

# Office on Trafficking In Persons (OTIP)

## **DVHT Grant Recipient Reporting Reference Guide:**

## **Data Elements and Operational Guidance**

#### **Contents**

Client Services Reporting	2
Client Services —Client Characteristics and Program Entry	
Client Services—Client Case Closure	6
Client Services—Barriers to Service Delivery	7
Client Services—Client Service Use and Delivery	8
Client Outreach Reporting	9
Subrecipient Enrollment Reporting	11
Client Service Costs Reporting	13

The Domestic Victims of Human Trafficking (DVHT) Program is inclusive of two distinct programs: the Domestic Victims of Human Trafficking and Services Outreach Program (DVHT-SO) and the Victims of Human Trafficking in Native Communities Demonstration Program (VHT-NC). The performance indicators and data collection instruments described within this reporting reference guide are applicable to both DVHT programs. DVHT 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:

The PRA Statement below will be included on each form and will be updated to include the specific burden estimate per response for that form.

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 0970-0542 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.



# **Client Services Reporting**

### **Key Performance Measures:**

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

# **Client Services —Client Characteristics and Program Entry**

Public reporting burden for this collection of information is estimated to average 0.75 hours per grant recipient.

### **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)

Client Services-	Client Services—Client Characteristics and Program Entry	
Data Element	Response Options	Operational Guidance
Intake Date	mm/dd/yyyy	Record the DVHT enrollment date.
Referral Date	mm/dd/yyyy	Record date service agency received referral.
Referral Source	<ul> <li>Child Protective Services/Child Welfare</li> <li>Court</li> <li>District Attorney/State's Attorney/Victim</li> <li>Services</li> <li>Defense Attorney/Public Defender/Legal Aid</li> <li>Domestic Violence Agency/Shelter</li> <li>Educator/Teacher/School</li> <li>Employer</li> <li>Family Member/Guardian</li> <li>Friend/Peer/Acquaintance</li> <li>Health Care Provider</li> <li>Housing Assistance Agency/Shelter</li> <li>Juvenile Justice</li> <li>Law Enforcement</li> </ul>	Select one which best describes the entity or individual referring the client for services.



	<ul><li>National Human Trafficking Hotline (NHTH)</li><li>Other National Hotline</li></ul>	
	Psychiatric Treatment Facility	
	State/Local Hotline	
	Religious Organization	
	• Self	
	Other (specify)	
Type of	• Sex	Select one which best
Trafficking	• Labor	describes the potential
	Sex and Labor	trafficking situation.
	Unknown	
Does client have	• Yes	Select one which best
family members	• No	describes the household
receiving		being served.
services from		
grant recipient?		
Grant Eligibility Status	U.S. Citizen/Lawful Permanent Resident	Select one as identified by client.
Country of Origin	Country	Record country where
Country of Origin	-	client is from.
Age	01-99	Record age of client at
		intake.
Sex	Male	Select one as identified by
	• Female	the client.
	Not Reported	
Race/Ethnicity	American Indian or Alaska Native	Select one or more as
	• Asian	identified by client.
	Black or African American	
	Hispanic or Latino	
	Middle Eastern or North African	
	Native Hawaiian or Other Pacific Islander	
	White	
	Unknown	
Living Situation at	Emergency Housing	Select one which best
Intake	Institutional Housing	describes the current living
intake	No Housing/Place not meant for habitation	situation of the client. See
	Permanent Housing	definitions.
	Transitional Housing	
	Unknown	
If client is a	• Yes	Select one as known at
minor, are they	• No	time of intake.
enrolled in		
school?		
Location of		Record location of
Services	State/Territory	organization that will be
	Remote	providing services to the
		client



Location of		If known, record the
	State/Territory Country	
Trafficking	State/Territory, Country	location of the trafficking
		incident.
Exploitation	Agriculture/Field Labor	Select one or more as best
Industry/Venue <sup>1</sup>	Auto-Mechanic/Auto-Shop/Car Repair	describes the potential
	Arts/Entertainment	trafficking situation. Mark
	Bar/Cantina/Nightclub	unknown if information was
	Begging/Peddling	not disclosed by client.
	• Carnival	
	Carpentry/Woodworking	
	Cobbling	
	Commercial Cleaning	
	Commercial Sex	
	Construction	
	Domestic Work     Elder Core	
	• 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	
	1	
	• Mining/Quarrying	
	Other (specify)	
	Personal Sexual Servitude     Production of Child Served Abuse Material	
	Production of Child Sexual Abuse Material	
	(CSAM)	
	Recreation/Sports	
	Religious Institution	
	Restaurant/Food Service	
	Retail Sales	
	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
venue	- การแนแบบ-บนระน	acacines the potential

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



• Technology-E	Based
----------------	-------

- Outdoor/Street-Based
- Residence-Based
- Not Reported

trafficking situation. Mark unknown if information was not disclosed by client.



## **Client Services—Client Case Closure**

Public reporting burden for this collection of information is estimated to average 0.167 hours per grant recipient.

# **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)

Client Services – 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	<ul> <li>Client relocated</li> <li>Client unable to meet program expectations</li> <li>Determined ineligible for services</li> <li>Incarcerated and out of contact with program</li> <li>Lost contact with client</li> <li>No longer in need of services</li> <li>Time limitations of the program</li> <li>Transfer to another service program</li> <li>Other (specify)</li> </ul>	Select one or more reasons for client's case closing as known at the time of exit.
Living Situation at Case Closure	<ul> <li>Emergency Housing</li> <li>Institutional Housing</li> <li>No Housing/Place not meant for habitation</li> <li>Permanent Housing</li> <li>Transitional Housing</li> <li>Unknown</li> </ul>	Select one which best describes the current living situation of the client at time of exit from program. See definitions.
Did the client receive a referral for continued case management services?	• Yes • No	Select whether the client received a referral to continue receiving services.



# **Client Services—Barriers to Service Delivery**

Public reporting burden for this collection of information is estimated to average 0.167 hours per grant recipient.

### **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)

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



# **Client Services—Client Service Use and Delivery**

Public reporting burden for this collection of information is estimated to average 0.25 hours per grant recipient.

# **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.

Client Services—0	Client Service Use and Delivery	
Data Element	Response Options	Operational Guidance
Services Received	<ul> <li>Basic Necessities</li> <li>Case Management</li> <li>Child Care</li> <li>Crisis Intervention</li> <li>Education Assistance</li> <li>Employment Assistance</li> <li>Family Reunification</li> <li>Financial Assistance</li> <li>Healthcare</li> <li>Housing/Shelter Services</li> <li>Interpreter/Translator Services</li> <li>Legal Advocacy and Services</li> <li>Life Skills</li> <li>Mental/Behavioral Health Services</li> <li>Peer Support/Mentoring</li> <li>Safety Planning Services</li> <li>Substance Use Assessment/Treatment</li> <li>Transportation</li> <li>Victim Advocacy</li> <li>Other (specify)</li> <li>None</li> <li>Unknown</li> </ul>	Select one or more services that the client received either directly by the organization or through a referral. Do not include referrals that did not result in the client accessing the service or benefit.
Benefits Received	Child Care Subsidy Food Benefits (SNAP, WIC, Tribal Commodities) General Assistance Housing Subsidies (Section 8, HUD Vouchers) Medicaid, Medicare, or SCHIP  State-specific Health Benefits Social Security Disability (SSI or SSDI) Temporary Assistance for Needy Families Unemployment Insurance	Select one or more benefits that the client received either directly by the organization or through a referral. Do not include referrals that did not result in the client accessing the service or benefit.



	Other (specify)    None	

# **Client Outreach Reporting**

Public reporting burden for this collection of information is estimated to average 0.3 hours per grant recipient.

### **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)

Client Outreach Re	Client Outreach Reporting		
Data Element	Response Options	Operational Guidance	
Public Awareness Activities Conducted	(number)	Report the total number of public awareness activities conducted during the reporting period.	
Outreach Activities Conducted	(number)	Report the total number of outreach activities conducted during the reporting period.	
Outreach Settings	<ul> <li>Agricultural Settings</li> <li>Casinos</li> <li>Commercial Establishments</li> <li>Consulates</li> <li>Court-Based Settings</li> <li>Day Labor Settings</li> <li>Detention Settings</li> <li>Digital: Social Media</li> <li>Digital: Other</li> <li>Education Settings</li> <li>Factories</li> <li>Health Care Settings</li> <li>Homeless Encampments</li> <li>Hotel/Hospitality Settings</li> <li>Massage Parlors</li> </ul>	Select the site or venue where outreach was conducted during the reporting period.	



	<ul> <li>Shelter Settings</li> <li>Street Settings</li> <li>Strip Clubs</li> <li>Youth Care Settings</li> <li>Other (specify)</li> </ul>	
Number of Victims Identified	(number)	Record the number of victims identified by grant recipient through outreach activities, including funded partners.



# **Subrecipient Enrollment Reporting**

Public reporting burden for this collection of information is estimated to average 0.167 hours per grant recipient.

### **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.

- 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)

Subrecipient Enrollment Reporting		
Data Element	Response Options	Operational Guidance
Name of		Record name of
Subrecipient	(text)	partnering organization.
Organization		
Location of		Record location of
Subrecipient	City, State	organization.
Organization		
Type of	Advocacy	Select the sector that best
Subrecipient	Behavioral Health	describes the type of
Organization	Child Welfare	organization entering into
	Education	the partnership.
	Employment	
	• Faith Based	
	Government	
	Health Care	
	Housing	
	Law Enforcement	
	• Legal	
	Other Criminal Justice	
	Private Sector	
	Public Health	
	School (K-12)	



	Service Provider     Other (specify)	
Subrecipient Service Sites	(number)	Record the total number of service site locations of the partner.
Services Provided by Subrecipient	<ul> <li>Basic Necessities</li> <li>Case Management</li> <li>Child Care</li> <li>Crisis Intervention</li> <li>Education Assistance</li> <li>Employment Assistance</li> <li>Family Reunification</li> <li>Financial Assistance</li> <li>Healthcare</li> <li>Housing/Shelter Services</li> <li>Interpreter/Translator</li> <li>Legal Advocacy and Services</li> <li>Life Skills</li> <li>Mental/Behavioral Health Services</li> <li>Peer Support/Mentoring</li> <li>Safety Planning Services</li> <li>Substance Use Assessment/Treatment</li> <li>Transportation</li> <li>Victim Advocacy</li> <li>Other (specify)</li> <li>None</li> <li>Unknown</li> </ul>	Select one or more services that are provided through the partnership.
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.



# **Client Service Costs Reporting**

Public reporting burden for this collection of information is estimated to average 0.75 hours per grant recipient.

### **Reporting Expectations**:

The grant recipient is expected to submit data on the number of clients who received each type of service and the total dollars spent on each type of service during the reporting period annually with the fourth quarter report, due on October 30.

Client Service Costs Reporting				
Data Element	Response Options	Operational Guidance		
Clients Served Per Client Service Type	(number)	Record the total number of clients who received each type of service during the reporting year.		
Dollars Spent Per Service Type	(currency)	Record the total dollars spent on each type of service for all clients who received that service during the reporting year.		
Percentage of Budget Spent Per Service Type	(number)	Record the percentage of the grant recipient's budget spent on each type of service for all clients who received that service during the reporting year.		
Client Service Type	<ul> <li>Basic Necessities</li> <li>Case Management</li> <li>Child Care</li> <li>Crisis Intervention</li> <li>Education Assistance</li> <li>Employment Assistance</li> <li>Family Reunification</li> <li>Financial Assistance</li> <li>Healthcare</li> <li>Housing/Shelter Services</li> <li>Interpreter/Translator</li> <li>Legal Advocacy and Services</li> <li>Life Skills</li> <li>Mental/Behavioral Health Services</li> <li>Peer Support/Mentoring</li> </ul>	Record the requested information (number of clients served, dollars spent, and percentage of recipient budget spent) per service		



Safety Planning Services	
Substance Use Assessment/Treatment	
Transportation	
Victim Advocacy	
• Other	