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Introduction

This document provides sample items and subitems that may be included in any question box that uses brackets and a recommended number of items to ask survey respondents within that question. This approach allows NHTTAC to tailor questions to NHTTAC's wide range of very diverse T/TA offerings. The universe of options is unknown and based on the T/TA request.

Core Competencies for Human Trafficking Response in Health Care and Behavioral Health Systems

NHTTAC published a set of core competencies to help guide health systems to identify, respond to, and serve individuals who have experienced trafficking or have increased risk factors for trafficking. In each survey, participants are asked to rate the importance, knowledge, and skills related to competencies. Sample competencies include:

UNIVERSAL COMPETENCY: USE A TRAUMA- AND SURVIVOR-INFORMED, CULTURALLY RESPONSIVE APPROACH

Trauma-Informed Care

Individual

- Apply key principles of trauma-informed care into work with patients or clients who have experienced trafficking, patients or clients who are at risk of trafficking, and affected family members.
- Attend to building trust and rapport with patients who have experienced trafficking or patients who are at risk of trafficking.
- Understand that trafficking is inclusive of a wide spectrum of potentially overlapping abuses, exploitation, violence, and trauma.
- Recognize that racial, cultural, historical, and other inequities and marginalization can exacerbate trauma.
- Apply knowledge of trauma to understanding patient or client reticence to disclose trafficking.
- Avoid demeaning or accusatory language such as "child prostitute" or "illegal alien."
- Acknowledge potential impacts of secondary exposure to trauma and seek trauma-informed supervision and support to prevent and address signs of vicarious trauma and burnout.

Organization/Institution

- Provide ongoing training and regularly assess staff's capacity to demonstrate a trauma-informed approach when interacting with individuals at risk of trafficking.
- Integrate trauma-informed and bias-reduction approaches into intake and screening protocols.
- Implement informed consent policy for all aspects of care.
- Establish an agencywide commitment to trauma-informed care and its principles (i.e., safety, trustworthiness, choice, collaboration, and empowerment); engage in regular self-assessment; and adapt policies, principles, and practices to reflect a trauma-informed approach to service delivery.
- Create a supportive environment and promote employee wellness in the agency; take proactive steps to preserve the emotional and psychological welfare of frontline professionals working with clients and patients at risk of trafficking, including providing adequate training and supervision related to vicarious and secondary trauma.

Research

- Evaluate effectiveness of trauma-informed approaches to individuals served in health care settings who are at risk of trafficking. Explore out-of-the-box approaches to gain access to hard-to-reach populations.
- Conduct multidisciplinary research that identifies health disparities among different populations, evaluate holistic treatments, and create an evidence base for innovative modalities for care for individuals with lived experience of all forms of trafficking.
- Identify patient/client and caregiver barriers to disclosure of trafficking to further build an evidence- based approach to trauma-informed screening.
- Identify common trauma-related impacts of anti-trafficking work on professionals and evaluate prevention and early intervention practices for addressing vicarious and secondary trauma.

Education

- Provide education on evidence-based best practices for trauma-informed approaches to assessing the risk of trafficking.
- Integrate ongoing supervision of students and evaluative measurements of learner mastery of clinical competency in providing trauma-informed care.
- Provide education on vicarious and secondary trauma and methods to prevent and address impacts on providers.

Lived Experience and Leadership

Individual

- Understand that patients are the experts of their own experiences and needs and actively use strategies to integrate their input into all decisions for care.
- Recognize that individuals who have experienced trafficking have expertise that extends beyond their experience of exploitation.
- Be aware that experiences, perspectives, and needs of individuals who have experienced trafficking vary tremendously, so that input from leaders with a diversity of lived experiences will best inform an HCP's clinical practice.
- Understand that identifying publicly as a "survivor" or "victim" for individuals with lived experience is a choice, and mirroring the language used by patients is a key component to survivor-informed and patient-centered care.

Organization/Institution

- Develop a lived experience expertise/leadership strategy to ensure all programs, policies, and procedures are survivor informed; prioritize recruitment of experts with lived experience who have diverse trafficking experiences.

- Engage patient feedback (through surveys, focus groups, advisory boards, etc.) about the medical and behavioral health needs of patients/clients who have experienced trafficking, policies/ programs, and appropriate service delivery; when possible, engage leaders/researchers with lived experience.
- Use findings from patient feedback to improve health care delivery.

Research

- Conduct collaborative, community-based research in partnership with experts with lived experience.
- Engage experts with lived experience in research efforts from design to delivery.

Education

- Engage diverse lived experience expertise in the development and delivery of educational materials on trafficking.

Culturally Responsive

Individual

- Demonstrate understanding of potential cultural factors influencing health care professional/patient or client interactions and take steps to overcome cultural barriers with sensitivity and respect.
- Seek and use knowledge about the major cultures represented in the local patient or client population as it pertains to medical and behavioral health beliefs and practices.
- Demonstrate cultural humility, adaptability, and responsiveness to patients from different cultures, nationalities, sexes, races, ethnic and religious groups, abilities, and geographic locations.
- Be aware of and counter aspects of privilege, explicit and implicit bias, or discrimination that may negatively impact patient/client interactions, health care practices, and decisions related to referrals and resources.

Organization/Institution

- Implement a cultural responsiveness and implicit bias training program for staff in all areas; provide supplemental resources and refresher training.
- Include culturally responsive behaviors in clinical performance evaluations.
- Engage professional, trauma-informed interpreters who are not from the same community as the individual; avoid using a family member (especially children) or accompanying adult as a translator.
- Provide trafficking resources and awareness materials that reflect all types of trafficking and in all languages prevalent among the patient or client population.
- Implement a zero-tolerance approach to bias/discrimination toward patients and establish a safe method in which staff, patients, and families can report concerns.
- Develop and implement hiring plans at all levels that reflect diversity and representation from the local patient or client population.

Research

- Expand the evidence base for culturally specific aspects of trafficking, including risk, resiliency, and relevant cultural beliefs and practices about victimization, health manifestations, and appropriate treatment.
- Expand research opportunities for culturally specific treatment and traditional healing modalities.
- Conduct research to explore systemic biases in the health sector that impact individuals who have experienced trafficking and develop and test strategies to overcome these biases.

Education

- Educate HCPs to care for individuals who have experienced trafficking using cultural and linguistic responsiveness.

CORE COMPETENCY 1: UNDERSTAND THE NATURE AND EPIDIMIOLOGY OF TRAFFICKING

Nature and Scope of Trafficking

Individual

- Recognize the scope of exploitive activities that constitute both labor and sex trafficking.
- Define sex and labor trafficking; differentiate severe forms of sex trafficking from commercial sex, severe forms of labor trafficking from labor exploitation, human trafficking from human smuggling; and recognize their possible intersections.
- Understand and apply federal and state definitions of trafficking to accurately identify situations that may be trafficking.

Organization/Institution

- Provide role-specific training to all staff on federal and relevant state definitions of trafficking and on the scope of exploitive activities that constitute labor and sex trafficking.

Research

- Invest equitably in research that further informs the understanding of the scope of both labor and sex trafficking, while clearly articulating any limitations.

Education

- Integrate information on the definitions, nature, and scope of trafficking into the curriculum at all academic levels and in all health care fields.
- Use appropriate evidence-based terms and concepts in all educational materials.

Trafficking and Social Determinants of Health

Individual

- Identify economic, cultural, and social contexts that contribute to the risk of trafficking, including adverse childhood experiences (ACEs), economic pressures, racial inequities, homelessness, migration, marginalization, mental illness, and cognitive and developmental disabilities.
- Apply knowledge of a social determinants of health approach to cases of trafficking.
- Recognize the cross-generational effects of exploitation and trafficking among patients.

Organization/Institution

- Integrate a social determinants of health approach into all staff training and policies, including information on the relationship between ACEs, socioeconomic challenges, and risk/protective factors of trafficking.

Research

- Design and evaluate research that identifies evidence of the relationship between social determinants of health, ACEs, socioeconomic challenges, migration, risk/protective factors, and resiliency.
- Integrate a social determinants of health approach into curriculum at all academic levels, focusing on evidence of the social and economic contexts in which trafficking occurs.

Education

- Illustrate the intersectionality of social determinants of health for individuals at risk of trafficking through case studies.

CORE COMPETENCY 2: EVALUATE AND IDENTIFY THE RISK OF TRAFFICKING

Indicators of Trafficking

Individual

- Detect existence of presenting indicators (“red flags”) of trafficking in patients or clients.
- Demonstrate the ability to develop rapport, build trust, and facilitate conversations with patients/ clients when encountering indicators.

Organization/Institution

- Train and regularly update all staff on potential indicators of trafficking.
- Make information on trafficking available to all patients/clients.

Research

- Develop and disseminate an evidence-based list of potential indicators and screening tools for all populations affected by trafficking.
- Evaluate the reliability and validity of screening tools.

Education

- Implement evidence-based curricula that supports students at all academic levels to recognize potential indicators of trafficking.
- Conduct training simulations of interactions with patients or clients who have experienced trafficking and present indicators of trafficking, including those who do not disclose.

Evidence-Informed Assessment of Risk

Individual

- Refer patients or clients who present with potential indicators of trafficking to appropriate personnel for assessment.
- For those who are trained to assess trafficking only: Educate the patient on confidentiality, privacy, and mandatory reporting requirements before conducting an assessment and empower patient autonomy to share only what they feel safe sharing.
- For those who are trained to assess trafficking only: Use evidence-based or evidence-informed tools to assess the risk of trafficking.

Organization/Institution

- Create a setting for the patient that supports confidentiality and is trauma informed and culturally and linguistically appropriate.
- Determine and train appropriate personnel to conduct assessments of trafficking when indicators have been recognized.
- Establish a systemwide policy to see patients alone and conduct assessment only when alone with patient.
- Develop and implement a protocol for conducting assessments that limits assessments to appointed personnel.

Research

- Evaluate existing tools—including universal education and within a range of health and behavioral health settings for all forms of trafficking—for individuals who have experienced trafficking.
- Develop more robust tools to identify lesser identified populations.
- Solicit feedback from experts with lived experience about the effectiveness of various approaches to screening/early intervention.

Education

- Using evidence-based tools, develop specialized, trauma-informed, and patient- or client-centered training for HCPs who will be conducting assessments.

CORE COMPETENCY 3: EVALUATE THE NEEDS OF INDIVIDUALS WHO HAVE EXPERIENCED TRAFFICKING OR INDIVIDUALS WHO ARE AT RISK OF TRAFFICKING

Need Assessment

Individual

- Understand the common and varied needs of individuals who have experienced trafficking, individuals who are at risk of trafficking, and their families.
- Conduct individualized needs assessments with all patients or clients identified as individuals who have experienced trafficking or individuals who are at risk of trafficking.
- Conduct safety planning with all patients or clients identified as individuals who are at risk of trafficking; give particular consideration to the context of trafficking, including potential familial abusers or traffickers.

Organization/Institution

- Train and supervise relevant personnel to conduct individual needs assessments for patients or clients identified as individuals who have experienced trafficking or individuals who are at risk of trafficking.
- Create protocols for crisis intervention for emergent situations involving patients identified as individuals who are at risk of trafficking, including individual patient mental health crises and risk associated with potential for trafficker interference in the health care setting.

Research

- Identify the short- and long-term health care needs most prevalent among individuals who are at risk of trafficking, individuals who are experiencing trafficking, individuals who have experienced trafficking, and their families.
- Develop, validate, and rigorously evaluate needs assessment tools specific to individuals who have experienced trafficking or individuals who are at risk of trafficking.
- Evaluate and modify tools for use with varied populations.

Education

- Incorporate case studies into health care trainings that encourage individualized needs assessment and navigation of varied health and behavioral health (and other) needs of individuals who have experienced trafficking.
- Develop and conduct training simulations of individualized needs assessments for individuals who have experienced trafficking.

Plan of Action

Individual

- Create, in collaboration with patient/client and colleagues, an individualized plan of action specific to the patient's or client's needs with consideration to age, developmental level, cultural and linguistic context, citizenship, family, ACEs and social determinants of health.
- Apply a strengths-based approach in planning with the patient, emphasizing existing protective factors and resiliency to support patient outcomes.
- Use shared decision-making processes to empower the patient or client to express their needs and preferences (as developmentally appropriate).

Organization/Institution

- Integrate into organizational protocols the clearly articulated responsibilities of staff in responding to individuals who present with potential indicators.
- Create policies and procedures that ease access and lower barriers for those identified as individuals who have experienced trafficking or individuals who are at risk of trafficking for in- network medical and behavioral health referrals.
- Ensure that a dynamic directory of service providers and local/regional/national resources is maintained and easily available to HCPs.

- Conduct patient/client service coordination in institutional and (where possible) community multidisciplinary teams to ensure streamlined service delivery and avoid re-traumatization of patients or clients.

Research

- Expand research, in partnership with experts with lived experience, on the needs of individuals who have experienced trafficking, the effectiveness of the trauma-informed approach to shared decision making among individuals who have experienced trafficking, and the impact of multidisciplinary team collaboration for case management.

Education

- Educate HCPs on safety planning, shared decision-making processes, and multidisciplinary collaboration with community service professionals informed by experts with lived experience.

Practice within Scope and Community Referrals

Individual

- Understand and remain within the appropriate scope of practice for their role and license.
- Determine appropriate culturally responsive referrals, in collaboration with patient or client, using knowledge of available institutional, community, regional and national resources.

Organization/Institution

- Assess and develop relationships with community service providers, experts with lived experience, and government agencies.
- Create a dynamic directory of available services and include processes for community referrals in the organizational policy/procedure for human trafficking.

Research

- Investigate the effectiveness of community collaboration and referrals.
- Identify strengths and gaps in the community support network for individuals with lived experience.

Education

- Conduct site visits for trainees to community service providers who work with individuals who have experienced trafficking.
- Invite experts with lived experience and community service providers to present at grand rounds, clinical team meetings, and other group educational opportunities.

CORE COMPETENCY 4: PROVIDE PATIENT-CENTERED CARE

Patient-Centered Approach

Individual

- Use age-appropriate and developmentally appropriate shared decision-making strategies applying a “stages of change” framework for collaboratively determining a patient care plan; receive informed consent for all tests and treatment to ensure the patient’s right to self-determination.
- Offer information about potential treatments/services (including potential risks and benefits) through methods that are understandable to the patient/client (e.g., through various modalities, different languages, information adapted based on developmental level).
- Prioritize patient or client safety and well-being (over disclosure) while delivering care.
- Identify events that indicate a potential need for security and/or law enforcement response, considerations for patient or client safety and confidentiality, mandatory reporting requirements, and potential harms, including those particular to undocumented patients, people of color, or those engaged in grey or informal economies.

- Understand mental and physical health needs of families of individuals who have experienced trafficking as integral to care and well-being and offer familial support and referrals as appropriate.

Organization/Institution

- Create safety procedures for all patients or clients who are identified as individuals who have experienced trafficking, including separation methods for examining patients who might be accompanied by their traffickers.
- Ensure clear policies and procedures for staff to assess when a need for security and/or law enforcement response may be necessary, considerations for patient or client safety and confidentiality, mandatory reporting requirements, and potential harms, including those particular to undocumented patients, people of color, or individuals engaged in grey or informal economies.
- Diversify access and engagement with patients through non-clinical aspects of care (e.g., translation/interpretation, transportation, coverage, mobile/remote health, telehealth).
- Use feedback mechanisms (surveys, focus groups, etc.) to gather patient input on various modalities of care.
- Conduct case review on patient outcomes with staff and multidisciplinary partners involved in case coordination.
- Ensure providers have the baseline knowledge/training they need to properly support and address trafficking, including PTSD and motivational interviewing.

Research

- Evaluate the impact and outcomes of treatment modalities for individuals who have experienced trafficking and the variability between different demographics and types of trafficking.
- Evaluate impact of multidisciplinary teams and coordinated care programs as practices for responding to patients who have experienced trafficking.
- Research multigenerational outcomes for individuals who have experienced trafficking.
- Evaluate peer-to-peer support mechanisms.

Education

- Educate HCPs in promising practices in physical and behavioral health treatments for individuals who have experienced trafficking or individuals who are at risk of trafficking.
- Educate HCPs about patient-centered care, as applied to trafficking.

Resiliency-Focused Care

Individual

- Integrate knowledge about protective factors against trafficking and resiliency of individuals who have experienced trafficking into treatment plans.
- Work collaboratively with patients or clients to identify and develop protective or resiliency factors.

Organization/Institution

- Integrate resiliency into guidelines for addressing the needs of patients or clients who have experienced trafficking and their families.

Research

- Identify health pathways to enhancing resilience of individuals who have experienced trafficking.
- Research resilience factors that improve physical and mental health recovery after trafficking.

Education

- Educate HCPs to identify resiliency factors in individuals who have experienced trafficking, understand the recovery process, and use a recovery-focused approach to providing care for this population.

“No Wrong Door” Access to Diverse Health Services

Individual

- Detect cases of all types of trafficking in diverse health care settings and specialties.
- Establish professional partnerships across public and private, inpatient and outpatient, rural and urban institutions providing primary or specialty care.

Organization/Institution

- Institute a "no wrong door" policy that recognizes the potential for individuals who have experienced trafficking and their families to access care across diverse specialties.
- Lower all identified barriers to accessing general and specialized care for individuals who have experienced trafficking.
- Design and implement protocols to ensure appropriate referrals.

Research

- Measure health care system engagement with diverse health service sites among individuals who have experienced trafficking.
- Evaluate evidence-based referral protocols in the clinical setting across public and private, inpatient and outpatient, rural and urban health systems providing primary or specialty care.

Education

- Integrate case studies of individuals who have experienced trafficking who engage in health care settings that have not historically been associated with identification of trafficking, such as substance use treatment centers, dental offices, or migrant health clinics.

CORE COMPETENCY 5: USE LEGAL AND ETHICAL STANDARDS

Mandatory Reporting Responsibilities

Individual

- Understand and comply with state and federal requirements for mandated reporting of adults and minors who are identified as individuals who have experienced trafficking or individuals who are at risk of trafficking, treating child trafficking as a form of child abuse.
- Understand that mandatory reporting laws may be a risk for individuals who are undocumented, forced to commit a crime as part of their trafficking, or for those who might otherwise fear unequal protection due to race or other status; administer a safety assessment to determine level of risk in conjunction with all reporting.
- Be transparent and explicit with all patients or clients, regardless of age, about mandatory reporting, discussing the possibility before asking sensitive questions (when possible) and discussing the act of reporting with the patient or client once the decision has been made.
- Advocate for the needs of the individual who has experienced trafficking when making a mandatory report, focusing on the status of the patient or client as a victim.
- Recognize that reporting may affect the patient–HCP relationship.

Organization/Institution

- Conduct required, regular trainings on updated federal, state, tribal, and local requirements related to mandatory reporting of trafficking.
- Develop partnerships with appropriate, trusted, and properly trained law enforcement or protective services representatives who will respond to mandatory reporting calls.
- Create policies for patients' rights protection within the institution in compliance with federal- or state-mandated law enforcement reporting and require adult patient consent before law enforcement contact if there is no mandatory reporting requirement.
- Identify organizations that can provide prompt immigration assistance for foreign nationals who may have experienced trafficking and their families.

Research

- Investigate the impact of mandatory reporting laws on patient–HCP relationships, safety, service provision, immigration status, and legal response.

Education

- Provide clear education and guidance on reporting guidelines and appropriate avenues for reporting.
- Define trafficking of children as a form of child abuse in all educational programs.

Legal Rights

Individual

- Provide information on labor, immigrant, and victim rights and community resources to individuals who have experienced trafficking and individuals who are at risk of trafficking.
- Recognize the opportunities and harms potentially associated with connecting patients or clients to enforcement agencies, including for patient–HCP relationship and trust.
- Understand state laws related to patient rights, consent for services, and confidentiality to ensure that patients (including minors) understand the services to be provided and can give consent.

Organization/Institution

- Provide relevant staff with training and resources related to protection of legal rights and connection to services for legal remedies for individuals who have experienced trafficking, including issues about civil claims and restitution, vacating and expunging criminal records, family law, victim/witness advocacy, identity theft, and immigration.
- Establish working relationships with relevant law enforcement professionals and advocates for individuals who have experienced trafficking to help facilitate protection of patients' rights.
- Offer to connect foreign nationals who have experienced trafficking with service organizations that can provide pro bono legal services and immigration services promptly.

Research

- Evaluate the effectiveness of outreach strategies and rights awareness campaigns and materials.

Education

- Integrate unit on labor, immigrant, and victims' rights into ethics courses.
- Demonstrate that learners are aware of the various legal rights of individuals who have experienced trafficking, including their immigration rights, rights as victims of a variety of crimes, forced criminality, labor rights, and civil rights.

HIPAA and Patient Consent Compliance

Individual

- Apply patient consent laws and HIPAA regulations (with relevant state exceptions) to all encounters with individuals who have experienced trafficking.

Organization/Institution

- Conduct mandatory, regular trainings on HIPAA regulations and patient consent laws, with special attention to consent laws specific to the care of minor or unattended youth.

Research

- Conduct research on challenges related to the HCP–patient relationship, guardianship, HIPAA, and consent with minors who have experienced trafficking (e.g., role of Child Protective Services system in navigating complex trafficking-related systems), informed by youth perspectives.

Education

- Prepare learners with an understanding of patient consent laws and HIPAA (and exceptions), so that they can provide appropriate care for individuals who have experienced trafficking while ensuring safety of patients, HCPs, and staff.

Documentation Considerations

Individual

- Discuss health record documentation with patients, respecting their right to privacy while balancing this with the need to provide information for continuity of care and for legal disclosures if subpoenaed.
- Provide documentation in the record that meet standard guidelines on the level of detail with appropriate billing and diagnostic codes for those identified as individuals who have experienced trafficking or individuals who are at risk of trafficking.

Organization/Institution

- Provide all staff with guidance on discussing health record documentation and ICD-10 coding with patients and how to use the institutional confidentiality measures (e.g., "masked" areas of a report, separate charts).
- Design and implement confidentiality measures for health record documentation that maximize the safety and confidentiality of patients, while including important clinical information. This includes consideration of information in the electronic record, online patient portal, intake and discharge paperwork, billing and insurance information, and the response by the medical records department to subpoenas and other court requests.
- Provide special consideration to confidentiality of minor patients with respect to parent or guardian access to information.

Research

- Conduct studies of data collected through ICD-10 code reports.
- Research the prevalence of health care provider reporting of trafficking through ICD-10 codes, identifying barriers to the application of ICD-10 codes by providers.
- Research system outcomes of ICD-10 code reporting and data confidentiality mechanisms.

Education

- Educate students to document cases of trafficking in an objective, trauma-informed way, with consideration for legal and institutional implications of reporting.
- Incorporate information into health and behavioral health training curricula on confidentiality and privacy measures individuals and institutions can adopt to maximize safety and confidentiality.
- Include discussions and exercises addressing ethical, legal, and clinical issues relevant to health record documentation of sensitive information, including possible risk to patients or clients.

CORE COMPETENCY 6: INTEGRATE TRAFFICKING PREVENTION STRATEGIES INTO CLINICAL PRACTICE AND SYSTEMS OF CARE

Primary Prevention: Preventing Any Trafficking

Individual

- Integrate concepts of nurturing and attachment, knowledge of parenting and child development, parental and child resilience, supportive adults, and social and emotional competence of children into anticipatory guidance and psychoeducation in pediatric or young adult settings.
- Routinely screen for risk of various forms of exploitation including trafficking, domestic violence or child abuse, as well as ACES and the social determinants of health.
- Offer education and resources to patients and clients on healthy relationships, internet safety, labor rights, and potential indicators of exploitation.

- Connect at risk patients and clients to community resources that address risk factors for trafficking victimization and perpetration, identify protective factors, and promote resiliency for the individual and their family.

Organization/Institution

- Train staff and providers on how to offer education to all patients about the connection between violence and their health and engage them in strategies to promote wellness and safety and connect with community resources. Ensure staff have the capacity to offer resources that address ACES and the social determinants to prevent trafficking.
- Establish standards for anticipatory guidance and psychoeducation, including adult populations, on the intersections between other forms of violence (e.g., domestic violence, child abuse) and risk of trafficking.
- Train HCPs on harms associated with ACES and intergenerational trauma to support prevention of trafficking, including among adult populations.
- Assure an institutional environment free of human trafficking by establishing policies, procedures, and best practices addressing risks of trafficking in procurement of services or goods supporting the health care setting.
- Establish partnerships with community-based resources that provide services designed to improve social determinants of health (housing stability, employment/job training, education, etc.) that reduce risk to trafficking.

Research

- Identify health disparities and social determinants of health specific to trafficking prevention and identify prevention opportunities based on those findings.
- Research the intersectionality of other forms of exploitation, such as domestic violence or child abuse, as a risk factor of human trafficking.
- Evaluate the efficacy of prevention programming.

Education

- Integrate into the curriculum trafficking prevention efforts that target social determinants of health.
- Promote improved health care quality, accessibility, affordability, and equity as routes to trafficking prevention.

Secondary Prevention: Risk Reduction

Individual

- Apply concepts of risk reduction to all interactions with individuals who have experienced trafficking or are currently experiencing trafficking, or other forms of exploitation.
- Offer anticipatory guidance, psychoeducation, and resources to patients or clients who present with any indicators of trafficking in any health setting or to any member of staff, including guidance that addresses any other historical, intergenerational, or collective trauma that may further impact a patient or client.
- Make referrals to services that use risk reduction approaches and that address social determinants of health.

Organization/Institution

- Train all health care staff in basic principles of anticipatory guidance so that they may help reduce harm for patients or clients who have experienced trafficking or are at risk of trafficking, and other forms of exploitation.
- Integrate trafficking prevention advocacy efforts into all wellness or preventive programming.
- Provide HCPs with up-to-date information on the local context of trafficking in their communities, informed by experts with lived experience.
- Ensure HCPs have easy access to a list of community, state, and national resources to address vulnerability factors identified in patients or clients who have experienced trafficking (e.g., refugee support

organizations, intimate partner violence shelters, food banks, childcare, transportation to improve access to the services), including resources that use risk reduction models of care.

Research

- Research risk reduction strategies for individuals engaged in affected industries, including illicit trades such as the sex and drug trades, and individuals working in occupational sectors at high risk for labor trafficking conditions.
- Research industries affected by trafficking at the community level.
- Evaluate risk reduction programs for applicability to individuals who have experienced trafficking.
- Evaluate outcomes of risk reduction programs that specifically target individuals who have experienced trafficking.

Education

- Incorporate education on risk reduction models into curricula on trafficking.
- Integrate into curriculum the intersectionality between trafficking and other forms of violence, informed by experts with lived experience.

Tertiary Prevention: Prevention of Re-Trafficking

Individual

- Include strategies for long-term, sustainable care in health and behavioral health planning with patients or clients who have experienced trafficking and their families.
- Connect identified individuals to appropriate social services for long-term care, interpersonal trauma, and treatment for substance use disorders, as appropriate.
- Address protective factors and resiliency strategies with patients to reduce re-trafficking.

Organization/Institution

- Invest in long-term health care and behavioral health strategies for identified patients who have experienced trafficking and their families.
- Adopt a multidisciplinary team approach to health care and behavioral health for patients who have experienced trafficking and their families to ensure that their long-term recovery is sustainable.

Research

- Research the long-term, holistic recovery needs and health care/well-being outcomes of individuals who have experienced trafficking and their families, informed by experts with lived experience.
- Evaluate the effectiveness of aftercare and support services for patients or clients who have experienced trafficking.

Education

- Educate HCPs in the long-term recovery needs of patients who have experienced trafficking and their families, grounded in a resiliency model, and informed by experts with lived experience.

NHTTAC Guiding Principles

In each survey, participants are asked to rate their ability to apply aspects of NHTTAC's seven Guiding Principles that are related to the training content. Sample sub-items for the Guiding Principles include:

Guiding Principle 1: Inclusive of All Types of Human Trafficking

Guiding Principle 2: Trauma-Informed and Person-Centered Care

- Sample Sub-Items for Trauma-Informed Care

- *Safety* (Ensuring physical and emotional support; the physical setting is safe and interpersonal interactions promote a sense of safety.)
- *Trustworthiness & Transparency* (organizational operations and decisions are conducted with transparency; the goal is to build and maintain trust with clients and family members)
- *Peer Support* (Helps establish safety and hope, build trust, enhance collaboration, and utilize lived experience to promote recovery and healing.)
- *Collaboration and Mutuality* (Importance is placed on partnering and the leveling of power differences between staff and clients, demonstrating that healing happens in relationships and the meaningful sharing of power and decision making.)
- *Empowerment, Voice, and Choice* (An individual's strengths and experiences are recognized and built upon. Operations, workforce development, and services are organized to foster empowerment for staff and clients alike. Clients are supported in shared decision making, choice, and goal setting to determine the plan of action they need to heal and move forward.)
- *Cultural , Historical, and Sex Issues* (The organization actively moves past cultural stereotypes; offers access to sex responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of individuals served; and recognizes and addresses historical trauma.)

Guiding Principle 3: Survivor-Informed

Guiding Principle 4: Culturally and Linguistically Appropriate

Guiding Principle 5: Multidisciplinary

Guiding Principle 6: Data-Driven

Guiding Principle 7: Equity and Inclusion

SOAR For Individuals Learning Objectives

SOAR for Individuals trainings are designed to teach participants how to identify and respond to trafficking where they work and participants are asked to rate their confidence in their ability to apply the learning objectives in the pre- and post-training surveys. Sample learning objectives include:

SOAR to Health and Wellness

- Describe the types of human trafficking and potential risk factors
- Identify individual and environmental indicators of trafficking
- Screen and identify individuals who may have experienced trafficking (GPRA Measure)
- Utilize a trauma-informed, person-centered, multidisciplinary approach
- Assess the unique needs of individuals who have experienced trafficking (GPRA Measure)
- Deliver appropriate services to individuals who have experienced trafficking (GRPA Measure)
- Share the importance of trafficking awareness and responsiveness with others in your work environment

Trauma-Informed Care

- Recognize the signs of trauma exposure that individuals who have experienced trafficking may present
- Describe the impact trauma can have on individuals who have experienced trafficking
- Define trauma-informed care
- Identify basic trauma-informed interventions
- Apply a trauma-informed approach to working with individuals who have experienced trafficking

Culturally and Linguistically Appropriate Services

- Define health equity and describe how culture and language are related to health inequities and health disparities that affect health equity
- Identify characteristics of cultural and linguistic competence and the impact of each on health equity
- Apply Culturally and Linguistically Appropriate Services (CLAS) standards and exhibit cultural awareness when interacting with individuals who have experienced trafficking

SOAR for School-Based Professionals

- Describe the types of trafficking in the United States
- Recognize possible indicators of trafficking in middle and high school settings
- Identify trauma-informed screening tools and techniques for use by school-based professionals
- Develop a trafficking response protocol for your organization
- 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

SOAR for Indigenous Communities

- Describe historic factors that contribute to the trafficking (both labor and sex trafficking) of Indigenous populations
- Describe trafficking in Indigenous communities
- Identify indicators of trafficking in Indigenous communities
- Describe trafficking resources relevant to Indigenous populations
- Describe methods for honoring cultural practices while providing support to individuals who have experienced trafficking
- Explain ways to strengthen cross-jurisdictional collaborations to build comprehensive responses to trafficking in Indigenous communities

Disaster Management: Preventing and Responding to Human Trafficking

- Explain the nexus between human trafficking and a disaster.
- Employ ways to educate and engage diverse stakeholders, including the health care team, for support before, during, and after a disaster or emergency.
- Prepare educational and outreach materials about trafficking during a disaster.
- Help connect individuals to resources and services to prevent and respond to trafficking.

SOAR for Sexual Assault Nurse Examiners (SANE)

- Implement guiding principles to identify indicators of trafficking in a clinical setting
- Use a trauma-informed, person-centered, multidisciplinary approach
- Assess the unique needs of individuals who have experienced trafficking through obtaining a health history and completing a thorough patient physical assessment
- Collaborate with stakeholders to deliver appropriate services to individuals who have experienced trafficking
- Share the importance of trafficking awareness and responsiveness with others in your work environment

Ethical Considerations: Working with Individuals Who Have Experienced Trafficking

- Analyze potential ethical dilemmas related to documenting, discussing, and reporting potential trafficking.
- Discern when and how to protect the privacy and confidentiality of individuals who may have experienced trafficking or are currently experiencing trafficking.
- Apply the appropriate ethical principles in various situations when working with individuals who may have experienced trafficking or are currently experiencing trafficking.
- Develop and apply personal and professional boundaries when working with individuals who have experienced or are currently experiencing trafficking.
- Assess various factors, including applicable laws and regulations, to ensure ethical decision-making.
- Apply the principles of ethical decision-making when working with individuals who have experienced or are currently experiencing trafficking.

Universal Education and Screening

- Determine whether universal education and/or screening is the best fit for your organizational setting.
- Apply a trauma-informed and person-centered approach to assess potential risks of trafficking, as well as past or current trafficking.
- Incorporate universal education into your service delivery, if applicable, as a prevention and intervention approach to trafficking that empowers the individual.
- Incorporate validated or evidence-based screening tools into your service delivery, if applicable, to identify possible risks of trafficking and determine an appropriate response.

Working with Individuals with Substance Use and/or Co-occurring Disorders

- Describe the relationship between substance use, trauma, and mental health.
- Identify how traffickers use substances to exploit individuals for trafficking.
- Determine specific interventions to support each stage of change.
- Examine different treatment options for substance use disorders.
- Share the importance of trafficking awareness and responsiveness with others in your work environment.

Community Readiness Components

This section includes items from a readiness toolkit that help to better understand a community's unique circumstances and level of readiness for the various types of T/TA. It also provides a broader understanding of where communities and regions are with their response to trafficking to identify needs and contribute to outreach plans at NHTTAC. Sample components include:

Type of Response: Community Equity

- Subtype of Response: Inequities exist, structural racism and institutionalized bias aren't identified, and marginalized communities have minimal power.
- Subtype of Response: Inequities in the community are apparent but are rationalized or ignored.
- Subtype of Response: As it relates to human trafficking, inclusivity, bias, and racial equity are not considered. There is a lack of representation of individuals with lived experience, non-binary/LGBTQ2IA+ individuals, culturally diverse members, and other populations at high risk of trafficking in community discussions.
- Subtype of Response: Inclusivity, bias, and racial equity are now part of the discussion on human trafficking. Individuals with lived experience, non-binary/LGBTQ2IA+ individuals, culturally diverse members, and other populations at high risk of trafficking are represented and engaged in community preparation.
- Subtype of Response: Planning includes strategies to address inclusivity, bias, and racial equity in the plans to address human trafficking, ensuring equity and equality is at the forefront.
- Subtype of Response: Community leaders and members are tracking the impact of various efforts internally and externally, examining the perceived benefits and unexpected burdens for individuals with lived experience, non-binary/LGBTQ2IA+ individuals, culturally diverse members, and other populations at high risk of trafficking.
- Subtype of Response: There are descriptive long-term plans in place to address bias, lack of access and barriers for individuals with lived experience, non-binary/LGBTQ2IA+ individuals, culturally diverse members, and other populations at high risk of trafficking. Community leaders engaging in anti-trafficking efforts reflect the cultural diversity of the community. Equity is supported by most anti-trafficking efforts.
- Subtype of Response: Community continues to track and address efforts by examining benefits and burdens for individuals s at high risk of trafficking.
- Subtype of Response: Culturally responsive and inclusive services are provided for individuals at high risk of trafficking.. Active leadership, advocacy, and engagement are maintained in historically underrepresented populations.

Type of Response: Existing Community Efforts

- Subtype of Response: There aren't any existing efforts in the community to address trafficking
- Subtype of Response: There aren't any efforts specific to addressing trafficking. There may be initial efforts to respond to other forms of violence (e.g., intimate partner violence, sexual assault).
- Subtype of Response: There aren't any efforts specific to addressing trafficking. There are established efforts to respond to other forms of violence (e.g., intimate partner violence, sexual assault).
- Subtype of Response: Newly developed efforts may be duplicative, resulting in similar resources in the same catchment areas and little to no resources in other areas. New collaborations and partnerships are unorganized and without clear direction. Educational opportunities may vary for target audiences, definitions, data interpretation, and direction, resulting in more confusion, frustration, and eventual disengagement.
- Subtype of Response: Efforts begin to take shape to address prevention, intervention, and treatment. Community organizations are learning how to implement trauma-informed policies throughout their organizations.
- Subtype of Response: The community is beginning to implement survivor-informed, trauma-informed anti-trafficking efforts. Organizations from different sectors are collaborating to facilitate referrals and care between organizations
- Subtype of Response: The community provides anti-trafficking programming to all populations, including underrepresented populations. Survivor-informed programs and services are in place and are used to serve all individuals with lived experience. Trauma-informed policies and programs are in use in community organizations.
- Subtype of Response: An organized community group (e.g., task force, coalition) is in place with multidisciplinary organizations to ensure anti-trafficking initiatives continue and evolve to meet the needs of the community. All community initiatives and service expansions are rooted in trauma-informed principles. Local data is regularly obtained and used in community planning and response.
- Subtype of Response: Data and evaluation guide the community focus and direction. Evidence-based and research-informed models are applied to anti-trafficking programming. Ongoing evaluations and accountability measures are used to ensure community response to human trafficking is maintained. Prevention efforts exist and are provided throughout the community. All programs and services are survivor informed, trauma informed, inclusive, and designed using promising practices in the field.

Type of Response: Community Knowledge of the Efforts

- Subtype of Response: The community doesn't have any knowledge of local, state, and/or federal efforts.
- Subtype of Response: Community members have misconceptions or incorrect knowledge about current efforts.
- Subtype of Response: Many do not consider it a priority in comparison to other issues that are fully recognized (e.g., opioid crisis versus human trafficking).
- Subtype of Response: Community members are aware of existing efforts to address other forms of violence (e.g., intimate partner violence, sexual assault). Some community members are aware of interest in developing anti-trafficking programming.
- Subtype of Response: Outreach is occurring to those not engaged, and consistent messaging is a priority to ensure all community members can support the effort and/or share their questions and concerns in safe places. New policies, Memoranda of Understanding, and anti-trafficking efforts are planned by community members from a broad representation, including individuals with lived experience, non-binary/LGBTQ2IA+, culturally diverse members, and other populations at high risk of trafficking.
- Subtype of Response: Formal outreach plans are implemented communitywide to share information about anti-trafficking efforts. Members are aware of existing efforts and resources.

- Subtype of Response: Formal outreach plans are implemented throughout the community to share information about anti-trafficking efforts. Members are aware of existing efforts and resources and some have used the available resources for themselves or others affected by trafficking.
- Subtype of Response: The community is comfortable using existing services and supports necessary expansions. The community actively promotes capacity building in underresourced populations to develop advocacy and leadership skills and provide a voice for individuals with lived experience.
- Subtype of Response: The community consistently uses existing services and promotes efforts in the community. Community members advocate for underresourced populations and actively identify opportunities for expansion.

Type of Response: Leadership

- Subtype of Response: Leadership doesn't believe human trafficking is an issue in the community.
- Subtype of Response: Leaders do not support using available resources to address human trafficking or parallel social justice movements and do not support trauma-informed and survivor-informed efforts.
- Subtype of Response: Elected, informal, survivor, and influential leaders, organizations, and community members recognize each other's place in the community but are operating in silos in addressing human trafficking.
- Subtype of Response: Some leaders are interested in supporting anti-trafficking efforts and dedicated resources to the issue.
- Subtype of Response: Community leadership begins to strategize and build relationships as they plan to address human trafficking in their community with support from various disciplines, professions, survivor leaders, and other community members.
- Subtype of Response: Community leaders are documenting unresolved issues and making plans to address them.
- Subtype of Response: Anti-trafficking efforts are now equally supported by administrators; community stakeholders; and elected, informal, survivor, and influential leaders.
- Subtype of Response: The leadership and community are committed to continued learning about human trafficking in their community, individuals with lived experience initiatives, programs, and services.
- Subtype of Response: The organized community group (e.g., task force, coalition) is survivor informed, inclusive, and a welcomed part of the community.

Type of Response: Community Climate

- Subtype of Response: The community doesn't believe human trafficking is an issue in their community.
- Subtype of Response: Some community members believe human trafficking is a victimless crime and/or people choose to be exploited.
- Subtype of Response: Victim blaming exists while minimizing the role of the employers, sellers, and/or buyers of labor and/or sex trafficking. Trauma is identified as impacting many people and issues in the community but not seen as affecting agency organization and service delivery methods.
- Subtype of Response: Some community members and organizations may be resistant to partnering. Survivor voices are sought to inform the conversations in a trauma-informed manner.
- Subtype of Response: Community members support efforts to address trafficking
- Subtype of Response: There is acknowledgment that partnerships between elected, informal, survivor, and influential leaders, organizations and community members need to be formalized to effectively address human trafficking in the community.
- Subtype of Response: Planned community groups such as specialized teams, coalitions, and task forces are formed strategically with clear missions, means of consistent communication, and documented tasks and outcomes.
- Subtype of Response: The community provides services to all populations affected by human trafficking, including underrepresented populations.

- Subtype of Response: The community has in place or is focused on ensuring state laws exist and are maintained that protect individuals with lived experience and ensure appropriate consequences for the perpetrators, including sellers and buyers.

Type of Response: Community Knowledge About the Issue

- Subtype of Response: Community members have no knowledge about the issue.
- Subtype of Response: Some community members acknowledge human trafficking is occurring in the United States but struggle to believe their community is affected.
- Subtype of Response: Many acknowledge human trafficking is occurring locally while feeling overwhelmed to address it in their community. Many acknowledge or have limited knowledge of one type of trafficking that involves negative stereotypes (e.g., awareness of sex trafficking that limits the understanding of victims to one race, sex, or age).
- Subtype of Response: The community fully recognizes that human trafficking is occurring in their community and agrees the issue needs to be prioritized.
- Subtype of Response: Organizations are increasing community awareness of the issue through informational brochures and connection to training about trafficking. Several members are aware of trafficking indicators.
- Subtype of Response: Formal outreach plans are being implemented communitywide to share information about trafficking.
- Subtype of Response: Community members are trained on trafficking indicators, groups at high risk of trafficking, common myths about trafficking, and resources available to respond to trafficking by those with lived experience and advocates.
- Subtype of Response: Community members fully acknowledge all types of human trafficking and its impact on everyone in the community and support anti-trafficking efforts.
- Subtype of Response: Detailed and sophisticated knowledge exists about prevalence of and types of human trafficking in the community.

Type of Response: Resources Related to the Issue

- Subtype of Response: There are no resources available for dealing with the issue.
- Subtype of Response: The community does not have resources dedicated to trafficking. There may be resources related to other forms of violence (e.g., intimate partner violence, sexual assault).
- Subtype of Response: The community does not have resources dedicated to trafficking. There are resources related to other forms of violence (e.g., intimate partner violence, sexual assault).
- Subtype of Response: The community is beginning to research potential funding of antitrafficking efforts. Some organizations are training staff on trafficking, including trauma-informed care.
- Subtype of Response: Research and localized data are used to determine prevalence and existing resources. The community has begun identifying which organizations can support a multidisciplinary response to trafficking.
- Subtype of Response: There is funding dedicated to resources related to trafficking. Several resources exist to support prevention and intervention anti-trafficking efforts.
- Subtype of Response: A multidisciplinary network of organizations across different sectors is established to identify and respond to trafficking. MOUs, MOAs, policies, and procedures are in process.
- Subtype of Response: The community actively seeks additional funding to sustain existing resources and create new resources. Efforts are supported by broad, multisector collaborations.
- Subtype of Response: The community is actively working with individuals with lived experiences to continually plan for additional resources based on community and nationwide data. Existing resources are readily available to and used by everyone in the community.

SOAR for Organizations Competencies

The SOAR for Organizations training content focuses on several components to help organizations develop an action plan to respond to the needs of patients, clients, and their families who have experienced or have increased risk factors for trafficking. In the Intensive pre-, midstream, and post- training surveys, participants are asked to rate the importance, knowledge, and skills related to these components. Sample components include:

Conduct an organizational audit to determine opportunities for strengthening responses to trafficking.

- Create a supportive environment and promote employee wellness.
- Take proactive steps to preserve the emotional and psychological welfare of frontline professionals working with clients and patients who have experienced trafficking or who have increased risk factors for trafficking, including providing adequate training and supervision related to vicarious and secondary trauma.
- Develop a lived experience expertise/leadership strategy to ensure all programs, policies, and procedures are survivor informed.
- Prioritize the recruitment of experts with lived experience who have diverse trafficking experiences.
- Implement a zero-tolerance approach to bias/discrimination toward clients and establish a safe method to report concerns.
- Develop and implement hiring plans at all levels that reflect diversity and representation from the local patient or client population.
- Assure an institutional environment free of trafficking by establishing policies, procedures, and best practices that address the risks of trafficking in the procurement of services or goods.
- Provide up-to-date information on the local context of trafficking, informed by experts with lived experience.

Build staff capacity to identify and respond to trafficking through education and training.

- Provide ongoing training and regularly assess staff's capacity to demonstrate a trauma-informed approach when interacting with individuals who have experienced trafficking or who have increased risk factors for trafficking.
- Engage diverse lived experience expertise in the development and delivery of educational materials on trafficking.
- Implement a cultural responsiveness and implicit bias training program for staff in all areas; provide supplemental resources and refresher training.
- Train and regularly update all staff on the potential indicators of trafficking.
- Train and supervise relevant personnel to conduct individual needs assessments for clients identified as individuals who have experienced trafficking or who have increased risk factors for trafficking.

Develop response protocols and resources to meet the needs of those who have experienced trafficking.

- Integrate trauma-informed and bias-reduction approaches into intake and screening protocols.
- Implement an informed consent policy for all aspects of care.
- Adapt policies, principles, and practices to reflect a trauma-informed approach to service delivery.
- Create protocols for crisis intervention for emergent situations involving individuals who have experienced trafficking or who have increased risk factors for trafficking, including individual mental health crises and the risk associated with the potential for trafficker interference.
- Integrate clearly articulated staff responsibilities into protocols about responding to individuals who present with potential indicators.
- Create policies and procedures that ease access and lower barriers for individuals who have experienced trafficking or who have increased risk factors for trafficking for in-network medical and behavioral health referrals.
- Create a setting that supports confidentiality and is trauma informed and culturally and linguistically appropriate.

- Establish a systemwide policy to see patients/clients alone and conduct assessments only when alone with them.
- Develop and implement a protocol for conducting assessments that limits assessments to the appointed personnel.
- Create safety procedures for all patients or clients who are identified as individuals who have experienced trafficking, including separation methods for examining patients who might be accompanied by their traffickers.
- Ensure clear policies and procedures for staff to assess when a need for security and/or law enforcement response may be necessary; considerations for patient or client safety and confidentiality; mandatory reporting requirements; and potential harms, including those particular to undocumented patients, people of color, or individuals engaged in grey or informal economies.
- Diversify access and engagement with patients/clients through nonclinical aspects of care (e.g., translation/interpretation, transportation, coverage, mobile/remote health, telehealth).
- Ensure providers have the baseline knowledge/training they need to properly support and address trafficking, including training on Post Traumatic Stress Disorder (PTSD) and motivational interviewing.
- Institute a "no wrong door" policy that recognizes the potential for individuals who have experienced trafficking and their families to access care across diverse specialties.
- Lower all identified barriers to accessing general and specialized care for individuals who have experienced trafficking.
- Design and implement protocols to ensure appropriate referrals.
- Conduct mandatory, regular trainings on HIPAA regulations and patient consent laws, with special attention to consent laws specific to the care of minor or unattended youth.
- Provide all staff with guidance on discussing health record documentation and ICD-10 coding with patients/clients and how to use the institutional confidentiality measures (e.g., "masked" areas of a report, separate charts).
- Design and implement confidentiality measures for health record documentation that maximize the safety and confidentiality of patients while including important clinical information.

Partner with the community as part of a multidisciplinary, holistic approach to serving victims and survivors.

- Ensure that a dynamic directory of service providers and local/regional/national resources is maintained and easily available.
- Conduct patient/client service coordination in institutional and (where possible) community multidisciplinary teams to ensure streamlined service delivery and avoid re-traumatization of patients or clients.
- Assess and develop relationships with community service providers, experts with lived experience, and government agencies.
- Create a dynamic directory of available services and include processes for community referrals in the organizational policy/procedure for human trafficking.
- Establish working relationships with relevant law enforcement professionals and advocates for individuals who have experienced trafficking to help facilitate the protection of patients' rights.
- Develop partnerships with appropriate, trusted, and properly trained law enforcement or protective services representatives who will respond to mandatory reporting calls.
- Create policies for patients'/clients' rights protection within the institution in compliance with federal or state-mandated law enforcement reporting and require adult patient consent before law enforcement contact if there is no mandatory reporting requirement.

Establish program quality improvement through data collection and analysis.

- Establish an agencywide commitment to trauma-informed care and its principles (i.e., safety, trustworthiness, choice, collaboration, empowerment); engage in regular self-assessment.
- Engage patient feedback (through surveys, focus groups, advisory boards, etc.) about the medical and behavioral health needs of patients/clients who have experienced trafficking, policies/ programs, and appropriate service delivery; when possible, engage leaders/researchers with lived experience.

- Use findings from patient feedback to improve health care delivery. Use feedback mechanisms (surveys, focus groups, etc.) to gather patient input on various modalities of care.
- Use feedback mechanisms (surveys, focus groups, etc.) to gather patient input on various modalities of care.

Future Plans

In the Universal Post-T/TA and Intensive Pre-, Midstream, and Post-T/TA Surveys we ask respondents to indicate the degree to which they anticipate doing a list of actions as a result of participating in NHTTAC T/TA. In the Follow Up Survey, we ask the same question in past tense. The first line of the box of questions allows us to tailor the items to skills or competencies associated with specific T/TA's. Sample questions include:

- Implement recommendations, organizational audit, or action plan.
- Negotiate a promotion, new job, or better compensation.
- Work as a NHTTAC consultant
- Serve as a leader on a new project or task
- Serve as a mentor
- Organize meetings using the Outcomes, Agenda, Roles, Responsibilities, Summary (OARRS) model
- Serve as a subject matter expert in the anti-trafficking field

Barriers

In the Universal Post-T/TA and Intensive Pre-, Midstream, and Post-T/TA Surveys we ask respondents to identify barriers they think will be a significant challenge to performing activities associated with new T/TA skills in the future. In the Follow Up Survey, we ask the same question in past tense. The first line of the box of questions allows us to tailor the items to specific T/TA's. Sample questions include:

- Lack of organizational opportunity for upward mobility
- Lack of clarity in leadership roles at organization
- Lack of work-life balance in leadership positions
- Lack of organizational coaching and mentoring

Overall T/TA Plan Goals

In the Intensive Post-T/TA Survey, we may ask about progress towards meeting goals and milestones associated with plans developed for specific T/TA's. Sample goals and milestones include:

- Goal #1: Identify communities at risk of labor trafficking in [region].
- Milestones for Goal #1
    - Learn to use geographic information system mapping software.
    - Conduct geographic information system analysis.
    - Develop map of communities at risk of labor trafficking.
- Goal #2: Develop an outreach plan for communities at risk of labor trafficking in [region].
- Milestones for Goal #2
    - Research best practices for conducting outreach.
    - Outline outreach activities.
    - Draft questions to ask during outreach activities.
    - Pilot outreach plan.

Client Satisfaction

In the Client Satisfaction Survey we ask respondents to provide feedback on their satisfaction with services received through organizations that participated in NHTTAC T/TA. Sample questions include:

Trauma-Informed Care

- Safety
  - I felt physically safe receiving services at this organization/agency.
  - I felt psychologically safe receiving services at this organization/agency.
    - The staff avoided demeaning or accusatory language.
    - The staff showed care and compassion.
- Trustworthiness and transparency
    - Staff took time to build a connection with me (rapport).
    - I trusted the staff who provided my care.
- Peer support
  - The staff who provided my care had similar experiences as me.
  - It is important that the staff providing care have the same experiences as me.
- Collaboration and mutuality
    - The staff shared power and offered opportunities for me to make decisions.
    - The staff gave me a chance to ask questions.
    - The staff offered guidance that reflected my thoughts.
    - The staff allowed me to lead my treatment plan and take steps that were most comfortable to me.
- Empowerment, voice, and choice
    - I felt like I could ask for and take a break from [*exam, appointment*].
    - I felt like I had control during the [*exam, appointment*].
  - I feel comfortable contacting the organization/agency if I have a problem in the future.
  - I feel the staff heard me.
  - I received the kind of service(s) I needed.
- Cultural, historical, and sex issues
    - The staff respected my background (e.g., sex, race, culture, ethnicity, disability, lifestyle, etc.).
    - The staff offered services that met my cultural needs.
    - The staff from my racial, ethnic, or cultural background were available to provide services.
  - The staff provided services in my Native language.
  - I was able to access an interpreter or translator.

Risk

- The staff spent time with me that helped me build confidence and trust in them.
- Before asking questions for me, the staff encouraged me to respond only to questions I felt comfortable and safe sharing.
- The staff explained (if applicable) what kind of information they are required to share with others before I answered their questions.
- When staff asked questions about my circumstances, it was done in a private space where no one could see me or overhear what I was sharing.

Needs Evaluation

- The staff were knowledgeable in my area(s) of need.
- The staff took my needs and concerns seriously.
- The staff took the needs of my family into consideration and planning.
- The staff explained the needs assessment process in a way that was easy to understand.
- During conversations with staff, they helped me to recognize my own strengths an ability to make good choices on behalf of myself and my family. (resiliency, protective factors)
- The services I received helped me plan for my safety.
- The services I received helped me cope with my fear for my safety.
- As a result of working with this organization/agency, I can better assess my safety needs.
- As a result of working with this organization/agency, I know more ways to plan for my safety.
- I was able to get around the building easily.
- The facilities were comfortable for me.
- The organization/agency/program is easily accessible to everyone, including people with disabilities.
- The staff referred me to another organization/agency/program for assistance.
- Referrals to other organizations/agencies/programs were appropriate/helpful.
- Multiple staff members with different areas of expertise helped coordinate my care.
- The services I received helped me identify a support system.
- The staff took into consideration my own preferences.

Patient-Centered Care

- I was asked to participate in deciding what services I would receive.
- The staff listened to me.
- I felt like I could say no to certain services.
- I was asked to participate in developing a plan for my care.
- Because of the services I received, I know about the community resources available to me.
- Because of the services I received, I know more about my options and choices.
- The information and assistance provided had a positive impact on meeting my needs.
- The staff provided the information I need to make informed decisions about contacting other support services.
- As a result of working with this program, I know more about community resources.
- As a result of working with this program, I know more about the options and choices available to me overall.
- The staff explained what was going to happen next.
- If I was referred to another organization to receive services, I felt comfortable with the transition and new what to expect from the new organization.
- I felt informed about what was happening in the [*exam, appointment*].
- I felt informed about where to go for follow-up [*services, medical care*].
- The staff used various modalities, languages, and information based on developmental level.
- The staff prioritized my safety and well-being while delivering care.
- The organization/agency provided translation/interpretation services.
- The organization/agency provided transportation and child care to access services.
- The organization/agency provided mobile/remote services.
- The organization/agency provided telehealth services.
- Services were available at times that were good for me.
- I did not have to share details of my exploitation in order to receive services.
- The staff treated me with respect.

Legal/Ethical Standards

- The staff explained how they would keep my information confidential in a way that was easy to understand.
- The staff explained how they would keep my information private in a way that was easy to understand.
- The staff explained mandatory reporting before conducting assessments/screenings.
- The staff explained mandatory reporting in a way that was easy to understand.

- The staff explained my labor rights in a way that was easy to understand.
- The staff explained my rights as an immigrant in a way that was easy to understand.
- The staff explained my rights as a victim of crime in a way that was easy to understand.
- The staff explained how they would document and use my health information in a way that was easy to understand.
- The staff explained the types of information they would have to disclose if they were subpoenaed in a way that was easy to understand.

Prevention

- I learned about healthy relationships, internet safety, labor rights and ways to look out for indicators that someone may take advantage of me.
- I learned about how to be a better parent.
- I received services that I believe will help me in my future.
- I know how to access services in the future, if I need them.

General Satisfaction

- I was assisted in meeting my immediate needs.
- Overall, I am satisfied with the services I received.
- I would return to this organization/agency if I needed healthcare/behavioral healthcare/human services in the future.
- The staff were empathetic.
- The staff were supportive.
- The staff were professional.