



# Freedom Network USA

November 8, 2019

Office of Management and Budget  
Paperwork Reduction Project

[OIRA SUBMISSION@OMB.EOP.GOV](mailto:OIRA_SUBMISSION@OMB.EOP.GOV)

ATTN: Desk Officer for the Administration for Children and Families

**RE: Submission for OMB Review: Trafficking Victim Assistance Program Data Collection (OMB #0970-0467)**

ACF Desk Officer:

Freedom Network USA (FNUSA) commends the HHS Office on Trafficking in Persons for seeking to improve the Trafficking Victim Assistance Program (TVAP). The Department's commitment to ensuring foreign-born survivors of human trafficking are successfully served and to meeting their needs in order to process their trauma and heal from the abuse they have suffered is critical. We understand that collecting information from the TVAP grantees and service providers is necessary to meet this goal.

FNUSA, established in 2001, is a coalition of 68 non-governmental organizations and individuals that provide services to, and advocate for the rights of, trafficking survivors in the United States. Our members include survivors themselves as well as former prosecutors, civil attorneys, criminal attorneys, immigration attorneys, and social service providers who have assisted thousands of trafficking survivors. Together, our members provide services to over 2,000 trafficking survivors each year.<sup>1</sup>

We recognize that ACF has modified the forms in this collection in response to the comments received from FNUSA and other advocates. We deeply appreciate their responsiveness to our concerns and their effort to meet the needs of survivors. We offer these additional comments on the modified forms subject to OMB review to support ACF's interests in ensuring the most effective program.

FNUSA remains concerned by some of the information that is being requested across a variety of proposed forms and data collection tools. The FY18 TVAP Funding Opportunity Announcement states that the purpose of the program is to "fund time-limited comprehensive case management services on a per capita basis to foreign national victims of a severe form of trafficking in persons and potential victims of trafficking seeking HHS Certification so they can

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<sup>1</sup> Freedom Network USA 2018 Member Report, available at <https://freedomnetworkusa.org/app/uploads/2018/04/FRN-Member-Report-Digital-FINAL.pdf>.

re-establish their ability to live independently.”<sup>2</sup> Per the FOA, persons qualified to receive services are the following:

- A foreign national adult potential victim of a severe form of trafficking who is seeking a Certification Letter from HHS and who is actively pursuing T-nonimmigrant status and/or Continued Presence (CP) issued by DHS;
- A foreign national potential victim of a severe form of trafficking who is under 18 years of age (minor) and is seeking an Eligibility Letter from HHS;
- A foreign national under 18 years of age who has been subjected to a severe form of trafficking; or
- A foreign national victim of a severe form of trafficking who has received HHS certification.

Our concerns and recommendations are detailed below, by form. We refer to those organizations that are direct recipients of TVAP funding from OTIP as TVAP grantees. We refer to the service providers who are compensated by the TVAP grantees to work directly with trafficking survivors as TVAP subgrantees or subgrantee service providers.

### **All Forms**

Many of the forms require a client identifier, and the forms note that the identifier will be system generated. We applaud ACF’s decision to implement our recommendation to avoid use of personally identifiable information (PII).

### **Client Characteristics and Program Entry Form (Previously Client Characteristics and Enrollment)**

The purpose of this form should be to ensure that service providers are enrolling clients who are eligible to receive services under TVAP. We appreciate that ACF has reduced the information gathered and has removed some of the most invasive questions about the survivor and their trafficking experience. However, we still find this form to include overly invasive questions that are not related to the purpose of the form and could be harmful to the program and the survivors. We also note that although ACF’s Supporting Statement notes that “clients have the right not to disclose this information,” however the form includes no such marking indicating which fields are required and which are optional.

The following **information is unnecessary and inappropriate** for the determination of eligibility:

- Public Benefits Requested/Needed: This question is unlikely to provide accurate or useful information. At the time that clients are first enrolled in services, which is when this form is completed, they are unlikely to have already requested benefits. Providers are also unlikely to have thoroughly assessed the client’s eligibility for benefits. Therefore, providers might identify all benefits that would assist the client, essentially a

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<sup>2</sup> US Department of Health and Human Services, Administration for Children and Families, Immediate Office of the Assistant Secretary- Office on Trafficking in Persons, Trafficking Victim Assistance Program- ACF Regions 1, 2, 3, and 4 (HHS-2018-ACF-IOAS-OTIP-ZV-1369), ACF Regions 5, 6, 7, and 8 (HHS-2018-ACF-IOAS-OTIP-ZV-1370), ACF Regions 9 and 10 (HHS-2018-ACF-IOAS-OTIP-ZV-1371)

restatement of the previous question (Services Requested/Needed) but this format will give an inaccurate impression that clients are accessing more benefits than they actually receive. **Therefore, this question should be deleted.**

- Location of Services: The services are being received at the provider's location, which is information gathered from the provider. **Therefore, this question should be deleted.**
- Relationship to Trafficker, Exploitation Industry, Location of Trafficking: All three of these questions request information that is unrelated to the determination of whether the individual meets the eligibility criteria, and is not relevant to what services are being provided. Details about the survivor's description of the trafficking experience should be discussed only with an attorney or law enforcement to ensure that information is protected by a legally enforceable privilege in case of a law enforcement investigation. Additionally, the combination of these details, added to the Date of Birth of the client receiving services, is potentially Personally Identifying Information. **These questions should either be deleted or clearly marked as Optional and the option Client Chooses Not to Answer should be added to each list.**

### **Client Service Use and Delivery Form**

What services did the client receive during the reporting period?

What benefits did the client access during the reporting period?

It is important to note that the reporting requirements should not result in client visits for the purpose of reporting only. Data should only be gathered during client appointments that are required for actual service provision. This form, however, suggests that providers must meet with clients, even if additional services are not required, simply to determine the services and benefit received because these questions ask about services received from agencies and programs outside of the control of the subgrantee, including state and local government agencies. Additionally, even if the subgrantee provided a referral or assisted a client in applying for a benefit, the client should not be required to disclose the result of the referral to the subgrantee. **Therefore, instead of requiring the service provider to report which benefits and services the client received, the question should ask which services were provided directly by the subgrantee and what referrals were provided.**

### **Client Case Closure Form**

The TVAP program is time-limited and subgrantees are required to inform the TVAP grantee when a case is closing. The Client Case Closure Form should *only* include the date on which the case is closing and the reason for case closure. The client's employment status and living situation at the time of case closure is neither necessary nor relevant to the purposes of maintaining accurate records of the program. It is also not appropriate for OTIP to know the living situation or employment status of clients at any point during their service provision, and certainly inappropriate for survivors who are no longer receiving services. **Therefore, we recommend that these questions (Employment Status upon Closing, Living Situation upon Case Closing, Did the client receive a referral for continued case management services?) be removed.**

### **Barriers to Service Delivery and Monitoring Form**

No concerns with this Form.

### **TVAP Spending Form**

The first tab, Categories of Assistance, presents a challenge for subgrantees. Although most agencies will segment staff time by program, it is unlikely that they will track time spent per type of service for each client, nor will it be easy to do. Generally case managers will meet with a client and review all of their needs and services. It would be more accurate to report the number of clients provided each service and the total staff and non-staff costs for all clients combined. The cost per service could be estimated. For a more detailed analysis, a separate research and evaluation project and budget would be needed, potentially the development of a custom database. **Therefore, we recommend revising the design of the Categories of Assistance tab.**

The modifications to the second tab, Types and Costs of Services, are welcome and represent a de-identified collection of data that protects client privacy.

### **Partnership Development and Expansion: Enrollment Form**

Type of Partner Organization/Agency: This list includes a mixed list of corporate structures (Government, Private Sector, Faith Based, School, Service Provider, Child Welfare, etc.) and program area (Advocacy, Education, Health Care, Law Enforcement, Housing, Legal, etc.). It is unclear which element ACF the grantee should prioritize. For example, should a law firm be represented as Private Sector or Legal or Service Provider or Advocacy? **We recommend that this list be revised to focus on one element.**

Services Provided by Subrecipient (in house). As this form is to be used with partners, whether they are providing services or not, and whether they are being paid for the services or not, this question needs further clarification. **We recommend that the term 'Partner' replace the term 'Subrecipient' (which has a very specific, legal meaning under 2 CFR 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards).** **We also recommend that this question be clearly marked as related only to Referral or Joint Programming Partnerships.**

Services Provided Through Referral. As this form is to be used with partners, whether they are providing services or not, and whether they are being paid for the services or not, this question needs further clarification. **We recommend that this question be clearly marked as related only to Referral or Joint Programming Partnerships.**

### **Partnership Development Exit Form**

No concerns with this Form.

### **Training Form**

No concerns with this Form.

### **Technical Assistance Form**

No concerns with this Form.

Freedom Network USA recognizes the important role of HHS in the support of foreign national victims of severe forms of trafficking. We applaud your dedication to ensuring that victims have access to needed services and support as soon as possible to support their safety and healing. We believe that the recommended changes will help to ensure that survivors are supported and their information and privacy is protected.

I can be reached at [jean@freedomnetworkusa.org](mailto:jean@freedomnetworkusa.org) if you have any questions or need any further information or explanation.

Sincerely,

A handwritten signature in black ink that reads "Jean Bruggeman". The signature is fluid and cursive, with a long horizontal flourish at the end.

Jean Bruggeman  
Executive Director  
Freedom Network USA