

# IGNITE ACCELERATOR SUMMARY



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## BACKGROUND

### HHS BACKGROUND

The Department of Health and Human Services (HHS) has a critical role in expanding education, training, awareness, prevention, advocacy and service delivery efforts in human trafficking. As an operating division within HHS, Administration for Children and Families (ACF)'s mission is to foster the health and well-being of children, youth, families, individuals and communities to be resilient, safe, healthy, and economically secure by providing federal leadership, partnership and resources for the compassionate and effective delivery of human services.

Within ACF, the Office on Trafficking in Persons (OTIP) is responsible for the development of anti-trafficking strategies, policies, and programs to prevent human trafficking, build health and human service capacity to respond to human trafficking, increase victim identification and access to services, and strengthen health and well-being outcomes of survivors of human trafficking. OTIP collaborates with Federal partners and other government and non-government stakeholders to raise public awareness, identify research priorities for ACF's anti-trafficking work, and make policy recommendations to enhance anti-trafficking responses.

Although significant gains in understanding linkages between human trafficking and public health exist, gaps in data collection and program evaluation limit ability to successfully evaluate and expand prevention and intervention efforts. Our immediate priority focus is to establish uniform data collection across multiple stakeholders so that we can benchmark performance; evaluate resource needs; and conduct research on the effectiveness of interventions.

### LEGISLATIVE AUTHORITIES

Under the Trafficking Victims Protection Act of 2000 (reauthorized in 2003, 2005, 2008, and 2013) and the Prevent Sex Trafficking and Strengthening Families Act of 2014, the U.S. Department of Health and Human Services (HHS) is authorized to collect data on human trafficking, evaluate the impact of anti-trafficking programs, and carry out other research on human trafficking:

#### **Data Collection**

22 U.S. Code § 7103: *The [President's Interagency] Task Force [to Monitor and Combat Trafficking] shall carry out the following activities... expand interagency procedures to collect and organize data... Any data collection procedures established under this subsection shall respect the confidentiality of victims of trafficking.*

42 U.S. Code § 679: *Any data collection system developed and implemented under this section [relating to adoption and foster care] shall... provide comprehensive national information with respect to – the annual number of children in foster care who are identified as sex trafficking victims.*

#### **Program Evaluation**

22 USC 7105a: *The President shall establish a system to evaluate the effectiveness and efficiency of the assistance provided under anti-trafficking programs established under this Act on a program-by-program basis in order to maximize the long-term sustainable development impact*



*of such assistance... ensure that evaluations are conducted by subject matter experts in and outside the United States Government, to the extent practicable.*

## **Research**

22 U.S. Code § 7109a: *The President acting through... the Secretary of Health and Human Services... shall carry out research which furthers the purposes of this division... such research initiatives shall, to the maximum extent practicable, include, but not be limited to the following: (1) The economic causes and consequences of trafficking in persons, (2) The effectiveness of programs and initiatives funded or administered by Federal agencies to prevent trafficking in persons and to protect and assist victims of trafficking, (3) The interrelationship between trafficking in persons and global health risks, particularly HIV/AIDS... (5) An effective mechanism for quantifying the number of victims of trafficking on a national, regional, and international basis*

## **PROJECT HISTORY**

On September 26, 2014, the Administration for Children (ACF) and Families and the Office of the Assistant Secretary for Health's Office of Women's Health (OWH) convened a national stakeholder meeting of federal partners, human trafficking subject matter experts, survivors, researchers, training and technical assistance providers, and allied field practitioners (e.g. domestic violence, runaway and homeless youth) to explore the possibility of a one-day point-in-time count of the number of trafficking survivors served through multiple systems of care. The project was designed to assess the "tip of the iceberg" scope of human trafficking, provide insights into how victims of human trafficking are intersecting with multiple human service systems, analyze gaps in services and unmet needs of victims of all forms of human trafficking in the United States, and inform policy and program strategies to better target the needs of this underserved population. The methodology and implementation would be informed by lessons learned from annual Domestic Violence Count, the Youth Count Initiative! on homeless youth, and other related public health oriented survey designs and would support strategies identified in the and with the Federal Strategic Action Plan on Services to Victims of Human Trafficking, specifically, exploring possibilities to better collect data from federal and state data systems and national surveys to support analyses that will uncover specific risk factors for human trafficking; improve coordination of data collection on human trafficking across ACF programs; and new data collection strategies, such as 1-day census counts and collecting data through public health methodologies, for compiling unduplicated estimates.

Three primary challenges faced by data collection include:

- 1) **Inconsistent Screening:** Some systems do not provide any screening, while others use varying operational definitions to inform their screening questions which do not fully (or accurately) capture the diversity of trafficking experiences. And still other victims may not be identified if they are not involved in social service, justice, or health systems.
- 2) **Insufficient Service Coordination:** Victims seeking services in federally-funded programs may be on waiting lists due to limited caseload capacity of specialized service providers, inefficient triaging of cases, time spent navigating fragmented information on services across multiple systems, administrative reporting burdens, and inconsistent training on available resources. Some victims may reside in an area that lacks specialized anti-trafficking services while others may want to access resources without seeking services through institutions.

- 3) **Lack of Data Coordination:** HHS and the Department of Justice collectively fund more than 100 anti-trafficking service providers through six funding streams with different grantee reporting requirements. Service providers often lack the resources for data collection platforms that can automate recordkeeping and reporting, which may further hinder data accuracy, case management capacity, and organizational productivity. Insufficient and uncoordinated data collection limits Federal ability to estimate magnitude of need, assess program impact, or inform evidence-based policies and targeted strategies.

## PROJECT OVERVIEW

The HHS IDEA (Innovation, Design, Entrepreneurship and Action) Lab promotes the use of innovation across HHS to better enhance and protect the health and well-being of the public. Their initiatives empower internal innovation, tap into external talent and creativity, and build collaborative communities to tackle cross-cutting issues of strategic importance. One initiative of the IDEA Lab is the HHS Ignite Accelerator is an internal innovation startup program for staff within the Department that want to improve the way their program, office, or agency works. The program provides selected teams methodological coaching and technical guidance within a fast-paced, entrepreneurial framework.

In April 2015, ACF and Office on Women's Health (OWH) partnered to submit an application to the HHS IDEA Lab for Ignite Accelerator to develop an online case management tool to expand community access points by integrating a screening module for self- and guided trafficking assessments, a case management module with consumer-friendly information on available benefits, and a data collection module to generate service feedback and challenges in accessing care.

The project aligned with several goals of the HHS Strategic Plan, including 1E: Ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations, 2D: Increase our understanding of what works in public health and human services practice, 3A: Promote the safety, well-being, resilience, and healthy development of children and youth and 4B: Enhance access to and use of data to improve HHS programs and to support improvements in the health and well-being of the American people.

The project was selected for the Summer 2015 cohort. We conducted over 52 interviews as part of the Ignite Accelerator between June and September of 2015 (see appendix for full list).

To expand its role as a critical partner in the solution to end human trafficking, ACF will assess, monitor and report:

- Education, awareness and outreach
- Community-based coordination
- Screening
- Number of victims served and key socio-economic characteristics
- Services delivered
- Costs of service delivery
- Key victim outcomes



In order to achieve this, HHS must be able to confidently report the number of existing and “at-risk” human trafficking victims in the United States. ACF intends to use this data to fund uniform data collection, performance evaluation and research activities that:

- Report the number of victims served annually by HHS programs;
- Support resource expansion to serve victims;
- Demonstrate a reduction in victim care costs due to best practice research;
- Demonstrate reductions in the number of “at-risk” victims reported annually due to improved prevention strategies;
- Demonstrate targeted philanthropic support to priority populations;
- Demonstrate effective service delivery supported by victim service data; and
- Inform refined methodologies to estimate prevalence among at risk and victim populations.

## PROJECT DETAILS AND KEY TAKEAWAYS

### Hypothesis and Customer Segments

Our original hypothesis to collect data by designing a case management tool for service delivery organizations. We began with the following assumptions:

- No data was being collected;
- Data was collected but was paper-based;
- If automated, not standardized or uniform across organizations.

Before the end of month one, the project team realized that all organizations collect data on victim demographics and services provided. Multiple direct service organizations and coordinating coalitions used a combination of paper and automated systems to collect data on victim demographics and case management data. The team discovered several overlaps existed in the data collection fields for both organizations and coalitions, and there were gaps in data fields regarding performance benchmarking and service delivery effectiveness.

In order to identify the range of needs, the team divided the “customer” base into groups of individuals that are similar in terms of types of uses:

Customer Segment	Description	What We Learned
<b>Customer Segment 1 – End User</b>	<ul style="list-style-type: none"> <li>• External stakeholder</li> <li>• Gatekeeper to the organization’s data</li> <li>• 30 year old</li> <li>• Ability to manipulate Excel and ACCESS databases. Strong verbal communication. Requires frequent communication with partnering organizations to determine the status of planned services</li> </ul>	Data “origination” includes (but not limited to) agency referral, victim self-referral, law enforcement, court system and street outreach. Data collection involves multiple formats, including paper forms, fillable PDF forms, COTs and agency-specific-automated systems.

Customer Segment	Description	What We Learned
	<p>delivery to victims. Data entry skills required.</p> <ul style="list-style-type: none"> <li>• Driven by Safe Harbor and anti-trafficking reporting laws; agency/program needs; and data consensus/coordination among partnering organizations serving the agency's victims.</li> </ul>	
<p><b>Customer Segment 2 – User, Influencer, Expert</b></p>	<ul style="list-style-type: none"> <li>• Internal and external stakeholder</li> <li>• Leads coordination at the federal, state and/or local level. Must be knowledgeable of anti-trafficking reporting laws and/or programmatic reporting needs/requirements across local, county, state and federal entities.</li> <li>• Likely 45 – 50.</li> <li>• Driven by whether or not standardization is achievable. Feels “costs” exceed existing capacity and support to focus on reporting activities.</li> <li>• Primary frustration is facilitating consensus and data standardization across local, state and federal reporting requirements.</li> <li>• Busy working on other initiatives and programs that demand his time.</li> </ul>	<p>Wants resources to partner with organizations and to develop a coordinated system. Needs approval from the agency head to do the work. Wants to build a unified reporting system.</p>
<p><b>Customer Segment 3 - External Influencer &amp; Expert</b></p>	<ul style="list-style-type: none"> <li>• External stakeholder</li> <li>• Gatekeeper to organization's data. Approves processes for data collection.</li> <li>• 50 year old</li> <li>• Driven by the need to measure how well the organization/program is performing; and the need to acquire more resources for</li> </ul>	<p>All end-users and organization types want to know the prevalence of trafficking and how to prevent trafficking in the United States.</p>

Customer Segment	Description	What We Learned
	infrastructure and collaboration. <ul style="list-style-type: none"> <li>● Nervous about sharing data with other organizations, but will support coordinated efforts to collect data at the local, state and federal level.</li> </ul>	
<b>Customer Segment 4 – Evaluator, AHT Expert</b>	<ul style="list-style-type: none"> <li>● Writes the story behind the numbers</li> <li>● 35 year old</li> <li>● Fashionably well dressed. New to the organization, but not to the field. Is not in the “weeds” about data, but able to articulate critical outcomes and progress on performance benchmarks.</li> </ul>	Consensus regarding screening tools, definitions and a unified reporting structure are required to develop a comprehensive report. It is important to determine what can be collected without violating PII if requested by a court of law. Key reports of interest include client enrollment; unmet needs; units of service; monthly outreach reports; and technical assistance report.

By the end of month 1, we devised the following goals for project completion:

1. Identify local communities with coordinated data collection efforts on human trafficking victims that are ready for expanding and sharing data collection efforts.
2. Identify a list of common data and “wish list” items for anti-trafficking service delivery organizations for three communities.
3. Develop a data dictionary and codebook for the common data elements.
4. Pilot test the data dictionary and codebook.

#### PIVOTS

A “pivot” – a change of focus reflecting a new fundamental hypothesis, a summary of our pivots is as follows:

Pivot	Pivot Summary
1	We found that data was being collected in multiple formats using a combination of paper-based and automated systems. The formats included paper, PDF-fillable forms, Excel, commercial off the shelf systems (Apricot, ETO, etc.) and agency-specific systems.
2	There were some common data elements, but given the various system types, we needed to think about how to get the data into a central repository using an interoperable system.
3	Even though many organizations had case management systems, they wanted to collect more data, primarily to measure performance, demonstrate effectiveness and identify the number of victims throughout the U.S. (need for prevalence estimates).
4	Service delivery organizations want to know the unduplicated victim count for their service area/state, etc. and many have to report to multiple programs with conflicting missions.
5	Data coordination among service delivery organizations does not depend on state mandated reporting laws or Safe Harbor laws.
7	A single point contact regarding coordinated data collection may not exist for every state. The entity may vary from state to state.
8	Service delivery to victims of human trafficking may not be supported by state legislation.

## QUOTES FROM INTERVIEWS



## INTERVIEW FINDINGS, INSIGHTS AND BARRIERS

In the interviews with organizations we found reoccurring themes in the current state of data collection.

### KEY HIGHLIGHTS AND INSIGHTS

- **Partnership needed with Law Enforcement.** Law enforcement protection is part of the service delivery continuum and partnership is critical for HHS
- **Expansion beyond state welfare organizations and local NGOs** is within the realm of possibility. HHS should extend the data collection effort beyond typical entities to include public health departments, private providers, federal clinics, emergency rooms, and ambulatory care centers are required to report to one of two systems: National Notifiable Disease System (MMWR) or the National Syndromic Surveillance Program
- **Multi-sector interagency collaboration is critical.** Modeling CDC's Preventive Health and Human Services Block Grant and EPI INFO tool could identify state needs around planning, interoperability and data coordination
- **Fundraising is the most common driver of data collection.** The most common use of the data collected is for fundraising purposes. The number of victims served, types of services rendered and demographics are often used to increase funding from private or public donors. The current data reports are very much linked to funding
- **Critical need to standardize definitions.** Almost every interviewee was disheartened with the lack of clear, unified definitions of human trafficking. This creates a challenge for cross-sector groups. For example, within child welfare organizations, when a child is exploited by a parent the definition varies by state on whether or not a parent can be considered a third party trafficker
- **Data collection occurs at multiple touchpoints increasing the chance for duplicative data.** Survivors can be referred to organizations a number of ways. For example, DOJ, DHS ICE, other service providers at the state or local level as well as local law enforcement can all serve as referrals, and often victims arrive with little to no history or background information. Further complicating this process, is that throughout the road to recovery for the victim, additional organizations may have various ongoing touchpoints. Multiple touchpoints create a challenge for organizations sharing data and creates the potential for duplicate data sets between organizations
- **Training and technical awareness are needed for health care providers and educators.** In order to improve identification of victims there needs to be more training of front line identifiers such as health care providers and educators

### KEY BARRIERS

- **Victim information is kept in different formats (paper, PDF, excel), and is not often analyzed for high-level insights or trends.**  
Collection methods vary from electronic and paper PDF forms to Excel, Access, and Salesforce. With so many distinct ways of capturing victim information (data), it's difficult to later review or analyze what's been captured by an organization. Analysis or key insights are typically only created by an organization in order to raise money from donors. For example, a service provider will review their records to determine how many victims they served over a year to share with their board or key donors (i.e. "we served 136 victims last year with your help!").
- **Many organizations cannot follow state reporting requirements due to a lack of funding.** Many Human Trafficking service providers feel they are working on a tight budget without

reporting information to the state or federal government. Reporting data costs organizations money that they do not have. Organizations need support either through people resources and/or funding for resources and tools to report on their current data.

- **Conflicting Laws and Guidance on Definitions.** Laws impact which risk populations are targeted, identified, served and reported (or not).
- **Disparate datasets exist within organizations.** Larger organizations with multiple locations noted varying data collection practices within the organization. This is due to varied state reporting requirements.
- **Lack of stakeholder buy-in for a collaborative effort.** Some entities don't think they are in the HHS "lane."
- **Protocols and standards of care are currently undefined.** Although systemic federal mandatory reporting exists, reporting protocols, validation and compliance issues remain. In addition, interviewees noted that the lack of standards of care create large gaps of type and length of services between different providers. One organization may support a survivor for days while another is years.

## NEXT STEPS

Without data on the number of victims served by anti-trafficking programs, Department of Health and Human Services (HHS) is limited in its ability to:

- Estimate the magnitude of the issue
- Assess the impact and outcomes of existing programs
- Target future expansion efforts
- Propose evidence-based policies and prevention strategies for vulnerable and at-risk populations

Existing prevalence estimation efforts at the State Department target international victims. Program monitoring and evaluation efforts in the Department of Justice stem from a law enforcement perspective. In addition, efforts are underway at the Department of Labor and Human Smuggling and Trafficking Center. Among human trafficking programs in HHS' ACF, data collection by the Office of Refugee Resettlement is primarily administrative and its process is focused on the number of certified and eligible victims, rather than victim case management needs. Data on case management requirements specific to labor trafficking is virtually non-existent across all federal agencies. As new service delivery organizations throughout HHS ACF are funded, data collection on victims, victim services, and research identifying evidence-based best practices on community-based coordination, trauma-informed service delivery and rigorous prevalence estimation will be critical to justifying future program efforts.

ACF's programs uniquely position HHS to reach the most vulnerable populations, who can be invaluable toward developing stable and reliable estimates and inform program and resource allocation. To establish HHS and ACF as a critical partner in the solution to end human trafficking, a rigorous assessment of program success in strengthening or facilitating development of a service delivery continuum is essential. Obtaining victim socio-demographic characteristics; and availability, accessibility, and appropriateness, length and mobility of recovery services can inform anti-trafficking

efforts. Costs of care, especially for services supporting victim self-sufficiency and community re-entry, is essential to establishing and expanding programs.

We designed potentially interoperable data fields and definitions that were most important to service providers, law enforcement, state/local governments and other key stakeholders. Our goal is to learn more about who is being victimized to develop effective prevention strategies; identify key service and resource needs; and assess the social return on investment as a result of effective and efficient service delivery. We shared the draft with twelve end users for their recommendations.

- Establish and monitor interagency agreements across HHS Office of the National Coordinator (ONC), Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Service Administration (HRSA), Office of Assistant Secretary for Health (OASH), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), Department of Justice (DOJ), Department of Homeland Security (DHS) and Department of Labor (DOL) to establish coordinated research, education, awareness, program planning and reporting requirements.
- Expand the pilot to all HHS grantees and partners in all states, territories and tribes.
- Develop a common digital platform for reporting by multiple sectors.
- Secure seed money to expand or establish community assessments and data coordination entities.
- Refine existing prevalence estimation methodologies through HHS IDEA Lab's Entrepreneur-in-Residence program.

## PILOTING TO STATES

Three elements guided the analysis of state readiness for the implementation of OTIP's data elements and definitions: whether the state has legislation mandating human trafficking data collection, whether there is a state plan to collect human trafficking data, and whether there is legislation on the state's obligation to provide services to victims of human trafficking. There are nineteen states with current legislation mandating the collection of human trafficking data.

In order to create an effective implementation guide, OTIP seeks to launch pilots in states with varying degrees of presumed receptiveness to launching a state-led human trafficking data collection effort using a set of standard definitions and data elements. If, for example, OTIP planned to launch six pilots then a successful strategy would be to choose three states from the top tier, two states from the second tier, and at least one state from the third tier. While the first two tiers have legislation that provides a receptive environment for the implementation of a comprehensive data collection effort, states where legislation on human trafficking data collection is not currently feasible need a model that will allow them to implement a coordinated data collection effort and bypass an uncooperative legislature. The third tier, composed of states with data collection plans outside of legislation, will provide the necessary lessons learned and best practices that states with the least amount of political will around human trafficking will find informative. The ultimate goal of OTIP's Human Trafficking Data Collection Project is to provide guidance to all the states, creating standardized data which can be used at the local, state, and national level to create evidenced-based policies targeted at ameliorating human trafficking and alleviating the needs of victims through securing funding for victims services.

## PILOT QUESTIONS

- Is state legislation requiring victim services and/or reporting critical to ensuring coordinated, multi-



sector reporting?

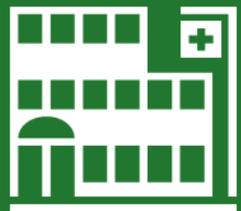
- What existing and/or future plans exist for analysis and dissemination of statewide surveillance data?
- Which elements and collaborative factors establish, facilitate and sustain institutional data sharing among ambulatory care clinics, tribal entities, and public health, human service and criminal justice agencies?
- What are the key best practices, lessons learned and recommendations to ensure effective adoption, utility, usability and application of uniform data fields and definitions?
- What processes, procedures and strategies can be leveraged to mitigate data integration, data security and staff capacity concerns?

## Highlights from the Ignite Interviews and September 2014 Stakeholder Meeting

**Need to quantify adults vs youth**



**75+**  
Organizations participated in both sessions



ACF polled federal agencies with Human Trafficking missions and found

**39**

different definitions within the field



Lessons learned from the Domestic Violence data collection efforts include: prioritize the number served not prevalence, short surveys are most successful, and using non-identifying data encourages sharing

**Severe lack of funding for data collection efforts**



Hard to quantify labor trafficking, homeless and runaway youth because of unclear self identification

**“ It’s not what we do, but what we do first. ”**

**ORR**  
Only HHS data collection on foreign victims

**Need to collect stories and measure progress, not only collect numbers**

**Sensitive to reporting low prevalence numbers to law makers**



## APPENDIX

### IGNITE INTERVIEWEES

Since September 2014, ACF has engaged a number of stakeholders on Human Trafficking Data Collection efforts. We conducted over 52 interviews as part of the Ignite Accelerator between June and September of 2015 (listed below).

- ACF ORO Region IV
- Arizona State University
- Center for Surveillance, Epidemiology and Laboratory Services
- Centers for Disease Control
  - Office for State, Tribal, Local and Territorial Support
  - Division of Violence Prevention, National Center for Injury Prevention and Control
- Colorado Dept. of Public Safety, Division of Criminal Justice, Office for Victim Programs
- Courtney's House
- Covenant House
  - Covenant House of Alaska
  - Covenant House of Pennsylvania
- CT Department of Children and Families
- HHS Region IV
- Edwin S. Gould - STEPS to End Violence (STEPS)
- Friends of Farmworkers
- FUSE ND- a Force to End Human Sexual Exploitation
- Georgia Cares
- Georgia Criminal Justice Coordinating Council
- Girls Educational and Mentoring Services
- Heartland Alliance Human Care
- Houston Rescue Restore
- Human Trafficking Investigator, OATH Leadership Team (Oregonians Against Trafficking Humans)
- Iowa Department of Justice
- MN Department of Health/Safe Harbor/No Wrong Door

- National Syndromic Surveillance Program and EPI INFO, Division of Health Informatics and Surveillance, Center for Surveillance, Epidemiology and Laboratory Services
- Nationalities Service Center
- NC Coalition Against Human Trafficking, Project NO REST, NC Council for Women
- NJ Human Trafficking Task Force
- Northern Virginia Human Trafficking Task Force Fairfax County Police Department
- New York State (NYS) Office of Temporary and Disability (OTDA) Refugee Coordinator
- Modern Slavery Research Project Loyola University
- Office of the Indiana Attorney General
- Out of Darkness
- Polaris
  - Data Analysis - DC
  - Case Manager - NJ
- Ramona's Way
- Samaritan Woman
- Support to End Exploitation Now (SEEN) Chapters
  - Boston University
  - Children's Advocacy Center
  - My Life My Choice
  - Northeastern University
- Tapestri
- Tennessee Bureau of Investigation
- The Salvation Army
- The University of Southern Mississippi School of Social Work and Mississippi Department of Public Safety (DHS equivalent)
- Turn Around
- United Against Human Trafficking
- University of Maryland Baltimore School of Social Work
- US Committee for Refugees and Immigrants (USCRI)



- United States Conference of Catholic Bishops (USCCB)
- Women's Collective
- Youth Spark
- Washington University School of Medicine