

Office on Trafficking In Persons (OTIP)

TVAP Grant Recipient Reporting Reference Guide:

Data Elements and Operational Guidance

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The Trafficking Victim Assistance Program (TVAP) is inclusive of four distinct programs: the Trafficking Victim Assistance Program (TVAP), Aspire: Child Trafficking Victim Assistance Demonstration Program, Victims of Human Trafficking Services and Outreach Program – Pacific Region Demonstration Program (VHT-SO Pacific Program), and Lighthouse: Services, Outreach, and Awareness for Labor Trafficking (Lighthouse) Demonstration Program. The performance indicators and data collection instruments described within this reporting reference guide are applicable to all four TVAP programs. TVAP award recipients must provide program performance indicator data to OTIP on a quarterly and annual basis, as indicated. Award recipients will be provided with the following information when requesting data:

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to gather data on the grant program to assess program performance, inform evaluation efforts, tailor technical assistance for recipients, respond to inquiries from stakeholders, and inform policy and program development. Public reporting burden for this collection of information is estimated to average XX hours per grant recipient, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to retain a benefit (22 U.S.C. 7105, Trafficking Victims Protection Act). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0467 and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact Vera Soto, Office on Trafficking in Persons, by email at Vera Soto@acf.hhs.gov.



Victim Assistance Reporting

Key Performance Measures:

 Increase the number of victims of trafficking served by a network of grant recipients

Victim Assistance—Client Characteristics and Program Entry

Reporting Expectations:

The grant recipient is expected to collect on the following data elements on a rolling basis during the first three months after an individual is enrolled into the Trafficking Victim Assistance Program. Aggregated information should be reported to OTIP on a quarterly basis:

- Quarter 1 Reporting Period: October 1 December 31 (due January 30)
- Quarter 2 Reporting Period: January 1 March 31 (due April 30)
- Quarter 3 Reporting Period: April 1 June 30 (due July 30), and
- Quarter 4 Reporting Period: July 1 September 31 (due October 30)

Viotim Assistans	Client Characteristics and Drogram Entry	,
	e—Client Characteristics and Program Entry	
Data Element	Response Options	Operational Guidance
Intake Date	mm/dd/yyyy	Record the TVAP
		enrollment date.
Referral Date	mm/dd/yyyy	Record date service
		agency received referral.
Referral Source	Child Protective Services/Child Welfare	Select one which best
	• Court	describes the entity or
	District Attorney/State's Attorney/Victim	individual referring the
	Assistance	client for services.
	Defense Attorney/Public Defender/Legal Aid	
	Domestic Violence Agency/Shelter	
	Educator/Teacher/School	
	• Employer	
	Family Member/Guardian	
	Friend/Peer/Acquaintance	
	Health Care Provider	
	Housing Assistance Agency/Shelter	
	Juvenile Justice	
	Law Enforcement	
	National Human Trafficking Hotline (NHTH)	
	Other National Hotline	
	Psychiatric Treatment Facility	
	State/Local Hotline	
	Religious Organization	
	• Self	



	Other (specify)	
Type of Trafficking	SexLaborSex and LaborUnknown	Select one which best describes the potential trafficking situation.
Does client have family members receiving services from grant recipient?	• Yes • No	Select one which best describes the household being served.
Service Eligibility Status	Pre-Certified Foreign NationalCertified Foreign NationalU.S. Citizen/Lawful Permanent Resident	Select one as identified by client.
Country of Origin	Country	Record country where client is from.
Age	01-99	Record age of client at intake.
Gender Identity	 Male Female Transgender Male Transgender Female Client uses a different term: [free text] (Unknown) (Prefer not to answer) 	Record the client's gender identity as reported by the client.
Does client identify as 2SLGBTQIA+?	• Yes • No • Unknown	Select whether client identifies as lesbian, gay, bisexual, transgender, queer, questioning, Two-Spirit, or another gender, sexual, or romantic minority.
Race/Ethnicity	 American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Hispanic or Latino Other (specify) Unknown 	Select one or more as identified by client.
Living Situation at Intake	 Emergency Housing Institutional Housing No Housing/Place not meant for habitation Permanent Housing Transitional Housing Unknown 	Select one which best describes the current living situation of the client. See definitions.
If client is a minor, are they	• No • Yes	Select one as known at time of intake.



enrolled in		
school?		
Location of Services	State/Territory Remote	Record location of organization that will be providing services to the client
Location of		If known, record the
Trafficking	State/Territory, Country	location of the trafficking incident.
Exploitation Industry/Venue ¹	 Agriculture/Field Labor Auto-Mechanic/Auto-Shop/Car Repair Arts/Entertainment Bar/Cantina/Nightclub Begging/Peddling Carnival Carpentry/Woodworking Cobbling Commercial Cleaning Commercial Sex Construction Domestic Work Elder Care Escort Services Factories/Manufacturing Fishing Forced Criminal Activities Forestry/Logging Garment/Textiles Herding/Livestock Health/Beauty Health Care Herding Livestock/Animal Husbandry Hotel/Hospitality Illicit Massage/Health Landscaping Mining/Quarrying Other (specify) Personal Sexual Servitude Production of Child Sexual Abuse Material (CSAM) Recreation/Sports Religious Institution Restaurant/Food Service Retail Sales 	Select one or more as best describes the potential trafficking situation. Mark unknown if information was not disclosed by client.

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¹ Polaris. The Typology of Modern Slavery. Defining Sex and Labor Trafficking in the United States. March 2017.



	 Stripping/ Dancing Transportation Traveling Sales Crew Waste Management/Recycling Not Reported 	
Commercial Sex	Commercial Space-Based	Select one or more as best
Venue	Institution-Based	describes the potential
	Technology-Based	trafficking situation. Mark
	Outdoor/Street-Based	unknown if information was
	Residence-Based	not disclosed by client.
	Not Reported	



Victim Assistance—Client Case Closure

Reporting Expectations:

The grant recipient is expected to collect the following data elements on a rolling basis as clients exit the Trafficking Victim Assistance Program. Aggregated information should be reported to OTIP on a quarterly basis:

- Quarter 1 Reporting Period: October 1 December 31 (due January 30)
- Quarter 2 Reporting Period: January 1 March 31 (due April 30)
- Quarter 3 Reporting Period: April 1 June 30 (due July 30), and
- Quarter 4 Reporting Period: July 1 September 31 (due October 30)

Victim Assistance -	- Client Case Closure	
Data Element	Response Options	Operational Guidance
Case Closure Date	mm/dd/yyyy	Record the month, day, and year the client's case was closed.
Reason for Case Closing	 Client relocated Client unable to meet program expectations Determined not eligible Incarcerated and out of contact with program Lost contact No longer in need of services Time limitations of the program Transfer to another service program Other (specify) 	Select one or more reasons for client's case closing as known at the time of exit.
Living Situation upon Case Closing	 Emergency Housing Institutional Housing No Housing/Place not meant for habitation Permanent Housing Transitional Housing Unknown 	Select one which best describes the current living situation of the client at time of exit from program. See definitions.
Did the client obtain Continued Presence or a T-Visa? Did the client obtain	Continued PresenceT-VisaNoneYes	Select the type of immigration remedy the client received. Select whether the client
HHS Certification or Eligibility?	• No	received a certification letter while in the program.
Did the client receive a referral for continued case management services?	• Yes • No	Select whether the client received a referral to continue receiving services.



Victim Assistance—Barriers to Service Delivery

Reporting Expectations:

The grant recipient is expected to submit data on the barriers experienced during the course of service delivery on a quarterly basis:

- Quarter 1 Reporting Period: October 1 December 31 (due January 30)
- Quarter 2 Reporting Period: January 1 March 31 (due April 30)
- Quarter 3 Reporting Period: April 1 June 30 (due July 30), and
- Quarter 4 Reporting Period: July 1 September 31 (due October 30)

Victim Assistance—Barriers to Service Delivery			
Data Element	Response Options	Operational Guidance	
Barriers to Service Delivery	 Feelings of No Support and Isolation Ineffective Coordination with Federal Agencies Ineffective Coordination with Local Agencies Lack of Adequate Funding Lack of Adequate Resources Lack of Adequate Training Lack of Cooperation of Client Lack of Formal Rules and Regulations Lack of In-House Procedures Lack of Knowledge of Victims' Rights Language Concerns Public Health Concerns Safety Concerns Victims' Legal Status Other Services (specify) None 	Select all barriers to service delivery that were encountered during the reporting period.	

Victim Assistance—Client Service Use and Delivery

Reporting Expectations:

The grant recipient is expected to submit data on all of the services and public benefits the client accessed during the reporting period annually with the fourth quarter report, due on October 30.

Victim Assistance—Client Service Use and Delivery		
Data Element	Response Options	Operational Guidance
Services Received	Basic Necessities	Select one or more
	Case Management	services that the client
	Child Care	received either directly by
	Crisis Intervention	the organization or
	Education Assistance	through a referral. Do not
	Employment Assistance	include referrals that did
	Family Reunification	not result in the client



Healthcare Housing/Shelter Services Interpreter/Translator Services Legal Advocacy and Services Life Skills Mental/Rehavioral Health Services	
Interpreter/Translator Services Legal Advocacy and Services Life Skills	
Legal Advocacy and Services Life Skills	
Life Skills	- 1
- Montal/Dohaviaral Hoalth Comisso	
Mental/Behavioral Health Services	
Peer-to-Peer Support/Mentoring	
Safety Planning Services	
Substance Use Assessment/Treatment	
Transportation	
Victim Advocacy	
Other Services (specify)	
• None	
• Unknown	
Benefits Received • Child Care Subsidy Select one or more	
General Assistance benefits that the client	
Medicaid received either directly but the control of the cont	y
ORR Match Grant the organization or	,
ORR Targeted Assistance Grant (TAG) through a referral. Do not consider the state of the st	
ORR Unaccompanied Children (UC) Program include referrals that did ORR Unaccompanied Defines Miners	
ORR Unaccompanied Refugee Minors not result in the client	.
(URM) Program accessing the service or	
ORR Wilson/Fish Program Befugge Coch Assistance Definition	
Refugee Cash Assistance Refugee Medical Assistance	
Refugee Medical Assistance Refugee Social Services	
Refugee Social Services Section 9/Dermanant Housing Assistance	
Section 8/Permanent Housing AssistanceSNAP (Food Stamps)	
State-specific Health Benefits	
Social Security Disability (SSI or SSDI)	
Temporary Assistance for Needy Families	
Unemployment Insurance	
• WIC	
• Other (specify)	
• None	
• Unknown	



Victim Outreach Reporting

Key Performance Measures:

· Increase the number of victims of trafficking identified

Reporting Expectations:

The grant recipient is expected to submit data on outreach activities and impact on a quarterly basis:

- Quarter 1 Reporting Period: October 1 December 31 (due January 30)
- Quarter 2 Reporting Period: January 1 March 31 (due April 30)
- Quarter 3 Reporting Period: April 1 June 30 (due July 30), and
- Quarter 4 Reporting Period: July 1 September 31 (due October 30)

Victim Outreach Reporting			
Data Element	Response Options	Operational Guidance	
Outreach Activities Conducted	(number)	Report the total number of outreach activities conducted during the reporting period.	
Outreach Settings	 Agricultural Settings Casinos Commercial Establishments Consulates Court-Based Settings Day Labor Settings Detention Settings Digital: Social Media Digital: Other Education Settings Factories Health Care Settings Homeless Encampments Hotel/Hospitality Settings Massage Parlors Shelter Settings Street Settings Strip Clubs Youth Care Settings Other (specify) 	Select the site or venue where outreach was conducted during the reporting period.	
Target Population(s)	 2SLGBTQIA+ Populations Alaska Native/Indigenous Populations Asian American/Pacific Islander Populations 	Select the population(s) targeted over the course of outreach activities conducted during the reporting period.	



		 Black Populations Boys and Men Direct Care Workers Hispanic or Latino Populations People with Disabilities People who Live in Rural Communities Religious Minority Populations Runaway Homeless Youth Populations 	
Numbe Identifi	er of Victims ed	(number)	Record the number of victims identified by grant recipient through outreach activities, including funded partners.



Training Reporting

Key Performance Measures:

 Increase the number of professionals trained to identify, treat, and respond to human trafficking

Reporting Expectations:

The grant recipient will submit training data on a quarterly basis using the following schedule:

- Quarter 1 Reporting Period: October 1 December 31 (due January 30)
- Quarter 2 Reporting Period: January 1 March 31 (due April 30)
- Quarter 3 Reporting Period: April 1 June 30 (due July 30), and
- Quarter 4 Reporting Period: July 1 September 31 (due October 30)

Training Reporting			
Data Element	Response Options	Operational Guidance	
Total Trainings	(number)	Record the total number of trainings provided during the reporting period.	
Topic	Grant Management Topics: □ Building a Community Referral Network and Partnership Building □ Data Collection, Management, and Reporting □ Introduction to Grant Program and Onboarding □ Outreach Strategies □ Program Policy, Protocol, and Administration Service Delivery and Access Topics: □ Approaches, Strategies, and Special Considerations for Working with Victims (e.g. Trauma Informed Care) □ Available Services/Benefits and Strategies for Self Sufficiency □ HHS Certification, Eligibility, and Other HHS Resources □ How to Access Legal Services and Remedies □ Human Trafficking 101: Definition, Types, Laws, and Indicators □ Other	Record the number of occasions each topic was covered during the trainings provided during the reporting period. If one training reasonably covers multiple topics, the training may be double-counted.	



Behavioral Health Child Welfare Education Faith-Based Government Health Care Housing Law Enforcement Legal Private Sector Public Health Social Services Students (Higher Educe) Tribal Other	Record the number of professionals who attended trainings offered during the reporting period. Please provide counts by the audience type that best describes the individuals. For example, if a training was conducted for 30 private sector public health professionals, please record as Public Health: 30.
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Subrecipient Enrollment Reporting

Key Performance Measures:

· Increase the diversity of services available to victims of trafficking

Reporting Expectations:

The grant recipient is expected to collect data elements <u>only</u> on subrecipients or entities/organizations with whom the grant recipient has a formal contractual relationship to provide services. This data should be updated as entities/organizations are enrolled into the grant recipient's network on a rolling basis. Any updates are to be reported on a quarterly basis.

Subrecipient Enrollment Reporting			
Data Element	Response Options	Operational Guidance	
Name of Subrecipient Organization	(text)	Record name of partnering organization.	
Location of Subrecipient Organization	City, State	Record location of organization.	
Type of Subrecipient Organization	 Advocacy Behavioral Health Child Welfare Education Employment Faith Based Government Health Care Housing Law Enforcement Legal Other Criminal Justice Private Sector Public Health School (K-12) Service Provider Other (specify) 	Select the sector that best describes the type of organization entering into the partnership.	
Subrecipient Service Sites	(number)	Record the total number of service site locations of the partner.	
Services Provided by Subrecipient	Basic NecessitiesCase ManagementChild CareCrisis Intervention	Select one or more services that are provided through the partnership.	



	 Education Assistance Employment Assistance Family Reunification Financial Assistance Healthcare Housing/Shelter Services Interpreter/Translator Legal Advocacy and Services Life Skills Mental/Behavioral Health Services Medical Services Peer-to-Peer Support/Mentoring Safety Planning Services Substance Use Assessment/Treatment Transportation Victim Advocacy Other Services (specify) None Unknown 	
Enrollment Date	mm/dd/yyyy	Record month, day, and year when entity partnered with grant recipient network.
Exit Date	mm/dd/yyyy	Record month, day, and year when entity ended their partnership with grant recipient network.