transportation, learning to do laundry, opening a bank account)	Pre-certified victims?	[slider]	[slider]
	Certified victims?	[slider]	[slider]
l. Medical services (e.g., health screenings, immunization, cost of medicine)	Pre-certified victims?	[slider]	[slider]
	Certified victims?	[slider]	[slider]
m. Mental health services	Pre-certified victims?	[slider]	[slider]
	Certified victims?	[slider]	[slider]
n. Vision services	Pre-certified victims?	[slider]	[slider]
	Certified victims?	[slider]	[slider]
o. Dental services	Pre-certified victims?	[slider]	[slider]
	Certified victims?	[slider]	[slider]
p. Substance use treatment services	Pre-certified victims?	[slider]	[slider]
	Certified victims?	[slider]	[slider]
q. Translation or Interpretation	Pre-certified victims?	[slider]	[slider]

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services	Certified victims?	[slider]	[slider]
r. Transportation	Pre-certified victims?	[slider]	[slider]
	Certified victims?	[slider]	[slider]
s. Benefit or income assistance	Pre-certified victims?	[slider]	[slider]
	Certified victims?	[slider]	[slider]
t. Other	Pre-certified victims?	[slider]	[slider]
	Certified victims?	[slider]	[slider]

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<p><i>[Only if “subrecipient” selected in Q1; Only services selected in Q6 will display]</i></p>	<p>32. What is your organization’s average cost per victim for the services that your organization provides directly, in house? Please provide your best, estimated guess for the average cost of this service per victim.</p>	<p>33. What is your organization’s average cost per victim for the services that your organization provides through referrals and pays for via reimbursements (i.e., services referred out and paid for)? Please provide your best, estimated guess for the average cost of this service per victim.</p>	<p>34. <i>[Only if “Both” selected in Q16]</i> What is your organization’s average cost per victim in urban/suburban areas for the services that your organization provides directly, in house? Please provide your best, estimated guess for the average cost of this service per victim.</p>	<p>35. <i>[Only if “Both” selected in Q16]</i> What is your organization’s average cost per victim in urban/suburban areas for the services that your organization provides through referrals and pays for via reimbursements (i.e., services referred out and paid for)? Please provide your best, estimated guess for the average cost of this service per victim.</p>	<p>36. <i>[Only if “Both” selected in Q16]</i> What is your organization’s average cost per victim in rural areas for the services that your organization provides directly, in house? Please provide your best, estimated guess for the average cost of this service per victim.</p>	<p>37. <i>[Only if “Both” selected in Q16]</i> What is your organization’s average cost per victim in rural areas for the services that your organization provides through referrals and pays for via reimbursements (i.e., services referred out and paid for)? Please provide your best, estimated guess for the average cost of this service per victim.</p>
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a. Childcare services	[slider]	[slider]	[slider]	[slider]	[slider]	[slider]
b. Clothing	[slider]	[slider]	[slider]	[slider]	[slider]	[slider]
c. Personal care items	[slider]	[slider]	[slider]	[slider]	[slider]	[slider]
d. Educational services (e.g., ESL, General education, GED)	[slider]	[slider]	[slider]	[slider]	[slider]	[slider]
e. Employment services	[slider]	[slider]	[slider]	[slider]	[slider]	[slider]
f. Food (e.g., grocery store gift cards)	[slider]	[slider]	[slider]	[slider]	[slider]	[slider]
g. Emergency shelter	[slider]	[slider]	[slider]	[slider]	[slider]	[slider]
h. Housing services (e.g., rent, utilities)	[slider]	[slider]	[slider]	[slider]	[slider]	[slider]
i. Legal assistance (e.g., “Know Your Rights” presentations, advocacy in court)	[slider]	[slider]	[slider]	[slider]	[slider]	[slider]
j. Legal services (e.g., assisting with applications for immigration relief, support	[slider]	[slider]	[slider]	[slider]	[slider]	[slider]

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provided by a legal professional)						
k. Life skills (e.g., learning to use public transportation, learning to do laundry, opening a bank account)	[slider]	[slider]	[slider]	[slider]	[slider]	[slider]
l. Medical services (e.g., health screenings, immunizations, cost of medicine)	[slider]	[slider]	[slider]	[slider]	[slider]	[slider]
m. Mental health services	[slider]	[slider]	[slider]	[slider]	[slider]	[slider]
n. Vision services	[slider]	[slider]	[slider]	[slider]	[slider]	[slider]
o. Dental services	[slider]	[slider]	[slider]	[slider]	[slider]	[slider]
p. Substance use treatment services	[slider]	[slider]	[slider]	[slider]	[slider]	[slider]
q. Translation/ Interpretation services	[slider]	[slider]	[slider]	[slider]	[slider]	[slider]
r. Transportation	[slider]	[slider]	[slider]	[slider]	[slider]	[slider]
s. Benefit or income	[slider]	[slider]	[slider]	[slider]	[slider]	[slider]

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assistance						
t. Other	[slider]	[slider]	[slider]	[slider]	[slider]	[slider]

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38. [Only if “subrecipient” selected in Q1] Which of the following services are needs unmet or NOT fully covered by the funding your organization receives from TVAP? (Mark all that apply).

- a. Childcare services
- b. Clothing
- c. Personal care items
- d. Educational services (e.g., ESL, General education, GED)
- e. Employment services
- f. Food (e.g., grocery store gift cards)
- g. Emergency shelter
- h. Housing services (e.g., rent, utilities)
- i. Legal assistance (e.g., “Know Your Rights” presentations, advocate in court)
- j. Legal services (e.g., assisting with applications for immigration relief, support provided by a legal professional)
- k. Life skills (e.g., learning to use public transportation, learning to do laundry, opening a bank account)
- l. Medical services (e.g., health screenings, immunizations, cost of medicine)
- m. Mental health services
- n. Vision services
- o. Dental services
- p. Substance use treatment services
- q. Translation/Interpretation services
- r. Transportation
- s. Benefit or income assistance

39. [Only if “subrecipient” selected in Q1] How does your organization supplement the costs not covered by TVAP? (Mark all that apply.)

- a. Other federal grant funds
- b. State or local funds
- c. Foundation funds
- d. Private donations
- e. Organization Revenue
- f. Other (please specify)_____
- g. Not covered

40. [Only if “subrecipient” selected in Q1] Approximately what percentage of the costs not covered by TVAP is supplemented by the sources selected?

- a. [percent slider]