

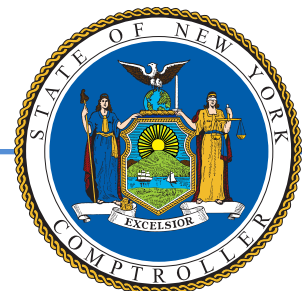
# Office of Temporary and Disability Assistance

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## Response to Human Trafficking

Report 2023-S-31 | March 2025

OFFICE OF THE NEW YORK STATE COMPTROLLER  
Thomas P. DiNapoli, State Comptroller  
Division of State Government Accountability



# Audit Highlights

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## Objective

To determine whether the Office of Temporary and Disability Assistance (OTDA) is overseeing contracted Providers (Providers) and Local Districts of Social Services (Local Districts) to ensure adequate services are being provided to victims of human trafficking (survivors). The audit covered the period from January 2019 through May 2024.

## About the Program

Human trafficking is recognized in two main forms—sex and labor trafficking, defined as the use of force, fraud, or coercion to compel commercial sex or labor. Article 10-D of the New York State Social Services Law created a framework for serving survivors of human trafficking in New York, and OTDA's Bureau of Refugee Services is responsible for overseeing the Response to Human Trafficking Program (Program) in the State.

OTDA and the Division of Criminal Justice Services (DCJS) are tasked with confirming survivors of human trafficking within 6 business days after referral. Unconfirmed human trafficking survivors may also receive services from Providers, but do so outside of the Program, under other funding. Confirmation benefits include participation in the Program, use of the confirmation letter as documentation during the application process for social services and legal assistance, and documentation to vacate certain criminal charges associated with a survivor's trafficking situation.

OTDA is required to refer confirmed survivors to services through the Program, including case management, temporary shelter and rental assistance, medical and mental health care, legal services, and food assistance. If a survivor appears to be eligible for public assistance benefits, OTDA refers them to the Local Districts to apply for these benefits. Otherwise, OTDA refers them to other social services Providers.

The Polaris Project, a national non-profit organization focusing on raising awareness of and preventing human trafficking and which runs the National Human Trafficking Hotline, conducted a National Survivor Study in 2021 and concluded that "while some survivors find service providers, advocates, or other supports to be valuable, they are far more likely to rely on themselves or other survivors. This could indicate a lack of trust in the institutions and systems that could offer support."

From January 2019 to October 2023, there were 1,637 referrals for confirmation as a survivor. Of these, OTDA and DCJS confirmed 1,384 survivors, referring 64% to the Local Districts and 36% to Providers to receive services.

## Key Findings

Communication, data collection, and documentation weaknesses undermine OTDA's Program oversight and efforts to ensure that the highest possible number of survivors are receiving services designed to address the physical, financial, and emotional trauma resulting from human trafficking. For example:

- While OTDA knows that survivors are often not engaging with the Local District they are referred to—with 74 of the 139 (53%) sampled confirmed survivors referred not following through with making contact with their Local District—OTDA is not collecting and retaining available information on confirmed survivors who do overcome their hesitancy to engage and receive services from

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Providers. Nor does it consistently collect information on whether confirmed survivors who are referred to Local Districts for public assistance benefits are then referred to the Providers for additional survivor services. OTDA could more effectively use information about confirmed survivors and the services they receive to better assess and improve the Program.

- OTDA does not effectively track which Provider or Local District they refer confirmed survivors to in its database, and instead relies on a manual process to determine this information as needed. Additionally, Provider annual reports to OTDA do not distinguish between confirmed and unconfirmed survivors in all sections, leaving OTDA unaware of the services that confirmed survivors access and utilize the most through the Program. OTDA also does not have a mechanism to track whether survivors who are referred to Providers have pursued services and could not provide this information to us when requested.
- We analyzed referral and confirmation dates for 1,384 survivors and found 314 (23%) were confirmed more than 6 business days after the referral date. Failing to meet the prescribed time frame goes against the intent of the process—to expeditiously confirm survivors and fill the gap in services experienced while waiting for federal certification—and delayed confirmation may result in delays in the provision of services.
- Providers did not collect required documentation, and we found case files were missing signed applications for services, the offer and/or acceptance of health assessments, needs assessments, and case management plans. This documentation helps OTDA to ensure Providers understand and are meeting Program goals, and its collection and retention would also be helpful for assessing Program performance and suggesting improvements.
- As a result of unclear communication from OTDA and frequent turnover, Local District liaisons, who are responsible for communicating with OTDA and submitting reports containing information such as whether survivors went to the Local District they were referred to and what benefits they applied for, expressed varying understandings of required submissions and time frames and often submitted reports late—or in some cases not at all.
- Officials at one Provider stated they did not understand the benefits of confirmation, and this contributed to the Provider, as of June 2024, utilizing only \$254,722 (25%) of \$1 million awarded by OTDA despite being halfway through its contract. For the same time period, Providers utilized only 39% of funds allocated to them.

## Key Recommendations

- Improve data collection and monitoring efforts to more effectively evaluate Program outcomes and success, including obtaining data through the Local Districts and Providers.
- Develop and implement policies and procedures regarding the documentation that should be retained to support pauses in the confirmation time frame.
- Enhance guidance, including documentation such as standardized forms, and communicate more frequently to Providers to ensure Program goals are met.
- Ensure liaisons' duties and responsibilities are effectively communicated so they understand their role in the Program.



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## Office of the New York State Comptroller Division of State Government Accountability

March 17, 2025

Barbara C. Guinn  
Commissioner  
Office of Temporary and Disability Assistance  
40 North Pearl Street  
Albany, NY 12243

Dear Commissioner Guinn:

The Office of the State Comptroller is committed to helping State agencies, public authorities, and local government agencies manage their resources efficiently and effectively. By so doing, it provides accountability for the tax dollars spent to support government operations. The Comptroller oversees the fiscal affairs of State agencies, public authorities, and local government agencies, as well as their compliance with relevant statutes and their observance of good business practices. This fiscal oversight is accomplished, in part, through our audits, which identify opportunities for improving operations. Audits can also identify strategies for reducing costs and strengthening controls that are intended to safeguard assets.

Following is a report of our audit entitled *Response to Human Trafficking*. This audit was performed pursuant to the State Comptroller's authority under Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law.

This audit's results and recommendations are resources for you to use in effectively managing your operations and in meeting the expectations of taxpayers. If you have any questions about this report, please feel free to contact us.

Respectfully submitted,

*Division of State Government Accountability*

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# Glossary of Terms

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| Term               | Description   | Identifier            |
|--------------------|---|-----------------------|
| OTDA               | Office of Temporary and Disability Assistance   | <i>Auditee</i>        |
|                    |   |                       |
| Bureau             | Bureau of Refugee Services  | <i>Auditee Office</i> |
| DCJS               | Division of Criminal Justice Services   | <i>State Agency</i>   |
| Disposition report | Local District's Human Trafficking Victim Disposition Report                                  | <i>Key Term</i>       |
| Law                | Article 10-D of the New York State Social Services Law (New York State Human Trafficking Law) | <i>Law</i>            |
| Liaison            | Human trafficking liaison   | <i>Key Term</i>       |
| Local District     | Local District of Social Services   | <i>Key Term</i>       |
| Memo               | 09-ADM-01: New York State Anti-Trafficking Statute Administrative Directive Memorandum        | <i>Key Term</i>       |
| Program            | Response to Human Trafficking Program   | <i>Program</i>        |
| Providers          | Contracted Program Providers  | <i>Key Term</i>       |

# Background

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Human trafficking is recognized in two main forms—sex and labor trafficking. Sex and labor trafficking are defined as the use of force, fraud, or coercion to compel commercial sex or labor. Human trafficking survivors may experience physical, emotional, and financial trauma.

The Office of Temporary and Disability Assistance’s (OTDA) mission is to help vulnerable New Yorkers meet their essential needs and advance economically by providing opportunities for stable employment, housing, and nutrition. OTDA’s Bureau of Refugee Services (Bureau) oversees the Response to Human Trafficking Program (Program), which has a mission and goals designed to help implement the New York State Human Trafficking Law (Law) in key areas such as:

- Improving the capacity of the human services sector to address human trafficking
- Increasing access to quality services for human trafficking survivors

The Law further tasks OTDA, along with the Division of Criminal Justice Services (DCJS), with confirming when individuals are survivors of trafficking. There are also unconfirmed survivors who receive services from the various Providers, but not within OTDA’s Program. According to their 2023 annual reports, the 11 Providers in the Program overseen by OTDA provided services to 436 confirmed victims.

Confirmation benefits to survivors include their participation in the Program, use of the confirmation letter during the application process entitling them to social services and legal assistance, and documentation to vacate certain criminal charges associated with a survivor’s trafficking situation.

Referrals of confirmed individuals must come from law enforcement agencies, district attorneys, or established social or legal services providers. Survivors’ experience must also meet the definition of sex or labor trafficking, have a “nexus” (connection to the State), and have happened after the Law was established (November 2007). The Interagency Taskforce on Human Trafficking, established by the Law, prepares annual reports on human trafficking in the State. The reports note that “confirmation data represents only known instances of trafficking in which identified persons were connected to law enforcement or service providers, and therefore is likely to be only a small percentage of actual trafficking occurrences.”

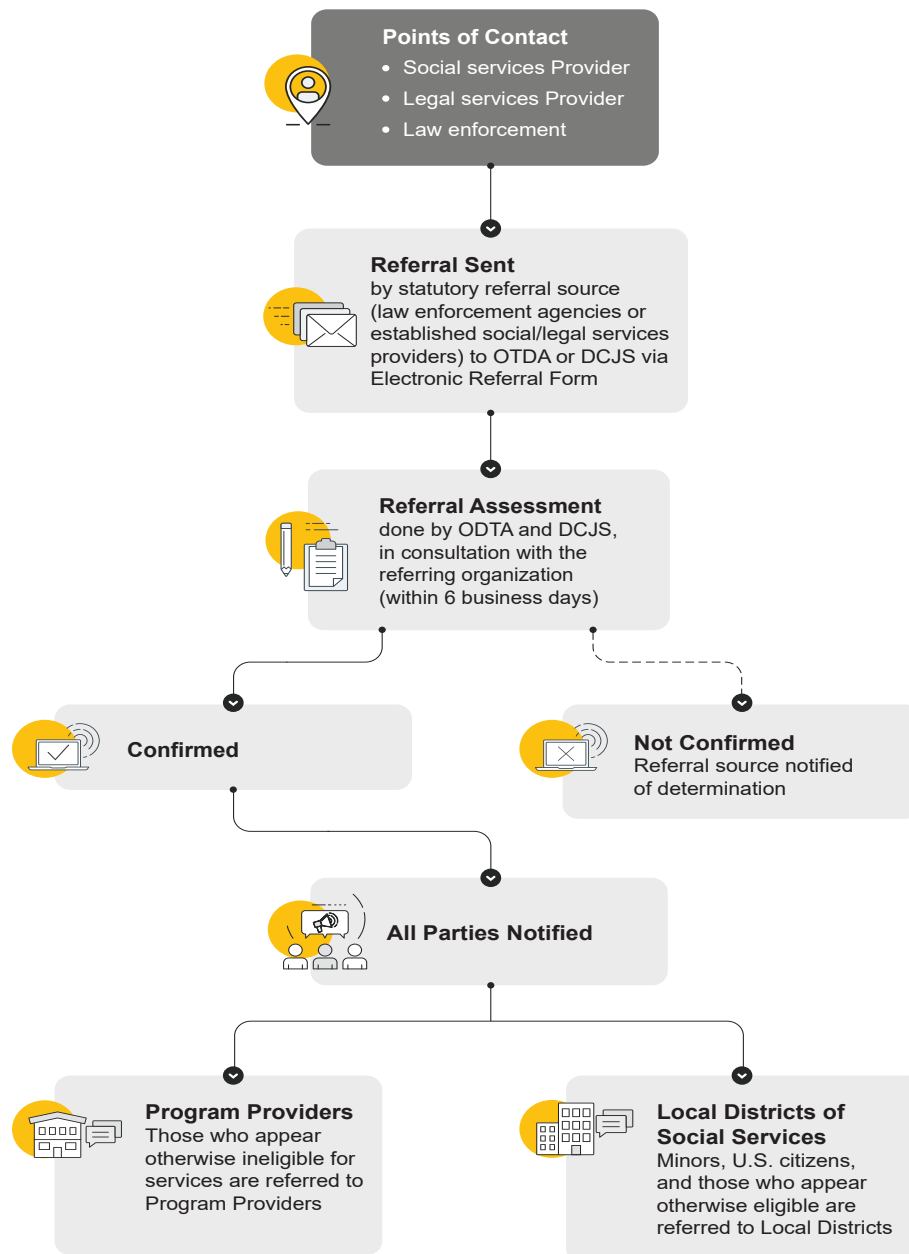
OTDA maintains the State’s Confirmation Database, which contains information on all individuals referred for confirmation as a survivor. Once OTDA confirms that an individual is a survivor, OTDA refers them to services including case management, temporary shelter and rental assistance, health assessment (discussion and documentation of the survivor’s initial health needs), medical care, mental health counseling, legal services, food assistance, and any other services needed.

After confirming a survivor, OTDA issues a confirmation letter to notify the referral source and nearest Program Provider (Provider) or Local District of Social Services (Local District). If a survivor appears to be eligible for public assistance, OTDA refers them to one of its 58 Local Districts to apply. Otherwise, OTDA refers them to select Providers, which OTDA contracts with and oversees, for services or

referrals to service. Participation in the Program is voluntary for survivors, even after confirmation. The following flowchart outlines the confirmation process.

### Survivor Confirmation Process Flowchart

**Definitions:** DCJS      ▶ Division of Criminal Justice Services  
ODTA      ▶ Office of Temporary and Disability Assistance  
Program      ▶ Response to Human Trafficking Program





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From January 2019 to October 2023, there were 1,637 referrals to OTDA and DCJS for confirmation as a survivor. Of these, 1,384 were confirmed; 64% were referred to a Local District while 36% were referred to a Provider to receive services.

Funding was approved for the Program in 2018, and OTDA contracted with six Providers for confirmed survivors. At the end of the 2018 contract cycle (September 2021), OTDA had disbursed \$3,440,900 of the \$4,472,400 (77%) allocated to the Program. In 2021, a second contract cycle that would run through September 2026 was approved to be funded. OTDA contracted with 11 Providers—the six original and five new Providers. Currently, Providers are located in New York City (3), Westchester (1), Long Island (2), the Capital Region (2), Western New York (2), and the Finger Lakes (1). As of June 2024, OTDA had disbursed \$4,647,932 of \$11,985,000 (39%) of the total funding allocated for the 2021 contract cycle, which ends in September 2026.

The Polaris Project (Polaris) is a national non-profit organization focusing on raising awareness of and preventing human trafficking. Since 2007, Polaris has operated the National Human Trafficking Hotline, and through it, has collected data on the population of survivors in the United States. Since the hotline's inception, 164,839 survivors have been identified; more than half (88,165, or 53%) were identified between 2019 and 2023 (see Table 1 for details by year).

**Table 1 – Survivors Identified by the Hotline 2019–2023**

| Year         | Number of Survivors Identified Within the U.S. |
|--------------|--|
| 2019         | 22,166   |
| 2020         | 16,991   |
| 2021         | 16,710   |
| 2022         | 15,299   |
| 2023         | 16,999   |
| <b>Total</b> | <b>88,165</b>                                  |

In 2021, Polaris conducted a National Survivor Study that aimed to “examine survivors’ experiences and perceptions of the institutions, structures, and organizations that impact their ability to achieve positive livelihood outcomes.” According to Polaris, the findings of the study “clearly indicate that while some survivors find service providers, advocates, or other supports to be valuable, they are far more likely to rely on themselves or other survivors. This could indicate a lack of trust in the institutions and systems that could offer support.” As noted earlier, participation in the Program is voluntary. In fact, one Provider official noted that survivors may consent to confirmation and initial screenings and services but subsequently disengage with services. Some survivors may not disclose certain needs due to personal reasons, and the Provider may remain unaware of and be unable to address them. The Providers we met with during our audit also noted a hesitancy among the survivor population to engage with services being provided via government grants or institutions.

# Audit Findings and Recommendations

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OTDA should be doing more to ensure Providers and Local Districts are providing adequate services to survivors of human trafficking. For example, OTDA does not have an effective system for tracking whether human trafficking survivors referred to Providers are engaging in the Program and receiving services, including case management, temporary shelter and rental assistance, medical and mental health care, legal services, and food assistance, designed to address their physical, emotional, and financial trauma.

Further, OTDA's monitoring, data collection, and analysis practices do not inform it of the services survivors are receiving. OTDA does not track which Provider or Local District it has referred confirmed survivors to in its Confirmation Database, and instead relies on a manual process to determine where survivors have been referred as needed. More effective tracking of this data point would allow OTDA to more efficiently determine the population of referrals made to Local Districts. In addition, OTDA has no requirement for liaisons to refer survivors to Providers for further services or to include referrals made in disposition reports, and neither the Local Districts nor OTDA consistently track this information to determine if survivors are referred.

In line with Polaris' National Survivor Study findings, OTDA knows that survivors are often not making it to the Local Districts—in fact, 74 of the 139 sampled confirmed survivors (53%) referred to Local Districts never engaged with the Local Districts to apply for benefits. Given survivors' hesitancy to make and maintain contact and the voluntary nature of the Program itself, OTDA should be doing more to track information related to the survivors who do overcome their reluctance to seek assistance, and use that data to assess Program effectiveness and ensure it is effectuating change in the lives of as many survivors as possible.

Additionally, we reviewed Providers' case files for required documents, finding missing signed applications for services, health assessment offers or acceptance, needs assessments, and case management plans. As these documents provide evidence that survivors are being confirmed and assessed for necessary services, better attention to their receipt and retention would help OTDA monitor the Program and assess it for potential improvements.

OTDA officials also need to communicate more clearly with the Providers to ensure the Program goals are understood and met. Officials at one Provider had not referred many survivors to OTDA for confirmation because they did not understand the benefits of confirmation available through the Program. This contributed to the Provider, as of June 2024, utilizing only \$254,722 (25%) of \$1 million awarded by OTDA despite being halfway through its contract. Overall, 39% of the funds that were issued in 2021 have been used, with the contract cycle ending in September 2026.

## Limited Monitoring and Data Collection

OTDA's current data collection and analysis efforts limit its ability to effectively monitor and evaluate the Program, as they do not provide insight into whether confirmed survivors referred to Providers are even pursuing services or if confirmed

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survivors referred to Local Districts are then referred by the liaisons to Providers for further services other than public assistance benefits. Management should use relevant and high-quality information to make informed decisions and evaluate the organization's performance in achieving key objectives and addressing risks. Data collection and analysis are critical to this process.

The Program is voluntary, and survivors may be reluctant to work with Providers and Local Districts. Those who do make initial contact often disengage after receiving initial services. We found 74 of the 139 sampled survivors (53%) referred to Local Districts never engaged with the Local Districts to apply for benefits. In addition, OTDA's Administrative Directive Memorandum 09-ADM-01 (Memo), distributed in 2009, has no requirement for liaisons to refer survivors to Providers for further services or to include referrals made in disposition reports, and neither the Local Districts nor OTDA consistently track this information. With over 64% of the confirmed survivors sent to the Local Districts first, OTDA should ensure survivors are being offered these services.

Given the obstacles survivors overcome to obtain services to mitigate the effects of human trafficking, OTDA should be pursuing the available information to help evaluate the Program's effectiveness and make any Program improvements identified to serve the most survivors possible.

Despite having the information to track the specific Local District or Provider to which they've referred each confirmed survivor, OTDA does not track this or whether the survivor visited the Provider. Tracking this information would provide OTDA with a high-level understanding of a survivor's recovery throughout their journey and help OTDA to evaluate the Program's effectiveness.

OTDA officials stated that immigration information (such as a survivor's immigration status), which determines the Provider a survivor is referred to, is sensitive and they try to limit their retention of it. OTDA officials stated their current data collection process regarding Provider referrals involves manually reviewing each survivor's confirmation letter, which is a time-consuming and inefficient practice. Nevertheless, tracking this data point would allow OTDA to more efficiently determine the population of referrals made to Local Districts.

Additionally, OTDA does not have a mechanism to track whether survivors referred to Providers have pursued services, and could not provide this information to us when requested. This information is retained by each Provider and is made available for a sample of survivors during OTDA's on-site monitoring visits, which are generally performed once per contract cycle. Collecting more complete data on services received would improve OTDA's ability to evaluate the Program's effectiveness.

Providers are required to submit annual reports to OTDA detailing the aggregate number of survivors served. While the first section of the annual report distinguishes between confirmed and unconfirmed survivors served, the remaining sections do not include this breakdown, making the number of confirmed survivors receiving services in a particular area of need unclear. According to OTDA officials, the aggregate numbers allow them to better understand the status of all survivors in the State,

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not just those who are confirmed. However, distinguishing between confirmed and unconfirmed survivors would allow OTDA to better identify the most prevalent areas of need among confirmed survivors and would provide more insight into Program performance. The ability to isolate confirmed survivor data would allow for more informed decisions regarding the future development of the Program and help OTDA determine how it can improve the quality of services provided to all survivors, both confirmed and unconfirmed.

## **Delays With Referrals and Confirmations**

Given the hesitancy of this population to make initial contact to receive services and the rate at which survivors disengage after receiving initial services, expedient processes are important to encourage survivors to stay in the Program.

OTDA, in consultation with DCJS, must determine whether an individual meets the criteria to be confirmed as a survivor within 6 business days after the referral. Upon receiving a referral for confirmation, OTDA has 3 business days to make an initial assessment of the individual and notify DCJS. Additionally, upon receiving a confirmation determination from DCJS, OTDA has 3 business days to review and confirm the survivor or dispute the determination with DCJS. If OTDA agrees with the determination, it must notify the referral source and the survivor of the determination within 3 business days. According to OTDA officials, they pause the time frame when they request additional information. Initially, OTDA officials did not provide guidance regarding time frame pauses. However, after we presented the issue to OTDA officials, they provided protocols related to this process, yet there was nothing that specifically referenced the documentation that should be retained to support delays.

We analyzed referral and confirmation dates for 1,384 survivors from January 1, 2019 to October 4, 2023, and found 314 (23%) were confirmed more than 6 business days after the referral date. For the 1,384 survivors, an average of 5.2 days elapsed between referral and confirmation; this compares with 15.3 days for the 314 whose determination exceeded the 6-day requirement. We reviewed five confirmations that exceeded the 6-day time frame, but the documentation provided by OTDA officials did not indicate any requests for additional information in any of the five cases.

Failing to meet the prescribed time frame goes against the intent of the process—to expeditiously confirm survivors and fill the gap in services experienced while waiting for federal certification—and delayed confirmation may result in delays in the provision of services. While survivors may receive services through other funding streams at a Provider, utilizing Program funds for their intended purposes may allow Providers to increase their capacity to serve more survivors.

## **Program Oversight and Documentation Issues**

### **Providers**

We analyzed the two contract cycles between OTDA and its Providers, finding that OTDA staff are in regular contact with and provide assistance and guidance to the

Providers, working with them as needed to gain knowledge of survivors' trafficking experiences and make confirmation determinations. We also found the Providers work with survivors to build rapport, identify their immediate needs and future goals, and either provide services in-house or connect them to other resources to ensure their needs are met. However, there are opportunities to improve OTDA's oversight to ensure Providers are able to better meet survivors' needs.

We visited six Providers to test controls in place for service delivery. Of the 315 confirmed survivors referred to these six Providers during the audit scope, we reviewed 58 case files to determine if survivors received services to address their identified needs and if the process was documented appropriately. Additionally, we tested Providers' expenses to determine if they were appropriate and supported by the documentation submitted for reimbursement; we found these expenses were reasonable.

## Missing and Inconsistent Documentation

According to a study conducted by the U.S. Department of Health and Human Services, some of the components for effective case management are assessing client strengths and needs and developing, in partnership with the client, a service plan to achieve desired outcomes. Plans are crucial for identifying survivors' needs and ensuring the appropriate steps are taken to meet those needs.

The 2018 contract cycle required Providers to retain a signed application for services, a case management plan, a needs assessment, and detailed case notes of services provided for each survivor. However, OTDA has not dictated such specific documentation requirements for the 2021 contract cycle. OTDA provided examples of its expectations for records to support the provision of services to survivors—such as case management plans and applications for services—during the 2018 Provider training session. We also evaluated the six Providers' completion of signed applications and whether there was evidence of an offer of a health assessment, as it was one of the eight areas of service outlined in each Provider's contract. Table 2 presents a summary of our findings for each Provider.

**Table 2 – Missing Provider Documentation**

| Providers Tested | Survivors Referred by OTDA | Case Files Tested | Missing Applications for Services | Missing Needs Assessments | Missing Formal Case Management Plan | No Evidence of Health Assessment |
|------------------|----------------------------|-------------------|-----------------------------------|---------------------------|-------------------------------------|----------------------------------|
| Provider 1       | 48                         | 8                 | 3                                 | 3                         | 5                                   | 8                                |
| Provider 2       | 89                         | 10                | 4                                 | 0                         | 0                                   | 0                                |
| Provider 3*      | 19                         | 10                | 10                                | 0                         | 0                                   | 3                                |
| Provider 4       | 110                        | 11                | 9                                 | 4                         | 7                                   | 2                                |
| Provider 5       | 32                         | 10                | 10                                | 2                         | 3                                   | 4                                |
| Provider 6*      | 17                         | 9                 | 4                                 | 0                         | 0                                   | 3                                |
| <b>Totals</b>    | <b>315</b>                 | <b>58</b>         | <b>40</b>                         | <b>9</b>                  | <b>15</b>                           | <b>20</b>                        |

\*Both Provider 3 and Provider 6 were only contracted in the 2021 contract cycle, when formal case managements (with a needs assessment) and applications for services were not required.

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Of the 58 survivor case files we reviewed:

- 40 files (69%) did not have a signed application for services.
- 20 files (34%) had no evidence of a health assessment being performed or offered.
- 28 files reviewed belonged to survivors who were served in the 2018 contract cycle. Of these 28, at a time when this documentation was required by contract:
  - 9 (32%) were missing needs assessments.
  - 15 (54%) were missing case management plans.

More attention to ensuring Providers are collecting and retaining this documentation as well as clearer and more consistent requirements would help OTDA ensure survivors receive the best services for their individual needs.

We also found instances where Providers used in-house forms or did not use specific forms at all. One Provider did not have any of the required case management plans for any of the five survivors served in the 2018 contract cycle, instead capturing survivors' needs and progress in its case notes. Moreover, there was confusion among Providers regarding the applications for services and whether Providers had to use the specific form provided by OTDA. In one instance, OTDA gave a Provider an alternate application for services that did not capture the same information as the form shared during the 2018 training. Further, case files tested at another Provider did not contain adequate applications for services (e.g., incomplete, not signed) for any of the 10 survivors served. Providers would benefit from clearer, standardized documentation requirements from OTDA that would help ensure the same information is recorded for each survivor for tracking, Program evaluation, and planning purposes.

Additionally, Providers indicated they experienced frequent turnover among case management teams, and a lack of documentation requirements may contribute to inefficient transitions to new case managers, affecting continuity of services provided to survivors.

## Local Districts

OTDA's Memo requires Local Districts to designate a liaison who is responsible for communicating with OTDA and submitting Human Trafficking Victim Disposition Reports (disposition reports). According to the Memo, a disposition report must be submitted for each survivor referred to a Local District. Disposition reports confirm whether survivors went to the Local District that OTDA had referred them to and applied for benefits, the specific benefits applied for, and the determinations made by the Local District. Additionally, the Memo requires these reports to be submitted within 60 days of the survivor's referral.

We interviewed officials at 10 Local Districts and surveyed the remaining 48 to evaluate the guidance and oversight provided by OTDA. We also assessed whether Local Districts submitted disposition reports and the timeliness of those reports.



We found OTDA can improve its data collection process to ensure the required disposition reports are submitted by the Local Districts. Moreover, OTDA's expectations should be communicated more effectively and consistently to liaisons, especially in light of frequent liaison turnover. This would allow OTDA to implement consistent practices across the State and provide more accurate information to appropriately assess the benefits survivors are accessing as well as the impact the Program is having on survivors.

As summarized in Table 3, for the 10 Local Districts we visited and the 650 survivors referred to them, we found OTDA had not collected disposition reports for 65 (10%) of those survivors it had referred during our audit scope. We reviewed disposition reports and confirmation letters for 153 of 650 survivors referred and found:

- 4 files did not contain a confirmation letter.
- 14 files did not contain disposition reports.

Of the 139 disposition reports collected:

- 105 (76%) did not contain public assistance application information.
- 106 (76%) did not contain benefit determination information.
- 62 (45%) were submitted outside the 60-day time frame.

**Table 3 – Missing Local District Documentation**

| Local District | Survivor Reports |                    | Case Files Tested | Case Files w/ Missing Confirmation Letter | Survivors Who Did Not Contact Local District | Disposition Reports |               |                               |   |   |
|----------------|------------------|--------------------|-------------------|---|--|---------------------|---------------|-------------------------------|---|---|
|                | Per OTDA         | Per Local District |                   |   |  | Submitted           | Not Submitted | Submitted After 60-Day Period | Missing Benefit Application Information | Missing Benefit Determination Information |
| 1              | 11*              | 10                 | 11                | 0   | 7  | 10                  | 1             | 3                             | 8                                       | 8   |
| 2              | 8                | 8                  | 8                 | 0   | 3  | 6                   | 2             | 0                             | 4                                       | 5   |
| 3              | 10               | 10                 | 10                | 0   | 2  | 10                  | 0             | 1                             | 3                                       | 3   |
| 4              | 8                | 15                 | 15                | 1   | 0  | 8                   | 7             | 2                             | 1                                       | 1   |
| 5              | 50               | 55                 | 10                | 0   | 5  | 7                   | 3             | 5                             | 6                                       | 6   |
| 6              | 16               | 16                 | 16                | 0   | 4  | 15                  | 1             | 7                             | 14                                      | 14  |
| 7              | 23               | 72                 | 23                | 2   | 5  | 23                  | 0             | 18                            | 21                                      | 21  |
| 8              | 243              | 243                | 25                | 0   | 17   | 25                  | 0             | 24                            | 17                                      | 17  |
| 9**            | 160              | 160                | 25                | 1   | 22   | 25                  | 0             | 2                             | 22                                      | 22  |
| 10             | 57               | 61                 | 10                | 0   | 9  | 10                  | 0             | 0                             | 9                                       | 9   |
| <b>Totals</b>  | <b>586</b>       | <b>650</b>         | <b>153</b>        | <b>4</b>                                  | <b>74</b>                                    | <b>139</b>          | <b>14</b>     | <b>62</b>                     | <b>105</b>                              | <b>106</b>                                |

\*The Local District submitted a disposition report in error while we were on site. OTDA provided the full population of submitted reports; however, because the report was submitted in error, it was not counted toward the Local District's roster.

\*\*The roster provided by the Local District was a list of submitted disposition reports generated by OTDA. We cannot determine if additional survivors were referred to this Local District.

OTDA has communicated with the liaisons to assist them in understanding their role and responsibilities of reporting on the benefits survivors receive. Although the Memo was initially distributed to Local Districts in 2009, OTDA officials stated they began annual outreach to Local Districts in 2022. At this point, OTDA shares the Memo and links to training videos with Local Districts annually. However, guidance that OTDA included in a 2023 email was inconsistent with the Memo, and stated the liaisons had 90—not 60—days to submit disposition reports once they've received a referral.

Despite increased outreach, we found liaisons were still confused regarding their responsibility to submit disposition reports and the time frame in which to send them. For example, one Local District did not submit disposition reports from at least 2019

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to 2022 despite having survivors referred to them. After the liaison brought it to the attention of OTDA officials, who then informed the liaison of the 60-day time frame, the Local District began submitting reports retroactively but still has not submitted disposition reports for all the survivors who were referred there. The liaison at this Local District was also unaware of the overall structure of the Program and stated that Providers are responsible for getting survivors benefits, which is inaccurate per the Memo.

At three Local Districts we visited, there was confusion regarding the time frame for submitting disposition reports, as their understanding was reports should be submitted in 45 or 90 days; OTDA received late disposition reports from these three Local Districts. We also surveyed the 48 Local Districts we did not visit, and of the 37 that responded, 23 indicated OTDA had not dictated, or that the Local District was unaware of, a time frame for submitting disposition reports. Further, two of the respondents indicated the time frame was just 30 days.

Detailed, timely disposition reports provide a record of benefits applied for and approved. Attention to ensuring these are provided to OTDA within the required time frame would better enable OTDA to assess the Program's effectiveness. Further, as noted previously, neither the Local Districts nor OTDA track whether survivors are referred for further services from the Providers.

Many of the Local Districts we visited also stated they experienced frequent turnover among liaisons: five of 10 had assumed the position in October 2022 or later. Additionally, through our survey of the Local Districts, we determined some of the Bureau's liaison contact information was outdated. OTDA has a process for updating the liaison contact list; however, it is not formally documented. OTDA officials provided an email from 2020 describing an isolated instance of Bureau staff updating their list. Further, this email indicated that an overall update to the contact information had not been performed since 2017. Our analysis of OTDA's liaison list found that information for nine of 64 liaisons was not accurate. Outdated contact information may inhibit timely communication and prevent the liaisons from receiving appropriate guidance to effectively carry out their role and responsibilities.

## **Unclear Communications Regarding Program Benefits**

During our meetings with Providers, officials and staff expressed a lack of clarity regarding several Program components. Officials at one Provider stated they hadn't referred many survivors to OTDA for confirmation because they didn't understand the benefits of confirmation, and were instead using other funding streams to serve survivors. Confirmation benefits include participation in the Program, use of the confirmation letter during the application process entitling them to social services and legal assistance, and documentation to vacate certain criminal charges associated with a survivor's trafficking situation. OTDA didn't inform this Provider of the benefits of confirmation until its monitoring visit in February 2024—more than halfway through the contract cycle. This lack of communication likely contributed to the Provider, as



of June 2024, utilizing only \$254,722 (25%) of \$1 million awarded by OTDA, despite being 32 months (53%) into a 60-month contract. Moreover, for the same time period, Providers utilized only 39% of funds allocated to them. See Table 4 for more details.

**Table 4 – Spending by Provider as of June 10, 2024**

| Providers     | Contract Begin Date | Contract End Date | Total Contract Amount | Spending              | Percentage of Funds Spent |
|---------------|---------------------|-------------------|-----------------------|-----------------------|---------------------------|
| Provider A    | 10/1/2021           | 9/30/2026         | \$836,040             | \$271,495.06          | 32.5%                     |
| Provider B    | 10/1/2021           | 9/30/2026         | 2,500,000             | 929,425.66            | 37.2%                     |
| Provider C    | 10/1/2021           | 9/30/2026         | 1,895,000             | 930,837.67            | 49.1%                     |
| Provider D    | 10/1/2021           | 9/30/2026         | 361,810               | 181,414.81            | 50.1%                     |
| Provider E    | 10/1/2021           | 9/30/2026         | 1,375,000             | 585,467.94            | 42.6%                     |
| Provider F    | 10/1/2021           | 9/30/2026         | 565,000               | 196,819.90            | 34.8%                     |
| Provider G    | 10/1/2021           | 9/30/2026         | 985,495               | 358,882.52            | 36.4%                     |
| Provider H    | 10/1/2021           | 9/30/2026         | 621,250               | 79,878.58             | 12.9%                     |
| Provider I    | 10/1/2021           | 9/30/2026         | 247,905               | 99,978.07             | 40.3%                     |
| Provider J    | 10/1/2021           | 9/30/2026         | 1,597,500             | 759,009.49            | 47.5%                     |
| Provider K    | 10/1/2021           | 9/30/2026         | 1,000,000             | 254,722.01            | 25.5%                     |
| <b>Totals</b> |                     |                   | <b>\$11,985,000</b>   | <b>\$4,647,931.71</b> | <b>39.0%</b>              |

Enhancing guidance and communication would help Providers understand the benefits of the Program and could improve the quality of services offered. Fully utilizing program funds for their intended purposes may allow Providers to better serve and increase their capacity to serve more survivors.

## Recommendations

1. Improve data collection and monitoring efforts to more effectively evaluate Program outcomes and success, including obtaining data through the Local Districts and Providers.
2. Develop and implement policies and procedures regarding the documentation that should be retained to support pauses in the confirmation time frame.
3. Enhance guidance, including documentation such as standardized forms, and communicate more frequently with Providers to ensure Program goals are met.
4. Ensure the duties and responsibilities prescribed by the Memo are effectively communicated to liaisons so they understand their role in the Program.
5. Develop and implement a formal process to maintain a current list of liaisons.

# Audit Scope, Objective, and Methodology

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The objective of our audit was to determine whether OTDA is overseeing contracted Providers and Local Districts to ensure adequate services are being provided to victims of human trafficking. The audit covered the period from January 2019 through May 2024.

To accomplish our objective and assess related internal controls, we interviewed OTDA, Local District, and Provider officials. We also reviewed relevant sections of the Law; New York Codes, Rules and Regulations; OTDA Administrative Directives; relevant policies and procedures; referral and confirmation data; requests for proposals; contracts; case management plans; needs assessments; applications for services; case notes; quarterly expense vouchers; and supporting documentation.

We used a non-statistical sampling approach to provide conclusions on our audit objective and to test internal controls and compliance. We selected judgmental and random samples. However, because we used a non-statistical sampling approach for our tests, we cannot project the results to the respective populations, even for the random samples. Our samples, which are discussed in detail in the body of our report, include:

- A judgmental sample of six out of 11 Providers selected based on contract amount and geographic location to determine compliance with the Law, contracts, and Administrative Directives.
- A judgmental sample of the first 10 survivors from one of the six selected Providers and random samples from the remaining five Providers, for a total of 58 survivors out of 315 referred to these Providers, to review the case files.
- A judgmental sample of 10 quarters during the 2018 and 2021 contract cycles to test whether the expenses submitted by the six Providers during those quarters were supported and appropriate.
- A judgmental sample of 10 out of 58 Local Districts selected based on geographic location to determine compliance with the Law, contracts, and Administrative Directives.
- Random samples of 10 to 25 survivors from four Local Districts with more than 25 referred survivors to review the case files. (The remaining six Local Districts had 25 or fewer referred survivors so we reviewed all the case files.) In total, we reviewed 153 of the 650 survivor case files at the 10 Local Districts.
- A judgmental sample of five confirmations out of 314 based on elapsed time to determine the reason for the delays.

We obtained data from the Statewide Financial System and assessed the reliability of that data by interviewing officials knowledgeable about the system and tracing to and from source data. We determined the data from this system was sufficiently reliable for the purposes of this report.

# Statutory Requirements

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## Authority

The audit was performed pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law.

We conducted our performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

In addition to being the State Auditor, the Comptroller performs certain other constitutionally and statutorily mandated duties as the chief fiscal officer of New York State. These include operating the State's accounting system; preparing the State's financial statements; and approving State contracts, refunds, and other payments. These duties could be considered management functions for purposes of evaluating organizational independence under generally accepted government auditing standards. In our professional judgment, these duties do not affect our ability to conduct this independent performance audit of OTDA's oversight and administration of the Response to Human Trafficking Program.

## Reporting Requirements

A draft copy of this report was provided to OTDA officials for their review and formal comment. We considered their comments in preparing this final report and they are attached in their entirety at the end of the report. OTDA took exception to the findings and statements in our report and failed to acknowledge any room for improvement on its end. Our State Comptroller's comments addressing certain remarks are embedded within OTDA's response.

Within 180 days after final release of this report, as required by Section 170 of the Executive Law, the Commissioner of the Office of Temporary and Disability Assistance shall report to the Governor, the State Comptroller, and the leaders of the Legislature and fiscal committees, advising what steps were taken to implement the recommendations contained herein, and where recommendations were not implemented, the reasons why.

# Agency Comments and State Comptroller's Comments

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## Office of Temporary and Disability Assistance

KATHY HOCHUL  
Governor

BARBARA C. GUINN  
Commissioner

RAJNI CHAWLA  
Executive Deputy Commissioner

February 7, 2025

By email to: [nmorrell@osc.ny.gov](mailto:nmorrell@osc.ny.gov)

Nadine Morrell  
Audit Director  
Office of the State Comptroller  
110 State Street  
Albany, NY 12236

Re: Response to Human Trafficking (RHTP),  
2023-S-031; Response to Draft Report

Dear Nadine Morrell:

This letter responds to Draft Report (OSC Report) issued by the Office of the State Comptroller ("OSC") on December 31, 2024, in connection with OSC's audit of the Response to Human Trafficking (RHTP) which commenced in August 2023.

As a matter of record, the Report fails to acknowledge the impact of the Coronavirus Pandemic on operations at nonprofits and at the Office of Temporary and Disability Assistance (OTDA) during the January 2019 to May 2024 audit period. Not noted in the OSC Report, but significant to the time period of this audit, is the fact that all travel and face-to-face contact was limited to ensure the health and safety of staff and survivors, and that the pandemic led to staffing shortages. These factors contributed to decreased spending in expenditure-based contracts, as personnel costs make up a minimum of 70% of the 2021-2026 grant funding.

**State Comptroller's Comment** – While not mentioned in the report, we were, throughout our work, cognizant of the impact of the COVID-19 pandemic and considered its impact on our findings.

Additionally, OTDA disagrees with the depiction that Providers have utilized only 39% of funds allocated to them. (OSC Draft Audit Report 2023-S-031, page 14). The chart included on page 14 of the report incorrectly assumes that the entirety of the contract funds is available to the Provider in year one of the contract cycle when, in fact, funds are incrementally allocated to the Providers in each year of the contract cycle. OTDA respectfully informs OSC that providers have spent about 60% of allocated funds.

**State Comptroller's Comment** – We made no such assumption that the entirety of the contract funds were available to the Provider in year one of the contract cycle—and are puzzled as to how OTDA itself came to that conclusion. The table that OTDA refers to, on page 16 of the report, clearly depicts provider spending as of June 2024 for the contract period 2021 to 2026—almost 3 years into the cycle. Based on OTDA's own data, we found variances in provider spending, ranging from only 12.9% to 50.1%. While OTDA asserts that 60% of the allocated funds have been spent, at the time of our audit, it was only 39% and we did not receive any documentation to support the 60% spent.

RHTP promotes a survivor-centered model, in which client's preferences are given deference and programming is responsive to their stated needs. A one-size-fits all approach can revictimize individuals through lack of respect and coercive tactics. OTDA understands that survivors have individual experiences, needs, and make choices accordingly and strives to support grantees in tailoring programming to individuals. Consistent with survivor-centered programming, all services are voluntary, as services have been found to be more effective when a person chooses to engage. With respect to provider monitoring, OTDA is meeting the policy of conducting site visits at least once in a five-year term, in addition to holding quarterly meetings with RHTP providers since 2023 and providing regular correspondence with the providers.

**State Comptroller's Comment** – Throughout the report, we note the voluntary nature of the Program and nowhere suggest a one-size-fits-all methodology. Rather, on page 9, we state that given survivors' hesitancy to make and maintain contact, OTDA should be doing more to track information related to survivors who voluntarily seek assistance and use that data to identify opportunities for improving the Program's effectiveness.

As we note throughout the report, survivors may be reluctant to work with Local Districts and Providers. Those who do make initial contact often disengage after receiving initial services. We found that 74 of the 139 sampled survivors (53%) who were referred to a Local District never engaged with the Local District to apply for benefits. Moreover, OTDA's Administrative Directive Memorandum 09-ADM-01 (Memo), distributed in 2009, has no requirement for liaisons to refer survivors to Providers for further services or to include referrals made in disposition reports. Further, neither the Local Districts nor OTDA consistently track this information. For the over 64% of confirmed survivors sent to the Local Districts first, it is thus unknown if they are being offered these additional services. OTDA is therefore unable to determine whether such referrals impact service utilization and use this information to improve Program effectiveness.

Moreover, OTDA does not have a mechanism to track whether survivors referred to Providers have pursued services and could not provide this information to us when requested. This information is retained by each Provider and is made available for a sample of survivors during OTDA's on-site monitoring visits, which are generally performed once per contract cycle. Collecting more data on services received would improve OTDA's ability to evaluate and improve the Program's effectiveness.

OTDA would like to emphasize that there is extensive engagement with the Human Trafficking Liaisons (HTL's) at the districts. Online training is provided to new HTL's upon assuming the role as well as to all HTL's on an annual basis. OTDA also provides regular correspondence to HTL's regarding services available for trafficked persons including assisting with connections to service providers, and periodically solicits feedback from the districts of the strengths of, and potential improvement opportunities with the RHTP processes.

**State Comptroller's Comment** – Our report recognizes OTDA's efforts to engage with the liaisons (see page 14). However, despite working with liaisons since 2009, OTDA only began annual outreach in 2022. Additionally, our survey of Local Districts found liaisons expressed concerns about the adequacy of communication (e.g., report submission time frames) and training (e.g., Program requirements). During our site visits, four of the 10 Local Districts expressed confusion regarding time frames for submitting disposition reports. In fact, one liaison was unaware they were supposed to be submitting them and had not submitted any from 2019 to 2022.

OTDA would like to recognize the commitment and work RHTP trafficking survivor service providers accomplish on a daily basis, despite the extraordinary circumstances of a pandemic and other difficulties experienced by survivors, many of whom are vulnerable due to poverty,

immigration status, discrimination on the basis of race, gender, sexual orientation or identification, or other marginalized populations. OTDA acknowledges the significant data contributions of RHTP providers through annual reports, both quantitative and qualitative.

Finally, OTDA finds most valuable the OSC Report's conclusion that RHTP providers are providing services and spending the funding on the needs of survivors. RHTP provider feedback to OTDA is consistently positive regarding the quality, quantity and content of communications, program trainings, and speed of Confirmations – as demonstrated in the annual provider reports.

**State Comptroller's Comment** – We highlighted OTDA's efforts throughout the report. However, based on our testing and the feedback from Providers and Local Districts, we also found issues that OTDA should address. OTDA's failure to acknowledge any room for improvement is troubling, considering the opportunities for improvement identified by auditors, Providers, and Local Districts. Among other things, not only is OTDA unable to provide needed data regarding services provided to survivors that would be helpful to support the effectiveness of the Program, but we identified various examples where communication needed improvement including a lack of formal written guidance, which is especially significant given the change in requirements from one grant to the next. While we commend OTDA for the efforts it has put forth to address the needs of this vulnerable population, its unwillingness to consider the issues we report limits its ability to effectively manage the Program.

#### **OTDA's responses to OSC Areas of Recommendations**

##### **1. Improve data collection and monitoring efforts to more effectively evaluate Program outcomes and success, including obtaining data through the Districts and Providers.**

OTDA has sufficient mechanisms to track whether individuals referred to RHTP have received services. Site visits confirm the appropriate provision of services. OTDA has data collection and monitoring policy and procedures in place to evaluate program outcomes and successes. OTDA receives quarterly reports from RHTP providers which demonstrate that there is sufficient staff employed to provide services, and that there are client-related expenditures along with other budgeted items.

**State Comptroller's Comment** – While OTDA does have some mechanisms in place to collect data and evaluate the Program, they are insufficient for effective evaluation of Program outcomes and successes. As noted on pages 9 and 10 of the report, we found OTDA does not have the means to track whether survivors referred to Providers have pursued services. This information is retained by each Provider and is made available for a sample of survivors during OTDA's on-site monitoring visits, which are generally performed once per contract cycle. Additionally, in the Providers' annual reports, the first section distinguishes between confirmed and unconfirmed survivors, but the remaining sections covering services provided do not include this breakdown, making the number of confirmed survivors receiving services unclear. Also, the quarterly expense vouchers submitted by Providers for reimbursement do not offer any insight into what services are being provided to individual confirmed survivors. Collecting more data on services received would improve OTDA's ability to evaluate the Program's effectiveness.

OTDA also receives an annual report from RHTP providers that indicates how many confirmed individuals received services and what types of services were provided. RHTP annual reports are comprehensive and include more data than just the number served. OTDA collects data on identified trends, what issues RHTP providers encounter, and their recommendations to address the issues encountered. This type of data collection is more comprehensive and useful in developing programming than simple quantitative reporting and has been regularly used to

make improvements to RHTP.

**State Comptroller's Comment** – We agree that a combination of quantitative and qualitative data can be helpful in making improvements to the Program; however, OTDA can do more to utilize data to evaluate Program effectiveness. As mentioned on pages 10 and 11 of the report, while Providers submit annual reports, the information does not allow OTDA to determine the services survivors who are referred to Providers pursue, and OTDA could not provide this information when requested. Collecting quantitative data on the services that confirmed survivors utilize could provide valuable information when making improvements to the Program. In addition, while OTDA notes that it collects data on trends, issues, and recommendations for these issues, it did not provide any documentation to support this assertion.

OTDA also has sufficient tracking mechanisms for individuals who are referred to districts in the Human Trafficking Liaison (HTL) database. The choice whether or not to engage is up to survivors, and the best practices to increase engagement are those that center around survivors, their needs and stated goals. It would be contradictory to best practices to require information irrelevant to their stated needs, such as a health assessment when applying for public benefits, that would additionally be outside the scope of law and privacy rights.

**State Comptroller's Comment** – OTDA's comments are misleading. As stated previously, auditors throughout the report acknowledge the voluntary nature of the Program and contrary to what OTDA implies, do not suggest that a health assessment should be required. Rather, auditors note that a health assessment should be offered (see page 12), allowing the client to decide. If OTDA does not wish to improve its data collection and monitoring, it should simply state that rather than resorting to such straw man arguments.

RHTP also receives individual reports from the HTL through the HTL database which record the services provided to each referral. Annually published confirmation data since 2007 has demonstrated RHTP or district referrals, type of trafficking, gender, and age as well as geographic location.

**State Comptroller's Comment** – We agree that a combination of quantitative and qualitative data can be helpful in making improvements to the Program; however, OTDA could be doing more to utilize data to evaluate Program effectiveness. As we noted previously, Providers' annual reports—which OTDA implemented in 2022—do not allow OTDA to determine which services survivors who are referred to Providers pursue and OTDA could not provide this information when requested. Additionally, OTDA is not tracking which Local District or Provider that it has referred confirmed survivors to. Tracking this would allow OTDA to efficiently determine the total number of referrals made to each Local District and enable OTDA to determine the number of disposition reports they should receive from liaisons.

## **2. Develop and implement policies and procedures regarding the documentation that should be retained to support pauses in the confirmation time frame.**

OSC was informed from the outset of their expansion of the audit to the Confirmation program that it is a joint process with the New York State Division of Criminal Justice Services (DCJS). Social Services Law (SSL) §483-cc depicts the process by which the first step is notice from an allowable referral source to OTDA and DCJS of the identification of a potential trafficked person, through an online fillable form. After receiving notice, DCJS, in consultation with OTDA and the referring agency, makes a preliminary assessment. This step constitutes DCJS contacting the referral source to verify the submission and gather any additional information



necessary for confirmation.

This process is further elaborated in Title 18 of the New York Codes, Rules and Regulations (NYCRR) Part 765 (governing OTDA) and 9 NYCRR Part 6174 (governing DCJS), and additional guidance is found in the OTDA-DCJS 2009 MOU. Section 6174.3(b) of Part 6174 of Title 9 provides the following: Within three business days of receipt of a referral, DCJS and OTDA shall review the case, and DCJS issue a written determination. PART 765 of Title 18 NYCRR states that within three days of receipt of DCJS' determination, OTDA shall notify the subject of the referral of the determination. 9 NYCRR §6174.3 provides for an extension of that timeline: "(c) If upon good cause, and after consultation with the Office, the Director of Human Trafficking determines that more time is required to make such determination, the Director of Human Trafficking may extend the time period set forth in subdivision (b) of this section." Good cause is found in the instances where DCJS is unable to contact the referral source, or the referral source is unable to provide the additional requested information within the initial consultation period. Accordingly, DCJS conducts the initial Confirmation assessments and documentation regarding pauses in the timeframe is held by DCJS. OTDA documents the timeline in the Confirmation database, along with all confirmation-related data.

**State Comptroller's Comment** – We acknowledge this process on page 11 of our report. However, OTDA's remarks are misleading. OTDA did not initially provide any information regarding time frame pauses. Only after we presented the issue to OTDA officials, did they provide protocols related to this process. Moreover, nothing in these protocols delineated what was required to be retained to support delays. In fact, as noted on page 11, the documentation that OTDA provided did not include any requests for additional information or documentation for the pauses in our sample of confirmed survivors.

In addition, feedback from providers found in the RHTP annual reports has largely been extremely positive, that the process is expeditious, and that they are appreciative of the speed with which confirmations are issued.

### **3. Enhance guidance, including documentation such as standardized forms, and communicate more frequently with Providers to ensure Program goals are met.**

OTDA has held several rounds of individual calls with each RHTP provider, conducted site visits to all RHTP providers during the current contract cycle, has held quarterly meetings with providers since 2023, and is regularly corresponding with providers. Program provides technical assistance on individual cases, guidance on policy and best practices, and supports providers to build relationships with each other, as some have greater experience than others. RHTP providers frequently provide positive feedback to program on communications and guidance.

The audit period covered two grant cycles that were significantly different. Prior to 2021, RHTP reimbursed funds via a performance-based contract on each survivor services. Best practices in service provision are survivor-centered that allow for deference to stated needs, such as not requiring a medical assessment for services when there are no health needs indicated by the individual. The RHTP program evolved responsively to provider requests on documentation and standardization allowing for individualization by RHTP providers.

The current grant cycle is expenditure based, with reporting on personnel and non-personnel spending, as well as an annual report summarizing total services. The RHTP annual report demonstrates whether or not the service was provided to a Confirmed individual, the type of



service provided, and whether or not the services were in house. The annual report additionally includes a great deal of qualitative data on the needs of the population, along with RHTP providers suggestions for how to better meet needs, allowing for OTDA to implement responsive programming. For example, OTDA began holding quarterly trainings in 2023 on topics suggested by RHTP providers: access to public benefits and the role of HTL's, housing development for survivors, and information sharing among providers.

**State Comptroller's Comment** – As noted on pages 10 and 11 of the report, OTDA asks Providers to report aggregate data in their annual reports. While the first section of their annual reports distinguishes between confirmed and unconfirmed survivors, this breakdown is not included in the remaining services sections, making the number of confirmed survivors receiving specific services unclear. OSC recognizes the benefits of collecting a combination of quantitative and qualitative data to make improvements to the Program; however, the ability to isolate confirmed survivors would allow for more informed decisions and provide more insight into the effectiveness of the Program.

Further, as OTDA reiterated, there was a change between the grant cycles. While communication is necessary to handle the change, written guidance and documentation is essential to ensure consistency in managing these changes, especially considering the frequent turnover in the industry, as OTDA highlights in its response. Further, as noted on pages 12 and 13 of the report, we found required documentation was missing. This included signed applications for services, health assessment offers or acceptance, needs assessments, and case management plans. More attention to ensuring Providers are collecting and retaining this documentation as well as clearer and more consistent requirements would help OTDA ensure that survivors receive services that best meet their individual needs and help ensure consistency in the information collected for tracking, Program evaluation, and planning purposes.

RHTP provider staffing levels have been greatly impacted by the pandemic.<sup>1</sup> The Comptroller's own report of January 2025 shows a loss in the number of nonprofits and decreases in wages, couple these factors with increased need and higher caseloads and there is a perfect storm for hiring difficulties and loss of staff. Of note, the Comptroller's report states that NYS nonprofit average annual wages were 14% lower than the public sector, and 24% lower than the private sector.

#### **4. Ensure the duties and responsibilities prescribed by the Memo are effectively communicated to liaisons so they understand their role in the program.**

On notification of a newly assigned HTL, and on an annual basis, all newly assigned HTLs are provided with the Administrative Directive (ADM) and a link to a comprehensive training video. The ADM outlines the duties of the HTL and clearly states the 60-day timeline for submission of disposition reports.

**State Comptroller's Comment** – As we stated on page 14 of the report, OTDA distributed inaccurate guidance regarding the time frame for submitting disposition reports.

OTDA has ongoing regular communication with the HTLs. In addition, OTDA implemented updates to the HTL database in September 2022 based on feedback from the HTLs to achieve better efficiency and meet identified critical data collection points. OTDA also met throughout 2024 with districts, Safe Harbour Coordinators, RHTP and other trafficking service providers

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<sup>1</sup> See Council of NonProfits Report on hiring issues in the nonprofit sector: [The Nonprofit Workforce Shortage Crisis | National Council of Nonprofits](#); and see OSC's own report on decreased staffing in New York State Nonprofits: [critical-role-of-nonprofits-in-new-york.pdf](#).

state-wide regarding the role of HTLs. This feedback guides OTDA's ongoing program improvements.

**State Comptroller's Comment** – According to OTDA officials, the information they receive from disposition reports has been incomplete and does not contain all the required information. Further, as stated on page 14 of the report, many of the liaisons we met with or surveyed expressed confusion regarding the structure of the Program and their role in the process.

OTDA would like to note that while OSC recommends that additional guidance and training be provided to HTLs, their own survey of 40 HTLs resulted in only one request for additional training, and included the comment that OTDA has been "extremely helpful whenever we have questions."

**State Comptroller's Comment** – OTDA is incorrect in its tally of our survey results. Several liaisons expressed confusion regarding OTDA's role in the process and requested clarification on OTDA's oversight activities or guidance. Two liaisons requested additional training on the process. Two others noted their confusion regarding the time frame for submission. Additionally, apart from our survey results, during four of our 10 visits, liaisons expressed confusion regarding reporting requirements, as stated on pages 14 and 15 of the report. Notwithstanding the fact that, as stated on page 14, OTDA distributed inaccurate guidance regarding the time frame for submitting disposition reports, we believe additional guidance and training would be beneficial.

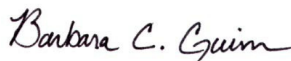
**5. Develop and implement a formal process to maintain a current list of liaisons.**

OTDA updates the HTL contact list on an ongoing rolling basis as referrals are sent to the HTLs, using policies that have been in place since the onset of the program in 2007. Additionally, OTDA has conducted periodic regular updates of the entire list and implemented an annual update process in 2022. OSC requested samples of documents and were provided with a 2020 email to show that this practice was in place during the entirety of the audit period.

**State Comptroller's Comment** – Our report notes that OTDA does have a process for updating the list of liaisons; however, the process is not formally documented. The 2020 email described an isolated incident of OTDA updating its list and did not formally document the process to ensure the list remains up to date. As noted on page 15 of the report, we found that contact information for nine of 64 liaisons was inaccurate. Outdated contact information may inhibit timely communication and prevent the liaisons from receiving appropriate guidance to effectively carry out their role and responsibilities.

If you have questions or comments about our response to the Report, please contact Thomas Cooper at (518) 473-6035.

Sincerely,



Barbara C. Guinn  
Commissioner

cc: Rajni Chawla  
Richard Umholtz

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