

## SOAR Demonstration Grant Program Background

The SOAR (Stop, Observe, Ask, Respond) to Health and Wellness Training (SOAR) Demonstration Grant Program was developed in response to the Trafficking Victims Protection Act of 2000 (Public Law 106-386), § 106(b), as amended (22 U.S.C. 7104(b)(1)(A), 7105(b)(1)(B)), which calls on agencies to “increase public awareness of the dangers of trafficking and the protections that exist for victims of trafficking” and provide “services to assist potential victims of severe forms of trafficking in persons.” The program funds the implementation of SOAR trainings and capacity building efforts 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. SOAR is a nationally recognized, accredited training program delivered by OTIP’s National Trafficking Training and Technical Assistance Center (NHTTAC) and designed to help target audiences identify and respond to individuals who are at risk of, are currently experiencing, or have experienced trafficking and connect them with needed resources. This performance indicator information collection will enable OTIP to measure grant project performance, provide technical assistance to grantees, assess program outcomes, inform program evaluation, respond to congressional inquiries and mandated reports, including the annual Attorney General’s Annual Report to Congress on U.S. Government Activities to Combat Trafficking.

The OMB Number, Expiration Date, and PRA statement below should be clearly visible on all data collection forms for client providers.

OMB Control Number: 0970-0609  
Expiration Date: 05/31/2026

As required by the Paperwork Reduction Act (PRA) of 1995, 44 U.S.C. § 3501-3521, the public reporting burden for the following performance indicators is estimated to average XX hour per response, including the time for reviewing instructions, gathering existing data sources, gathering the data needed, and reviewing the collection of information. This form is approved under the Office of Management and Budget (OMB) control number OMB No: 0970-0609, expiration date is 05/31/2026. An agency may not conduct or sponsor a collection of information unless it displays a currently valid OMB control number.

## How to Use This Workbook

The main purpose of this information collection is to improve OTIP's monitoring of grant recipients providing services to individuals who have experienced or are at risk of experiencing human trafficking, and to assess the extent to which grant recipients are meeting required program activities to:

1. Implement SOAR trainings, including SOAR Online and SOAR for Organizations, for staff at relevant levels and divisions, including at a minimum frontline and support staff most likely to encounter an individual who has experienced trafficking; level and senior management responsible for approving changes in policies and protocols and resources to support implementation; and staff who oversee procurement and external partners, across the prime's organization.
2. Build the capacity of organizational staff to identify patients or clients who are experiencing human trafficking and provide with coordinated, age-appropriate, culturally responsive, trauma-informed, patient-centered, and evidence-based care and services through ongoing training and engagement.
3. Serve patients or clients who are experiencing human trafficking in a coordinated, age-appropriate, culturally responsive, trauma-informed, person-centered, and evidence-based way and establish a continuum of care by entering into memoranda of understanding (MOUs) with local direct service providers and multidisciplinary stakeholders willing to receive referrals and provide aftercare services that are beyond scope of the prime's capacity or mission to support patients or clients who are experiencing human trafficking.
4. Develop, implement, and evaluate the effectiveness of the Human Trafficking Response Protocol (HTRP) and corresponding policies and procedures that include best practices for working with law enforcement and making referrals when serving patients or clients in service settings who have experienced human trafficking to further refine and enhance project implementation. HTRP must comply with federal, state, local, and tribal laws, including legal privacy and confidentiality requirements for clients, patients and health care and social services providers.

The information collection captures information on organizations enrolled in each grant recipient's multidisciplinary network of providers serving individuals who have experienced, or are at-risk of experiencing, a severe form of trafficking in persons, and clients served by providers within these networks. Data elements capture information about organizational providers (e.g., number of individuals trained to identify and respond to trafficking, types and number of trainings offered, types of services provided, number of clients enrolled in services, organizational barriers to service delivery and implementation, and total costs spent by category of assistance) and client demographics (e.g., total number of clients enrolled in services by providers within recipient's multidisciplinary network by client age, race/ethnicity, sex, gender identity, sexual orientation, disability status, and preferred language).

SOAR Demonstration Grant Program award recipients must provide the program performance indicator data on each tab of this workbook to OTIP on a quarterly and annual basis, as indicated. **The prime recipient is expected to aggregate data from subrecipients and providers within the multidisciplinary network for submission to OTIP.**

[illegible][illegible][illegible][illegible]



Grant Recipient Name: Robert Wood Johnson Barnabas Health (SOAR at RW/Barnabas Health)  
Grant Number: 90ZV0140  
Report Type: Quarterly  
Report Period: Q1 (9/30/2024 - 12/31/2024)

OMB Control Number: 0970-0609  
Expiration Date: 05/31/2026

As required by the Paperwork Reduction Act (PRA) of 1995, 44 U.S.C. § 3501-3521, the public reporting burden for the following performance indicator is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This form is approved under the Office of Management and Budget (OMB) control number 0970-0609, expiration date is 05/31/2026. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

See pages 2-3 of the SOAR Demonstration Grant Program [Reporting Reference Guide](#) to populate the Training Reporting table.

| Training Reporting Summary   | Q1 | Q2 | Q3 | Q4                           |
|--|----|----|----|------------------------------|
| Total HT 101 Trainings   | 0  | 0  | 0  | 0                            |
| Total Trauma Informed Care Trainings                                   | 0  | 0  | 0  | 0                            |
| Total Partnership Building Trainings                                   | 0  | 0  | 0  | 0                            |
| Total Providers Trained  | 0  | 0  | 0  | 0                            |
| Do not edit data in the table above. Counts will automatically update. |    |    |    | Total Trainings Delivered: 0 |
|  |    |    |    | Total Providers Trained: 0   |

| Training Reporting   |  | number | number | number | number |
|--|--|--------|--------|--------|--------|
|  |  | Q1     | Q2     | Q3     | Q4     |
| 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 human trafficking                     |        |        |        |        |
| Approaches, Strategies and Special Considerations for Working with Victims (e.g. Trauma Informed Care) | Case studies of individuals who have experienced human trafficking   |        |        |        |        |
|  | 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 who have experienced human trafficking  |        |        |        |        |
| Building a Community Referral Network and Partnership Building   | Housing and employment needs of individuals who have experienced human trafficking   |        |        |        |        |
|  | Intersectionality between individuals with disabilities and human trafficking  |        |        |        |        |
|  | Intersectionality between human trafficking and forced criminality   |        |        |        |        |
| Provider Type  | Referral protocols within a continuum of care for aftercare and ongoing service needs  |        |        |        |        |
|  | Information about local continuum of care or multidisciplinary anti-trafficking task forces  |        |        |        |        |
|  | Processes by which organizational partnerships are developed and maintained  |        |        |        |        |
| Provider Type  | Post-identification reporting and referral protocols   |        |        |        |        |
|  | Individuals Trained by Prime Recipient Providers   |        |        |        |        |
|  | Individuals Trained by Subrecipient Providers  |        |        |        |        |
| Provider Type  | Individuals Trained by Partner Organization Providers  |        |        |        |        |
|  |  |        |        |        |        |



Grant Recipient Name: Select Grant Recipient Name  
Grant Number: Will automatically populate when recipient is selected  
Report Type: Quarterly  
Report Period: Q1 (9/30/2023 - 12/31/2023)

OMB Control Number: 0970-0609  
Expiration Date: 05/31/2026

As required by the Paperwork Reduction Act (PRA) of 1995, 44 U.S.C. § 3501-3521, the public reporting burden for the following performance indicators is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This form is approved under the Office of Management and Budget (OMB) control number 0970-0609, expiration date is 05/31/2026. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

See pages 6-8 of the SOAR Demonstration Grant Program **Reporting Reference Guide** to populate the Training Reporting table.

| Client Demographics                    |   |        |        |        |        |
|--|---|--------|--------|--------|--------|
|  |   | Q1     | Q2     | Q3     | Q4     |
|  |   | number | number | number | number |
| Client Demographics<br>(All Providers) | Number of clients enrolled in services by providers within the recipient's multidisciplinary network by client age                      |        |        |        |        |
|  | Adult   |        |        |        |        |
|  | Minor   |        |        |        |        |
|  | Total number of clients enrolled in services by providers within the recipient's multidisciplinary network by client race/ethnicity     |        |        |        |        |
|  | American Indian or Alaska Native (AIAN)   |        |        |        |        |
|  | Asian   |        |        |        |        |
|  | Black or African American   |        |        |        |        |
|  | Native Hawaiian or Other Pacific Islander   |        |        |        |        |
|  | White   |        |        |        |        |
|  | Hispanic or Latino  |        |        |        |        |
|  | Other   |        |        |        |        |
|  | Not Reported  |        |        |        |        |
|  | Total number of clients enrolled in services by providers within the recipient's multidisciplinary network by client sex                |        |        |        |        |
|  | Female  |        |        |        |        |
|  | Male  |        |        |        |        |
|  | Not Reported  |        |        |        |        |
|  | Total number of clients enrolled in services by providers within the recipient's multidisciplinary network by client disability status  |        |        |        |        |
|  | Amelioratory Difficulty   |        |        |        |        |
|  | Cognitive Difficulty  |        |        |        |        |
|  | Hearing Difficulty  |        |        |        |        |
|  | Independent Living Difficulty   |        |        |        |        |
|  | Self-Care Difficulty  |        |        |        |        |
|  | Vision Difficulty   |        |        |        |        |
|  | Not Reported  |        |        |        |        |
|  | Total number of clients enrolled in services by providers within the recipient's multidisciplinary network by client preferred language |        |        |        |        |
|  | Prefer to be served in English  |        |        |        |        |
|  | Prefer to be served in a language other than English  |        |        |        |        |



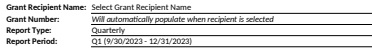
Grant Recipient Name: \_\_\_\_\_  
Grant Number: \_\_\_\_\_  
Report Type: \_\_\_\_\_  
Report Period: \_\_\_\_\_

OMB Control Number: 0970-0609  
Expiration Date: 05/31/2026

As required by the Paperwork Reduction Act (PRA) of 1995, 44 U.S.C. § 3501-3521, the public reporting burden for the following performance indicators is estimated to average 2.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This form is approved under the Office of Management and Budget (OMB) control number OMB No. 0970-0609; expiration date is 05/31/2026. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

See pages 2-11 of the SOAB Demonstration Grant Program [Reporting Reference Guide](#) to populate the Training Reporting table.

| Human Trafficking Response Protocol (HTRP)  |   |                              |        |        |
|---|---|------------------------------|--------|--------|
|   | Q1  | Q2                           | Q3     | Q4     |
|   | number  | number                       | number | number |
| Implementation Summary  | Total number of providers coordinating care within the recipient's multidisciplinary network  |                              |        |        |
|   | Number of clients screened by providers within multidisciplinary network  |                              |        |        |
|   | Number of clients identified as potential victims of HT based on screening conducted by providers within recipient's multidisciplinary network by type of trafficking experienced |                              |        |        |
|   | Sex   |                              |        |        |
|   | Labor   |                              |        |        |
|   | Sex and Labor   |                              |        |        |
|   | Not Reported  |                              |        |        |
|   | 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  |                              |        |        |
|   | Total number of clients referred to providers within the recipient's multidisciplinary network  |                              |        |        |
|   | Total number of clients referred to providers external to the recipient's multidisciplinary network   |                              |        |        |
|   | Barriers to Service Delivery and Implementation   | Mark all that apply with "x" |        |        |
| Q1  |   | Q2                           | Q3     | Q4     |
| Client/Patient Constraints  |   |                              |        |        |
| Affordability   |   |                              |        |        |
| Accommodation   |   |                              |        |        |
| Availability  |   |                              |        |        |
| Accessibility   |   |                              |        |        |
| Acceptability   |   |                              |        |        |
| 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) |   |                              |        |        |
| Feeling undervalued or not perceived as a leader in my organization                           |   |                              |        |        |
| Lack of authority to use new skills in current position                                       |   |                              |        |        |
| 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 eyes   |   |                              |        |        |
| Variation in mission/regulatory frameworks when partnering with other organizations           |   |                              |        |        |
| 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)                               |   |                              |        |        |
| 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  |   |                              |        |        |



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See pages 12-13 of the SOAR Demonstration Grant Program [Reporting Reference Guide](#) to populate the Training Reporting table.

[illegible]

SOAR Demonstration Grant Program recipients are required to implement SOAR trainings, including SOAR divisions, including at a minimum frontline and support staff most likely to encounter an individual who has for approving changes in policies and protocols and resources to support implementation; and staff who oversee organization. The SOAR Demonstration Program has three implementation phases. The first phase requires training provided by the Office on Trafficking in Persons' National Human Trafficking Training and Technical assistance. Recipients to leverage the SOAR foundational training content and staff knowledge to develop and implement identify and serve individuals impacted by human trafficking and begin providing comprehensive case management. In the final phase of the program, prime recipients must develop the capacity to assess and evaluate the effectiveness of serving clients or patients in clinical settings who have experienced human trafficking and plan for the overall providing trauma-informed, person-centered, culturally and linguistically appropriate services, and referring continuum of care.

**SOAR training feedback from prime recipient staff (trained during the first implementation phase) will be collected by OTIP. Call Number: 0970-0519.** Likewise, if SOAR Demonstration Grant Program award recipients elect to train sub-recipients, NHTTAC, feedback from those participants will also be obtained through the NHTTAC Evaluation Package. Recipients are permitted to develop their own specialized SOAR-trainings specific to their local context to build and strengthen capacity within NHTTAC. **Should the prime recipient elect to develop and implement their own specialized SOAR trainings, feedback data to OTIP. Otherwise, information will be collected by NHTTAC.** Prime recipients should be responsible for specialized SOAR trainings, and to discuss the most effective way to collect, aggregate, and report participant feedback.

R Online and SOAR for Organizations, for staff at relevant levels and experienced trafficking; mid-level and senior management responsible oversee procurement and external partners, across the prime's prime recipient staff to complete and participate in relevant SOAR cal Assistance Center (NHTTAC). The second phase requires prime it plans for increasing organizational and community capacity to management services to clients in-house and/or through subrecipients. In the ss of human trafficking protocols, policies, and procedures when ill organizational sustainability to continue improving identification, clients or patients to case management services with the community

**ill be obtained through the NHTTAC Evaluation Package (OMB**  
recipients and external partners (third implementation phase) through e. However, SOAR Demonstration Grant Program recipients are then strategic partnerships and may conduct these trainings external to **inings, they will be expected to report aggregate participant**  
coordinate with their Project Officer to obtain the requisite approvals ipant feedback to OTIP.

## SOAR Demonstration Grant Program Data

Grant Recipient: *(Specify Organization Name)*

*As required by the Paperwork Reduction Act (PRA) of 1995, 44 U.S.C. § 3501-3521, the public reporting burden for the following performance indicators is estimated to average 2.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This form is approved under the Office of Management and Budget (OMB) control number OMB No: 0970-0609, expiration date is 05/31/2026. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.*

| Case Management Categories of Assistance                  | Number of Clients | Total Funds Spent | % of Project Budget |
|---|-------------------|-------------------|---------------------|
| Basic Necessities   |                   | \$ -              | #DIV/0!             |
| Case Management   |                   | \$ -              | #DIV/0!             |
| Child Care  |                   | \$ -              | #DIV/0!             |
| Coordination with Benefit Issuing Agencies                |                   | \$ -              | #DIV/0!             |
| Coordination with Child Welfare/Child Protective Services |                   | \$ -              | #DIV/0!             |
| Coordination with Migrant Health Programs                 |                   | \$ -              | #DIV/0!             |
| Crisis Intervention                                       |                   | \$ -              | #DIV/0!             |
| Education Assistance                                      |                   | \$ -              | #DIV/0!             |
| Employment Assistance                                     |                   | \$ -              | #DIV/0!             |
| Family Reunification                                      |                   | \$ -              | #DIV/0!             |
| Financial Assistance                                      |                   | \$ -              | #DIV/0!             |
| Healthcare  |                   | \$ -              | #DIV/0!             |
| Housing/Shelter Services                                  |                   | \$ -              | #DIV/0!             |
| Interpreter/Translator                                    |                   | \$ -              | #DIV/0!             |
| Legal Advocacy and Services                               |                   | \$ -              | #DIV/0!             |
| Life Skills   |                   | \$ -              | #DIV/0!             |
| Medical Services  |                   |                   |                     |
| Mental/Behavioral Health Services                         |                   | \$ -              | #DIV/0!             |
| Other Services (specify)                                  |                   | \$ -              | #DIV/0!             |
| Peer-to-Peer Support/Mentoring                            |                   | \$ -              | #DIV/0!             |
| Safety Planning Services                                  |                   | \$ -              | #DIV/0!             |
| Substance Use Assessment/Treatment                        |                   | \$ -              | #DIV/0!             |
| Transportation  |                   | \$ -              | #DIV/0!             |
| Victim Advocacy   |                   | \$ -              | #DIV/0!             |
| Total Direct Services Spending                            |                   | \$ -              |                     |
| Total Case Management Spending                            |                   | \$ -              |                     |

Reporting Period Start Date: 09/30/2024

Reporting Period End Date: 09/29/2025

|                                       |    |   |
|---------------------------------------|----|---|
| Total Program Administration Spending | \$ | - |
| Total Grant Recipient Budget          | \$ | - |