Office on Trafficking In Persons (OTIP)
SOAR Demonstration Grant Program Data
Recipient Reporting Reference Guide:
Data Elements, Operational Guidance, Terms, and Definitions

Contents

The SOAR Demonstration Grant Program's goal is to fund the implementation of SOAR trainings and capacity building to identify, treat, and respond to patients or clients who have experienced severe forms of human trafficking as defined by the Trafficking Victims Protection Act (TVPA) of 2000, as amended, among their patient or client population. SOAR is a nationally recognized, accredited training program delivered by OTIP's National Human Trafficking Training and Technical Assistance Center (NHTTAC) and designed to help target audiences identify and respond to those who are at risk of, currently experiencing, or have experienced trafficking and connect them with needed resources. Target audiences for SOAR trainings delivered by NHTTAC include professionals, organizations, and communities that address human trafficking in healthcare, behavioral health, public health, and social service settings. SOAR Demonstration Grant Program award recipients must provide the following program performance indicator data to OTIP on a quarterly and annual basis, as indicated.

Provider Capacity Building Indicators

Key Performance Measures:

- Increase the number of health and human service professionals trained to identify and respond to human trafficking
- Increase the percentage of individuals trained who have "high" or "very high" confidence in their ability to identify and respond to human trafficking after receiving SOAR to Health and Wellness training.
- Increase the percentage of individuals trained who have "medium" or "high" confidence in their ability to apply skills related to core competencies
- Build the capacity of organizational staff to identify patients or clients who are experiencing human trafficking and provide them with coordinated, age-appropriate, culturally responsive, trauma-informed, patient-centered, and evidence-based care and/or services through ongoing training and engagement.

Reporting Expectations:

Aggregated information from the prime recipient, subrecipient(s), and partner organization(s) should be reported to OTIP on a quarterly basis:

- Quarter 1 Reporting Period: October 1 – December 31 (due January 30)
- Quarter 2 Reporting Period: January 1 – March 31 (due April 30)
- Quarter 3 Reporting Period: April 1 – June 30 (due July 30), and
- Quarter 4 Reporting Period: July 1 – September 31 (due October 30)

Data Element	Response Options	Operational Guidance
Reporting Period	• Quarter 1 Reporting Period: October 1 – December 31 (due January 30) • Quarter 2 Reporting Period: January 1 – March 31 (due April 30) • Quarter 3 Reporting Period: April 1 – June 30 (due July 30) • Quarter 4 Reporting Period: July 1 – September 31 (due October 30)	Select the reporting period for the performance indicator data to be submitted.
Individuals Trained	(Number) • Prime recipient providers • Subrecipient providers • Partner Organization providers	Record the total number of individuals trained by provider type during the reporting period. Prime recipients under this grant program may opt to transfer a portion of substantive programmatic work to other organizations through subaward(s). Any entity that has received a subaward from the prime recipient to satisfy required program activities is a

		subrecipient.
		Partner organization providers describe individuals affiliated with organizations within the prime's network who have not received a subaward under this program but with whom the prime works to fulfill required program activities.
Trainings	(number)	Record the total number of trainings provided during the reporting period.
Topic	**Human Trafficking 101: Definition, Types, Laws, and Indicators** ☐ Federal definition of severe forms of trafficking in persons ☐ State and tribal anti-trafficking laws and legal considerations for a specific geographic area ☐ Information about human trafficking, including types of human trafficking and recruitment and/or retention tactics used by traffickers; indicators that a person may be experiencing trafficking ☐ Case studies of individuals who have experienced human trafficking **Building a Community Referral Network and Partnership Building** ☐ Referral protocols within a continuum of care for aftercare and ongoing service needs ☐ Information about local continuums of care or multidisciplinary anti-trafficking task forces ☐ Processes by which organizational partnerships are developed and maintained ☐ Post-identification reporting and referral protocols **Approaches, Strategies, and Special Considerations for Working with Victims (e.g. Trauma Informed Care)** ☐ Safety protocols for those in direct contact with individuals potentially experiencing human trafficking ☐ Services and benefits available for individuals who have experienced human trafficking ☐ Special considerations for both domestic and foreign national minors experiencing human trafficking, which may include relevant legal and social welfare systems, such as juvenile justice, immigration, and child welfare ☐ How to deliver person-centered, trauma-informed services and assistance to individuals	Record the number of trainings provided on each topic during the reporting period. If one training reasonably covers multiple topics, the training may be double-counted.

	who have experienced human trafficking ☐ Housing and employment needs of individuals who have experienced human trafficking ☐ Intersectionality between race and human trafficking (e.g., the role racial identity and racism play in the risk for human trafficking, process of identification, experience of service delivery, interaction with enforcement systems, including the criminal justice system, access to resources, health disparities/inequities experienced by systemically excluded communities, etc.) ☐ Intersectionality between sexual orientation, gender identity, and human trafficking (e.g., the role gender identity and expression and exclusion play in the risk for human trafficking, process of identification, experience of service delivery, interaction with the criminal justice system, access to resources, health disparities/inequities experienced by 2SLGBTQIA+ community members, etc.) ☐ Intersectionality between individuals with disabilities and human trafficking (e.g., the role disability status and accessibility and exclusion plays in the risk for human trafficking, process of identification, experience of service delivery, interaction with the criminal justice system, access to resources, etc.) ☐ Intersectionality between human trafficking and forced criminality (e.g., understanding that when an individual is forced to provide a labor or service that contributes to an illegal or illicit activity or business operation, they may also be considered a victim of human trafficking).	
Individuals Trained Who Reported Medium or High When Asked About Pre-Training Items of Interest	(Percentage) • Perceived importance of educational content • Knowledge of competency, learning objective, or guiding principle • Ability to apply skills related to competencies	Record the percentage of all individuals trained who responded Medium or High on the specified questions on their pre-SOAR to Health and Wellness training feedback form.
Individuals Trained Who Have "High" or "Very High" confidence in their ability to identify and respond to human trafficking after receiving SOAR to Health and Wellness training	(Percentage)	Record the percentage of all individuals trained who responded High or Very High on the specified question on their post-SOAR to Health and Wellness training feedback form.
Individuals Trained	(Percentage)	Record the percentage of all

Who Have "Medium" or "High" confidence in their ability to apply skills related to competencies	Medium or High confidence in their ability to: • Apply a trauma-informed approach to working with individuals who have experienced trafficking • Apply Culturally and Linguistically Appropriate Services (CLAS) standards and exhibit cultural awareness when interacting with individuals who have experienced trafficking • Assess the needs of individuals who are at risk of trafficking or who may have experienced trafficking and coordinate services within a multidisciplinary network of service providers • Screen and identify individuals who may have experienced trafficking	individuals trained who responded Medium or High on the specified questions on their post-SOAR to Health and Wellness training feedback form.

Client Demographics Indicators

Key Performance Measures:

- Increase the number of victims served by multidisciplinary networks of providers

Reporting Expectations:

Aggregated information from all providers within the prime recipient's network should be reported to OTIP on a quarterly basis:

- Quarter 1 Reporting Period: October 1 – December 31 (due January 30)
- Quarter 2 Reporting Period: January 1 – March 31 (due April 30)
- Quarter 3 Reporting Period: April 1 – June 30 (due July 30), and
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Data Element		Operational Guidance
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Total Number of Clients Enrolled in Services by Client Age	• Adult • Minor	Report the total number of clients enrolled in services by providers within the recipient's multidisciplinary network by age
Total Number of Clients Enrolled in Services by Client Race/Ethnicity	• American Indian or Alaska Native • Asian • Black or African American • Native Hawaiian or Other Pacific Islander • White • Hispanic or Latino • Other • Unknown	Report the total number of clients enrolled in services by providers within the recipient's multidisciplinary network by client race/ethnicity.
Total Number of Clients Enrolled in Services by Client Sex, Gender Identity[1]	The questions and response options provided below should be used to obtain information from clients. Prime recipient will report results to OTIP in the aggregate. **Question 1: What sex were you assigned at birth, on your original birth certificate?** • Female • Male • (Don't know) • (Prefer not to answer) **Question 2: What is your current gender?**	Report the total number of clients enrolled in services by providers within the recipient's multidisciplinary network, by client sex, gender identity NOTE: All providers will be expected to obtain sex, gender identity information per the two-step question recommended by NASEM and to report information to

	[select one] • Female • Male • Transgender • If respondent is AIAN]: Two-Spirit • I use a different term: [free text] • (Don't know) • (Prefer not to answer) Recipient will report the total number of responses for each question as follows: (Number) Sex assigned at birth • Female • Male • (Don't know) • Not Reported Current gender • Female • Male • Transgender • Two-Spirit • Different term • (Don't know) • Not Reported	OTIP in the aggregate. Write-In responses to "I use a different term: [free text]" will not be provided to OTIP. Rather, the recipients will report the total number of individuals who elected to write in a response. "Not Reported" will reflect the count of clients/patients who selected "Prefer not to answer."
Total Number of Clients Enrolled in Services by Client Sexual Orientation[2]	The question and response options provided below should be used to obtain information from clients. Prime recipient will report results to OTIP in the aggregate. **Question: Which of the following best represents how you think of yourself? [select one]** • Lesbian or gay • Straight, that is, not gay or lesbian • Bisexual • [If respondent is AIAN]: Two-Spirit • I use a different term [free text] • (Don't know) • (Prefer not to answer) Recipient will report the total number of responses for each question as follows: (Number) • Lesbian or gay • Straight, that is, not gay or lesbian • Bisexual • Two-Spirit	Report the total number of clients enrolled in services by providers within the recipient's multidisciplinary network by client sexual orientation NOTE: All providers will be expected to obtain sexual orientation information per the question recommended by NASEM and to report information to OTIP in the aggregate.

	• Different term • (Don't know) • Not Reported	
Total Number of Clients Enrolled in Services by Client Disability Status[3]	• Ambulatory Difficulty • Cognitive Difficulty • Hearing Difficulty • Independent Living Difficulty • Self-Care Difficulty • Vision Difficulty • Not Reported	Report the total number of clients enrolled in services by providers within the recipient's multidisciplinary network by client disability status.
Total Number of Clients Enrolled in Services by Client Preferred Language	• Prefer to be served in English • Prefer to be served in a language other than English	Report the total number of clients enrolled in services by providers within the recipient's multidisciplinary network by client preferred language.

Human Trafficking Response Protocol (HTRP) Indicators

Key Performance Measures:
- Increase the number of victims served by multidisciplinary networks of providers
- Increase the number of health and human service professionals trained to identify and respond to human trafficking.
- Build the capacity of organizational staff to identify patients or clients who are experiencing human trafficking and provide them with coordinated, age-appropriate, culturally responsive, trauma-informed, patient-centered, and evidence-based care and/or services through ongoing training and engagement.

Reporting Expectations:
Aggregated information from all providers within the prime recipient's network should be reported to OTIP on a quarterly basis:
- Quarter 1 Reporting Period: October 1 – December 31 (due January 30)
- Quarter 2 Reporting Period: January 1 – March 31 (due April 30)
- Quarter 3 Reporting Period: April 1 – June 30 (due July 30), and
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Total number of providers coordinating care within recipient's multidisciplinary network	(Number)	Record the total number of providers coordinating care within recipient's multidisciplinary network. All subrecipient and partner organizations under the award should be reported.
Total number of clients screened by providers within recipient's multidisciplinary network	(Number)	Record the total number of clients screened by all providers within the recipient's multidisciplinary network during the reporting period.
Total number of clients identified as potential victims of HT based on screening	(Number) • Sex • Labor • Sex and Labor • Not Reported	Record the total number of clients identified as potential victims of trafficking based on screening conducted by all providers within the

conducted by providers within recipient's multidisciplinary network by type of trafficking experienced		recipient's multidisciplinary network during the reporting period.
Total number of clients enrolled in services by providers within recipient's multidisciplinary network by type of trafficking experienced	• Sex • Labor • Sex and Labor • Not Reported	Record the total number of clients enrolled in services by all providers within the recipient's multidisciplinary network during the reporting period.
Total Number of Clients/Patients Enrolled in Services by Type of Trafficking Experienced	• Sex • Labor • Sex and Labor • Not Reported	
Total number of clients referred to providers within the recipient's multidisciplinary network	(Number)	Record the total number of clients referred to providers within the recipient's multidisciplinary network during the reporting period.
Total number of clients referred to providers external to the recipient's multidisciplinary network	(Number)	Record the total number of clients referred to providers external to the recipient's multidisciplinary network during the reporting period.
Organizational Barriers to Service Delivery, Implementation	**Client/Patient Constraints** - Affordability[4] - Accommodation[5] - Availability[6] - Accessibility[7] - Acceptability[8] - Not Specified - Safety Concerns **Feelings of No Support and Isolation** - Excluded from key decision-making opportunities - Experiences of bias or discrimination as it pertains to [insert leadership, practice, policy] (e.g., gender, race, ethnicity, sexual orientation) - Feeling undervalued or not perceived as a leader in my organization - Lack of authority to use new skills in current position	Select all barriers experienced by providers within the recipient's multidisciplinary network during the reporting period. If a particular barrier was experienced by more than one provider, by more than one client served, or at multiple points in time during the reporting period, the individual barrier should only be selected once by the reporting prime organization on behalf of all providers in the multidisciplinary network.

	Ineffective Coordination with Agencies and Providers - Difficulty coordinating with benefits-issuing agencies - Difficulty establishing/maintaining multidisciplinary team (MDT) - Lack of data sharing among organizations -Lack of shared responsibility across organizational collaborators - Need for partnership building with other orgs -Variation in mission/regulatory frameworks when partnering w/ other orgs **Lack of Adequate Funding** **Lack of Adequate Resources** - Competing priorities - Frequent staff turnover - Lack of senior leadership support - Lack of support/accountability from frontline staff - Lack of time to implement changes - Lack of urgency - Shortage of key personnel (including clinician shortage issues and lack of adequate supervision by professionals with specialized training) **Lack of Adequate Training** - Lack of accessible research/information - Lack of training for staff on how to implement change **Lack of Formal Rules and Regulations** **Lack of Procedures** **Lack of Knowledge of Victims' Rights** **Public Health Concerns**	

Multidisciplinary Network Provider Indicators

Key Performance Measures:
- Increase the diversity of services available to victims of trafficking
- Build the capacity of organizational staff to identify patients or clients who are experiencing human trafficking and provide them with coordinated, age-appropriate, culturally responsive, trauma-informed, patient-centered, and evidence-based care and/or services through ongoing training and engagement.

Reporting Expectations:

This data should be updated as entities/organizations are enrolled into the grant recipient's network on a rolling basis. Any updates are to be reported on a quarterly basis.

Data Element	Response Options	Operational Guidance
Reporting Period	• Quarter 1 Reporting Period: October 1 – December 31 (due January 30) • Quarter 2 Reporting Period: January 1 – March 31 (due April 30) • Quarter 3 Reporting Period: April 1 – June 30 (due July 30) • Quarter 4 Reporting Period: July 1 – September 31 (due October 30)	Select the reporting period for the performance indicator data to be submitted. Generated by system.
Total Active Partner Organizations	(number)	Record the total number of partner organizations that provided services during reporting period.
Name of Partner Organization	(text)	Record name of partnering organization.
Is the partner organization a subrecipient?	• Yes • No	
Location of Subrecipient Organization	City, State	Record location of organization.
Type of Subrecipient Organization	• Advocacy • Behavioral Health • Child Welfare • Education • Employment • Faith Based • Government • Health Care • Housing • Law Enforcement • Legal • Other Criminal Justice • Private Sector • Public Health	Select the sector that best describes the type of organization entering into the partnership.

	• School (K-12) • Service Provider • Other (specify)	
Subrecipient Service Sites	(number)	Record the total number of service site locations of the partner.
Services Provided by Partner Organization	• Basic Necessities • Case Management • Child Care • Coordination with Benefit Issuing Agencies • Coordination with Migrant Health Programs • Coordination with Child Welfare/Child Protective Services • Crisis Intervention • Education Assistance • Employment Assistance • Family Reunification • Financial Assistance • Healthcare • Housing/Shelter Services • Interpreter/Translator • Legal Advocacy and Services • Life Skills • Mental/Behavioral Health Services • Medical Services • Peer-to-Peer Support/Mentoring • Safety Planning Services • Substance Use Assessment/Treatment • Transportation • Victim Advocacy • Other Services (specify) • None • Unknown	Select one or more services that are provided through the partnership.
Enrollment Date	mm/dd/yyyy	Record month, day, and year when entity partnered with grant recipient network.
Exit Date	mm/dd/yyyy	Record month, day, and year when entity ended their partnership with grant recipient network.

Definitions

Acceptability: describes barriers relative to clients' attitudes about personal and practice characteristics of providers and facilities to actual characteristics of existing providers and facilities (e.g., provider gender or ethnicity, provider neighborhood or type), as well as provider attitudes about acceptable personal characteristics of patients. For the purposes of this grant program, this may also include perceptions of how trauma-informed, person-centered, culturally and linguistically appropriate services provided are. See [Nonfinancial Barriers and Access to Care for U.S. Adults](#).

Accessibility: describes barriers related to the relationship between the location of services and the location of clients (e.g., transportation resources and travel time). For the purposes of this grant program, this may also include lack of virtual or remote appointments. See [Nonfinancial Barriers and Access to Care for U.S. Adults](#).

Accommodation: describes barriers related to the manner in which the supply resources are organized to accept clients as well as the clients' perceptions of the appropriateness of these systems (e.g., appointment systems and hours of operation). See [Nonfinancial Barriers and Access to Care for U.S. Adults](#).

Affordability: describes barriers related to the relationship of prices of services to clients' income, ability to pay, and existing health insurance. See [Nonfinancial Barriers and Access to Care for U.S. Adults](#).

Availability: describes barriers related to the volume of existing services and resources to clients' volume and types of needs (e.g., the adequacy of the supply of clinicians, clinical facilities, and specialized programs). See [Nonfinancial Barriers and Access to Care for U.S. Adults](#).

Basic Necessities are encounters between a client and service provider in which a client is provided directly with items needed for daily living or with funds to purchase said items. This includes providing clients with personal care items such as shampoo, conditioner, soap, lotion, clothing, feminine hygiene products, and food.

Capacity Building: is long-term, purposeful training and technical assistance for the purpose of increasing public awareness and the ability to identify victims, provide assistance, make referrals, establish partnerships to support a seamless and coordinated response to human trafficking. Capacity building encompasses several stages (e.g., exploration, implementation, and sustainability) that are reflected in the three phases outlined in *Section I. Program Description, SOAR Demonstration Program Requirements*.

Case Management is an encounter between a case management provider and a client during which services are provided that assist clients in the management of their health and social needs, including client needs assessments, the establishment of service plans, and the maintenance of referral, tracking, and follow-up systems. This also

includes assisting clients in understanding their rights and advocating on their behalf with referral partners.

Clients are those individuals enrolled in OTIP funded programs.

Comprehensive Case Management: is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy to ensure options and services meet an individual's needs and available resources promote an individual's well-being. For the purposes of the SOAR demonstration grant program, comprehensive case management should be understood as a collaborative process between case managers and individual clients, as well as between key personnel and organizations in the multidisciplinary provider network.

Continuum of Care: is an integrated system of care that includes multidisciplinary partners who coordinate referrals and the provision of healthcare and social services to individuals who have experienced human trafficking. A continuum typically includes representatives from direct service providers, social services, community-based organizations, public housing agencies, behavioral and mental health agencies, public health authorities, healthcare delivery agencies, law enforcement, and survivor-led advocacy groups.

Crisis Intervention[9] includes encounters in which a client or potential client in crisis receives interventions and services. This includes assistance or referrals provided for client emergencies as well as the provision of intervention techniques by a service provider aimed at alleviating emotional distress.

Culturally and Linguistically Appropriate Services (CLAS) Standards: All SOAR Demonstration Program activities must adhere to the National Culturally and Linguistically Appropriate Services (CLAS) Standards, which are a comprehensive series of guidelines that inform and facilitate practices related to culturally and linguistically appropriate health services. Individuals who are at risk for or have experienced human trafficking come from a variety of backgrounds, speak different languages, and belong to different cultures. Prime recipients must ensure all SOAR Demonstration Program activities align with culturally and linguistically appropriate goals, policies, and management accountability and infuse these standards throughout planning and operations.

Disability[10]**:** is defined as the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community. Disability is a dynamic concept that changes over time as one's health improves or declines, as technology advances, as therapeutic, pharmaceutical, and other interventions are developed, and as social structures adapt. As such, disability is a continuum in which the degree of difficulty may also increase or decrease. The disability markers used under the SOAR Demonstration Grant Program are borrowed

from the Census Bureau's American Community Survey (ACS) to capture six aspects of disability, which can be used together to create an overall disability measure, or independently to identify populations with specific disability types.

Education Services are encounters in which a client accesses educational courses in an informal, traditional, or online setting. This includes English as a Second Language (ESL) courses, General Education courses, GED test preparation, and enrollment in higher education. These courses can be directly provided by the grant recipient or through a referral.

Emergency Housing is any facility whose primary purpose is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless (e.g. domestic violence shelters, human trafficking shelters, etc.); also referred to as Short-Term or Temporary Housing.

Employment Assistance includes encounters between a client and service provider in which they receive assistance in finding and securing employment. This may include interview preparation, assistance in job hunting or resume building, or engagement in job placement programs. This can be directly provided by the grant recipient or through a referral.

Enrollment occurs when a victim of human trafficking is entered into the program to receive comprehensive case management services. This includes occasions when a victim reconnects to the program after a period of absence, often referred to as re-enrollment.

Exit or disenrollment occurs when a client separates from the program and is no longer receiving comprehensive case management services. This may occur as a result of the client completing the program or for a variety of other reasons.

Family Reunification are encounters between a client and service provider or on behalf of a client (with their consent) in which efforts are made to reunify the client with their family members in the United States. This may include making phone calls to arrange family reunification, holding meetings to prepare for family reunification, and assisting clients in obtaining and completing any necessary reunification paperwork.

Feelings of No Support and Isolation indicate the organization's lack of knowledge of which service providers understand human trafficking and serve victims of trafficking or difficulties in collaborating within a local network of service providers.

Financial Planning Services are encounters between a client and service provider to assist the client in managing their available and future financial resources. This may include creating budgets, repaying debts or applying for debt relief, saving money in Escrow, and other forms of financial counseling.

Healthcare Organizations: are defined as organizations where healthcare and behavioral health services are rendered by licensed providers in acute care hospitals, urgent care centers, community healthcare clinics, Federally Qualified Health Centers, Urban Indian Health Programs, residential treatment centers, substance use programs, chemical dependency programs, prevention programs, and other inpatient/outpatient facilities. For the purpose of the SOAR Demonstration Program, healthcare facilities are also inclusive of behavioral health facilities that focus on the treatment of mental, social, and physical illness of individuals, both adults and children.

Healthcare Provider: is a Doctor of Medicine or osteopathy, podiatrist, dentist, chiropractor, clinical psychologist, optometrist, nurse practitioner, nurse, midwife, or a clinical social worker who is authorized to practice medicine by their State and is performing within the scope of their practice as defined by State law. For the purpose of the SOAR Demonstration program, the definition of healthcare professional is also inclusive of behavioral health professionals and peer support specialists who serve individuals seeking help for a variety of mental health and substance use needs; their job titles and specialties can vary by state. They also include psychologists who hold a doctoral degree in clinical psychology or a related specialty like counseling or education; masters-level counselors, clinicians, and therapists; licensed clinical social workers; psychiatrists with a Doctor of Medicine or osteopathy; psychiatric or mental health nurse practitioners; primary care physicians; family nurse practitioners; psychiatric pharmacists; certified peer specialists; social workers; and pastoral counselors.

Housing/Shelter Services are encounters between a client and service provider to assist the client in securing and maintaining housing. This may include full or partial payment of a client's rent or utilities, enrollment in housing programs or housing units, completion of housing related paperwork, and assistance with the client's housing search.

Identified Victims are those individuals who have been identified by law enforcement as having been subjected to a severe form of trafficking in persons or have been screened by victim assistance providers trained on human trafficking and found to be a victim of trafficking.

Ineffective Coordination with Federal Agencies indicates a need to share information, poor reporting and prosecution, delays in certification, and a lack of specialized units/agencies for victims of human trafficking.

Ineffective Coordination with Local Agencies indicates ineffective communication at the State level, including ineffective coordination with local police.

Institutional Housing[11] is any facility whose primary purpose is to provide 24-hour care, treatment, and/or supervision. This includes psychiatric treatment facilities, juvenile detention centers, jails, prisons, foster care home settings, substance abuse treatment facilities, detox centers, long-term care facilities, and nursing homes.

Lack of Adequate Funding indicates the organization needs sources of funding, especially during a foreign-national client's pre-certification period.

Lack of Adequate Resources[12] indicates that the organization needs housing/shelter, staff, transportation for victims, contacts in home countries, and infrastructure designated for the population being served.

Lack of Adequate Training indicates that the organization needs training at all levels including on confidentiality, outreach methods, cultural/religious competency, methods to identify victims, etc.

Lack of Cooperation of Client indicates the victim's lack of interest in receiving services or inability to comply with the case coordination plan.

Lack of Formal Rules and Regulations include inadequate rules, need for legislative advocacy, inadequate victim assistance laws, or restrictive eligibility requirements.

Lack of In-House Procedures indicates the organization does not have effective protocols or has an inadequate data management system.

Lack of Knowledge of Victims' Rights include a lack of knowledge or understanding of the relevant trafficking legislation or the issue in general.

Language Concerns include the inability to readily provide interpreters for all languages/dialects

Language Services are encounters between a translator or interpreter and client to assess service needs and/or to provide services to a client. This includes the use of language lines for interpretation services.

Legal Advocacy and Services are generally encounters between a client and an attorney or paralegal to discuss the client's rights and legal options or to follow through on legal remedies. Legal advocacy and services include criminal record expungement, or assistance with civil, family court, or immigration related matters. Legal advocacy and services may also include using program funds to provide 'know your rights' presentations to facilitate legal representation by private attorneys willing to act on behalf of clients pro bono. Program funding **cannot** be used for criminal defense attorney services.

Life Skills are encounters between a client and service provider to develop skills necessary for full participation in everyday life. This includes assisting clients in learning how to do laundry, navigate public transportation, maintain personal hygiene, develop healthy relationships, enact conflict resolution, and cook healthy and balanced meals.

Healthcare describes encounters between a client and a physician, physician assistant, nurse practitioner, physician assistant, or nurse for the purpose of assessing or treating a medical problem. This includes encounters between a dentist or dental hygienist and

a patient for the purpose of prevention, assessment, or treatment of a dental problem, including restoration.

Mental Health Services are encounters between a licensed mental health provider (psychiatrist, psychologist, LCSW, and certain other Masters Prepared mental health providers licensed by specific states,) or an unlicensed mental health provider credentialed by the center, and a client, during which mental health services (i.e., services of a psychiatric, psychological, psychosocial, or crisis intervention nature) are provided.

Other Services are encounters between a provider, other than those listed above, and a client during which other forms of services are provided.

Permanent Housing[13] is community-based housing with no time limit on how long an individual can reside in the housing or receive housing assistance, living as independently as possible. This includes Permanent Supportive Housing as well as housing owned or rented by the client.

Potential Victim of Human Trafficking is any individual who is reported or suspected as being a victim of trafficking as defined in the Trafficking Victims Protection Act.

Safety Concerns indicate a lack of safety for victims and staff from abusers.

Safety Planning is an encounter between a client and service provider in which they develop a practical plan to avoid and react to dangerous situations. This plan should be based on the specific needs of each client.

Social Service Provider: is a professional who supports individuals, families, and communities by providing and improving social and health services, including counseling and psychotherapy. They include highly trained and experienced professionals who have earned a bachelor, master, or doctoral degree in social work or a related discipline.

Substance Use Assessment/Treatment Services are encounters between a substance abuse provider (e.g., credentialed substance abuse counselor, rehabilitation therapist, psychologist) and a client during which alcohol or drug abuse services (i.e., assessment and diagnosis, treatment, aftercare) are provided.

Training[14] is the planning, development, delivery and evaluation of activities designed to achieve specific learning objectives for participants. The learning objectives may be achieved using a variety of instructional strategies such as lecture, group discussion, demonstration role play, and other methods of group and individual integration. Training may include onsite instruction, classroom training, webinars, online or virtual training, self-directed learning, and workshops.

Transitional Housing is designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing is time limited with clients staying up to 24 months in the housing, typically with accompanying supportive services. Individuals must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.

Transportation Services are encounters in which a service provider provides a client with the necessary resources to access transportation which enables clients to access services. This includes providing clients with bus/rail passes, cabs/cab vouchers, or gas assistance. This may occur with the service provider purchasing transportation on behalf of the client, providing clients with gifts cards to the same purpose, or providing clients with cash to purchase transportation themselves.

Trauma-Informed and Person-Centered Approaches: The SOAR Demonstration Program incorporates trauma-informed and person-centered approaches in building institutional responses to human trafficking that improve health outcomes and assist individuals of different racial, ethnic, cultural, gender identity, sexual orientation, ability, and religious backgrounds who have experienced human trafficking. A trauma-informed care model assumes that clients or patients and staff have experienced trauma. This model includes organizational change that promotes resilience in populations served and staff; engages individuals in care; prevents re-traumatization; and incorporates knowledge about trauma in policies, procedures, practices, and settings. For more information on the development of trauma-informed services and a framework for becoming a trauma-informed organization, system, or service sector, please visit the Substance Abuse and Mental Health Services Administration's [Concept of Trauma and Guidance for a Trauma-informed Approach](#).

Trauma-Informed Approach: trauma-informed approach includes an understanding of the physical, social, and emotional impacts of trauma on individuals, as well as on the professionals who help them. A trauma-informed approach includes person-centered practices. A program, organization, or system that is trauma-informed acknowledges the widespread impacts that traumatic events have on survivors; recognizes the signs and symptoms of trauma in staff, survivors, and others involved in the anti-trafficking response system; identifies paths for support and healing; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings. Like a person-centered approach, a trauma-informed approach prioritizes the client's safety and security, including safeguarding against policies and practices that may inadvertently re-traumatize clients.

Victim Advocacy is an encounter between a client and service provider in which the client is provided information and support to help them understand and exercise their rights as a victim of crime within the criminal justice process.

Victims' Legal Status is a barrier in which status renders the victim ineligible for social services funding (e.g. pre-certification period issues, prior criminal histories, etc.).