Form

OMB Control Number: 0970-0519 Stop. Observe. Ask. Respond to Human Trafficking A Training for Health Care and Social Service Providers

Expiration Date: 10/31/2021

In order to help the National Human Trafficking Training and Technical Assistance Center (NHTTAC) better serve the field, we are reaching out to obtain your feedback. We will protect the privacy of your information in accordance with the Federal Privacy Act, and we will protect the confidentiality of your responses using procedures we have in place, including reporting all information in aggregate to avoid identifying information. Only members of the NHTTAC Evaluation Team have access to information that could identify respondents. If you have any questions about this survey or the evaluation, please contact NHTTACEval@icf.com.

DATE(S): CONSULTANT(S)/FACILITATOR(S):							
Please provide the info	rmation below to create an	anonymous ID:					
Birth Month	First letter of first name	First letter of your middle name					
(insert just the month	(example: S for Sara)	(example: M for Maria)					
for your date of birth:							
08 for August)							

Please rate the extent to which you agree or disagree that the SOAR for Communities training will help your community achieve the following objectives:

LF	EARNING OBJECTIVES	Strongly Disagree	Disagree	Agree	Strongly Agree
1.	<insert learning="" objective=""></insert>	1	2	3	4
2.	<insert learning="" objective=""></insert>	1	2	3	4
3.	<insert learning="" objective=""></insert>	1	2	3	4
4.	<insert learning="" objective=""></insert>	1	2	3	4

Please indicate the extent to which you agree or disagree with the following statements about the overall training:

07	VERALL TRAINING	Strongly Disagree	Disagree	Agree	Strongly Agree
5.	The training reflected a public health approach to addressing human trafficking.	1	2	3	4
6.	The training helped me identify potential language and cultural barriers my community might face in responding to human trafficking.	1	2	3	4
7.	The training was trauma informed.	1	2	3	4
8.	The training was survivor informed.	1	2	3	4
9.	The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4
10.	The training included evidence-based research or promising practices.	1	2	3	4
11.	The training will positively impact my community's response to human trafficking.	1	2	3	4

#### Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 9 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at NHTTACEval@icf.com or 9300 Lee Highway, Fairfax, VA 22031.

Stop. Observe. Ask. Respond to Human Trafficking

OMB Control Number: 0970-0519 Expiration Date: 10/31/2021

Form

A Training for Health Care and Social Service Providers

12. The training met my educational needs.	1	2	3	4
13. The training met my professional needs.	1	2	3	4

Please indicate the extent to which you agree or disagree with the following statements:

SESSION 1: WHAT IS A PUBLIC HEALTH APPROACH?	Strongly Disagree	Disagree	Agree	Strongly Agree
14. This session helped me understand a public health approach to human trafficking.	1	2	3	4
15. I feel confident in my ability to apply what I learned about a public health approach to trafficking in my daily work.	1	2	3	4
16. Learning about a public health approach to trafficking will positivel impact my community's ability to serve people who are currently being trafficked, at risk of trafficking, or have been trafficked.	y 1	2	3	4
17. This session was trauma informed.	1	2	3	4
18. This session was survivor informed.	1	2	3	4
19. This session helped me define a trauma-informed and survivor-informed response.	1	2	3	4
20. This session helped me define a cultural and linguistically appropriate response.	1	2	3	4
21. This session was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4
22. I learned practical ways to apply a trauma-informed framework in my daily work through this session.	1	2	3	4
23. This session improved my knowledge in responding to a person who is currently being trafficked, at risk of trafficking, or has been trafficked.	1	2	3	4
24. I will be able to apply what I learned about trauma in my daily work	. 1	2	3	4
SESSION 2: STOP	Strongly Disagree	Disagree	Agree	Strongly Agree
<ol><li>This session helped expand my understanding of all types of human trafficking.</li></ol>	1	2	3	4
26. This session helped expand my ability to identify at-risk population	s. 1	2	3	4
27. This session helped me identify populations in my community vulnerable to trafficking.	1	2	3	4
28. This session helped increase my awareness of instances of trafficking within my community.	1	2	3	4
29. I have identified the major challenges my community might face in understanding human trafficking.	1	2	3	4
<ol> <li>I have drafted potential action items and solutions to help my community mitigate challenges in understanding human trafficking.</li> </ol>	1	2	3	4
31. I will be able to apply what I learned about understanding human trafficking in my daily work.	1	2	3	4
SESSION 3: OBSERVE	Strongly Disagree	Disagree	Agree	Strongly Agree

#### Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 9 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at <a href="MHTTACEval@icf.com">NHTTACEval@icf.com</a> or 9300 Lee Highway, Fairfax, VA 22031.

SGAR

OMB Control Number: 0970-0519 Expiration Date: 10/31/2021

Form

Stop. Observe. Ask. Respond to Human Trafficking A Training for Health Care and Social Service Providers

A fraining for fleatin care and social se	or vice i reviders			
33. This session increased my knowledge about the root causes of trafficking.	1	2	3	4
34. This session helped me discover what my community is doing to identify human trafficking.	1	2	3	4
35. This session helped me identify the major challenges my community might face in identifying human trafficking.	1	2	3	4
36. This session helped me identify potential solutions to help my community mitigate challenges in identifying human trafficking.	1	2	3	4
37. I will be able to apply what I learned about identifying human trafficking to my daily work.	1	2	3	4
SESSION 4: ASK	Strongly Disagree	Disagree	Agree	Strongly Agree
38. This session increased my knowledge about identifying all types of trafficking.	1	2	3	4
39. This session helped identify existing resources and tools used to screen for human trafficking.	1	2	3	4
40. This session helped me identify gaps in how my community identifies a person who is being trafficked.	1	2	3	4
41. This session helped me find assets in my community to improve how a person who is currently being trafficked, at risk of trafficking, or has been trafficked is identified.	1	2	3	4
42. I will be able to apply what I learned about screening for human trafficking to my daily work.	1	2	3	4
SESSION 5: RESPOND	Strongly Disagree	Disagree	Agree	Strongly Agree
43. This session will lead to my community to expand into more trauma-informed and survivor-led practices.	1	2	3	4
44. This session helped me identify areas to improve my community's response to the intermediate needs of a person who is currently being trafficked, at risk of trafficking, or has been trafficked.	1	2	3	4
45. This session helped me identify areas to improve my community's response to the long-term needs of a person who is currently being trafficked, at risk of trafficking, or has been trafficked.	1	2	3	4
46. This session helped me identify how my organization can help improve my community's response to human trafficking.	1	2	3	4
47. This session helped my community develop and/or strengthen a comprehensive response to human trafficking.	1	2	3	4
48. This session helped me identify necessary partners to implement an improved community response to human trafficking.	1	2	3	4
49. I will be able to apply what I learned about responding to human trafficking in my daily work.	1	2	3	4

### Please indicate the extent to which you agree or disagree with the following statements:

FACILITATOR 1:	Strongly Disagree	Disagree	Agree	Strongly Agree
50. The facilitator's knowledge and expertise were appropriate for the training.	1	2	3	4
51. The facilitator moved through the strategic planning agenda effectively.	1	2	3	4
52. The facilitator responded positively to questions and comments.	1	2	3	4
53. The facilitator created a respectful environment for participants.	1	2	3	4
54. The facilitator encouraged and initiated helpful discussions.	1	2	3	4

#### Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 9 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at <a href="MHTTACEval@icf.com">NHTTACEval@icf.com</a> or 9300 Lee Highway, Fairfax, VA 22031.

OMB Control Number: 0970-0519

Expiration Date: 10/31/2021

**FEEDBACK** 

environment.

68. NHTTAC was responsive to my questions and needs.

Form

Stop. Observe. Ask. Respond to Human Trafficking A Training for Health Care and Social Service Providers

**FACILITATOR 2:** Disagree Strongly Disagree **Strongly Agree** Agree 55. The facilitator's knowledge and expertise were appropriate for the 3 1 2 4 56. The facilitator moved through the strategic planning agenda 1 2 3 4 effectively. 2 3 57. The facilitator responded positively to questions and comments. 1 4 58. The facilitator created a respectful environment for participants. 1 2 3 4 2 59. The facilitator encouraged and initiated helpful discussions. 1 3 4 **FACILITATOR 3:** Strongly Disagree Disagree Agree **Strongly Agree** 60. The facilitator's knowledge and expertise were appropriate for the 1 3 4 61. The facilitator moved through the strategic planning agenda 2 1 3 4 effectively. 1 2 3 62. The facilitator responded positively to questions and comments. 4 63. The facilitator created a respectful environment for participants. 4 64. The facilitator encouraged and initiated helpful discussions. 2 3 4 1 LOGISTICS Strongly Disagree Disagree Agree **Strongly Agree** 65. Overall, this was an effective way to support the content and purpose 3 4 1 2 of the strategic planning process. 66. The training was well organized. 1 2 3 4 67. The meeting space and use of technology provided a good learning 1 2 3 4

1

2

3

4

<ol><li>Follow traffick</li></ol>	ing the training, what three steps will you take to enhance your community's response to human ing?
a.	
b.	
c.	
'0. How do	o you plan to engage survivors in implementing your strategic plan?

1 2 3

71. Following the training, how prepared do you feel to take steps toward addressing human trafficking in your community?

Not At All Prepared Mostly Prepared Somewhat Prepared Completely Prepared

administrator)

Stop. Observe. Ask. Respond to Human Trafficking

OMB Control Number: 0970-0519

Expiration Date: 10/31/2021

Form

A Training for Health Care and Social Service Providers

72. Please rate the overall quality of this training. Poor Fair Good Excellent 73. What could NHTTAC do in the future to enhance your level of preparedness during this type of SOAR T/TA? 74. What could NHTTAC do in the future to enhance your level of preparedness following this type of SOAR T/TA? 75. Would you recommend NHTTAC to others to receive T/TA? □ Yes 76. Which of the following best describes the organization in which you work? (Mark all that apply.) Academic institution OTIP grantee Anti-trafficking organization Self-employed Business/For-profit organization Survivor-led organization Coalition/Multidisciplinary team/Task force Tribal government Union/Worker advocacy organization Federal government Faith-based organization Victim service provider State/Local government Other (please specify): Nonprofit/Community-based organization 77. Is your organization responsible for working with people who are currently being trafficked or have been trafficked?  $\sqcap$  No 78. Which of the following **best** describes your professional capacity or types of services you provide? (Mark all that apply.) ☐ Behavioral health professional (e.g., ☐ Health care (e.g., physician, physician psychologist, psychiatrist, mental assistant, nurse practitioner, dentist, nurse, health/substance use counselor) pharmacist) Child welfare (e.g., state agency staff, child Housing (e.g., case worker, shelter director, welfare contractor, nonprofit personnel) public housing authority agencies) Corrections-based services (e.g., parole, Legal (e.g., immigration, civil and/or rightsprobation) based attorney and/or paralegal, clinic) Criminal justice (e.g., law enforcement, Public health (e.g., licensure board, health prosecutor, probation, court, forensic department staff, health care executive, community health workers) interviewer) Educator (e.g., teacher, professor, school Social worker (e.g., case manager, school

#### Paperwork Reduction Act Notice

counselor, supervisor, administrator)

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 9 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at <a href="MHTTACEval@icf.com">NHTTACEval@icf.com</a> or 9300 Lee Highway, Fairfax, VA 22031.

# F

☐ People with disabilities

Elderly

questioning

Deaf/Hearing impaired

Lesbian, gay, bisexual, transgender, and

SOAR SPECIALIZED TRAINING
AND TECHNICAL ASSISTANCE

OMB Control Number: 0970-0519
Expiration Date: 10/31/2021

FEED	DBACK				
Form	A	Stop. Observe. As Training for Healt	경영하는 것들은 아이트 프로그램 보다 다른 것을 받았다.		
	Survivor empowerment, mentoring, peer	3			ner (please specify):
	Violence prevention (e.g., child abus neglect, elder abuse, domestic violer				
	violence, youth violence)				
	In your professional capacity, how free trafficked, at risk of being trafficked, or			ntact wit	h a person who is currently being
	1	2	3		4
	Never Occo	asionally	Freque	ntly	Daily
80.	Which of the following <b>best</b> describes	s the number of	years of exp	erience y	ou have in your current field of work?
	Less than 3 years □ 3	3–5 years	□ 6-	-10 years	☐ More than 10 years
81.	Which of the following <b>best</b> describe	s your primary r	ole in your c	current po	osition?
	Management		ant/trainer eer		<ul><li>□ Administration</li><li>□ Peer educator</li></ul>
82.	Which of the following <b>best</b> describe	s your geograph	ic population	n? ( <b>Mar</b> l	α all that apply.)
			□ Lo	ocal	
	State (please specify):			Urban	
				Rural	
	International (please specify country	y):	□	Suburb	an
83.	Please select any of the following pop <b>apply.</b> )	oulations you cu	rrently work	with in a	a professional capacity. (Mark all that
	Human trafficking			Foreign	nationals (migrant workers, undocumented
	☐ Commercial sexual exploitation	of			ants, refugees)
	children			People	with low incomes
	☐ Sex trafficking			Racial a	and ethnic minorities
	$\Box$ Adults				American Indian or Alaska Native
	□ Minors				Asian
	☐ Labor trafficking				Black or African American
	$\Box$ Adults				Native Hawaii or other Pacific Islander
	☐ Minors				White
	Children/youth				Hispanic or Latino ethnicity
	Out of home/Foster care/Kinshi	p care		•	of substance use
	☐ Juvenile justice				e partner violence (e.g., dating, domestic
	☐ Runaway/Homeless youth			violence	e)

Thank you for taking the time to complete this form and helping to improve SOAR activities.

Gang-related crime Sexual abuse/Violence

Other (please specify): \_\_\_\_\_