Medical Safe Haven Program and Shared Learnings Manual

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Part 1: Introduction

Purpose of Program and Shared Learnings Manual

Mercy Family Health Center (MFHC), a Dignity Health family medicine residency training facility, developed the Human Trafficking (HT) Medical Safe Haven (from this point known as the MSH) to provide comprehensive, trauma-informed longitudinal health services to persons who have experienced human trafficking. Since the program's inception in 2016, the program has successfully been replicated in the California cities of Redding, Northridge, Santa Maria, and San Francisco. The purpose of this manual is to share the program's model and learnings with Dignity Health associates and other health care systems and residency clinics seeking to implement a similar Medical Safe Haven program. The Shared Learnings in this manual are built upon Multi-site embedded MSH clinical model of care experiences of program leaders, physician champions, clinical teams, and published research on the impact of Trauma-Informed Equitable Care for identified victims and survivors of human trafficking.

Background of the Medical Safe Haven

The Problem

Human trafficking is a global issue based on exploitation. Traffickers often prey on those who are most vulnerable. Anyone—including men, women, and children—can be vulnerable at some point in their life. Every country is affected, including the United States.[1]

Trafficked persons often go unnoticed. A 2014 study published in the *Annals of Health Law* found that nearly 88% of English speaking cis gender female sex trafficking survivors reported contact with a health care provider *while being exploited*.[2] A 2017 survey report from the Coalition to Abolish Slavery & Trafficking (CAST) found that over half of labor and sex trafficking survivors surveyed had accessed health care at least once while being trafficked. Nearly 97% indicated they had never been provided with information or resources about human trafficking while visiting the health care provider.[3] A 2018 study performed by Polaris found that 68% of their human trafficking victims surveyed accessed health services through the ER/hospitalizations, and 53% accessed health services through reproductive healthcare.[4] These

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[1] *Human Trafficking FAQs*. (n.d.). United Nations : Office on Drugs and Crime. Retrieved January 17, 2019, from https://www.unodc.org/unodc/en/human-trafficking/faqs.html

[2] Laura J. Lederer & Christopher A. Wetzel *The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities*, 23 Annals Health L. 61 (2014). Available at: https://lawecommons.luc.edu/annals/vol23/iss1/5

[3] Lui Lumpkin, C., & Taboada, A. (2017). Identification and Referral for Human Trafficking Survivors in Health Care Settings: Survey Report. In *castla.org*. Coalition to Abolish Slavery & Trafficking. https://www.castla.org/wp-content/themes/castla/assets/files/Identification_and_Referral_in_Health_Care_Settings_survey_report_2017.pdf

[4] Anthony, B., Amatalluh, A. H., Anderson, J., Perez Arias, E. F., B., N. M., Dillow Crisp, J., Crosson, L., D'Souza, H., Fasthorse, H., Hollis, J., John, D., Johnson, N., Liles, T., Lipenga, F., Lundstorm, M., Marty, R., McCarty, T., Morissey, A., Placides, R. P., . . . Kosciusko, M. K. (2018). On-Ramps, Intersections, and Exit Routes: A Roadmap for Systems and Industries to Prevent and Disrupt Human Trafficking. In PolarisProject.org. Polaris. Retrieved

studies underscore the reality that health care professionals are too often unprepared to identify and appropriately care for trafficked persons.

Dignity Health Takes a Stand

In 2014, Dignity Health, in partnership with Dignity Health Foundation, launched the Human Trafficking Response Program to assist in the identification of trafficked persons in the health care setting and in the provision of trauma-informed health care and services to victims and survivors. In 2019 Dignity Health merged with Catholic Health Initiatives to form CommonSpirit Health. Through the CommonSpirit Health, Human Trafficking Response Program (VHTRP) education is provided to all staff, physicians, volunteers, and contract employees about human trafficking and implements policies and procedures to provide trauma-informed care and services to patients who may be victims or survivors of any form of abuse, neglect, or violence, including human trafficking.

The Human Trafficking Response Program aligns with CommonSpirt Health's core mission and values.

Our mission is,

- As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.
- A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity
- Compassion, inclusion, integrity, excellence, and collaboration

To learn more about the CommonSpirit Health Human Trafficking Response Program, a program that is both survivor-led and survivor-informed, please visit https://www.commonspirit.org/physician-enterprise/key-programs/human-trafficking.

Mercy Family Health Center Medical Safe Haven (Pilot Site)

Dignity Health's MFHC is a family medicine residency training facility located on the campus of Methodist Hospital in Sacramento, California. MFHC offers comprehensive one-stop services for patients of all ages, including primary and urgent care, X-rays, labs, and access to hospital specialists. MFHC developed the first Medical Safe Haven to provide comprehensive, trauma-informed longitudinal health services to persons who have experienced human trafficking and who are living in the Greater Sacramento Area.

February 11, 2023, from https://polarisproject.org/wp-content/uploads/2018/08/A-Roadmap-for-Systems-and-Industries-to-Prevent-and-Disrupt-Human-Trafficking-Health-Care.pdf

Since 2016, the first piloted Medical Safe Haven in Sacramento, Ca. has grown to include five additional MSH sites within the state of California. Each MSH site is strategically embedded within the Dignity Health hospitals which have a Graduate Medical Education (GME) program, to date these include: Redding, Northridge, Santa Maria, San Francisco and soon to come, Merced.

In 2017, the Dignity Health Foundation and Mercy Foundation provided initial funding to support the development of a scalable model of care and curriculum to replicate this program at additional residency sites. This included education on human trafficking and trauma-informed care, this published "Shared Learnings" Manual, and embedding our first MSH patient advocate in Sacramento. With the assistance of Dignity Health's grants management team, this program was able to secure a federal grant from the U.S. Department of Justice, Office of Victims of Crime, to expand the program and focus on mental health services. These funds helped to embed a patient advocate at each site and funded the opening of the Medical Safe Haven programs in Redding and Northridge. After that initial grant, another DOJ grant was secured to replicate at three additional sites: Santa Maria, Merced and San Francisco.

Residency Program Director Ron Chambers, MD, FAAFP, recognized that, by establishing such a program, resident physicians would not only learn about human trafficking and trauma-informed care in a hands-on manner but also that, upon graduation, they could take this knowledge with them to other practices around the country. Currently, the Medical Safe Haven provides over 1,000 clinical visits for victims and survivors annually—a total of over 25 visits per resident, per year. The education and training of the residents coupled with an experiential learning experience creates a future physician workforce capable of appropriately serving the most vulnerable patient populations, including survivors of human trafficking.

Due to the program's success, the MSH program—with support from the Department of Justice, Office of Victims Crime, CommonSpirit Health Human Trafficking Response Program, Mercy Foundation, Mercy Foundation North, Northridge Hospital Foundation, Marian Regional Medical Center Foundation, St. Mary's Medical Center Foundation, and Dignity Health Foundation—assists in implementing similar Medical Safe Haven programs in other CommonSpirit Health residency clinics. To learn more about Medical Safe Haven, please visit https://www.dignityhealth.org/sacramento/humantrafficking.

Definitions

Below are definitions that may be helpful as you use this manual. See the CommonSpirit Health *Human Trafficking Response Program Shared Learnings Manual* for additional definitions related to human trafficking; a link to download the manual is available at https://www.dignityhealth.org/hello-humankindness/human-trafficking.

Human trafficking: Human trafficking, otherwise known as *trafficking in persons*, generally refers to the U.S. Trafficking Victims Protection Act's definition of a "severe form of trafficking

in persons" (when used in the United States).[5] A severe form of trafficking in persons refers to a form of human trafficking that is punishable by U.S. federal law and is defined as follows:

1. The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act in which that act is induced by force, fraud, or coercion; or in which the person induced to perform such act has not yet attained 18 years of age; or
2. The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

   Note: Legal definitions of human trafficking may vary according to state legislation. For example, certain states may view a teenager (under the age of 18) who is induced to perform a commercial sex act *without* use of force, fraud, or coercion as a criminal, not a victim.

Red flag: A red flag associated with human trafficking is any observable sign that might indicate human trafficking. The Dignity Health triage screening currently includes the following red flags: (1) accompanied by a controlling person, (2) not speaking for self, (3) medical and/or physical neglect, (4) submissive, fearful, hypervigilant, and/or uncooperative, and (5) other. The "other" category is important as there are numerous additional risk factors, signs, and symptoms that could indicate human trafficking.

> **Note**: The American Hospital Association (AHA) offers an online resource that identifies ten red flags of human trafficking.[6]

Trauma: In this text, the term "trauma" refers to experiences that cause intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being.

Trauma-informed: A trauma-informed approach to the delivery of behavioral health services includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. It involves viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic. It involves four key elements of a trauma-informed approach: (1) realizing the prevalence of trauma; (2) recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; (3) responding by putting this knowledge into practice; and (4) resisting retraumatization.

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[5] The Trafficking Victims Protection Act, 22 U.S.C. § 7102 (2000). https://www.govinfo.gov/content/pkg/BILLS-115s1862enr/pdf/BILLS-115s1862enr.pdf

[6] *10 Red Flags That Your Patient Could Be A Victim of Human Trafficking* | AHA. (n.d.). American Hospital Association. https://www.aha.org/infographics/10-red-flags-your-patient-could-be-victim-human

Trauma-informed care (TIC) is a strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.

Secondary trauma is trauma-related stress reactions and symptoms resulting from exposure to another individual's traumatic experiences, rather than from exposure directly to a traumatic event. Secondary trauma can occur among behavioral health service providers across all behavioral health settings and among all professionals who provide services to those who have experienced trauma (e.g., health care providers, peer counselors, first responders, clergy, and intake workers).

Referral to treatment: The referral-to-treatment process consists of assisting a patient with accessing specialized treatment, selecting treatment facilities, and helping navigate any barriers, such as treatment cost or lack of transportation, that could hinder treatment in a specialty setting. The manner in which a referral to further treatment is provided can have tremendous impact on whether the client will actually receive services with the referred provider.

> **Note**: To support a continuum of care, the Medical Safe Haven model of care depends on a "**warm-hand referral**" approach in which patients are linked directly with service providers through a personal introduction, in order for the patient to access services such as transportation, housing, counseling, behavioral health, and legal services.

Primary Victim: A person who has experienced human trafficking or the consequences of the crime first hand.

Secondary Victim: The primary victim's children.

Part II: Medical Safe Haven Program

This section gives an overview of the MFHC Medical Safe Haven, which was established and is managed according to guidelines described in Part III.

Program Inception: Addressing Community Health Needs

Every three years, the Community Health and Outreach department for each Dignity Health hospital conducts a Community Health Needs Assessment (CHNA) to identify and respond to significant health needs within the community. This assessment helps guide the hospital's efforts to extend care to patients outside of the hospital walls. The Community Health and Outreach department then forms partnerships with and supports those public and private community agencies that respond to the health needs prioritized by Dignity Health.

In 2016, Dignity Health Methodist Hospital in Sacramento, California, identified six Community Health Needs Assessment (CHNA) based priority initiatives, including *Safe, Crime and Violence Free Communities*. This category includes safety from violence and crime, such as domestic violence and human trafficking.

Building Partnership Bridges

As MFHC considered ways to address the *Safe, Crime and Violence Free Communities* initiative, Residency Program Director Ron Chambers, MD, FAAFP, reached out to system and local leadership for education on human trafficking, victim response procedures, and trauma-informed care for MFHC staff. Ron also joined the Human Trafficking (HT) Response Program's HT Steering Committee as a Physician Adviser and joined Methodist Hospital's HT Task Force.

Jennifer Cox, who served as a Community Health Specialist in the Dignity Health Sacramento System Office, supported Community Health–related efforts for all Sacramento-based Dignity Health hospitals, including efforts related to Dignity Health's HT Response Program. For example, Jennifer was a task force member for each hospital's HT Task Force, including Methodist Hospital, and she joined local anti-trafficking coalitions to strengthen partnership bridges between community agencies and Sacramento-based hospital facilities.

These partnerships were key in each hospital's efforts to identify agencies that would support patients who may be experiencing abuse, neglect, or violence, including agencies that would arrive on-site to discuss crisis response and shelter services with patients. These agencies represent a variety of services that support victims of violence and crime, including harm reduction centers; lesbian, gay, bisexual, transgender, and queer (LGBTQ) resource centers; refugee resettlement services; federal and local law enforcement agencies, including FBI victim specialists; child and family welfare services; and the District Attorney anti-trafficking coalition.

Jennifer also engaged these agencies to provide education and awareness support at each Sacramento-based hospital through activities that bolstered trust and rapport among hospital staff

and agency representatives. For example, Jennifer invited various agencies to attend and participate in task force meetings and other hospital events to share about their services. This helped Dignity Health staff gain a multilayered understanding of violence in our communities and the needs of and issues faced by community members who have experienced such crimes.

As a result of their involvement with training and best practices development, local agency leaders began to reach out to Jennifer and Ron to describe a major barrier they faced in helping their clients gain access to health care outside of the emergency department setting. They shared that their clients typically do not have an established primary care provider, and so the agency staff often found themselves sitting in emergency departments with their clients because that was their clients' only access to care, especially for urgent physical and mental health needs.

The Medical Safe Haven Program was piloted under the leadership of Residency Program Director Ron Chambers, MD, FAAFP, with additional leadership and support from MFHC Clinic Coordinator Laura Beas-Mejia and Nadine Tom, RN. The pilot also received dedicated support from Community Health Specialist Jennifer Cox, who later became the Medical Safe Haven Program Director.

Medical Safe Haven Planning

Community agencies, both private and public, were included as stakeholders in the Medical Safe Haven planning and pilot. Each agency worked collaboratively with MFHC leadership and staff to formulate best practices for creating access to longitudinal care for survivors of human trafficking. The Medical Safe Haven also contracted with survivor leaders, some of whom worked for local agencies, to ensure survivor-informed program development and practices.

In partnership with Community Health and Outreach, MFHC designed the following model for survivors to access care from the Medical Safe Haven:

1. Survivors of labor or sex trafficking establish services at a community agency.
2. Community agency contacts the Medical Safe Haven to set up an initial appointment for the patient, per the patient's wishes.
3. Patient is seen within 24 to 72 hours.
4. Follow-up is coordinated by the Medical Safe Haven patient advocate and/or clinic coordinator, with the patient's approval.

See Figure 1 for the Safe Haven's model of care, which is dependent on effective partnerships with community agencies for initial and ongoing patient care. This model emphasizes communication, partnership, and collaboration among all involved. Every person enrolled in the Medical Safe Haven has access to trauma-informed coordinated care with a direct line for appointments and follow-up, and access to transportation to and from the clinic.

> **Note**: Persons who experienced human trafficking are also connected with the Medical Safe Haven through Dignity Health and other health care facilities. In these situations,

Medical Safe Haven physicians, residents, and staff will attempt to connect the patient with a community agency that can assist with social service needs and ongoing follow-up care, as needed.

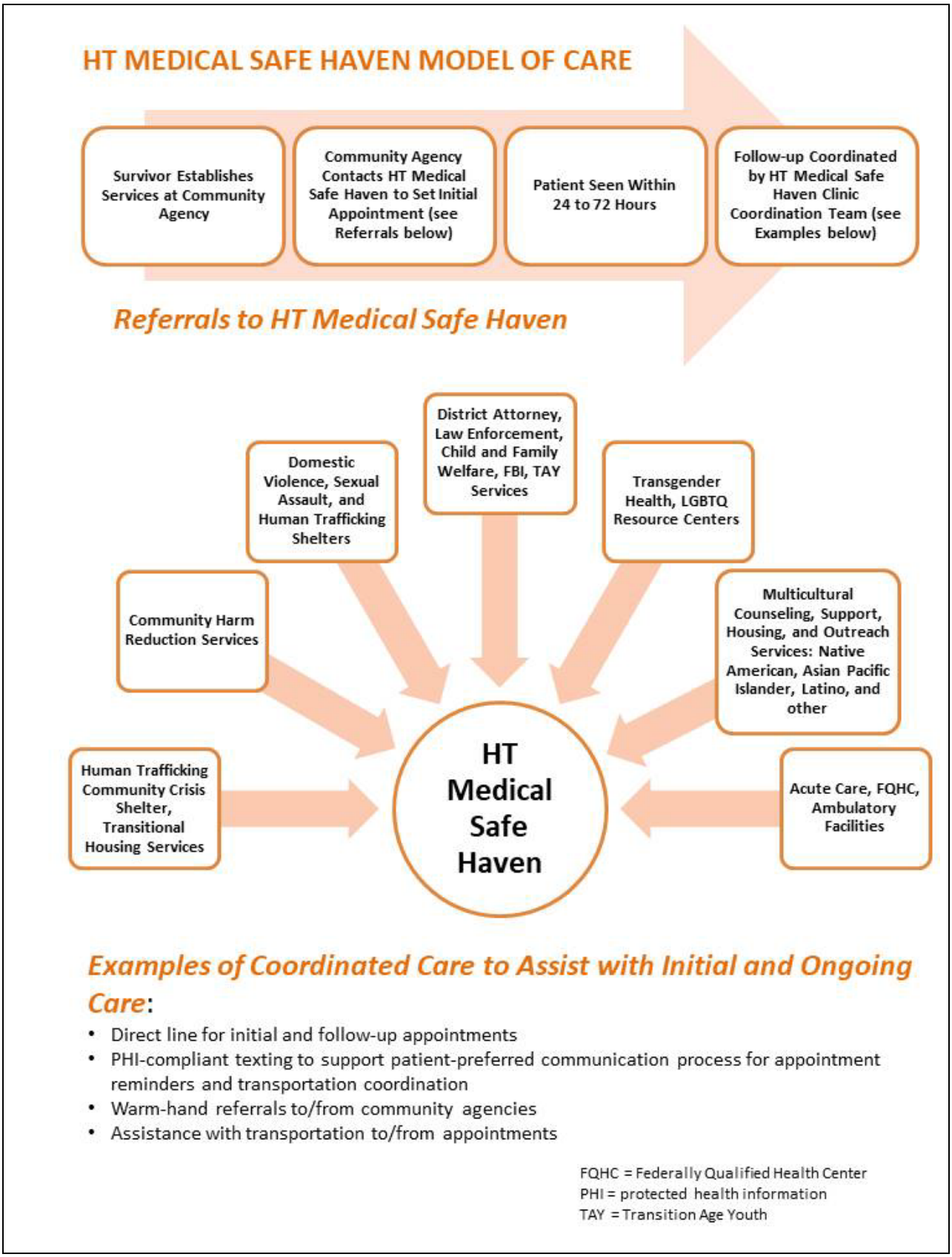


Figure 1. Medical Safe Haven Model of Care

Enrolling the First Patient

Due to the bridge of trust built between Dignity Health and community agencies, an agency leader reached out to Community Health Specialist Jennifer Cox to relay a need for a client at their safe house. The client had acute trauma-based mental and physical health needs that had not been appropriately treated in an emergency department setting the day before due to the client's inability to express health needs. Because the client was in a described "shut down state," the emergency department had not been able to treat her for multiple layers of acute needs.

The agency leader knew about the Medical Safe Haven development and reached out to gain access to trauma-informed care for the client. The message was relayed to Dr. Ron Chambers, who agreed to see the patient; and in June 2016, the first human trafficking survivor patient was enrolled into MFHC Medical Safe Haven. This began MFHC's journey of creating access to longitudinal trauma-informed care for persons who have experienced human trafficking. As of December 2022, the Medical Safe Haven has provided 4,394 patient visits. As of January 2019, the HT Medical Safe Haven, all sites, has provided 896 patient visits. The total number of MSH patients established within all sites since 2016 is 634.

Medical Safe Haven Goals

The Medical Safe Haven goals are (1) to provide comprehensive, trauma-informed longitudinal health services to persons who have experienced labor and/or sex trafficking and who are living in the geographic area of the associated program, (2) to compile and share information about health care best practices in order to ensure the best medical care for trafficked persons, and (3) Conduct research to identify innovative TIC care best practices and evaluate outcomes for this patient population and the impact on physician learners.

Medical Safe Haven Leadership

A medical safe haven program works best within a coordinated and supported structure, initiated and championed by the residency program director and/or medical director and supported by the clinic manager, clinic coordinator, residency supervisor, and senior resident physician(s). This model can also be effective if a faculty physician champions the program with the residency program director's approval.

Program Benefits

CommonSpirit Health's residency clinics offers high-quality, comprehensive one-stop services for patients of all ages, including primary and urgent care, X-rays, labs, and access to hospital specialists. Patients who enroll in the Medical Safe Haven can expect the same quality care and comprehensive services that are offered to all patients, including annual physical exams; primary psychological care and behavioral health treatment; LGBTQ-affirming services; sexually transmitted infection (STI) testing and treatment; prenatal care; newborn, pediatric, and adolescent care; and women's health services.

Medical Safe Haven patients are seen by physicians, residents, and staff who are educated on human trafficking, trauma-informed patient care, and current best practices regarding care and services for trafficked persons. To build trust and provide safety while respecting the wishes, concerns, and privacy of these patients, Medical Safe Haven physicians, residents, and staff implement practices and procedures that reflect principles of trauma-informed, patient-centered, and survivor-informed care.

The clinic offers many trauma-informed procedures and services specifically for Medical Safe Haven patients; see Part III for guidance and examples.

Patient Eligibility

In order to be eligible to enroll in the Medical Safe Haven, a patient must be identified as a victim or survivor of labor and/or sex trafficking. There are four ways that a patient can be identified and referred:

- Self-identified
- Identified by Dignity Health facility patient care member
- Identified by health care staff outside of Dignity Health facilities
- Identified by a community agency that specializes in care and services for persons who have experienced human trafficking

Once identified, the patient's status as a human trafficking survivor is documented in the patient's electronic health record (EHR) using a special code (see Part III Step 5 information on billing relationships).

> **Note**: A person who is currently engaging in (or has previously engaged in) commercial sex work will be accepted as a patient of the clinic; however, this person will not be coded as an Medical Safe Haven patient unless they self-identify as a victim or survivor of human trafficking or otherwise meet the requirements as defined by the U.S. Trafficking Victims Protection Act (see Definitions in Part I).

Patient Enrollment Process

The Medical Safe Haven program makes every effort to ensure a comfortable, supportive and safe enrollment process for patients, as well as a seamless referral process from the clinic to community agencies, as needed. For example, the patient is educated about local agencies and offered assistance with accessing services in the community. The patient is then connected with agencies according to their wishes. Process details are described in Part III.

Program Assessment

The Medical Safe Haven team regularly conducts quality improvement through reviews and refines patient processes and procedures in order to establish best practices and support program service excellence. Each team member makes an ongoing effort to identify possible

improvements. To coordinate communication and identify improvement strategies, the team holds regularly scheduled meetings and consultations with fellow staff, other agencies, and persons who identify as survivors or subject-matter experts of human trafficking, as described in Part III.

Education and Training

Every Medical Safe Haven physician, resident, staff member, volunteer, and contract employee receives role-appropriate education and training through the developed MSH curriculum, and includes resources from CommonSpirit Health Human Trafficking Response Program, including education on human trafficking and trauma-informed care. Unique to this training is the peer physician perspective and expertise in caring for this patient population.

Procedures and Practices

The Medical Safe Haven has a full set of clinic- and program-specific procedures, practices, related forms, and community outreach materials. Key topics and sample forms are discussed in Part III.

Research and Shared Learnings

As of January 2022, the Medical Safe Haven program has gone through multiple Institutional Review Board (IRB) reviews in order to share outcomes and learnings. For example, the Medical Safe Haven team is studying the effectiveness of access to longitudinal care for its patients, how this access affects community agency program enrollment and completion rates, and whether there are notable reductions in emergency department usage for non-urgent care needs after the patient's enrollment in the Medical Safe Haven program.

The *Safe Haven for Mental Health Services Project Final Evaluation Report 2021* is an evaluation of the program over a 3 year period. Some of the key findings from this report were resident physicians participating in MSH trainings strongly agreed human trafficking education is an important component to resident physician training and resident physicians participating in MSH trainings strongly agreed it is essential to empower adult human trafficking victims/survivors to make their own healthcare choices and to support their wishes, safety, and concern. One lesson learned was that the Patient Advocate role is vital to MSH.

The team is also reviewing best practices by providing an opt-in protected health information (PHI)–compliant survey of Medical Safe Haven patients (for a sample, contact Jennifer Cox, Medical Safe Haven System Director, at jennifer.cox@commonspirit.org). The survey collects qualitative data that can be used to identify social determinants and risk factors among the Medical Safe Haven patient population; assess prior health care experiences; and gather feedback about the Medical Safe Haven patient experience. This also includes Emergency Department utilization and recidivism rates after establishing longitudinal care.

Review and survey results will be shared on the Medical Safe Haven website. The team has published results in journals for reference, resource, and replication support.

> **Note**: All program resources, publications, and videos are available online at https://www.dignityhealth.org/msh and https://www.dignityhealth.org/sacramento/humantrafficking.

Part III: Guidelines for Implementing a Medical Safe Haven Program

This section identifies key steps in creating a medical safe haven program. Part IV discusses additional considerations related to payments for services, staff responsibilities, research and data to support evidence-based care, and developing a program-related website.

Getting Started

Health care professionals and medical staff have an essential role to play in fighting human trafficking, but researchers have found that physicians and other health care professionals are generally uninformed about trafficking in persons and the steps they can take to identify and treat trafficked persons. Appendix 1 is a reproduction of a journal article published by Medical Safe Haven leadership that discusses the role of physicians and makes recommendations on improved training and education.[7]

Prior to implementing a medical safe haven,[8] the clinic should implement a trauma-informed policy or procedure that advises staff on how to respond if a patient is exhibiting risk factors for or signs/symptoms of any form of abuse, neglect, or violence, including human trafficking. For example, Dignity Health's "PEARR Tool" (Appendix 2) describes key steps on how to offer assistance to a patient in a trauma-informed manner. For additional information and to download the PEARR Tool, which was developed in partnership with HEAL Trafficking and Pacific Survivor Center, visit https://www.commonspirit.org/physician-enterprise/key-programs/human-trafficking.

The clinic should also ensure that all staff are educated on various forms of abuse, neglect, and violence, including labor and sex trafficking. For example, Dignity Health's *Human Trafficking 101: Dispelling the Myths* provides basic education about human trafficking, including definitions, prevalence, common misconceptions, and common red flags (See Appendix 3 for common red flags from the AHA). This educational module is available free to the public at https://webhost.dignityhealth.org/elearning/launch.html?val=SFRSUDEwMQ==.

Staff should also be educated on a trauma-informed approach to patient care and services. The education should cover definitions and types of trauma; prevalence of trauma; the widespread impact of trauma, including impact on health care professionals and strategies to cope with secondary trauma; and meaningful ways to implement this knowledge into policies, procedures, and practices.

Once staff are educated on abuse, neglect, and violence, including human trafficking, and are prepared to assist a newly identified victim or survivor, it is time to implement a medical safe

[7] Lo V, Chambers R (2016) Human Trafficking and the Role of Physicians. *J Family Med Community Health* 3(3): 1084.

[8] In this manual, Medical Safe Haven (capitalized) refers to the Mercy Family Health Center program; medical safe haven (lower case) is used generically to refer to a similar program at another health care facility or clinic.

haven program. The following steps are guidelines for establishing a successful program. Part IV discusses additional topics that should be addressed when establishing medical safe haven programs in other medical health care settings.

It is key for physicians and clinical teams to learn about TIC and the best practices for conducting safe clinical encounters. The MSH program has developed core competencies that extensively train resident physicians. Please refer to the curriculum outline in Appendix 4.

Step 1: Identify Physician/Staff Program Leads and Assemble a Core Team

The first step to implementing a medical safe haven is to identify physician and staff program leads and assemble a core team. Ideally, the physician and staff program leads reveal themselves early in the process. Choice medical safe haven program leads include the residency program director partnering with a faculty member, resident physician, clinic manager, and/or an influential member of the clinical staff. The core team consists of clinic staff members who are trained in caring for persons who have experienced human trafficking (see "Getting Started" above) and are able to commit time and enthusiasm to the safe haven initiative.

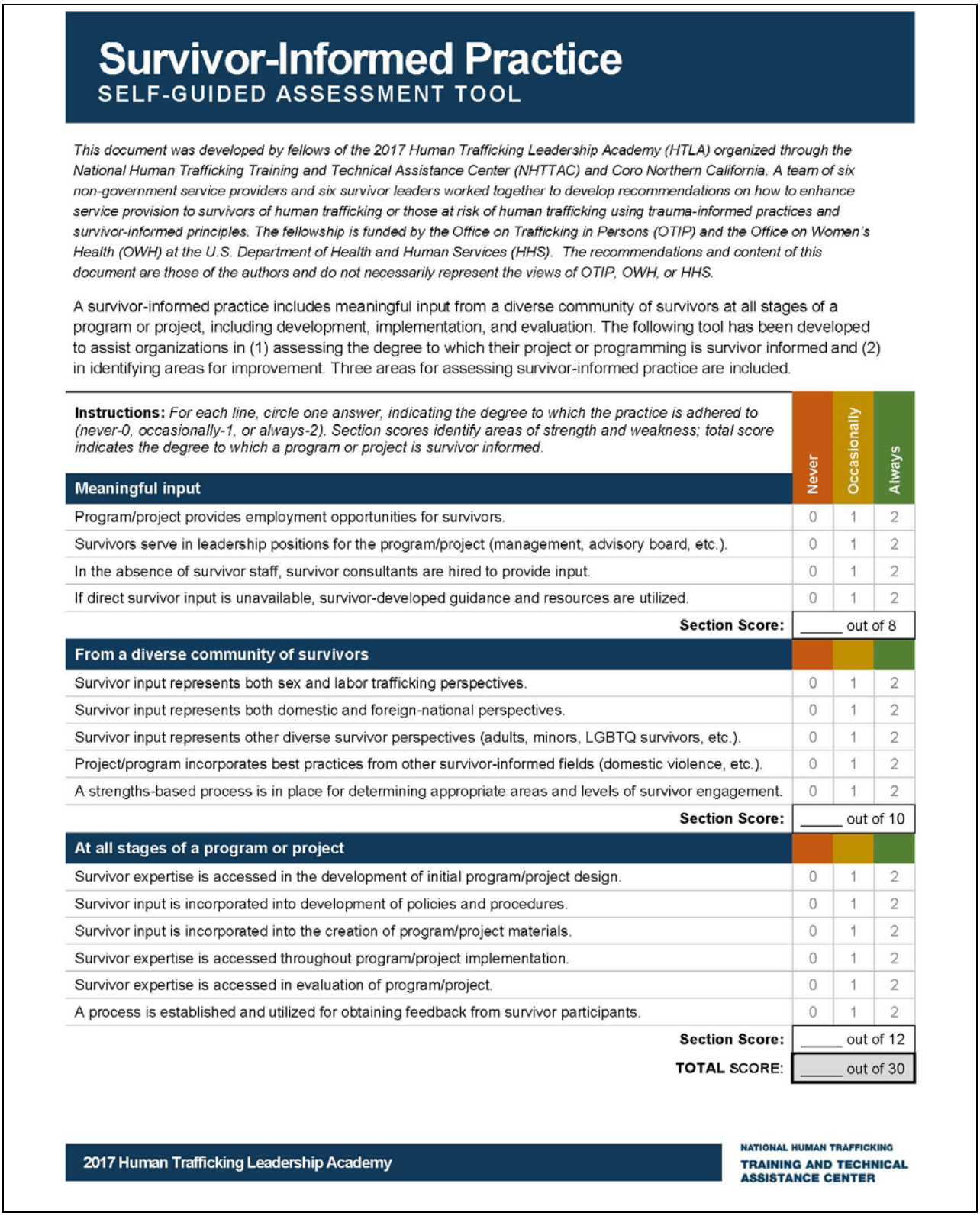
The functions of the program leads are to support and concur with team planning efforts, move the process along, advocate for the safe haven initiative, and problem solve as needed. The program leads are likely the first to meet and develop partnerships with community agencies who specialize in care and services for trafficked persons, interface with hospital administration and personnel, and provide initial clinical care to medical safe haven patients. With time and experience, the champions will become the experts in their clinical settings.

Step 2: Establish Program Goals, Guiding Principles, and Structure

The core team, working with the champion and key stakeholders, identifies and documents the program goals and guiding principles to create a foundation for program procedures, practices, and outreach. It is important that the goals and guiding principles align with the institutional mission as well as fundamental anti-trafficking principles. (See Part II for Medical Safe Haven goals.) Guiding principles might include the following:

- **Dignity**: Upholding the dignity of the individual person is the overarching principle for the Medical Safe Haven program. The program and staff create an environment in which persons who have experienced violence and crime feel safe, their privacy is protected, in control, and empowered to participate fully in their care.
- **Policy**: A comprehensive policy that establishes a trauma-informed longitudinal health care service program and demonstrates commitment to serving persons who have experienced trauma such as human trafficking.
- **Trauma-Informed Care**: All care providers and staff understand how trauma impacts the physical, psychological, and emotional safety of persons who have experienced trauma. Staff anticipate and avoid practices and behavior that are likely to retraumatize its workforce, patients, and community members.

- **Survivor-Informed Best Practices**: Medical Safe Haven involves survivors and survivor leaders in all aspects of the program, including staff positions, education, and continuous improvement efforts**. The medical safe haven program objective is to meet and consistently maintain a 30/30 in Survivor-Informed Best Practices** (see Figure 2).



Survivor-Informed Practice
SELF-GUIDED ASSESSMENT TOOL

This document was developed by fellows of the 2017 Human Trafficking Leadership Academy (HTLA) organized through the National Human Trafficking Training and Technical Assistance Center (NHTTAC) and Coro Northern California. A team of six non-government service providers and six survivor leaders worked together to develop recommendations on how to enhance service provision to survivors of human trafficking or those at risk of human trafficking using trauma-informed practices and survivor-informed principles. The fellowship is funded by the Office on Trafficking in Persons (OTIP) and the Office on Women's Health (OWH) at the U.S. Department of Health and Human Services (HHS). The recommendations and content of this document are those of the authors and do not necessarily represent the views of OTIP, OWH, or HHS.

A survivor-informed practice includes meaningful input from a diverse community of survivors at all stages of a program or project, including development, implementation, and evaluation. The following tool has been developed to assist organizations in (1) assessing the degree to which their project or programming is survivor informed and (2) in identifying areas for improvement. Three areas for assessing survivor-informed practice are included.

Instructions: *For each line, circle one answer, indicating the degree to which the practice is adhered to (never-0, occasionally-1, or always-2). Section scores identify areas of strength and weakness; total score indicates the degree to which a program or project is survivor informed.*	Never	Occasionally	Always
Meaningful input			
Program/project provides employment opportunities for survivors.	0	1	2
Survivors serve in leadership positions for the program/project (management, advisory board, etc.).	0	1	2
In the absence of survivor staff, survivor consultants are hired to provide input.	0	1	2
If direct survivor input is unavailable, survivor-developed guidance and resources are utilized.	0	1	2
Section Score:	_____ out of 8		
From a diverse community of survivors			
Survivor input represents both sex and labor trafficking perspectives.	0	1	2
Survivor input represents both domestic and foreign-national perspectives.	0	1	2
Survivor input represents other diverse survivor perspectives (adults, minors, LGBTQ survivors, etc.).	0	1	2
Project/program incorporates best practices from other survivor-informed fields (domestic violence, etc.).	0	1	2
A strengths-based process is in place for determining appropriate areas and levels of survivor engagement.	0	1	2
Section Score:	_____ out of 10		
At all stages of a program or project			
Survivor expertise is accessed in the development of initial program/project design.	0	1	2
Survivor input is incorporated into development of policies and procedures.	0	1	2
Survivor input is incorporated into the creation of program/project materials.	0	1	2
Survivor expertise is accessed throughout program/project implementation.	0	1	2
Survivor expertise is accessed in evaluation of program/project.	0	1	2
A process is established and utilized for obtaining feedback from survivor participants.	0	1	2
Section Score:	_____ out of 12		
TOTAL SCORE:	_____ out of 30		

Figure 2. Survivor-Informed Best Practices Self-Assessment Tool. Available as a pdf at https://freedomnetworkusa.org/app/uploads/2018/11/HHS-OTIP-Survivor-Infromed-Practice-Assessment-Tool.pdf

- **Evidence-Based Care**: To ensure high-quality care, the Medical Safe Haven gathers data and feedback from providers, clinic staff, and patients, assesses the data and feedback, and uses the results to continuously improve the program.
- **Collaboration**: Medical Safe Haven partners with community agencies and other stakeholders to engage the full community in treating persons who have experienced violence and crime, particularly human trafficking.
- **Impact**: Following up on program and patient outcomes is critical to program success. Sharing lessons learned expands the reach of the program to the community and other medical care providers.

Step 3: Anticipate and Mitigate Obstacles

The core team, working with the champion and key stakeholders, identify potential obstacles to success (such as staff resistance, lack of expertise, lack of facilities or equipment, funding challenges) and develop mitigation strategies for overcoming them. This effort may include developing a preliminary budget and identifying funding sources.

Step 4: Implement Ongoing Education and Training

Every medical safe haven staff member who comes into contact with patients should be educated on human trafficking and trauma-informed patient care. This includes front desk personnel and security officers. Clinic-wide education builds trust with patients and community agencies/advocates who recommend clients to the medical safe haven. Consider mandating attendance via in-person trainings, zoom presentations, or other mechanisms. Onsite, real-time training is most ideal, as this allows staff to ask questions and collaborate on workflows. Consider engaging a subject-matter expert with lived experiences for in-person training. Two resources for consideration are National Survivor Network: https://nationalsurvivornetwork.org/ and Survivor Alliance: https://survivoralliance.org/.

Residents and faculty physicians may also benefit from in-depth education on available best practices for longitudinal care for persons who have experienced human trafficking. This includes providing health screenings, behavior health screenings, prescribing medications, and making referrals to public and private community agencies. In-person case-based trainings are recommended. For additional information and publications, see HEAL Trafficking at https://healtrafficking.org.

See Appendix 4 for a sample didactic curriculum used by medical safe haven.

See Additional Resources (Appendix 5) for a list of recommended educational training videos and other educational materials, including a trafficking education assessment tool co-authored by the Medical Safe Haven Program Director.

Step 5: Hire Co-Embedded MSH Patient Adovcate with Partner Agency Collaboration

One of the key components of the program is an embedded patient advocate in the Medical Safe Haven clinic. The advocate ensures that patients have access to transportation, links them with service agencies in the community, and assists them to complete their lab tests and other needs between visits. This support from the patient advocate also allows the physicians to focus their time and energy on the medical visit itself, referring patients to the advocate for community resources.

The MSH patient advocate will reduce barriers to care that many victims face, especially the support of navigating the complex healthcare system. MSH provides the solution of equitable access by providing this trauma-informed resource with someone who understands their unique needs, supported through ongoing trauma-informed advocacy.

Step 6: Create Procedures, Practices, and Related Forms

Each clinic likely has basic procedures and forms in place that can be tailored to a medical safe haven program. Medical Safe Haven procedures and related forms can be modified to fit the individual clinic and program; see Appendix 6 for sample Medical Safe Haven site documents and forms. Key procedure topics and related forms are described below; the team should also identify whether additional forms are needed for their clinic and program.

Schedule and Communicate with Patients: Related Documents and Forms

Medical Safe Haven Patient Clinic Standard Procedure (App. 6a)

Schedule and Communicate with Patients

The patient clinic standard procedure describes how to schedule patients for both the initial and ongoing visits.

Useful Considerations

- Establish a dedicated phone line for patient care. This line may be accessed by patients, community agencies, emergency departments, etc. Ideally the line is located at the workstation of identified staff champions. Be sure to determine by whom and how often the messages should be checked.
- Use a cell phone, if available, to provide texting capability for appointment reminders with community agency representatives (e.g., client advocates) and patients. Cell phones can facilitate user-friendly text message appointment reminders and other wraparound services. Ensure that the patient has signed an appropriate form that gives your clinic permission to contact them.
- Establish procedures for handling after-hour calls for patient care and medical issues. For example, use an existing answering service, an on-call physician to triage, and schedule a follow up appointment as needed.

- Consider using a video to educate patients about the positive impacts of enrolling in a clinic with medical providers who are educated on human trafficking and trauma-informed patient care. Disseminate to community agencies.
  - Community agency representatives (e.g., client advocates) can show the video to first-time patients so that they understand the rationale and benefits of the clinic program as well as potentially breaking down barriers about fears of disclosure or judgment.
  - An example video, *Mercy Foundation, Josie's Story*, is available at https://dignityhealth.org/sacramento/humantrafficking.

> *Enroll Patient and Gather Patient Information: Related Documents and Forms*
>
> Medical Safe Haven Patient Intake Form (App. 6b)
>
> Medical Safe Haven Welcome Packet (App. 6c)

Enroll Patient and Gather Patient Information

Medical Safe Haven staff and other advocates work with the patient on every step of the enrollment process, from determining eligibility to completing all necessary forms. When possible, and when approved by a patient, a community agency representative (e.g., client advocate) will help to provide an overview of the patient's history, including exposure to trafficking and other pertinent information. This can help guide a physician in all aspects of patient care, from conversation to ordering labs and medications for exposure or other risk-related health concerns. By relieving the patient of having to retell their history, the Medical Safe Haven reduces the risk that the patient will be retraumatized by sharing historical details that may be triggering.

Once an individual or agency contacts the Medical Safe Haven enrollment team, the enrollment process involves the following steps:

- The team schedules an appointment that allows the patient to see a physician soon, ideally within 24 to 72 hours.
- The team gives an intake form to the patient (if self-identified), or to the community agency representative if the patient is enrolled in an agency. The intake form is used to gather demographic information and historical details (if appropriate) to prepare the physician and medical safe haven team for the patient's care.

  Note: If the patient is self-identified, the medical safe haven team contacts the local health plan or Medicaid representative (who is also trained on human trafficking and trauma-informed patient care) to assist patients with enrollment needs.
- The patient, insurance representative, or community agency representative completes the intake form and returns it (in person or via secure fax) to the medical safe haven clinic coordinator to review and prepare the physician for specific appointment needs.

Useful Considerations

Set up a direct phone line for agencies and community members to access in order to support a seamless enrollment and referral process. Promote the phone line in the program brochure, on the program website, and by sharing information at community agency meetings where safe haven staff can outline the scope of services and enrollment process.

Identify Payment Arrangements

Many patients lack insurance coverage or are enrolled in a government-funded plan; e.g., Medicaid and Medicare, the State Children's Health Insurance Program (SCHIP), the Department of Defense TRICARE and TRICARE for Life programs (DOD TRICARE), the Veterans Health Administration (VHA) program, and the Indian Health Service (IHS) program.

Having a patient enrolled in an insurance plan will provide needed coverage for future visits. As such, part of the process for the initial visit should be to assist the patient with enrolling in the appropriate county or in other funded plans, when possible.

Useful Considerations

- In order to facilitate initial and often urgent needs, it is prudent to waive the fees for a patient's initial visit. Be sure to obtain approval from upper-level administration, if needed, and check with billing to ensure this process will not negatively impact the patient.
- Establish contact with an enrollment representative: Reach out to your local health plan or Medicaid representative and determine if they can identify an enrollment agent that can act as a contact for this patient population. Request that this representative complete a training on human trafficking and trauma-informed patient care. This person(s) will act as a liaison and assist patients with enrollment needs.

Establish Billing Relationships for Ancillary Services

- **Lab**: For lab work, contact a lab representative to ask about discounted rates for vulnerable patients. If lab work is important prior to a patient obtaining insurance, then create a process with the lab to have the bill submitted directly to the clinic. Alternatively, the patient could bring the bill to the clinic. Create a budget for this process or use other funding sources (e.g., a grant) to offset costs.
- **Pharmacy**: The local hospital may have funding available for indigent populations in need of pharmaceuticals on a short-term basis. Try contacting hospital administration to explore this option for your patients and gain approval for use in your clinic. Explore other options that may be location-specific. Ensure that all involved parties understand that this strategy to cover costs is short-term only, lasting until the patient is enrolled in a Medicaid plan.
- **Imaging**: Explore options as described above.

Identify Payment Arrangements: Related Documents and Forms

MSH Insurance Enrollment Guide (App. 6d)

- **Transportation**: Establish a transportation service to increase access and remove barriers that this patient population often faces.

Coordinate Services: Related Documents and Forms

Human Trafficking Resource Agencies: Physician Tip Sheet (App. 6e)

Medical Safe Haven Welcome Packet (App. 6c)

Useful Considerations

Medical Safe Haven assigns a special code, *MSH*, for its patients, and this code is included in the patient's EHR. This code signifies that the patient's visit, lab, and pharmacy bills are to be directly invoiced to the clinic (until insurance enrollment), so the patient does not receive an invoice. This also provides a streamlined process to track data on *MSH* patients.

Coordinate Services

Many patients receive support and services from community agencies concurrently with their medical care. This may include transportation, shelter, therapy, case management, and more. In order to ensure ongoing patient care, it may be helpful for medical safe haven physician(s) and coordination staff to communicate with community agency representatives (e.g., client advocates) to coordinate services. For example, client advocates can assist patients with obtaining lab work, picking up medications, and participating in follow-up appointments. If the patient agrees with a communication plan between the physician and client advocate, then have the patient complete and sign paperwork that authorizes release of personal information.

Create Program Brochure: Related Documents and Forms

Medical Safe Haven Program Brochure (App. 6f)

Useful Considerations

Dignity Health uses a community resources algorithm to connect with community resources when working with any person who may have experienced human trafficking; for more information, see *Human Trafficking Response Program Shared Learnings Manual* (download available at https://www.commonspirit.org/physician-enterprise/key-programs/human-trafficking).

Create Program Brochure with Direct Contact and Scope of Services

Create and provide a program brochure to spread awareness about medical safe haven services, access, and referrals. Key audiences for the brochure include the following:

- Public and private community agencies, including county welfare agencies, law enforcement, and service providers
- Hospital staff, including emergency department staff
- Potential patients

Outline Practices for Patient Visits

The team should identify trauma-informed policies, procedures and practices for seeing patients in the medical safe haven setting, with the plan to adjust as needed to accommodate specific needs of patients.

Useful Considerations

Identify practices and environments that help avoid triggers and retraumatization, such as the following:

- **Plan for a 60-minute appointment slot for initial patient intakes**. Consider designating two half-days per week for patient intake, or leave a daily clinic slot open to facilitate patient intakes (e.g., the last appointment of the day or the last appointment prior to lunch).
- Initial visits and full physical exams may also require some additional time (e.g., 30 to 45 minutes).

  Note: A 60-minute appointment supports a commitment to trauma-informed physician interactions and creates time to build trust and a sense of safety, time to review the patient's history and needs, time for patient advocate support, and time for the physician to explain labs and make referrals for services that will support full-scope wellness.

- **Avoid leaving the patient in the waiting room for prolonged periods of time**. Move the patient to a private exam room immediately upon arrival. Designate a champion or medical staff person to stay with the patient, as appropriate. If there is a community agency representative (e.g., client advocate) accompanying the patient, ask the patient privately if they would like for the advocate to wait with them in the exam room.
- **Involve the community agency representative (e.g., client advocate)** during the initial and potential follow-up appointments if the patient is agreeable. Many community agency client advocates will significantly assist initial interviews and provide encouragement and support for the patient as needed. They may also remember/reinforce treatment plans, thereby promoting patient compliance. They can also provide feedback to their agencies about the care provided to their clients at the clinic, which can promote further engagement between the agencies and the medical safe haven program.

Outline Practices for Patient Visits: Related Documents and Forms

Medical Safe Haven Physician Tip Sheet: Clinic Patient Visit (App. 6g)

Dignity Health's "PEARR Tool" (App. 2)

American Hospital Association ICD-10-CM Coding for Human Trafficking (App. 7)

- **Use a Physician Tip Sheet** to prepare for the patient visit. For example, the tip sheet can include lab sets; ICD-10[9] codes for conditions commonly seen in trafficked persons (see Appendix 7 for a full set of ICD-10-CM Coding for Human Trafficking published by the AHA) or persons suffering from behavioral health concerns; and common medications to treat post-traumatic stress disorder (PTSD), generalized anxiety disorder (GAD), STIs, and other conditions commonly seen in persons who have experienced human trafficking.

Step 7: Identify and Implement Medical Safe Haven – Specific Program Features

The medical safe haven may benefit from features that are specific to a person who has experienced trauma such as human trafficking. For example, ***Medical Safe Haven sites*** offers the following features specifically for their patients:

- Patients have access to a direct and confidential phone line to access information about services and to schedule appointments.
- Medical Safe Haven staff and patients speak by phone prior to the first appointment, in order to discuss enrollment and appointment guidance/support (such as transportation and child care needs).
- In order to foster a sense of privacy and safety, Medical Safe Haven patients are guided to a patient examination room as soon as possible. Whenever possible, they do not wait for extended periods of time in the clinic waiting room.
- Medical Safe Haven patients are offered the choice to be supported by an advocate during their visit: a highly trained in-house patient advocate or a representative (e.g., client advocate) of their choosing from a community agency.
- The clinic coordinator and Medical Safe Haven patient advocate provide follow-up support for Medical Safe Haven patients; for example, with patient consent, follow-up support may include the following:
  - Text communication for appointment reminders
  - Lab and other specialty referrals
  - Coordination for treatment referral support
  - Communication with agency patient advocate for seamless continuum-of-care patient support
- Medical Safe Haven directly bills insurance only; patients do not receive a bill for any aspect of their visits, including required labs, medications, and identified behavioral health and mental health follow-up treatments for the following two reasons:

[9] In this manual, ICD-10 refers to ICD-10CM (International Classification of Diseases, Tenth Revision, Clinical Modification), which is the code set for diagnosis coding. ICD-10CM is used for *all* health care settings in the United States. Another ICD-10 code set is ICD-10PCS, which is used in *hospital inpatient* settings for inpatient procedure coding.

- This practice helps ensure patient safety and privacy, since billing a patient could put a patient at risk if he or she is currently living in an at-risk environment.
- Most Medical Safe Haven patients do not have the capacity to pay for services.

Communicate Ability/Capacity to Accept Patient Referrals: Related Documents and Forms

Medical Safe Haven Program Brochure (App. 6f)

Medical Safe Haven Patient Intake Form (App. 6b)

Medical Safe Haven Agency Tip Sheet (App. 6h)

Step 8: Create Community Resource Handouts for Patients

Create and provide handouts that identify resources for patients (such as housing, counseling, legal services, and case management). For example, to help a patient access various agencies for services, the handout could include direct phone lines to identified representatives from each agency that work in collaboration for warm-hand referrals.

Useful Considerations

Many patients will transfer services between community agencies. For example, a patient may complete or leave a program at one agency and enroll in a new program at another agency. If a disagreement occurs between an agency and a patient, be sure to stay neutral in these encounters and act as a resource that all patients and community agencies can access. A community resource list (e.g. a handout that lists agencies providing services like housing, counseling, legal services, case management) may help patients during various crossroads along their road to recovery.

Create Patient Community Resource Handouts: Related Documents and Forms

Human Trafficking Resource Agencies: Physician Tip Sheet (App. 6e)

Step 9: Confirm Ability/Capacity to Accept Patient Referrals

The team should formally review all aspects of the program (e.g., funding, facilities, staffing, procedures, outreach materials) and confirm with the team leadership that the program is ready and able to accept patient referrals.

Step 10: Communicate Ability/Capacity to Accept Patient Referrals

Community Agencies

Communicating with local agencies is key to building a bridge of trust that will encourage persons who have experienced human trafficking to access primary/long-term care in a residency clinic.

- Provide a brochure on the scope of clinic services.
- Provide a patient intake form.

Useful Considerations

Community agencies look for quality health care for their clients, and the medical safe haven clinic is an innovative trauma-informed model that meets this need. Referrals will most often come from local agencies. If your area does not have an agency, or if you need to locate appropriate agencies, refer to the National Human Trafficking Hotline, which can be reached 24/7 by phone: 1-888-373-7888 or by website: https://humantraffickinghotline.org. This hotline can provide information about local agencies.

Internal Communication

Communicate with hospital administration and departments on the status of training and on the clinic and medical providers readiness to take referrals/patients.

- Hospital Administration may promote awareness among medical staff.
- Directly contact social services, emergency department, labor and delivery, chaplains, security, etc.
- If your facility has a human trafficking task force, use this resource for communicating program benefits and readiness for referrals.

Step 11: Start Seeing Patients

Review processes in real time during roll out, make adjustments to procedures and practices as needed.

Useful Considerations

It is important to have a clinic coordinator support the patient appointment process.

Step 12: Review Processes and Procedures with Key Participants and Stakeholders

Key staff

The program director, clinic coordinator, and patient advocate should meet weekly to facilitate program mitigation of patient process challenges, including access to community-based resources for referrals, transportation services, billing relationships, program funding, and patient process support.

Start Seeing Patients: Related Documents and Forms

MSH Medical Patient Clinic Standard Procedure (App. 6a)

Survivor Consultants

Set up regular meetings (e.g., quarterly) with survivor consultants to gain valuable survivor-informed feedback on program elements such as the patient intake process, patient–physician interaction, program outreach and resource materials, and patient surveys. Survivor consultants, as subject-matter experts, are a vital part of the program's success, as their input helps to inform and influence best practices for trauma-informed patient care. Be sure to pay survivor consultants for their time and expertise if they are assisting the program on their own time.

Community Stakeholder Committee (Community Agencies and Law Enforcement)

To support ongoing communication with community agencies, including law enforcement, set up regularly scheduled (e.g., semi-annual) meetings to review the clinic's services and processes. Meeting topics include feedback on patient procedures, successes, barriers, and mitigation strategies. The meetings are mutually beneficial by increasing awareness of each other's services and program benefits.

Invite private and public community agencies to a meeting to tour your program facilities, collaborate, and discuss services:

- Hospital Communications or Community Health departments may assist with coordination.
- Keep an updated contact list of key representatives from each organization.
- Discuss feedback from community agencies, survivor consultants, and physicians once these feedback mechanisms have been implemented.
- Discuss the medical safe haven model as an innovative approach that provides success in identifying gaps for survivors of human trafficking to access long-term care.
- Discuss the importance of residency clinics using the medical safe haven model to meet the health care needs of survivors within your clinic's or facility's service area.

Useful Considerations

If your area does not have any agencies, or you need to locate agencies that provide services to survivors of human trafficking, there is a national resource that can provide information for your specific region. Please refer to the National Human Trafficking Hotline, which can be reached 24/7 by phone: 1-888-373-7888 or by website: https://humantraffickinghotline.org.

Part IV: Additional Considerations

Medical Safe Haven sites apply the following approaches to patient care and services for their patients. These topics should be addressed when establishing medical safe haven programs in other health care settings.

Data to Support Evidence-Based Care

Data Sources

The medical safe haven patient data should be captured and formatted in an appropriate database system, such as REDCap (a secure web application for building and managing online surveys and databases) or in a password-protected Excel spreadsheet. Examples of patient data include the number of medical safe haven visits, the reasons for the visits, patient demographics, total number of patients, total number of new patients, and barriers to patient visits.

An important source of program performance data is feedback from patients, which is key to trauma-informed care. If possible, provide incentives for patients to complete the surveys, which can provide valuable information regarding the patient's prior interactions with health care, emergency department utilization practices, and current health care experiences. Either an online or paper survey is an effective tool to receive feedback and input from medical safe haven patients and to collect data to measure and improve patient care. REDCap and SurveyMonkey are two examples of online survey platforms that can be used.

To assist the team in assessing program successes, challenges, and areas for improvement, develop data reports for the medical safe haven program director, manager, coordinator, or other team members as appropriate.

Electronic Health Records (EHR)

In order to build on evidence-based data in the health care field, it is important to track the number of patients enrolled in the medical safe haven through the EHR system using standardized classification systems and terminology, such as ICD-10 coding (see Appendix 7). The Medical Safe Haven Physician Tip Sheet: Clinic Patient Visit (Appendix 6h) also includes coding information.

Patient Encounter Information

Another source of data to support evidence-based care is information from patient encounters in cases where you have the capacity to gather input from the physician's notes, the patient's intake form, and/or directly from the patient or community agency. These data can be captured using REDCap or a password-protected Excel document.

Program Assessment Process and Procedures

It is important to establish a process to produce measurable, evidence-based data to assess efficacy of your medical safe haven program and address program needs. Include the following steps in developing the process:

- Identify existing sources of patient data to use in team process improvement efforts.
- Develop mechanisms and procedures to get feedback from patients, care providers, and community agencies.
- Create a form to obtain feedback from community agencies and patients (anonymously). Distribute this form and/or make the form available on the medical safe haven's website. This form not only provides important data, but it can also build rapport and establish trust with the community agency and patient.

For additional guidance, a description of the Medical Safe Haven program process and procedures are included below. Related forms are under IRB review; for samples, please contact Jennifer Cox, Medical Safe Haven System Director, jennifer.cox@commonspirit.org.

Data Gathering and Analysis

Medical Safe Haven data are gathered from EHR patient visit encounters as well as from REDCap, a secure web application for building and managing online surveys and databases. For each patient visit encounter, information is captured and entered into the database by the coordination team. These data provide insights that are helpful in strengthening program services; for example, the data help identify barriers (such as transportation, ineffective appointment reminders, communication) to patients' keeping appointments and following up on labs. The patient visit outcomes data guide the residency team in creating common lab sets, medication lists, and other vital information to assist physicians in applying trauma-informed practices.

Data has been analyzed and included in IRB study reviews, journal articles, and other communication streams in order to share what we have learned. One area of improvement that has been made since this data has been analyzed is there has been encouragement of more consistent use of mental health assessments.

Team Meetings

Purpose: Monthly Medical Safe Haven team meetings ensure that the program team identifies enhancements and mitigates program challenges. The monthly meetings also serve as a vehicle for staff to review cases and debrief on patient data, outcomes, and physician resilience.

Participants: Regular meeting attendees include the residency director, resident physicians who are providing care for Medical Safe Haven patients, program director, clinic coordinator, patient advocate, clinic manager, and faculty physicians who provide care or precept care for Medical Safe Haven patients. When warranted, the monthly meetings also include community agency advocates and/or survivor consultants who can provide valuable input and feedback when

debriefing on patient care practices that are specifically associated with the agency; this information is only shared if the patient has given written consent.

Agenda Topics: The team addresses the following topics in its monthly meeting:

- Internal Communication
  - Patient visits (e.g., flow, challenges, and opportunities)
  - Barriers (e.g., transportation to appointments, follow-up labs, case management)
  - Mitigation strategies
  - Physician encounters, resiliency resources
  - Capacity for appointments
  - Survivor-informed feedback
- External Communication
  - Agency needs, including feedback and follow-up as necessary for patient support
  - Partnerships with local agencies, to ensure a more seamless process for referrals

Patient Process Improvement Meetings

The Medical Safe Haven program director, clinic coordinator, and patient advocate meet weekly to facilitate program mitigation of patient process challenges, including access to community-based resources for referrals, transportation services, billing relationships, program funding, and patient process support.

Meetings with Community Agencies and Law Enforcement

Regular Meetings: The Medical Safe Haven team meets monthly, quarterly, or annually, depending on the site, with public and private community agencies, including domestic violence and sexual assault response agencies (shelter and recovery), law enforcement, FBI victim specialists, local anti-trafficking coalition(s), family justice centers, child and family welfare, faith community groups, youth services groups, refugee resettlement agencies, Native American Health Centers, LGBTQ centers, and other identified stakeholders. The meetings support ongoing communication with community agency representatives (e.g., client advocates, agency managers, executive directors). Meeting topics include community resources for collaboration in patient care, feedback on patient practices and procedures, successes, barriers, and mitigation strategies. The meetings are mutually beneficial by increasing awareness of each other's services and program benefits.

Tours: The Medical Safe Haven program director invites community agencies to visit the Medical Safe Haven site to take a tour of the clinic and discuss program benefits. This process continues the added benefit of connecting agencies in referring clients for patient care, and builds additional warm-hand resource options for the Medical Safe Haven team to facilitate continuum of care.

Consultations with Human Trafficking Survivors

Quarterly, or as needed, the Medical Safe Haven program staff consult with known survivors of human trafficking, who provide valuable survivor-informed feedback on program elements such as the patient intake process, patient–physician interaction, program outreach and resource materials, and patient surveys. Survivor consultants, as subject-matter experts, are a vital part of the program's success as their input helps to inform and influence best practices for patient care. Survivors are paid for their time when they are assisting outside of the scope of their normal work (e.g., if they do not already work for Dignity Health or a local agency).

Payment for Services

Medical Safe Haven sites align with a no-barrier access model for all patients. During the intake appointment, staff determines insurance coverage and connects patients with any needed resources. For example, consider the following two scenarios:

Scenario 1. Patient is covered by insurance

If the Medical Safe Haven patient is covered by government-funded insurance (e.g., Medi-Cal[10] or Medicare Disability Insurance), commercial health insurance, or other insurance, then staff collects the insurance information during the first visit. Medical Safe Haven staff assists the patient with this process if/as needed; for example, staff may provide the patient with contact information for the applicable agency (or county office) or staff may offer the patient a private setting to contact the agency for guidance.

Note about Medi-Cal: If the Medical Safe Haven patient is covered by out-of-county Medi-Cal, or their Medi-Cal coverage is linked to another Medi-Cal Managed Care plan, then staff instructs the patient to choose a plan associated with the Medical Safe Haven Site; in that case, staff assists the patient with the process to transfer coverage to the appropriate county. (See Insurance Enrollment Guide in Appendix 6e.)

Scenario 2. Patient is not covered by insurance

If the Medical Safe Haven patient is not covered by an insurance plan or program, then staff connects the patient with an enrollment specialist; e.g., a community agency that specializes in Medi-Cal enrollment.

Foundations and Grants

Costs associated with patient care (e.g., labs, medications, specialty care) may be eligible for funding through foundations and state and federal grants. For example, Medical Safe Haven received pilot program funding from the Dignity Health Response Program, with support from the Dignity Health Foundation, and from Mercy Foundation. This funding supported initial patient visits, labs, medications, and program development.

[10] Medi-Cal is the California Medical Assistance Program, California's Medicaid program serving low-income individuals. Other states have different names for Medicaid and Children's Health Insurance Program (CHIP), as shown at https://www.healthcare.gov/medicaid-chip-program-names.

Tip: Check state and federal grant websites for initiatives that may fund programs that offer care and services to vulnerable persons such as human trafficking victims and survivors.

Coordination for Payments

Each facility or clinic will have its own billing process for patient visits to the medical safe haven program. To ensure accurate billing and coordination for payments, the intake staff should work with the facility's/clinic's billing department to establish the appropriate billing code. Medical Safe Haven sites use the following approach for payments:

- Intake staff and the clinic billing department assign each Medical Safe Haven patient a Structured Product Labeling (SPL) code.
- Clinic administration records the patient visit.
- The clinic billing department processes the invoice and submits it to the appropriate payment resource. **Note**: The Medical Safe Haven patient does not receive the bill.
  - Medi-Cal or other government-funded insurance program
  - Commercial insurance
  - The Medical Safe Haven administrator, who pays the bill through established budget or funding

Staff Responsibilities

Medical Safe Haven staff responsibilities are end-to-end, from scheduling appointments to providing medical care to discharging patients.

Coordination of Care

For patients who are in need of and/or are requesting additional support and resources, Medical Safe Haven staff will coordinate care by referring the patients to community agencies. This will assist the patient in establishing long-term, sustainable support. Care coordination can include warm-hand referrals to a variety of services, such as transportation, housing, education, job readiness, behavioral health services, healthy pregnancy and parenting assistance, and others.

Consider partnering with a community agency who can embed a trained advocate within the safe haven clinic to provide such care coordination to patients. The advocate can then be part of the operational agreement and can be funded by foundations, community health departments, or grant sources to provide a collaborative, community-based model for patient care.

Establish Program Efficacy

It is important to establish a process to produce measurable, evidence-based data to assess efficacy of your medical safe haven program. See "Data to Support Evidence-Based Care" and "Program Assessment Process and Procedures" above for information on data sources, gathering, and reporting.

Referral to Community Agencies

Medical Safe Haven staff refer patients to community agency partners for health needs and support (e.g., housing, food, behavioral health, transportation) as needed. See Human Trafficking Resource Agencies: Physician Tip Sheet (Appendix 6f) for a list of typical agencies.

Communication with Community Partners

Below is a typical communication process used between clinic staff and community partners.

- Semi-annual community partner agency meeting with the medical safe haven team
  - Discuss current patient processes, protocols, challenges, and opportunities to provide high-quality trauma-informed care for medical safe haven patients.
  - Discuss opportunities to partner in meaningful ways.
- Survivor-informed consultation, when available, as subject-matter experts
  - A medical safe haven program can be more effective if survivor leaders can review items such as welcome letter, intake form, patient procedures, training content, program brochures, etc. Survivors can provide valuable feedback on images, relevancy, and trauma-informed, victim-centered language.
  - Survivors can provide valuable information through trainings to staff and in medical safe haven team meetings and facility task force meetings. Survivors can also provide valuable feedback when developing and reviewing materials such as patient surveys. If you are not connected with local survivors and need more information, please contact the National Survivor Network at https://nationalsurvivornetwork.org or the Survivor Alliance at https://survivoralliance.org.

Diversity, Equity, and Inclusion (DEI)

“At CommonSpirit, we believe everyone has the right to be healthy. We know our health shouldn’t depend on our zip code, economic status or the color of our skin. Together we have a chance to create a more just health care system across the country that improves physical, social and mental health through better access and more equitable outcomes.

We envision an approach to providing health care that solves health needs proactively and holistically and achieves more equitable health outcomes. As one of the nation’s largest nonprofit health care organizations, CommonSpirit is uniquely positioned to lead this work in our communities.

We seek to improve the health of the people we serve, especially those who are vulnerable. We are embedding health equity throughout the CommonSpirit ministry through five Health Equity Priorities. Each Priority is dependent upon the others. All of them hold up the welcoming shelter of healing that is CommonSpirit Health. We will care for one another – and heal humanity – by advancing social justice for all.

CommonSpirit is acting to address systemic inequities experienced by Black, Indigenous, People of Color, as well as vulnerable and underserved populations including Lesbian, Gay, Bisexual, Transgender and Queer communities.

The first steps we are taking include expanding access to care in underserved communities; improving how we track outcomes by race, ethnicity and language as well as by sexual orientation and gender identity; expanding implicit and unconscious bias training; growing programs that address the social determinants of health to remove barriers to good health and further diversifying our leadership, workforce and suppliers.

CommonSpirit is committed to creating a diverse healthcare workforce that reflects the distinct communities we serve.

We have entered into the More in Common Alliance, a historic 10-year, $100 million dollar partnership that will increase development of Black and minority physicians by ensuring that a minimum of 300 additional underrepresented providers complete their residency training.

The Alliance will establish regional medical school campuses across our footprint and graduate medical education programs in our markets.

Violence is an epidemic that kills tens of thousands of Americans every year and injures millions more (Centers for Disease Control and Prevention, 2019). Trafficking in persons is a particular type of violence that is pervasive yet often misunderstood."[11]

To learn more about how CommonSpirit Health is advancing health equity, please visit https://www.commonspirit.org/what-we-do/advancing-health-equity.

Program-Related Website

Your communications department may help develop a website for your program and services. For an example, see the Medical Safe Haven webpage at https://dignityhealth.org/sacramento/humantrafficking.

[11] *Advancing health equity | CommonSpirit Health*. (n.d.). https://www.commonspirit.org/what-we-do/advancing-health-equity

Appendix 1. Medical Safe Haven Publications

The Medical Safe Haven team has supported many publications over the years including:

Human Trafficking and the Role of Physicians, *Journal of Family Medicine & Community Health, August 2016*

In Front of Our Eyes: Human Trafficking is all around us in Sacramento...somehow medicine has just been blind to it, *Sierra Valley Medicine, July/August 2017*

Building a Program for Trafficking Survivors, *Health Progress, Journal of the Catholic Health Association of the United States, July-August 2018*

Human Trafficking, *5-Minute Clinical Consult, June 2019*

Caring for human trafficking victims: A description and rationale for the Medical Safe Haven model in family medicine residency clinics, *International Journal of Psychiatry in Medicine, July 2019*

Human Trafficking: How Family Physicians Can Recognize and Assist Victims, *American Family Physician, August 2019*

Assessing Family Medicine Residency Programs' Training on Human Trafficking: A National Survey of Program Directors, *Journal of Human Trafficking, July 2020*

Human Trafficking in Suburban and Rural America, book chapter 14, and Boys Are Trafficked Too?, book chapter 15, in *Medical Perspectives on Human Trafficking in Adolescents, Springer, July 2020*

Training Residents on Understanding Trafficked Humans (TRUTH), *Journal of Human Trafficking, August 2020*

Becoming a Trafficked Person, book chapter 1 in *Human Trafficking: A Treatment Guide for Mental Health Professionals*, American Psychiatric Association, 2020

Trauma-coerced Attachment and Complex PTSD: Informed Care for Survivors of Human Trafficking, *Journal of Human Trafficking, January 2022*

Trauma Informed Care: Trafficking Out-Comes (TIC TOC Study), *Journal of Primary Care & Community Health, April 2022*

Appendix 2. CommonSpirit Health "PEARR Tool"

The "PEARR Tool" provides key steps for health care professionals on how to offer victim assistance to patients in a trauma-informed manner. This tool was developed in partnership with HEAL Trafficking and Pacific Survivor Center. For additional information and to download the PEARR Tool, visit https://www.commonspirit.org/physician-enterprise/key-programs/human-trafficking.

PEARR Tool

Trauma-Informed Approach to Victim Assistance in Health Care Settings

In partnership with HEAL Trafficking and Pacific Survivor Center, CommonSpirit Health developed the PEARR Tool to help guide health professionals on how to provide **trauma-informed assistance** to patients who may be impacted by abuse, neglect, or violence, such as human trafficking. The PEARR steps are based on an approach in which patients are **educated and empowered** with information about violence and resources, in a developmentally- and culturally-sensitive manner, before further screening is conducted. The goal is to have an informative conversation with patients in order to promote health, safety, and well-being, and to create a safe environment for affected patients to possibly share their own experiences and/or accept further services, such as intervention support. For additional information about violence, see page 2.

**A double asterisk indicates points at which this conversation may end. Refer to the bottom of this page for additional steps. The patient's immediate needs (e.g., emergency medical care) should be addressed before use of this tool.

P PROVIDE PRIVACY | Discuss sensitive topics **alone** and in a **safe, private setting** (ideally a private room with closed doors). If a companion refuses to be separated from the patient, this may be an indicator of abuse, neglect, or violence.** Strategies to speak with the patient alone: Suggest the need for a private exam. For virtual or telephonic visits, request that the patient moves to a private space but proceed with caution as the patient may not actually be alone.** **Note: Companions are not appropriate interpreters**, regardless of communication abilities. In order to ensure safety for the patient, use a professional interpreter per your facility's policy.** Also, explain **limits of confidentiality** (e.g., mandated reporting requirements); however, do not discourage the patient from disclosing victimization. The patient should feel in control of disclosures. Mandated reporting includes your requirements to report concerns of abuse, neglect, or violence, as defined by applicable laws or regulations, to internal or external authorities or agencies, as described by laws and regulations.

E EDUCATE | Educate the patient in a manner that is **nonjudgmental** and **normalizes sharing of the information**. Example: "I educate many of my patients about [fill in the blank] because violence is common in our society, and violence has a big impact on our health, safety, and well-being." **Use a brochure or safety card** to review information about abuse, neglect, or violence, such as human trafficking, and offer the brochure or card to the patient. Ideally, this brochure or card will include information about resources (e.g., local service providers, national hotlines). Example: "Here are some brochures to take with you in case this is ever an issue for you, **or someone you know.**" If the patient declines the materials, respect the patient's decision.**

A ASK | Allow time for open discussion with the patient. Example: "Is there anything you'd like to share with me? Would you like to speak with [insert advocate/service provider] to receive additional information for you, **or someone you know**?"** If physically alone with the patient, and especially if you observe significant concerns (e.g., a high number or pattern of risk factors) or indicators of victimization, **ASK** about concerns. Example: "I've noticed [insert risk factor/indicator]. You don't have to share details with me, but I'd like to connect you with resources if you're in need of assistance."** **Note:** Limit questions to only those needed to determine the patient's safety, connect the patient with resources (e.g., trained victim advocates), and guide your work (e.g., perform a medical exam). **Optional:** If available and as appropriate, use an evidence-based tool to screen the patient for abuse, neglect, or violence.

R R RESPECT & RESPOND | If the patient denies victimization or declines assistance, respect the patient's wishes.** If you still have **concerns about the patient's safety**, offer the patient a discrete hotline card or other information about emergency services (e.g., a local shelter). Otherwise, if the patient accepts or requests assistance, **arrange a personal introduction** with a local victim advocate (see page 3) or **assist the patient in calling a national hotline**: Domestic Violence Hotline, 1-800-799-7233; Sexual Assault Hotline, 1-800-656-4673; Human Trafficking Hotline, 1-888-373-7888.**

** **Report safety concerns** to appropriate personnel (e.g., a security officer), **complete mandated reporting**, and continue **trauma-informed health services**. Whenever possible, **schedule follow-up appointments** to continue building rapport with the patient and to monitor the patient's health, safety, and well-being.

PEARR Tool - Risk factors, indicators, and resources

Child Abuse and Neglect

Risk factors include (not limited to): Concerns of domestic violence (DV) in home, parents/guardians exhibiting mental health or substance use disorders, parents/guardians overly stressed, parents/guardians involved in criminal activity, presence of non-biological, transient caregivers in home.

Potential indicators of victimization include (not limited to): Slower-than-normal development, failure to thrive, unusual interaction with parent, signs of mental health disorders [e.g., depression, post-traumatic stress disorder (PTSD), self-harm], sudden difficulty in school, medical or physical neglect, sudden changes in behavior, new or unusual fears or anxiety, unexplained injuries (e.g., bruises, fractures, burns—especially in protected areas of child's body), injuries in pre-mobile infants, sexually transmitted infections (STIs).

For additional information, see Child Welfare Information Gateway: childwelfare.gov

Abuse/Neglect of Vulnerable Adults (e.g., elder and dependent adults)

Risk factors include (not limited to): Concerns of mental health or substance use disorders with caregiver, caregiver exhibits hostile behavior, lack of preparation or training for caregiver, caregiver assumed responsibilities at an early age, caregiver exposed to abuse as a child.

Potential indicators of victimization include (not limited to): Disappearing from contact, signs of bruising or welts on the skin, signs of burns, cuts, lacerations, puncture wounds, sprains, fractures, or dislocations, internal injuries or vomiting, wearing torn, stained, bloody, or soiled clothing, appearing disheveled, hungry, or malnourished.

For additional information, see National Association of Adult Protective Services (NAPSA): napsa-now.org; Centers for Disease Control and Prevention (CDC): cdc.gov/violenceprevention

Intimate Partner Violence (IPV)

IPV can affect anyone of any age, gender, race, or sexual orientation. All women of reproductive age should be intermittently screened for IPV [U.S. Preventive Services Task Force (USPSTF) Grade B]. **Risk factors** include (not limited to): Low self-esteem, low income, low academic achievement, young age, aggressive/delinquent behavior as youth, heavy alcohol/drug use, depression, suicide attempts, isolation, anger, and hostility.

Potential indicators of victimization include (not limited to): Injuries that result from abuse or assault (e.g., signs of strangulation, bruises, burns, broken bones), mental health disorders (e.g., depression, anxiety, sleep disturbances), sexual/reproductive health issues (e.g., STIs, unintended pregnancy).

For additional information, see National Domestic Violence Hotline: thehotline.org; CDC: cdc.gov/violenceprevention

Sexual Violence

Sexual violence crosses all age, economic, cultural, gender, sexual orientation, racial, and social lines. Statistics from U.S.-based 2015 National Intimate Partner and Sexual Violence Survey (National Center for Injury Prevention & Control and CDC, 2018) show that 43.6% of women and 24.8% of men report some form of contact sexual violence in their lifetime. Violence experienced in youth is a **risk factor** for repeated victimization as an adult.

Potential indicators of victimization include (not limited to): STIs, pregnancy, depression, PTSD.

For additional information, see Rape Abuse & Incest National Network (RAINN): rainn.org; CDC: cdc.gov/violenceprevention

Human Trafficking

Although human trafficking crosses all age, economic, cultural, gender, sexual orientation, racial, and social lines, traffickers typically target people in situations of vulnerability. **Risk factors** include (not limited to): Running away or homelessness (particularly for youth), history of interpersonal abuse or trauma, minority/immigrant status.

Potential indicators of victimization include (not limited to): Accompanied by a controlling companion, inconsistent history, medical or physical neglect, STIs, and submissive, fearful, hypervigilant, or uncooperative behavior.

For additional information, see National Human Trafficking Hotline: humantraffickinghotline.org; HEAL Trafficking: healtrafficking.org

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Substance Abuse and Mental Health Services Administration (SAMHSA) describes the guiding principles of a trauma-informed approach as safety, trustworthiness and transparency, peer support and mutual self-help, collaboration and mutuality, empowerment, voice, and choice, and cultural, historical, and gender considerations.

To learn more, see SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach.*

For more information,
visit commonspirit.org/united-against-violence

CommonSpirit | Pacific Survivor Center | HEAL

PEARR Tool - Contact list of resources and reporting agencies

Local, Regional, and State Resources/Agencies

County Child Welfare Agency:

County Welfare Agency for Vulnerable Adults:

Sexual Assault Response Team (SART) Center or Child Advocacy Center (CAC):

Local Law Enforcement Agency:

Local FBI Office:

Local DV/IPV Shelter – Program:

Local Runaway/Homeless Shelter:

Local Immigrant/Refugee Organization:

Local LGBTQ Resource/Program:

Notes

National Agencies, Advocates, Service Providers

National Human Trafficking Hotline: 1-888-373-7888

National Domestic Violence Hotline: 1-800-799-SAFE (7233)

National Sexual Assault Hotline: 1-800-656-HOPE (4673)

National Teen Dating Abuse Hotline: 1-866-331-9474

National Runaway Safeline for Runaway and Homeless Youth: 1-800-RUNAWAY (786-2929)

StrongHearts Native Helpline: 1-844-7NATIVE (762-8483)

National Suicide Prevention Lifeline: 1-800-273-8255

CommonSpirit Health, HEAL Trafficking, Pacific Survivor Center. PEARR Tool: Trauma-Informed Approach to Victim Assistance in Health Care Settings. 2020.

CommonSpirit | Pacific Survivor Center | HEAL Trafficking

Appendix 3. American Hospital Association 10 Red Flags in Health Care Setting

Appendix 4. Medical Safe Haven

Human Trafficking Medical Safe Haven Curriculum

1. **Trauma Informed Care** (Training)
    a. Include clinic staff, resident physicians and faculty
    b. Start with Trauma Informed Care Educational Module
    c. Sex trafficking survivor speaker
    d. Victim service agency perspective on Trauma Informed Care for their clients
2. **Recognition / obtaining a thorough history** (workshop)
    a. Include role play: bring in subject matter expert from HT response agency
3. **Health Screenings in HT patients**
4. **Child Abuse/ Adverse Childhood Events**
5. **Trauma/Complex PTSD**
6. **Anxiety**
7. **Depression**
8. **Substance Abuse Disorder**
9. **STI**
10. **Labor Trafficking** (workshop)
    a. Physical signs/indicators
    b. Labor trafficking survivor speaker
    c. Show video of subject matter expert agency
11. **Connecting to local resources** (workshop)
    a. Visit 2-3 local HT response agencies in small groups (over multiple days)
    b. Show a few videos of subject matter expert from HT response agencies
        i. 5 minutes total for each agency:
            1. Scope of services
            2. What moving from victim to resiliency in their clients look like.
            3. How the Medical Safe Haven can help.
            4. 1 story
    c. Provide a tip sheet to include name of agency, scope of services and how physicians help.
12. **Resiliency: Provider burnout/ protection**
    a. Bring in therapist for providers
        i. Vicarious trauma and how to respond to it
    b. Grounding techniques for physicians

Appendix 5. Additional Resources

Assessment Tools

- *Survivor-Informed Best Practices Self-Assessment Tool* developed by Human Trafficking Leadership Academy, National Human Trafficking Training and Technical Assistance Center. Shown in Part III, Figure 2. Available as a pdf at https://freedomnetworkusa.org/app/uploads/2018/11/HHS-OTIP-Survivor-Infromed-Practice-Assessment-Tool.pdf
- Miller C, Greenbaum J, Napolitano K, Rajaram S, Cox J, Bachrach L, Baldwin SB, Stoklosa H. *Health Care Provider Human Trafficking Education: Assessment Tool.* Laboratory to Combat Human Trafficking and HEAL Trafficking (2018). The purpose of this tool is to assist those designing a basic training on human trafficking for health professionals to (1) assess the degree to which the training is comprehensive and (2) identify areas for improvement. To request access to a fillable pdf, visit https://healtrafficking.org/2018/12/assessment-tool-for-health-care-provider-human-trafficking-training

Medical Safe Haven Resources (www.digntiyhealth.org.msh)

Visit www.dignityhealth.org/msh for training, awareness, program resources, and links to national resources. For example,

- *Creating a Human Trafficking Medical Safe Haven*. Video Training: Human Trafficking and Trauma-Informed Care by Ronald Chambers, MD, FAAFP, Medical Director, Medical Safe Haven, and Human Trafficking Response Physician Advisor
    - ***Please email [DEPARTMENT EMAIL] to request access to this training video***
- *Human Trafficking Response Program Shared Learnings Manual*
- *National Human Trafficking Hotline*

Dignity Health HT Response Program Resources

For information about and resources from Dignity Health's HT Response Program, including access to educational modules and victim response policies, procedures, and other materials, please visit https://www.dignityhealth.org/hello-humankindness/human-trafficking.

Websites, Webinars, Videos, Books, Journal Articles

- *National Human Trafficking Hotline*: https://humantraffickinghotline.org
- *Dignity Health Human Trafficking Medical Home*, American Public Health Association (APHA) TV 2017: https://www.youtube.com/watch?v=FRZtAp--5-E
- *SOAR to Health and Wellness Training* https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training

- *HEAL Trafficking, Health Professional Education, Advocacy, and Linkage*. https://healtrafficking.org
- *Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States,* Institute of Medicine and National Research Council. https://www.ojjdp.gov/pubs/243838.pdf
- *Caring for Trafficked Persons: Guidance for Health Providers,* the International Organization for Migration and the Gender Violence & Health Centre of the London School for Hygiene & Tropical Medicine, with the support of the United Nations Global Initiative to Fight Human Trafficking. http://publications.iom.int/system/files/pdf/ct_handbook.pdf
- *Educational Events on Human Trafficking* (online educational modules, including three webinars with Dignity Health), American Hospital Association. https://www.aha.org/webinar-recordings/educational-events-human-trafficking

Appendix 6. Medical Safe Haven Sample Documents and Forms

The following sample documents and forms are included in this appendix for consideration purposes only. For access to current (up-to-date) Medical Safe Haven forms and additional guidance, contact Jennifer Cox, Medical Safe Haven System Director, at jennifer.cox@commonspirit.org. Refer to your facility-based HIPPA (Health Insurance Portability and Accountability Act of 1996)–compliant forms when applicable.

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Appendix 6g. Medical Safe Haven Physician Tip Sheet: Clinic Patient Visit 57

Appendix 6h. Medical Safe Haven Referral Tip Sheet.....60

Appendix 6a. Medical Safe Haven Patient Clinic Standard Procedure

Dignity Health.
Methodist Hospital of Sacramento

Mercy Family Health Center – Medical Safe Haven

Patient Clinic Standard Procedure

Section 1

1. **New Patient**
   - **a.** Provide Welcome Letter
   - **b.** Provide intake form
   - **c.** Establish Contact with the agency; connect with case management support, if available.
     - ***i.*** Provide program information: Eligibility; scope; appointment availability; and insurance.
   - **d.** Assess needs: Immediate appointment.
   - **e.** Confer with resident/physician staff; provide a copy of patient intake form in preparation for appointment.
   - **f.** Register Patient in EMR.
   - **g.** Confirm insurance status: Provide instructions to patient/case manager to establish coverage with accepted insurance; including Medi-Cal.

2. **Schedule Patient**
   - ***a.*** *Attempt to schedule initial appointment on a Medical Safe Haven (MSH) HT block.*
   - ***b.*** Initial appointment: 60-90 minutes.
   - ***c.*** Schedule follow up appointments in the designated MSH clinic slots until the patient is well established. Once well established, the patient can be scheduled with the provider they're most comfortable with.
   - ***d.*** Appointment detail: **MSH-(identifier) (i.e. MSH-WELL CHILD)**
   - ***e.*** Appointment type: **SPC** (MSH). *use this code so the bill is not sent to the patient.

3. **Day Before Appointment**
   - ***a.*** Call or message the patient and/or the patient's caseworker to confirm the appointment date/time and location.
   - ***b.*** If transportation support is available, confirm transportation needs with the patient. *a taxi voucher can be used if provided by the hospital or the clinic.

4. **Initial Appointment**
   - ***a.*** Complete patient registration process.
     - ***i.*** Provide the Medical Safe Haven welcome letter, if not sent prior.
     - ***ii.*** Completed/signed HIPAA Release to share information with outside agencies connected to the patient.
     - ***iii.*** Medical records release (ROI).
   - ***b.*** Program staff ensure HT standard lab set is ordered by provider.
     - ***i.*** Provide warm hand off for labs, confirm patient will use health insurance or direct bill *MSH program.

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c. Establish pharmacy location–ensure day availability of medications that may be ordered for treatment (i.e. STI) *Consider using the grant contracted pharmacy to cover medication costs until the patient is enrolled in insurance.

5. **Day of appointment (all)**
   a. Ensure the patient is asked if they'd prefer to be seen alone or with their case manager.
      i. Seen alone policy will be discussed.
      ii. MSH patient advocate may also support patient visits upon request
   b. Schedule for follow up.

Section 2

1. **Program Staff (Coordinator/RN/Advocate)**
   a. Check in with patients periodically to provide support for continuum of care needs.
   b. Provide care coordination for outside referrals: specialty care; diagnostics and medications. (Use warm handoffs when possible.)
   c. Remind patients that MSH program and staff are available to serve patients even if they choose to leave or are transferred to another community agency.
   d. Remind patients that they can contact the MSH staff on the hotline. Provide messaging number if available.
   e. **Encourage patients to communicate** with staff if they experience barriers (i.e. transportation) for keeping scheduled appointments or to cancel/reschedule appointments.
   f. Problem-solve with patients, agencies, and physicians/residents to meet multi-layered needs.

2. **Documentation:**
   a. EXCEL Spreadsheet to be created and maintained by MSH program staff and used for reporting. *Draft Format Provided in the Resource Section.
      i. List each patient and include all available/known information
      ii. Monthly: track patient appointments, status (kept, no show, canceled, rescheduled), transportation and special needs/considerations.
   b. All other information (Evaluation, Diagnosis, Treatment etc.) to be documented by the physician during the scheduled appointment.
   c. Document patient requests/communication in EHR and include provider and program staff. This will ensure that everyone is informed and helps to facilitate patient care.

3. **Billing: Direct or Medi-Cal**
   a. Establish MSH patient direct billing process.
      i. Use coding "**SPC**"
      ii. Billing department will use the case created in order to directly invoice the clinic if the patient does not have an active insurance or an insurance that is contracted with the clinic.

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Appendix 6b. Medical Safe Haven Patient Intake Form

Mercy Family Health Center | Medical Safe Haven
REFERRAL- INTAKE FORM

Referral Source Information

Date of referral: _____ Caseworker's Name: _____

Will the caseworker be coming to the intake appointment with the client? (Yes) (No)

Does the patient know our clinic's particular involvement with your agency? (Yes) (No)

Agency/organization referring: _____

Contact # for person referring: _____

Contact email for person referring: _____

Date of Establishment: _____ via ( ) Court Order ( ) Voluntary Enrollment ( ) Other

Patient Information

Name: _____ Contact #: _____

Address: _____

DOB: _____ Gender: _____

Insurance: _____

Emergency Contact:

Name: _____ Relationship: _____ Contact #_____

Patient Social History

In the Foster System: ( ) Yes ( ) No Primary Language: _____

Type of Trafficking: ( ) Labor ( ) Sex ( ) Both Initial age when exploited: _____

List any triggers staff should be aware of: _____

_____

# of ED visits in the last 12 months: _____ Which hospital(s): _____

Goal for appointment (check all that apply):

____ Established Care ____ Medications ____ Mental Health ____ STI Screening

____ Pregnancy ____ Injury ____ Substance/Alcohol use ____ Other: _____

Current medications: _____

Primary mode of transportation to appointments? ( ) Agency provided ( ) Self ( ) Does not have transportation

Does the patient have children in need of care? ( ) Yes ( ) No

Child #1:

Name: _____ DOB: _____

Insurance: _____ Date of last Well-Child visit: _____

Child #2:

Name: _____ DOB: _____

Insurance: _____ Date of last Well-Child visit: _____

Child #3:

Name: _____ DOB: _____

Insurance: _____ Date of last Well-Child visit: _____

NOTES

Please fax to 916-688-1012 ATTN: Medical Safe Haven

REFERRAL RECIEPT:	MSH received the referral on: _____ Received by: _____ ____ Appt made _____ Case not opened, specify why: _____ _____

Appendix 6c. Welcome Packet

Dignity Health.
Methodist Hospital of Sacramento

Dear Patient,

Welcome to Mercy Family Health Center-Medical Safe Haven. We are honored to be your family of physicians working together to provide care for you. We want to work with you to help you be as healthy as you want to be.

There is something special about our clinic. We are a training program where our physicians are able to spend more time with you during most visits. Our goal is for you to have the opportunity to learn more about your health. We are committed to discussing options openly and honestly, sharing decision making as a team. Please ask questions and be active in helping us care for your individual needs.

What you can expect during your visits:

The first visit will be longer so that you have the time to discuss any concerns you have with your provider.

We will support your choice to be seen alone or with a supportive person during your visit.

You are in control of your visit so you can share as little or as much of your history as you are comfortable with.

Some of the services we provide:

- Full Spectrum Primary Medical Care
- Women's Health
- Prenatal Care Vaccinations
- Newborn, Pediatric and Adolescent Care
- LGBT+ Affirming Care
- Annual Physical Examinations
- STD Testing and Treatment
- Referrals to Community Resources

Thank you,

Your Mercy Family Health Center Team

Mercy Family Health Center
Medical Safe Haven
Consent Form

As a participant in the Medical Safe Haven, a Mercy Family Health Center staff member may contact me to provide assistance that meets my needs and circumstances. I understand that this authorization is voluntary, and that I may revoke it at any time in writing. Signing this authorization does not affect my ability to obtain treatment at any Dignity Health Hospital.

PT NAME:_____

DOB:_____/_____/_____ **PRIMARY TELEPHONE #:**_____

_____ _____

SIGNATURE OR MARK OF INDIVIDUAL **DATE**

Authorization will expire in one year if not otherwise specified

TO BE COMPLETED BY CLINIC STAFF

STAFF NAME:_____ **PHONE#:**_____ **DATE:**_____

ROI MUST BE SIGNED, COMPLETED AND ENCLOSED WITH REFERRAL

Medical Safe Haven
Updated GB.4.2022

Dignity Health.
Methodist Hospital of Sacramento

Mercy Family Health Center
7601 Hospital Dr.
Sacramento, CA 95823

Care Management Agreement

AUTHORIZATION FOR THE RELEASE OF INFORMATION:

_____ _____

Client Full Name **Date of Birth**

_____

Date of Service

INFORMATION TO BE RELEASED TO:

Mercy Family Health Center

Name/Agency

7601 Hospital Drive, Sacramento, CA 95823

Address

Case Management

For the purpose of

Communication with Case Manager/Shelter

INFORMATION TO BE RELEASED:

_____ _____

SIGNATURE OF CLIENT **DATE**

Medical Safe Haven
Updated GB.4.2022

Appendix 6d. Insurance Enrollment Guide

Mercy Family Health Center - Insurance Enrollment Guide

There are 3 easy ways to apply for Medi-Cal

1. Online at www.mybenefitscalwin.org
2. Call the Sacramento County Department of Human Assistance: **(916) 874-3100** or **(209) 744-0499** to contact a county eligibility worker
3. Apply in person at a Sacramento County office (Mon-Fri 8am-4pm)

4433 Florin Rd.
Sacramento, CA
95823

2700 Fulton Ave.
Sacramento, CA
95821

1725 28th St.
Sacramento, CA
95816

5747 Watt Ave.
North Highlands,
CA 95660

- 10013 Folsom Blvd
  Rancho Cordova, CA
  95827
- 3960 Research Dr.
  Sacramento, CA
  95838
- 2450 Florin Rd.
  Sacramento, CA
  95822
- 210 North Lincoln Wy.
  Galt,
  CA 95632

If you already have Medi-Cal or a Medi-Cal Managed Care plan, please choose one of the following to continue care at Mercy Family Health Center:

- **Health Net Medi-Cal** – 1-800-675-6110
- **Blue Cross Medi-Cal** – 1-800-407-4627

Select **Hill Physicians Medical Group

For additional information contact our office, Mercy Family Health Center, at 916-681-1600.

Appendix 6e. Human Trafficking Resource Agencies: Tip Sheet

Human Trafficking Resource Agencies: PHYSICIAN TIP SHEET

HOUSING/SHELTER SERVICES: Crisis and Residential Housing Programs.

Support Services: Housing; Counseling; Case Management; Food; Clothing; and Advocacy.

Casa De Las Madres -

- 24-hour crisis counseling: (877) 503-1850
- Short-term emergency shelter
- Counseling, advocacy, and support
- Law enforcement response & criminal justice related advocacy, via co-located SFPD Special Victims Unit Advocate

SF Safe House -

- Transitional housing for 18 months
- Individual case management and weekly evaluations with clinical staff.
- Substance abuse treatment at off site programs.
- Attention to medical problems and subsidized dental care
- Individual and group therapy
- Classes on prostitution issues
- Food and some clothing and accessories
- Nutrition education
- Fitness training with exercise equipment onsite
- Money management consultation, including tracking income and expenditures, maintaining a savings account, clearing bad credit history.
- Computer competency required and classes made available as needed; computers on site for use of the residents.
- Resident and staff outings and retreats
- Assistance in locating permanent housing after leaving SafeHouse.

HT VICTIM ADVOCACY/ PROGRAM SERVICES * Referrals to housing when needed.

International Rescue Committee (IRC) - **Recommended for foreign national victims/survivors of labor and sex trafficking** Provides trauma-informed services to foreign national sex and labor trafficking survivors. Services are crafted to meet client and family needs, including: ongoing case management, short- and long-term housing, basic necessities including clothing and food, legal services, financial assistance, employment and education access, benefit enrollment assistance, safety planning, transportation, healthcare referrals and navigation including mental health, physical health, vision, and dental, and other needs, as identified.
Call: 916-473-5979

The National Human Trafficking Hotline: The National Human Trafficking Hotline is a national anti- trafficking hotline and resource center serving victims and survivors of human trafficking (labor or sex trafficking)
Call 1-888-373-7888. 24 hours a day, 7 days a week, translators offer more than 200 languages

Appendix 6f. Medical Safe Haven (Program Brochure)

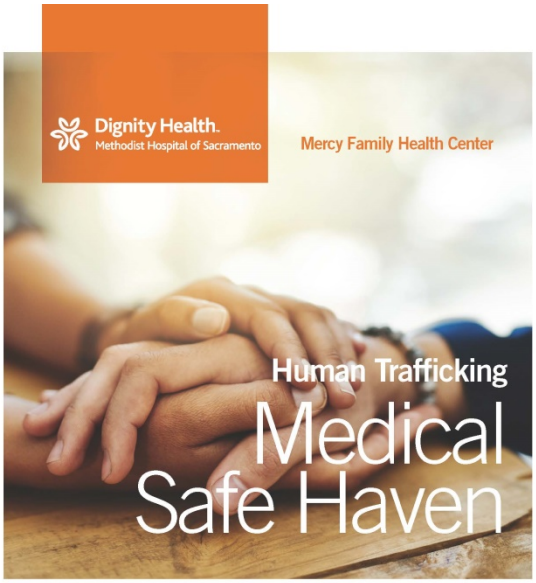
Contact Us

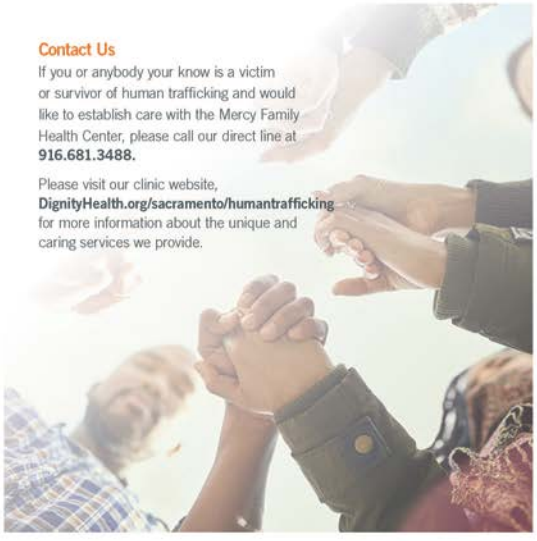
For more information about the unique services we provide, visit us at **DignityHealth.org/sacramento/humantrafficking.**

To speak to a member of our team directly and confidentially, please call **916.681.3488**.

Dignity Health.
Methodist Hospital of Sacramento

Mercy Family Health Center
Human Trafficking Safe Haven
7601 Hospital Drive, Suite 103
Sacramento, CA 95823
916.681.3488





"...I have never received such compassionate and understanding care, and can now trust and believe in the medical system because of the team at Mercy Family Health Center..."
Survivor testimony

What We Do

We provide a safe primary care medical environment for victims and survivors of human trafficking.

Our team is led by understanding physicians and medical staff who together, speak more than ten languages, and are extensively trained in victim-centered, trauma informed care.

It is our honor to share in our patient's individual journeys, and to participate in their roads to recovery.

The Care We Provide

- Full Spectrum Victim-Centered, Trauma-Informed Primary Medical Care
- Newborn, Pediatric and Adolescent Care
- Women's Health
- Primary Psychological Care
- LGBT+ Affirming Care
- Annual Physical Examinations
- Vaccinations
- STD Testing and Treatment
- Referrals to Community Resources

Appendix 6g. Medical Safe Haven Physician Tip Sheet: Clinic Patient Visit

Dignity Health.
Methodist Hospital of Sacramento

Mercy Family Health Center-Medical Safe Haven

Physician Tip Sheet: Clinic Patient Visit

Physician Tip Sheet: Medical Safe Haven Patient Visit

Crucial Points to the Visit

- **Express gratitude for their courage** for starting down this new path, and your appreciation at being part of their recovery.
- **Inform patient they are in control of visit** both in what history they share and what physical exam is done.
- Inform patient that other physicians are available and ask if they would be more comfortable with a different gender service provider.
- **Ask permission to ask invasive questions**. Preface this with the understanding that it may helpful in determining what tests, etc. may be necessary in order to provide the best care.
- Obtain as much history as possible, and start early (ex: where were you born...) This builds the long term relationship **(safety, eventual trust)**
- Try to stream together timelines. Remember **trauma disrupts.**
- **Validate emotions**: patients are having normal reactions to abnormal situations.
- **Involve case manager** as much as possible, if beneficial relationship is established.
- **Be aware of secondary trauma.**
  - **Decompress** after visit. Know that you have made a positive impact just by listening.
  - Employ Grounding Techniques: (https://scottjeffrey.com/grounding-techniques/)
- Schedule multiple **closely scheduled follow-ups**. Anticipate more no-shows.
  - Note: Follow-up may be with another provider, *know that this is ok,* as this is a team approach. We are also helping to **"normalize"** health provider experience with patients, who may have **encountered trauma-bonding.**
- Order lab work, return for full physical (**allowing patient time to prepare**).
- Treat STDs, **catch up immunizations, check for TB**, pregnancy, drug use, needed **contraception** (you know, be a good primary care doctor).
- Use Prazosin for **acute PTSD symptoms** (Hyperarousal, nightmares). Non-activating SSRIs for anxiety, depression, **chronic PTSD**. Antipsychotics for **mood lability** (Zyprexa, Seroquel).

ICD-10 Codes	Common Conditions (human trafficking)
T74.51	Adult forced sexual exploitation, confirmed
T74.52	Child sexual exploitation, confirmed
T74.61	Adult forced labor exploitation, confirmed
T74.62	Child forced labor exploitation, confirmed
T76.51	Adult forced sexual exploitation, suspected
T76.52	Child sexual exploitation, suspected
T76.61	Adult forced labor exploitation, suspected
T76.62	Child forced labor exploitation, suspected
Y07.6	Multiple perpetrators of maltreatment and neglect

Dignity Health.
Methodist Hospital of Sacramento

Mercy Family Health Center-Medical Safe Haven

Physician Tip Sheet: Clinic Patient Visit

Z04.81	Encounter for examination and observation of victim following forced sexual exploitation
Z04.82	Encounter for examination and observation of victim following forced labor exploitation
Z62.813	Personal history of forced labor or sexual exploitation in childhood
Z91.42	Personal history of forced labor or sexual exploitation

ICD-10 Codes	Common Conditions (other)
F43.1	PTSD
F43.12	PTSD, Chronic
P91.4	Depression
F41.9	Anxiety
F31.9	Bipolar, unspecified
F19.19	Substance Use Disorder
Z11.3	STD Screening
Z20.2	STD Exposure
T74.22Xa	Child Sexual Abuse
T74.32XA	Child Psychological Abuse
T74.12XA	Child Physical Abuse
Z91.410	Adult Physical/Sexual Abuse
Z59.0	Homelessness

Initial Tests (lab, imaging)

- HIV 1/2
- RPR reflex titer
- Gonorrhea – urine
  - (Consider 3 site)
- Chlamydia -urine
- Hepatitis B, C
- HSV 2 – HSV 1&2 if pregnant
- Trichomoniasis –can only be done with swab
- Urine HCG
- Quantiferon Gold
- Drug Monitoring Profile
- CMP
- TSH – with reflex T4
- CBC
- Pap Smear – consider adding GL/Chlamydia, BV/Trichomoniasis

Follow-Up Tests & Special Considerations

- **Health Care Maintenance**

Dignity Health.
Methodist Hospital of Sacramento

Mercy Family Health Center-Medical Safe Haven

Physician Tip Sheet: Clinic Patient Visit

- Physical Exam
- Immunizations
  - MMR Titer
  - Varicella Titer

- **Repeat Testing**
  - STIs in 2 weeks
  - RPR, HIV at 6 weeks and 3 months
  - PReP
  - Plan B
  - LARC

Common Meds

- **Mood Lability/Intensity**
  - Quetiapine (Seroquel)
  - Olanzapine (Zyprexa)
  - Lurasidone (Latuda) if pregnant

- **Nightmares, Hyperarousal**
  - Prazosin

- **Depression/GAD/PTSD**
  - Escitalopram (Lexapro)
  - Sertraline (Zoloft)
  - Duloxetine (Cymbalta)
  - Venlafaxine (Effexor)
  - Fluoxetine (Prozac)
- **STIs**
  - Doxycycline (Azithromycin)
  - Ceftriaxone
  - PCN
  - Metronidazole
  - PrEP
- **Infectious (Regimen Dependent)**
  - TB, Hepatitis, HIV
- **Substance Use (Regiment Dependent)**

Appendix 6h. Medical Safe Haven Referral Tip Sheet

Dignity Health.
Methodist Hospital of Sacramento

Mercy Family Health Center- Medical Safe Haven

Agency Tip Sheet

Helpful Information for Agency Case Managers/Client Support

For new referrals and follow up appointments please call our office, Mercy Family Health Center. Our office is open during the hours below, and we have a physician able to answer questions 24/7.

Medical Safe Haven Clinic Primary Contacts: Staff: (list support staff names)

Dedicated Office Phone Line: (916) 681-3488

- Office Hours: M-F, 8:00am – 5:30pm
- After Hours Phone: (916) 681-1600
  - After hours contact is the On-Call Physician.

Helpful information to have on hand includes:

- NAME _____
- Address: _____
- DOB _____
- Primary health concerns/special considerations:

- Insurance Information – If applicable
- **Outside Agency Representative**: Case Manager or other.
  - NAME _____
  - Contact # _____

Appointment Logistics:

- The appointment may last up to one hour depending on the medical needs.
- Please arrive 10 minutes early to get registered into system.
- Please contact the office **24 hours prior,** if an appointment needs to be rescheduled.
- Please sign a HIPAA release to the assigned agency representative to allow our office to make contact concerning follow-up appointment times, needed lab work, etc.

MSH.Agency Tip Sheet.1118

Appendix 7. Human Trafficking ICD-10-CM Codes

American Hospital Association™
Advancing Health in America

ICD-10-CM Coding for Human Trafficking

Introduction

Human trafficking is a public health concern many hospitals and health systems are combating every day. It is a crime occurring when a trafficker exploits an individual with force, fraud or coercion to make them perform commercial work or sex.

Data Collection Challenges

While more and more providers are trained to identify and document victims of forced (labor) or sexual exploitation, the existing ICD-10-CM abuse codes fell short of differentiating victims of human trafficking from other victims of abuse. Without proper codes, there was no way for clinicians to classify adequately a diagnosis and to plan for the resources necessary to provide appropriate treatment. This also prevented critical tracking of the incidence and/or reoccurrence of labor or sexual exploitation of individuals.

What's New

As urged by the AHA's Hospitals Against Violence initiative, the first ICD-10-CM codes for classifying human trafficking abuse were released in June 2018. AHA's Central Office on ICD-10, in partnership with Catholic Health Initiatives and Massachusetts General Hospital's Human Trafficking Initiative and Freedom Clinic, proposed the change. Effective FY 2019, unique ICD-10-CM codes are available for data collection on adult or child forced labor or sexual exploitation, either confirmed or suspected. These new codes, which drew support from other hospitals and health systems, may be assigned in addition to other existing ICD-10-CM codes for abuse, neglect and other maltreatment. In addition, new codes are also available for past history of labor or sexual exploitation, encounter for examination and observation of exploitation ruled out, and an external cause code to identify multiple, repeated, perpetrators of maltreatment and neglect.

Required Action

- As coding professionals review a patient's medical record to identify the appropriate ICD-10-CM codes to include, they should be aware of and begin utilizing the ICD-10-CM codes for forced labor and sexual exploitation, listed in Table 1.
- Hospitals and health systems should educate necessary individuals, including physicians, nurses, other health care providers, and coding professionals of the important need to collect data on forced labor or sexual exploitation of individuals.
- Tracking confirmed and suspected cases in the health care system will allow hospitals and health systems to better track victim needs and identify solutions to improve the health of their communities. It also provides another source for data collection to inform public policy and prevention efforts, as well as support the systemic development of an infrastructure for services and resources.

For additional information: Contact **Nelly Leon-Chisen**, RHIA, director of coding and classification, American Hospital Association, *nleon@aha.org*.

Key Terms

Key Terms Related to Human Trafficking Found in Medical Documentation

- Human trafficking
- Labor trafficking
- Sex trafficking
- Commercial sexual exploitation
- Forced commercial sexual exploitation
- Forced prostitution
- Forced sexual exploitation
- Forced labor exploitation
- Exploitation of manual labor
- Exploitation of sexual labor
- Exploitation for manual labor
- Exploitation for commercial sex
- Domestic servitude
- Labor exploitation for domestic work
- Force labor exploitation for domestic work

American Hospital Association™
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Advancing Health in America

Table 1
Human Trafficking ICD-10-CM Code Categories

ICD-10-CM Code/ Subcategory	Title
T74.51*	Adult forced sexual exploitation, confirmed
T74.52*	Child sexual exploitation, confirmed
T74.61*	Adult forced labor exploitation, confirmed
T74.62*	Child forced labor exploitation, confirmed
T76.51*	Adult forced sexual exploitation, suspected
T76.52*	Child sexual exploitation, suspected
T76.61*	Adult forced labor exploitation, suspected
T76.62*	Child forced labor exploitation, suspected
Y07.6	Multiple perpetrators of maltreatment and neglect
Z04.81	Encounter for examination and observation of victim following forced sexual exploitation
Z04.82	Encounter for examination and observation of victim following forced labor exploitation
Z62.813	Personal history of forced labor or sexual exploitation in childhood
Z91.42	Personal history of forced labor or sexual exploitation

*Subcategories require additional characters for specific codes. Please refer to ICD-10-CM for complete codes

The AHA has also developed numerous tools and resources to help hospitals and health systems combat human trafficking in their communities.

For access to these resources, please visit *https://www.aha.org/combating-human-trafficking.*

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