



Social Determinants of Health (SDOH) Toolkit

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SDOH Toolkit for MDPH SRHP Provider Organizations

Audience

Introduction

The 2021 Massachusetts Department of Public Health (MDPH) Sexual and Reproductive Health Program (SRHP) Standards outline minimum standards for MDPH-funded Sexual and Reproductive Health (SRH) agencies. These standards are contractual expectations and also serve as criteria for evaluation by the MDPH Sexual and Reproductive Health Program (SRHP), so it is important to have a clear understanding of them and a clear plan for ensuring that they are implemented by your health center.

This toolkit focuses on implementation of screening requirements for SRH clinical services. Per the MDPH guidelines:

- 1) All SRH visits must include:
 - a) Assessment of reproductive intention (pregnancy or paternity) and provision of services as indicated [see [PICNIC Toolkit](#)]
 - b) Updated sexual history
 - c) Medical history appropriate to reason for visit
 - d) Assessment for reproductive coercion
 - e) Documentation of contraceptive method used at the end of the visit, or if no method, the reason. *Note that not all patients are at risk for unplanned pregnancy, that some who are at risk will prefer not to use a method, and that others may be seeking pregnancy.* [see [PICNIC Toolkit](#)]
- 2) Clients receiving SRH services are assessed initially for the following, with updates at least annually or more frequently as indicated:
 - a) Sexual orientation and gender identity (SOGI)
 - b) Medical history, including medications and allergies
 - c) Sexual history
 - d) History of intimate partner violence, sexual assault, and reproductive coercion, with education and facilitated referrals as appropriate
 - e) Assessment for social determinants of health which have an impact on health outcomes, including access to health care, transportation, food security, housing security, educational opportunity, type of employment, and social supports, with in-house or community-based referrals for assistance, as appropriate.
 - f) Mental health, with in-house or community-based behavioral health referrals as appropriate.
 - g) Substance use, with in-house or community-based treatment referrals as appropriate.
 - h) Source of primary care if the health center is not the primary care provider.
- 3) All SRH visits must include clinical counseling and education, which may be provided in written, verbal, audio, and other electronic formats. It should be client-centered, non-biased, factual, age appropriate, culturally and linguistically appropriate, and timely. The specific components and

method of clinical counseling and education provided depend on the service provided and the client's needs, for example, providing contraceptive counseling within a shared decision-making framework. Providers of clinical SRH services should be prepared to provide counseling and education to clients on all topics listed under required clinical services per national guidelines, continuously updating their knowledge as information and standards of care change.

Each agency has their own forms for medical and social history, as well as their own processes for collecting the information. Some agencies may have recently updated their history questions to be consistent with the SRHP Core Values and Standards document. Others may be interested in revising their forms. We're aware that any revision in EHR forms is often a long process, particularly for agencies that are in the middle of an overall EHR change as many SRH agencies are in the transition to EPIC by the end of CY22. In addition, we are aware that FPAR 2.0 is requiring changes in the data required to be collected and uploaded to the data system.

The SRHP has had many requests from agencies for assistance with designing history forms that conform with updated national standards of care, and with the new SRHP standards. Questionnaires and processes tend to be unique to each agency. The SDOH resource documents have been created to help you think about and implement evidence-based or evidence-informed social history screening questions for each of the categories listed in the SRHP Standards. A few categories of social history questions are expected to be asked at every visit, and most are asked at the initial visit and annually after that for continuing patients. Several of these criteria align with new data requested by FPAR 2.0.

While you may choose to implement in totality each of the evidence-based screening questions included in these resources, that is not the expectation of the SRHP. The expectation is that you will use them as guidance to consider what you can reasonably include or adapt (as evidence-informed,) within the confines of the patient's expressed reason for the visit, the time available, staff expertise, and the best workflow for your agency.

How to Use this Toolkit

To support your clinic in addressing these requirements, this toolkit is divided into the following sections:

Section 1: Overview of Social Determinants of Health (SDOH)

This section provides an in-depth explanation of social determinants health, their impact on sexual and reproductive health as well as overall health, and the importance of integrating SDOH screening into clinical care. It is recommended that all employees read this section once and refer to it later as needed.

Section 2: Operationalizing SDOH Screening

- Recommendations for documenting SDOH screening at clinical visits
- Discussion of workflow
- How to receive technical assistance from the training center

Section 3: SDOH Questions

- Guidance on selecting a question set/assessment tool
- Guidance on customizing question sets/assessment tools
- Editable question sets

Section 4: Additional Resources

- Editable referral resources
- Links to appropriate trainings for staff by SRHP standard and level
- Launch email template (staff onboarding, training, specialized training)
- Example scripts for introducing SDOH screening to patients

Section 1: Overview of Social Determinants of Health (SDOH)

After reading this section, health care professionals will be able to describe how social and structural factors broadly influence health, in addition to how specific experiences and preferences impact contraceptive needs for diverse groups of patients.

Health care teams routinely employ standardized questions and validated assessment tools to screen for clinical and behavioral drivers of health, such as alcohol use, anxiety, or depression.¹ This toolkit offers resources to screen for, identify, and refer patients based on their unique needs related to social and structural contexts that shape health behaviors and outcomes. We also include examples of how social and structural determinants of health drive patient behaviors and health outcomes through a series of fictional vignettes.

In this section you will learn:

- How social and structural factors affect both general and reproductive health
- How to assess social needs of a patient to better understand if a patient could benefit from additional services
- How to implement best practices of referral to services for patients

Social and Structural Determinants of Health

Leading professional organizations and health systems across the world have recognized the impact of social factors, the environment, and structural influences on individuals' health.² The Centers for Disease Control and Prevention, World Health Organization, Healthypeople.gov initiative, and medical and public health associations have all prioritized addressing social and structural determinants of health as essential for improving health outcomes.³ The most referenced framework by health professionals and healthcare organizations is the Social Determinants of Health (SDOH). The SDOH framework encourages thinking

¹Billieux, A., Verlander, K., Anthony, A., & Alley, D. (2017). Standardized Screening for Health-Related Social Needs in Clinical Settings: The Accountable Health Communities Screening Tool. National Academy of Science. Perspectives: Expert Voices in Health & Health Care.

²Centers for Disease Control and Prevention. (19 August 2020). *About Social Determinants of Health (SDOH)*. Social Determinants of Health: Know What Affects Health. [Link](#); National Academy of Sciences, Engineering, and Medicine. (n.d.). *Publications*.

³ <https://health.gov/healthypeople>

about how upstream factors—like where people live, whether they experience discrimination, and what kind of work they do—affect health outcomes. The SDOH framework helps us to understand, and then address, conditions which shape an individual’s health behaviors and health outcomes.⁴

The health of communities is connected to the health of individuals that make up these communities. Structural inequities are the cross-institutional and systems-level drivers that create unfair distributions of health opportunities and health outcomes according to different aspects of people’s identities.⁵ As such, structural inequities reflect racism, misogyny, ableism, ciscentrism, homophobia, and other dynamics of power and oppression in societies.

Social and structural factors contribute to more than one third of total deaths in the United States each year. Social and structural determinants of health can impact reproductive health outcomes including preterm birth, infertility, cervical cancer, breast cancer, and maternal mortality.⁶ Recognizing the influence of these factors on health, the American College of Obstetrics and Gynecology (ACOG) recommends that obstetricians, gynecologists, and other health care providers should seek to understand patients’ health-related decisions and behaviors as the results of larger systems that create and maintain health inequities.⁷

A **health inequity** is an unjust demographic pattern in health outcomes that is produced by broader social dynamics of power and oppression.

As shown in the figure below, there are many layers of factors that impact patients’ journeys throughout the continuum of care, including historical, social, political, and economic; policy and health systems; and community and family. By recognizing the importance of social determinants of health, health care providers and other health professionals can better understand patients, effectively communicate about health-related conditions and behavior, and ultimately improve health outcomes.⁸ Social and structural forces are interconnected as they affect sexual and reproductive health.⁹ The reproductive justice framework acknowledges this interconnectedness.¹⁰ Expressions of avoiding care, mistrusting health care providers, or not following recommended treatments can be rooted in history and daily experiences of discrimination among patients.¹¹ They can also be expressions of unmet needs an individual is

⁴National Academies of Sciences, Engineering, and Medicine 2017. *Communities in Action: Pathways to Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24624>.

⁵National Academies of Sciences, Engineering, and Medicine 2017. *Communities in Action: Pathways to Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24624>.

⁶Racial and ethnic disparities in obstetrics and gynecology. Committee Opinion No. 649. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2015;126:e130–4.

⁷ACOG Committee Opinion 729: Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care

⁸Committee on Health Care for Underserved Women. (2018). ACOG Committee Opinion No. 729: Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care. *Obstetrics and Gynecology* (New York. 1953), 131(1), E43-E48.

⁹Committee on Health Care for Underserved Women. (2018). ACOG Committee Opinion No. 729: Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care. *Obstetrics and Gynecology* (New York. 1953), 131(1), E43-E48.

¹⁰Gilliam ML, Neustadt A, Gordon R. A call to incorporate a reproductive justice agenda into reproductive health clinical practice and policy. *Contraception* 2009;79:243–6.

¹¹Premkumar A, Nseyo O, Jackson AV. Connecting police violence with reproductive health. *Obstet Gynecol* 2017;129:153–6.

experiencing. To meet patients’ needs for reproductive healthcare, it can be helpful to think of a continuum of care—before, during, and after individuals interact with a health system—and specific challenges that they might face in accessing quality care.¹² Considering potential barriers an individual may face throughout seeking care creates an opportunity to eliminate or mitigate negative experiences.

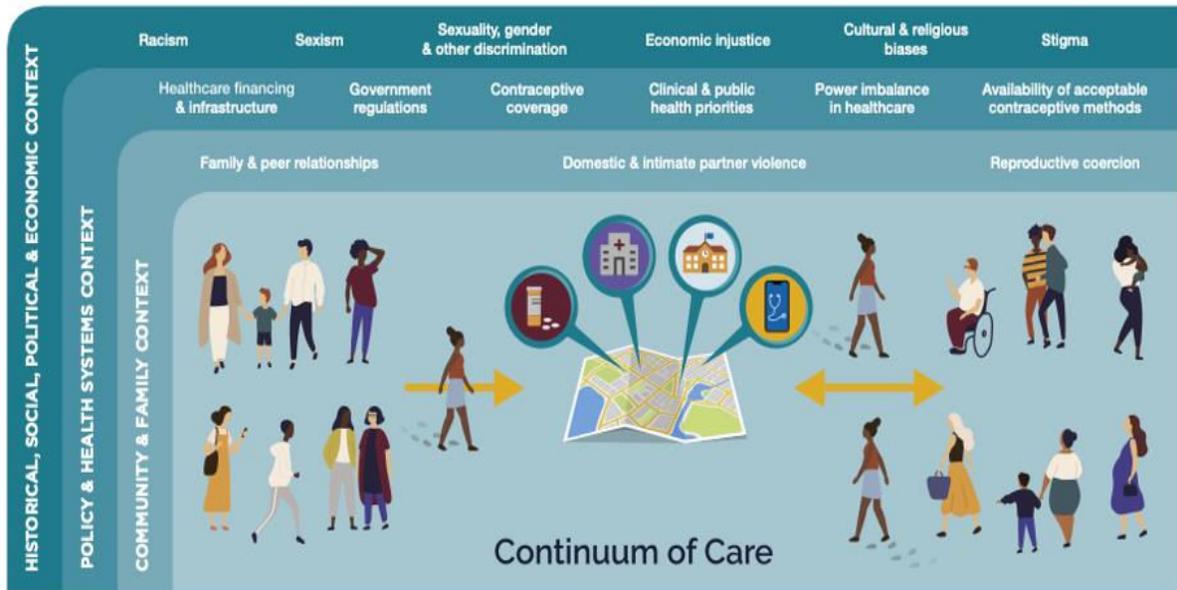


Image from Holt et al., 2020¹³

¹²Holt, K., Reed, R., Crear-Perry, J., Scott, C., Wulf, S., & Dehlendorf, C. (2020). Beyond same-day long-acting reversible contraceptive access: a person-centered framework for advancing high-quality, equitable contraceptive care. *American journal of obstetrics and gynecology*, 222(4S), S878.e1–S878.e6. <https://doi.org/10.1016/j.ajog.2019.11.1279>

¹³Holt, K., Reed, R., Crear-Perry, J., Scott, C., Wulf, S., & Dehlendorf, C. (2020). Beyond same-day long-acting reversible contraceptive access: a person-centered framework for advancing high-quality, equitable contraceptive care. *American journal of obstetrics and gynecology*, 222(4S), S878.e1–S878.e6. <https://doi.org/10.1016/j.ajog.2019.11.1279>

“Non-compliance” is not so straightforward and may be due to social factors the patient is facing

Maya is a cisgender woman pregnant with her second child. She is **in recovery from opioid use disorder** and methadone is listed as part of her current medications in her medical record. After her first child, Maya experienced numerous questions about her recovery at each medical appointment. After speaking with friends, she realized she was asked a number of questions about her home life that those with no history of opioid use disorder have not experienced. **Maya found these questions invasive** and approached each medical visit with mounting anxiety.

When preparing for her second birth, Maya learned her mother could not attend her prenatal care visits as planned and she then **missed multiple visits because of the anxiety** of going alone. Her health care provider assumed she must not care about the health of her child seriously or that she relapsed.

***Lesson:** The provider should have talked about home situation with every patient and explained the universality and reason for screening to every patient so Maya did not feel profiled. It is important to receive permission when asking patients about sensitive topics and to make sure they know they can skip any questions they do not want to answer, and to respect that choice. When patients miss visits it is often due to a confluence of factors in their life and not a disregard for their care.*

Description of SDOH

Social and structural determinants of health can be categorized in many ways. They include:¹⁴

- Neighborhood and built environment
 - Includes access to foods, crime and violence, environmental conditions, and availability and quality of housing
- Health and health care
 - Includes access to health care, access to primary health care, and health literacy
- Social and community context
 - Includes civic participation, discrimination, incarceration, social cohesion
- Education
 - Includes early childhood education and development, enrollment in higher education, high school graduation, language, and literacy
- Economic stability
 - Includes employment, food security, and income

While the phrase “social determinants of health” may suggest to some that the contributors to health are immutable, these determinants are in fact modifiable.¹⁵ They are not beyond our control to intervene at the community or societal level. While the social needs expressed by an individual can immediately be

¹⁴Office of Disease Prevention and Health Promotion. (n.d.) *Social Determinants of Health*. [Link](#)

¹⁵National Academies of Sciences, Engineering, and Medicine 2017. *Communities in Action: Pathways to Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24624>.

responded to by a health care provider, there are also opportunities for action at the policy and organizational levels. Both community-driven and provider-driven interventions can address how individuals are affected by structural inequities.¹⁶

Achieving recommendations suited to patients' lives

Ta'Shana presents to a family planning clinic for STI testing and contraception. Upon learning that Ta'Shana **does not want any contraceptive devices in her body**, the clinician recommends oral contraceptive pills. Ta'Shana is hesitant, and her provider keeps reassuring her the pills are safe.

Finally, Ta'Shana reveals that **she is experiencing homelessness** and spends half of her nights on the street. She is concerned about storing medication she has to take every day.

The clinician **recommends the shot instead**—something Ta'Shana can get once, rather than taking a daily medication, and it also doesn't require having a device inside her body. Ta'Shana likes this idea, receives the shot, and makes an appointment to come back in three months.

***Lesson:** Patients often have life factors that influence their contraceptive desires, exploring these factors with patients – from storage of methods, to refrigeration, privacy, menstrual product access to manage spotting, transportation to clinic, and others – the logistics of use should be explicitly explored with patients to find a method that fits their life.*

¹⁶ National Academies of Sciences, Engineering, and Medicine 2017. *Communities in Action: Pathways to Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24624>.

Average literacy is at a middle school level, and health literacy is even worse than overall literacy

Jessica is a new patient at the family planning clinic who recently moved to the area. She presents to the clinic asking to switch to a new contraceptive method, as she has **expressed dissatisfaction with the progestin-only pill** she was prescribed by her previous provider.

Before counseling Jessica on the other contraceptive options available to her, the family planning counselor asks Jessica what she does not like about the pill. Jessica says it's difficult for her to remember when exactly to take the pill every day and what to do when she forgets to take one. She missed a few pills recently and was unsure about what to do. She otherwise liked the pill and had no unwanted side effects.

Jessica remembers her provider saying that it needs to be taken at the same time, but **the pamphlet she was given when originally prescribed the pill was hard for her to understand** and didn't have answers to all her questions. Jessica said she tried to read the instructions on the pill pack, but **the information from the pharmaceutical company was even more confusing.**

After hearing about the difficulties Jessica has had with understanding how and when to take the pill, the family planning counselor asks Jessica if she would like **an information sheet with simple, easy to read instructions and pictures** about taking the pill. The counselor also offers to walk Jessica through all the steps on the information sheet, answering any questions she has along the way. Jessica agrees and leaves the appointment feeling confident in her ability to take the pill correctly.

***Lesson:** Literacy and comprehensive in the general population is quite low, about a middle school level, even among people with good literacy, health literacy can be low. Providers should assume patients need information communicated in simpler, non-medical language, preferably written and spoken, and should confirm comprehension. Education and literacy are social determinants of health that are often not explicitly screened for, patients do not often share out of shame, and providers, who have a very high literacy, do not often realize the disconnect between them and their patient. Low health literacy can result in patients not following directions, which has consequential effects on their health. Providers should consider if “non-compliance” is perhaps due to misunderstanding.*

Section 2: Operationalizing SDOH Screening

*This section of the toolkit is designed to help you develop your clinic's workflow for conducting SDOH screening. There is a worksheet available in **Appendix 3** for you and your team to complete to ensure that you have thought through all the necessary components of developing an SDOH screening plan. The following text in this section explains in detail what elements you should consider.*

Determining your clinic's workflow for conducting SDOH screening

Organizations that administer screening tools often create standardized workflows to track identified patient needs and referrals made. This tracking allows care team members to better understand other team members' roles and actions through the process. In addition to supporting a patient to address social needs and achieve their related goals, development of a workflow assists providers and health systems in collecting useful data that can be used for quality improvement or population-level advocacy.¹⁷ Having a clearly thought through, standardized approach can ensure that patients receive screening in an equitable and reliable manner that ensures their needs are met during the visit.

Part of the importance of pre-determining and standardizing your clinic's workflow around conducting SDOH screening is that asking these questions without proper training and infrastructure to react and refer patients appropriately can cause more harm than good. Many of these questions are sensitive and disclosure may be challenging. Clinic staff should only screen for things that can be later acted upon in that visit if there is a positive screen (i.e., referral to SNAP enrollment for someone who is food insecure, or referral to a mental health provider if someone screens positive for anxiety). This approach requires a concerted effort from the clinic to reflect upon its existing infrastructure and resources to do thorough SDOH screening, identifying any resources and investments needed to build capacity, and following through on these activities prior to establishing a screening program.

Identifying who will conduct the SDOH screening

Clinicians often do not have time to conduct the full SDOH screening themselves. Having a medical assistant (MA) complete some or all screenings during patient rooming can help. However, MAs also have a lot to cover and depending on your clinic's workflow and workloads, you may decide to screen for SDOH using a survey (paper or electronic) to be completed in the waiting room or to be sent to the patient prior to their visit. This may be a great option for some clinics and patients given the time constraints of a visit, but there are limitations in terms of patient privacy while completing the survey (e.g., ability or willingness to answer honestly if completing in a waiting room where others may be able to see, or at home where there isn't privacy). Additionally, some patients may feel less comfortable putting their responses down on paper and prefer verbally responding to questions; conversely, for some it may feel more comfortable to check a box or complete a survey as opposed to vocalizing a need for assistance. Your clinic may decide to have paper and verbal options for patients to choose from or pick one that you feel best suits the needs of your patient population. There is likely no perfect way to conduct SDOH screening, so each clinic must make choices in light of these inherent tradeoffs.

Language needs

Patients have varying literacy and linguistic skills that can impact their ability to complete a written survey. If using a written screener, it is important to consider the average reading level of your patient population and ensure the questions and responses are easy to understand; consider piloting it with volunteers. If the literacy level of your clinical population is unknown, keep in mind that 1 in 5 US adults

¹⁷Thomas-Henkel, C., & Schulman, M. (2017). Screening for social determinants of health in populations with complex needs: implementation considerations. *Center for Health Care Strategies, 10*.

has very low literacy according to international standards.¹⁸ Create materials using a universal precautions or universal design approach; whenever possible, design materials for the lowest literacy level you expect to encounter. Additionally, determine if your screeners should be available in other languages.

Recording screening results

It is crucial to consider how a tool or tools will be incorporated into the screening process.

With EHR: Ideally, a social needs assessment is integrated into the HER.¹⁹ Integration of the assessment into the EHR can build an invaluable record of an individual’s challenges to having their needs met.²⁰ Results from an assessment can result in a better understanding of barriers to care, and therefore, better health outcomes.²¹ Integration of a screening process into a shared coordination tool makes it accessible to other care team members to track and achieve a patient’s goals.²² Some organizations find success with the use of NoteWriter in Epic, creating a streamlined electronic template and reminder system, prompting providers to ask about barriers to care or life hazards that might be present in the environment or patient’s home.²³ Other organizations may add or expand their “Social Determinants” section in the History tab to build in structured questions for the results of these screening questionnaires.

With paper: Although EHR integration of an assessment is preferred, this may not be a realistic goal for health centers and providers with limited resources, as it requires a significant investment in data system upgrades. Even if it is not feasible to have the goal of integrating an assessment tool electronically, a paper-based assessment can still be incorporated into the encounter for limited questions that will improve the patient’s care.²⁴

With either EHR or paper-based screening tools, it is equally important to ensure that there is a clear process in place for *scoring of screeners* and *handoff* of the screeners to the appropriate staff to ensure continuity of care and that the needed referrals are made for the patient. Think through how SDOH screening will integrate into visit flow; for example, having a pop-up box reminding clinicians to check the SDOH screening section. If using a paper screener, decide whether you will use verbal hand-off or a non-verbal notification system between scorer and clinician, such as a checklist of the results of SDOH screening, including which scores are a positive screen.

Whatever you decide, we suggest establishing a multidisciplinary workgroup to design, implement, follow up on, and monitor screening to ensure it is designed optimally for your clinic environment. This

¹⁸ <https://nces.ed.gov/fastfacts/display.asp?id=69>

¹⁹Thomas-Henkel, C., & Schulman, M. (2017). Screening for social determinants of health in populations with complex needs: implementation considerations. *Center for Health Care Strategies, 10*.

²⁰Herrera, C.N., Brochier, A., Pellicer, M., Garg, A., & Drainoni, M.L. (2019). Implementing Social Determinants of Health Screening at Community Health Centers: Clinician and Staff Perspectives. *Journal of Primary Care & Community Health, (10)*: 1-6.

²¹Thomas-Henkel, C., & Schulman, M. (2017). Screening for social determinants of health in populations with complex needs: implementation considerations. *Center for Health Care Strategies, 10*.

²²Thomas-Henkel, C., & Schulman, M. (2017). Screening for social determinants of health in populations with complex needs: implementation considerations. *Center for Health Care Strategies, 10*.

²³Thomas-Henkel, C., & Schulman, M. (2017). Screening for social determinants of health in populations with complex needs: implementation considerations. *Center for Health Care Strategies, 10*.

²⁴Thomas-Henkel, C., & Schulman, M. (2017). Screening for social determinants of health in populations with complex needs: implementation considerations. *Center for Health Care Strategies, 10*.

workgroup should include clinical champion(s), IT stakeholders, representatives of all staff involved in screening (clinicians, nursing, medical assistants), care navigators, social workers, or health educators if the organization includes such roles; and senior clinical administrators charged with monitoring and assessing efficacy of screening. All staff should be compensated equitably for participation in work group activities during regular work hours, which may require blocking extra administrative time for clinical staff.

Documentation requirements

Per MDPH guidelines, SRH agencies receiving MDPH funding must establish and maintain electronic medical records which include documentation of both in-person and virtual clinical encounters.²⁵ Virtual encounters may include telehealth visits, telephone consultations, follow-up calls, texts, and emails.

To be compliant with MDPH standards, documentation should include:

- Client identifying information, including demographics and collection of SOGI (sexual and gender identity)
- Consent for services
- Source of primary care if not on-site
- Medical, social, sexual history, including assessments listed **above (pages 1-2)**
- Counseling/education provided
- Physical exam findings and communication with client
- Laboratory tests and results, with plan for follow-up as appropriate and prompt communication with client
- Medications dispensed and prescribed
- Documentation of the contraceptive method selected by the client (also known as end contraceptive method)
- Referrals
- Follow-up

If using EHR and new fields are not being built in, consider creating a section of the standard note template to document SDOH screening, or using a separate note template for this specific purpose.

Referrals

In some circumstances, the information obtained from an assessment tool not only improves the immediate health care provided, but also creates an opportunity for a patient to be referred for other services unrelated to the visit that will impact other areas of the patient's health. Once an assessment identifies a social need, clinicians or health care providers must refer patients to organizations for additional resources and services.²⁶ To ensure referrals to high-quality external resources, health care providers should consult trusted clearinghouses of quality providers such as those listed in [Appendix 1](#).

²⁵ Records of hospitals or clinics; custody; inspection; copies; fees. MGL Part I Title XVI Chapter 111 Section 70

²⁶Herrera, C.N., Brochier, A., Pellicer, M., Garg, A., & Drainoni, M.L. (2019). Implementing Social Determinants of Health Screening at Community Health Centers: Clinician and Staff Perspectives. *Journal of Primary Care & Community Health*, (10): 1-6.

Providers can also establish medical-legal partnerships, partnerships with social workers and community advocates, interpreter services, and transportation and logistics.²⁷

It is also important for organizations to review all relevant privacy and consent laws and establish policies for the type and ways that information is exchanged.²⁸ Screening for social needs and referring an individual to external resources can create potential challenges for organizations, but they can be navigated with organizational planning and communication between staff, providers, and institutional leaders. Common challenges that health care providers and organizations face when implementing strategies for referrals include:²⁹

- Building an adequate referral network of services and agencies that provide resources addressing identified social needs can be time consuming and complex.
- Integrating electronic screening tools and resource libraries into existing EHR systems. Embedding these assessments can require additional resources and time.
- Breaking down silos between health and social service organizations, which often have varying technical capacities.

Many health care providers and organizations do not have a formal list of a community's resources to address a patient's social needs. There is often little coordination between a community's social service organizations (including food banks, homeless shelters, transportation agencies) and health care providers, while often serving the same patients. Closing the loop on these referrals by establishing relationships or identifying a liaison can create a bridge in navigating these resources.

Some possible ways to improve connections to referral services include:

- Identify social service strengths and limitations within the community
- Help patients understand their benefits, such as Supplemental Nutrition Assistance Program (SNAP), heating assistance, and Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Establish relationships with partner organizations, such as faith-based institutions, YMCA, and community centers
- Form an advisory board to collaborate between community organizations and the health system

More information on referrals can be found in the MDPH SRHP Core Values and Program Standards, pages 18-19.

Technical Assistance from the MA SRH Training Center

Technical assistance can be requested on the training center's website. Support can be provided to design and/or implement SDOH screening.

²⁷Committee on Health Care for Underserved Women. (2018). ACOG Committee Opinion No. 729: Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care. *Obstetrics and Gynecology* (New York, 1953), 131(1), E43-E48.

²⁸Thomas-Henkel, C., & Schulman, M. (2017). Screening for social determinants of health in populations with complex needs: implementation considerations. *Center for Health Care Strategies*, 10.

²⁹Thomas-Henkel, C., & Schulman, M. (2017). Screening for social determinants of health in populations with complex needs: implementation considerations. *Center for Health Care Strategies*, 10.

Section 3: SDOH Questions

*In this section we provide a list of the required questions to be asked **at each visit and of new patients and repeated annually**, including notes for consideration, and worksheets to help plan workflow for asking each question. We also include a list of editable question sets (available in **Appendix 2**) for each SRHP standard, although you are welcome to select your own and adapt them.*

Selecting an assessment tool/question set

In this toolkit, we have provided you with a list of editable question sets (available in **Appendix 2**) which have been compiled from multiple existing tools. We have included evidence-based tools whenever possible.

When selecting your assessment tool, whether it is using the questions provided in this toolkit or others, it is also important to consider how much information your organization wants to collect and how that information can be shared with other providers and community organizations.³⁰ Weigh the benefits of asking as many questions as possible to understand the needs of patients, in contrast to limiting the questions due to time constraints and concerns that it is unproductive to uncover needs which providers cannot address.

Customizing assessment tools and question sets

If you choose to develop a new assessment tool or adapt an existing one, some factors to consider include capacity and resources of the person conducting the screening (either individual or institutional), such as time, location, and support staff available; ease of use within a clinical setting; and ability of a tool to capture specific needs that the organization can address.³¹

While we have aimed to provide evidence-based questions on all SRHP standards, there is limited evidence available regarding best practices around *who should ask, how to ask questions, in what order questions should be asked*, and experience asking questions using interpreter services. We have therefore designed this toolkit to help you think through the workflows that are most appropriate for your clinic and encourage you to adapt questions and procedures to suit your context and your patients' needs most effectively. To aid in this process, we have provided worksheets to plan workflows for asking each set of questions. Clinics may customize question text, change the order in which questions are asked, or combine questions. The training center can also provide assistance to ensure your revised questions remain aligned with the spirit of the evidence-based questions provided and with MDPH standards.

Questions recommended at every visit

1. Medical history

Notes: questions should only be asked that are clinically relevant to services provided that day

³⁰Thomas-Henkel, C., & Schulman, M. (2017). Screening for social determinants of health in populations with complex needs: implementation considerations. *Center for Health Care Strategies, 10*.

³¹Thomas-Henkel, C., & Schulman, M. (2017). Screening for social determinants of health in populations with complex needs: implementation considerations. *Center for Health Care Strategies, 10*.

2. Sexual history

Note: Asking about sexual history can trigger medical legal concerns if disclosures happen. As with IPV and reproductive coercion questions, DPH recommends discussing with patients, especially those under 18, about your reporting obligations prior to conducting the screener. The record of SRH services to which the adolescent has self-consented cannot be discussed with, or released to, anyone outside of the health center treatment team without the client's permission. Exceptions to this include mandatory reporting of: i) certain infectious diseases to the Massachusetts Department of Public Health. ii) known or suspected abuse, neglect, commercial sexual exploitation or human trafficking of a minor, in accordance with Massachusetts Department of Children and Families guidelines. iii) client statement that represents a risk of serious harm to self or other.

3. HIV risk / PrEP

4. Reproductive coercion

Note: If possible, allow patients to complete this screener on paper or tablet themselves due to sensitivity of questions. As with IPV/sexual assault, mandatory reporting can potentially erode trust with patients. Consider discussing with patients, especially those under 18, about your reporting obligations prior to conducting the screener. The record of SRH services to which the adolescent has self-consented cannot be discussed with, or released to, anyone outside of the health center treatment team without the client's permission. Exceptions to this include mandatory reporting of: i) certain infectious diseases to the Massachusetts Department of Public Health. ii) known or suspected abuse, neglect, commercial sexual exploitation or human trafficking of a minor, in accordance with Massachusetts Department of Children and Families guidelines. iii) client statement that represents a risk of serious harm to self or other.

5. Human trafficking

*Note: National experts state that healthcare providers must be trained in trauma-informed care and appropriate responses to ensure that screening in human trafficking is ethical. **Clinicians and staff should be trained to recognize red flags and designated, specifically trained colleagues should administer a screening only in the presence of red flags.** Appropriate administration of the screener requires a longer visit than a typical SRH. **NEVER screen for human trafficking if you are not trained** and cannot offer follow-up.*

6. Open end “Is there anything else you would like your provider to know, or you would like to discuss?”

Use the worksheet in [Appendix 3](#) to plan the workflow for each of the required screener questions to be administered **at every visit.**

Editable question sets are available in [Appendix 2.](#)

Questions recommended for new patients and repeated annually

1. Source of primary care
2. Sexual orientation and gender identity

Note: Asking verbally is the gold standard but written is acceptable.

3. IPV/sexual assault

Note: Mandatory reporting can potentially erode trust with patients. Consider discussing with patients, especially those under 18, about your reporting obligations prior to conducting the screener.

The record of SRH services to which the adolescent has self-consented cannot be discussed with, or released to, anyone outside of the health center treatment team without the client's permission. Exceptions to this include mandatory reporting of: i) certain infectious diseases to the Massachusetts Department of Public Health. ii) known or suspected abuse, neglect, commercial sexual exploitation or human trafficking of a minor, in accordance with Massachusetts Department of Children and Families guidelines. iii) client statement that represents a risk of serious harm to self or other.

4. Substance use as clinically relevant to service that day
5. Tobacco/nicotine use
6. Mental health
7. Food security
8. Housing security
9. Education
10. Employment

Use the worksheet in [Appendix 3](#) to plan the workflow for each of the required screener questions to be administered **for new patients and annually.**

Editable question sets are available in [Appendix 2.](#)

Section 4: Additional Resources

- Launch email template (available in [Appendix 4](#))
- Example scripts, verbal and written
- Editable referral resources (available in [Appendix 1](#))
- Links to appropriate trainings for staff by SRHP standard and level (available in [Appendix 5](#))

A sample launch email template is available in [Appendix 4](#).

Example script: Verbal

I am going to ask you some questions about your life and health.

I understand that these questions are very personal, but they are just as important for your care as questions about other areas of your health. Just so you know, I ask these questions to all of my patients, regardless of their age, race, gender, or whether or not they are married. Like the rest of your visit, this information will be kept in strict confidence.

If you would prefer not to answer these questions, you can tell me now. You can also opt out at any time or choose to only answer some questions. You are not required to answer any of them, but they can inform better care or referrals.

Do you have any questions before we get started?

Note: The record of SRH services to which the adolescent has self-consented cannot be discussed with, or released to, anyone outside of the health center treatment team without the client's permission. Exceptions to this include mandatory reporting of: i) certain infectious diseases to the Massachusetts Department of Public Health. ii) known or suspected abuse, neglect, commercial sexual exploitation or human trafficking of a minor, in accordance with Massachusetts Department of Children and Families guidelines. iii) client statement that represents a risk of serious harm to self or other.

Example script: Written

Below are some questions about your life and health.

We understand that these questions are very personal, but they are just as important for your care as questions about other areas of your health. We ask these questions of all patients, regardless of age, race, gender, or whether or not they are married. Like the rest of your visit, this information will be kept in strict confidence.

You are not required to answer any questions. You can also opt out at any time or choose to only answer some questions. These questions can inform better care or referrals. If you have any questions for your provider, please ask them at the beginning of your visit.

Note: The record of SRH services to which the adolescent has self-consented cannot be discussed with, or released to, anyone outside of the health center treatment team without the client's permission. Exceptions to this include mandatory reporting of: i) certain infectious diseases to the Massachusetts Department of Public Health. ii) known or suspected abuse, neglect, commercial sexual exploitation or human trafficking of a minor, in accordance with Massachusetts Department of Children and Families guidelines. iii) client statement that represents a risk of serious harm to self or others.

Appendix

1. SDOH Referrals

SDOH Referrals

Agency's services and service areas sometimes change, contact them directly for more specific details to establish a referrals plan.

We do not endorse any specific agency.

Compiled 8/16/22

Substance Use (alcohol and drugs)

Organization	Website	Phone Number	Geographic area served	Notes
<i>Statewide</i>				
Adcare Hospital	https://adcare.com/	617-227-2622	Statewide Locations in Worcester, Quincy, West Springfield, and North Dartmouth	Community-based outpatient substance use programs and inpatient addiction treatment facilities. Will work with people under age 18.
Alcoholics Anonymous	https://alcoholicsanonymous.com/aa-meetings/massachusetts/	800-839-1688	Statewide	Statewide alcohol recovery resource.
Behavioral Health Network, Inc.	https://www.bhninc.org/	413-246-9675	Statewide	Residential, outpatient, and inpatient support services. Will work with people under age 18 at the Child Guidance Clinic.

Casa Esperanza	https://www.casaesperanza.org/what-we-do/	617-445-1123	Statewide	Bilingual/bicultural outpatient, residential, clinical stabilization and housing services programs.
Gándara Center	https://www.gandaracenter.org/about-gandara	877-733-4187	Statewide	Bilingual behavioral health, substance use, and preventive care services in 100 locations across Massachusetts.
Institute for Health Recovery	https://www.healthrecovery.org/page/about-us	671-661-3991	Statewide	Home and community-based, trauma-informed services.
Massachusetts Substance Abuse Information and Education Helpline	www.helpline-online.com	1-800-327-5050 TTY: 1-800-439-2370	Statewide	Free and confidential help finding substance use services for people of all ages in Massachusetts.
Massachusetts Recovery High Schools	http://www.massrecoveryhs.org/	Boston: 617-348-6070 Brockton: 508-510-4091 Beverly: 978-922-3305 Springfield: 413-750-2484 Worcester: 508-459-5463	Statewide Locations in Beverly, Boston, Brockton, Springfield, and Worcester	Public Massachusetts high schools where students can work toward their high school diploma while receiving support for substance use.

New England Region of Narcotics Anonymous	https://nerna.org/	866-624-3578	Statewide	Statewide substance use recovery resource.
Phoenix House New England	http://phoenixhousene.wpengin.e.com/massachusetts/	Toll Free: 888-392-7867 Local: 401-441-6107	Statewide Locations in Springfield, Holyoke, and Dorchester	Residential., outpatient, community-based, and transitional support services. Will work with people under age 18
South Bay Community Services	https://www.southbaycommunityservices.com/locations/	508-521-2200	Statewide	Individual and group therapy, medication management services, school-based services, and outpatient counseling services. Will work with people under age 18.

Spectrum Health Services	https://www.spectrumhealthsystem.org/	1-877-697-3422	Statewide Locations in Framingham, Great Barrington, Haverhill, Lawrence, Leominster, Marlborough, Milford, Millbury, North Adams, Pittsfield, Saugus, Southbridge, Waltham, Westborough, Weymouth, and Worcester	Inpatient detoxification, residential rehabilitation, outpatient, and peer recovery support services for people impacted by substance use disorders. Will work with people under age 18.
<i>Greater Boston</i>				
Bay Cove Human Services, Inc. (CASPAR)	https://www.baycovehumanservices.org/caspar-programs	Hotline (Women's Services): 617-661-6020 Hotline (Men's Services): 617-623-5277 Office: 617-619-5950	Greater Boston Located in Boston	Community-based outpatient substance use programs. Will work with people under age 18.
Boston Alcohol and Substance Abuse Programs, Inc.	https://www.bostonasap.org/	617-482-5292	Greater Boston	Provides services in English and Spanish and has interpretation services available for

			Located in Boston	most other languages.
Boston Children's Hospital - Adolescent Substance Use and Addiction Program	https://www.childrenshospital.org/centers-and-services/programs/adolescent-substance-use-and-addiction-program	617-355-2727	Greater Boston Located in Boston	Community-based outpatient substance use programs. Suboxone treatment for opioid dependency available. Will work with people under age 18.
Boston Medical Center - Faster Paths to Treatment	https://www.bmc.org/faster-paths-treatment	617-414-4590	Greater Boston Located in Boston	Substance use disorder urgent care program.
Boston Public Health Commission - PAATHS	https://www.bphc.org/whatwedo/Recovery-Services/paaths-connect-to-services/Pages/paaths.aspx	617-534-5554	Greater Boston Located in Boston	A resource for anyone looking for information about, or access to, substance use treatment services.
Boston Public Health Commission - South Boston Collaborative Center	https://www.southbostoncollaborativecenter.org/	617-534-9500	Greater Boston Located in South Boston	Community-based outpatient substance use programs. Will work with people under age 18.
Codman Square Health Center	https://www.codman.org/medical-service/substance-use/	617-825-9660	Greater Boston Located in Dorchester	Community-based outpatient substance use programs. Will work with people under age 18.
Devine Recovery Center	http://www.gavinfoundation.org/programs/devine-recovery-center	857-496-1384	Greater Boston Located in South Boston	Massachusetts Peer Recovery Support Center (PRSC) location
The Dimock Center	https://dimock.org/	617-442-8800	Greater Boston Located in Roxbury	Community-based outpatient substance use programs and inpatient detox center. Will work with people under age 18.

Fenway Health	https://fenwayhealth.org/care/behavioral-health/substance-use-services/	617-927-6202	Greater Boston Located in Boston	Community-based outpatient substance use programs. Will work with people under age 18. Due to COVID-19 constraints, behavioral health services are only being provided to individuals who receive primary care services at Fenway Health.
The Gavin Foundation - Center for Recovery Services	https://www.gavinfoundation.org/	617-268-5000	Greater Boston Located in South Boston	Community-based outpatient substance use programs. Will work with people under age 18.
Massachusetts General Hospital - Addiction Recovery Management Service	https://www.massgeneral.org/psychiatry/treatments-and-services/addiction-recovery-management-service	617-643-4699	Greater Boston Located in Boston	Community-based outpatient substance use programs for young adults ages 14-26 and their parents.
North Suffolk Mental Health Association	https://northsuffolk.org/services/addiction-services/	617-889-4860	Greater Boston Locations in Boston, East Boston, Revere, and Chelsea	Community-based outpatient substance use programs and residential recovery support programs. Will work with people under age 18.
Room to Grow Recovery Center	https://stfranchishouse.org/	617-457-1067	Greater Boston	Massachusetts Peer Recovery Support Center (PRSC) location
Recovery on the Harbor	https://northsuffolk.org/	617-874-8064	Greater Boston Located in East Boston	Massachusetts Peer Recovery Support Center (PRSC) location

STEPRox Recovery Support Center	http://northsuffolk.org/services/addiction-services/recovery-support/	617-442-7837	Greater Boston Located in Roxbury	Massachusetts Peer Recovery Support Center (PRSC) location
<i>Northeastern MA</i>				
Amesbury Psychological Center, Inc.	http://www.amesburypsychological.com/servicesUC.html	978-388-5700	Northeastern MA Located in Amesbury	Individual and group therapy, substance use outpatient counseling and intensive outpatient services, and medication management services.
Danvers Treatment Center	http://nebhealth.org/services-locations/addiction-treatment/	978-772-2121	Northeastern MA Located in Danvers	Acute treatment setting providing drug and alcohol detoxification services
New Beginnings Peer Recovery Center	http://www.newbeginningsprc.org/	978-655-3674	Northeastern MA Located in Lawrence	Massachusetts Peer Recovery Support Center (PRSC) location
Rovery Café Lowell	https://www.lowellhouseinc.org/recovery-cafe	978-677-6087	Northeastern MA Located in Lowell	Massachusetts Peer Recovery Support Center (PRSC) location
Tewksbury Treatment Center	http://nebhealth.org/services-locations/addiction-treatment/	978-259-7000	Northeastern MA Located in Tewksbury	Acute treatment setting providing drug and alcohol detoxification services
The Bridge Recovery Center	www.Bridgerecoverycenter.org	781-480-4937	Northeastern MA Located in Malden	Massachusetts Peer Recovery Support Center (PRSC) location
The Psychological Center, Inc.	https://psychologicalcenter.com/about-tpc/	978-291-2262	Northeastern MA Located in Lawrence	Emergency shelter services, substance use stabilization services, and residential treatment and recovery services.

				Will work with people under age 18
<i>Southeastern MA</i>				
Bay State Community Services	https://www.baystatecs.org/	617-471-8400	Southeastern MA Locations in Boston, Braintree, Hingham, Norwood, Plymouth, Quincy, Weymouth, Walpole, and Woburn	Outpatient and peer recovery substance use services. Will work with people under age 18.
Gosnold Behavioral Health	https://gosnold.org/	1-800-444-1554	Southeastern MA Locations in Falmouth, Stoughton, North Dartmouth, Centerville, and Nantucket	Inpatient, outpatient, and community based services. Will work with people under age 18.
High Point Treatment Center	https://www.hptc.org/	1-800-233-4478	Southeastern MA Locations in Brockton, New Bedford, Plymouth, and Taunton	Inpatient, outpatient, residential, and community based services. Will work with people under age 18.
Martha's Vineyard Recovery Support Center	https://www.mvcommunityservices.org/services/peer-recovery-support-center/	508-693-7900	Southeastern MA Located in Martha's Vineyard	Massachusetts Peer Recovery Support Center (PRSC) location
Peer2Peer Recovery Support Center	http://www.steppingstoneinc.org/p2p/	508-567-5086	Southeastern MA Located in Fall River	Massachusetts Peer Recovery Support Center (PRSC) location

PIER Recovery Center of Cape Cod	https://www.gandaracenter.org/pier-recovery-center-of-cape-cod	508-827-6150	Southeastern MA Located in Hyannis	Massachusetts Peer Recovery Support Center (PRSC) location
Plymouth Recovery Support Center	https://plymouthrecoverycenter.org/	413-736-8329	Southeastern MA Located in Plymouth	Massachusetts Peer Recovery Support Center (PRSC) location
R.I.S.E Recovery Support Center	https://www.paaca.org/	774-762-4431	Southeastern MA Located in New Bedford	Massachusetts Peer Recovery Support Center (PRSC) location
Stanley Street Treatment and Resources, Inc. (SSTAR)	https://www.sstar.org/	508-679-5222	Southeastern MA Located in Fall River	Inpatient, outpatient, and community-based services. Will work with people under age 18.
Stairway to Recovery	https://www.gandaracenter.org/stairway-to-recovery	774-257-5660	Southeastern MA Located in Brockton	Massachusetts Peer Recovery Support Center (PRSC) location
<i>Metro West MA</i>				
Advocates Inc.	https://www.advocates.org/services/addiction-recovery	508-628-6300	Metro West MA Locations in Framingham, Marlborough, Waltham, and Harvard	Individual and group therapy, recovery programs, and residential programs Will work with people under age 18.
A New Way Recovery Center	https://www.anewwayrecoveryctr.org/	617-302-3287	Metro West MA Located in Quincy	Massachusetts Peer Recovery Support Center (PRSC) location
Framingham Recovery Center	https://www.smoc.org/anchored-	508-424-2520	Metro West MA	Massachusetts Peer Recovery Support

	in-recovery.php		Located in Framingham	Center (PRSC) location
Genesis Counseling Services	http://genesiscounselingservices.org/our-services.html	508-620-2992	Metro West MA Located in Framingham	Individual and group therapy, substance use evaluations, youth and adult substance use programs. Will work with people under age 18.
The Recovery Connection	http://www.therecoveryconnection.org/	508-485-0298	Metro West MA Located in Marlborough	Massachusetts Peer Recovery Support Center (PRSC) location
Turning Point Recovery Center	https://turningpointrecoverycenter.org/	508-668-3960	Metro West MA Located in Walpole	Massachusetts Peer Recovery Support Center (PRSC) location
<i>Central MA</i>				
Alyssa's Place Peer Recovery Support Center	www.alyssasplace.org	978-364-0920	Central MA Located in Gardner	Massachusetts Peer Recovery Support Center (PRSC) location
Community Health Link	http://www.communityhealthlink.org/chl/#	508-860-1000	Central MA Located in Worcester	Urgent care, in-patient, outpatient substance use services. Will work with people under age 18.
Everyday Miracles	www.everydaymiracleprsc.org	774-670-4622	Central MA Located in Worcester	Massachusetts Peer Recovery Support Center (PRSC) location
LUK Inc.	https://www.luk.org/	800-578-0000	Central MA Locations in Worcester	Community-based outpatient substance use programs.

			and Fitchburg	Will work with people under age 18.
No One Walks Alone (NOWA)	www.nowarsc.org	508-266-0210	Central MA Located in Whitinsville	Massachusetts Peer Recovery Support Center (PRSC) location
<i>Western MA</i>				
Clinical and Support Options	https://www.csoinc.org/outpatient-behavioral-health	413-773-1314	Western MA Locations in Athol, Greenfield, and Northampton	Intensive outpatient program, driver alcohol education, and second offender aftercare program
Hope for Holyoke	www.gandaracenter.org/hopeforholyoke	413-561-1020	Western MA Located in Holyoke	Massachusetts Peer Recovery Support Center (PRSC) location
Living in Recovery	https://www.servicenet.org/services/addiction-services/living-in-recovery/	413-270-3681	Western MA Located in Pittsfield	Massachusetts Peer Recovery Support Center (PRSC) location
Northampton Recovery Center	https://www.northamptonrecoverycenter.org/	413-834-4127	Western MA Located in Northampton	Massachusetts Peer Recovery Support Center (PRSC) location
The Brien Center	https://www.briencenter.org/what-we-do/adult-family-services/addiction/	Office: 413-499-0412 Hotline: 1-800-252-0227	Western MA Locations in Great Barrington, Pittsfield, and North Adams	Outpatient and residential services. Will work with people under age 18.
The RECOVER Project	https://recoverproject.org/about/	413-774-5489	Western MA Located in Greenfield	Massachusetts Peer Recovery Support Center (PRSC) location



Valor Recovery Center	www.gandaracenter.org	413-507-3635	Western MA Located in Springfield	Massachusetts Peer Recovery Support Center (PRSC) location
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Tobacco/Nicotine Use

Organization	Website	Phone Number	Geographic area served	Notes
<i>Statewide</i>				
Massachusetts Smokers' Helpline (1-800-QUIT-NOW)	https://www.mass.gov/take-the-first-step-toward-a-nicotine-free-life	1-800-784-8669	Statewide	Massachusetts' tobacco and nicotine quitline
Nicotine Anonymous	https://www.nicotine-anonymous.org/	1-877-879-6422	Statewide	Statewide nicotine and tobacco cessation resources.
QuitWorks	https://www.mass.gov/info-details/quitworks	1-800-784-8669	Statewide	A patient referral and reporting service that allows providers to easily refer patients who use tobacco or nicotine to 1-800-QUIT-NOW, Massachusetts' tobacco and nicotine Quitline.
<i>Greater Boston</i>				
Boston Medical Center Tobacco Treatment Center	https://www.bmc.org/programs/tobacco-treatment-center	617-638-7665	Greater Boston Located in Boston	Individual, group, and behavioral counseling sessions to help smokers quit.
Living Tobacco-Free Program	https://www.massgeneral.org/community-health/cchi/community-health-associates/living-tobacco-free	781-485-6210	Greater Boston Located in Boston	Education, resources, and coaching to help smokers quit.
Cambridge Health Alliance Tobacco Treatment Program	https://www.challiance.org/community-health/tobacco-treatment	617-591-6922	Greater Boston Located in Cambridge	Support from Tobacco Treatment Specialists to help smokers quit.

<i>Southeastern MA</i>				
SSTAR Smoking Cessation Program	https://www.sstar.org/smoking-cessation/	508-679-5222	Southeastern MA Located in Fall River	Individual and group counseling to help smokers quit.
<i>Central MA</i>				
Up in Smoke Tobacco Treatment Service - UMass Memorial HealthAlliance - Clinton Hospital	https://www.ummhealth.org/healthalliance-clinton-hospital/patients-visitors/patient-resources/classes-events-screenings/smoke-tobacco-treatment-service	978-466-2660	Central MA Located in Leominster	Individualized tobacco treatment services.
<i>Western MA</i>				
Ongoing Smoking Cessation Program	https://www.berkshirehealthsystems.org/programs-and-services/community-wellness/tobacco-treatment	413-854-9622	Western MA Located in Great Barrington	Individual and group counseling, and Nicotine Replacement Therapy. Interpreter services available.

Food Security

There are more than 600 hunger-relief organizations in Massachusetts that distribute food and meals to people in need. To find the hunger relief organizations in your local area, contact the food bank in your area (listed below) or [Project Bread's FoodSource](#) Hotline.

Organization	Website	Phone Number	Geographic area served	Notes
<i>Statewide</i>				
Community Fridges	https://boston.eater.com/maps/community-fridges-boston	N/A	Statewide Locations in Lynn, Malden, Somerville, Watertown, Charlestown, Cambridge, Newton, Brighton, Boston, Brookline, Worcester, Dedham	Community Fridges are outdoor fridges, often built under a roof alongside some pantry shelves, typically monitored and stocked by volunteers, filled with everything from fresh produce to canned goods and sometimes even toiletries and other non-food household essentials.
Project Bread FoodSecure Hotline	https://www.projectbread.org/foodsource-hotline	Office: 617-723-5000 Hotline: 1-800-645-8333	Statewide	Provides comprehensive information and food assistance for people in Massachusetts, with services in 180 languages.
Mass WIC	https://www.mass.gov/orgs/women-infants-children-nutrition-program	1-800-942-1007	Statewide	WIC is a nutrition program that provides healthy foods, nutrition education, breastfeeding support, and referrals to healthcare and other services, free of charge, to Massachusetts families who qualify.
Meals on Wheels	https://www.mealsonwheelsamerica	1-888-998-6325	Statewide	Provides well-balanced meals to adults

	.org/find-meals			through home delivery or congregate dining sites.
Summer Food Service Program	https://www.doe.mass.edu/cnp/nprograms/sfsp/#:~:text=The%20Summer%20Food%20Service%20Program%20operates%20in%20low%20Income%20areas,eligible%20children%20through%20the%20SFSP.	N/A	Statewide	The Summer Food Service Program provides free, nutritious meals to low-income children during school vacations.
<i>Greater Boston</i>				
Action For Boston Community Development (ABCD)	https://bostonabcd.org/service_categories/food/	617-348-6000	Greater Boston Located in Boston. Food insecurity services available to families in Boston, Malden, Medford, and Everett.	ABCD is a nonprofit human services organization that each year provides more than 100,000 low income residents in the Greater Boston region with the tools and resources needed to transition from poverty to stability and from stability to success. ABCD operates five food pantries throughout Boston (Allston/Brighton, East Boston, Mattapan, Parker Hill/Fenway, and Roxbury/North Dorchester), can provide assistance with SNAP applications, and provides holiday meal supplies from November-December.
The Greater Boston Food Bank	https://www.gbfb.org/	617-427-5200	Greater Boston Located in Boston	Food bank that distributes food to more than 600 hunger-relief organizations in the area. Provides a list of food assistance programs in the community, as well as additional resources such as SNAP application assistance.

The Preventive Food Pantry at Boston Medical Center	https://www.bmc.org/nourishing-our-community/preventive-food-pantry	617-414-3834 or 617-414-5263	Greater Boston Located in Boston	The Food Pantry works to address nutrition-related illness and under-nutrition for our low-income patients. It fills the therapeutic gap by linking physicians and nutritionists to patients. Individuals with special nutritional needs are referred to the Pantry by BMC primary care providers who write “prescriptions” for supplemental foods that best promote physical health, prevent future illness and facilitate recovery.
<i>Northeastern MA</i>				
Merrimack Valley Food Bank, Inc.	https://mvfb.org/	978-454-7272	Northeastern MA Located in Lowell	Food bank that distributes food to hunger-relief organizations in the area. Provides a list of food assistance programs in the community, as well as additional resources such as mobile and community markets and summer lunch programs for children.
<i>Central MA</i>				
Worcester County Food Bank	https://foodbank.org/	507-842-3663	Central MA Located in Worcester	Food bank that distributes food to hunger-relief organizations in the area. Provides a list of food assistance programs in the community.
<i>Western MA</i>				
The Food Bank of Western Massachusetts	https://www.foodbankwma.org/	413-247-9738	Western MA	Food bank that distributes food to hunger-relief organizations in the area.

			Located in Hatfield	Provides a list of food assistance programs in the community, as well as additional resources such as SNAP application assistance and nutrition programs.
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Housing Security

To find a homeless shelter in your area, use the [Homeless Shelters Directory](#) for the state of Massachusetts (included below).

Organization	Website	Phone Number	Geographic area served	Notes
<i>Statewide</i>				
Emergency Housing Assistance Programs	https://www.mass.gov/how-to/find-emergency-family-shelter	866-584-0653	Statewide	The Emergency Housing Assistance Program will assist individuals and families in crisis and in need of Massachusetts shelter services.
HomeBASE	https://www.mass.gov/service-details/homebase	Office: 617-573-1250 Hotline: 2-1-1	Statewide	HomeBASE is the Commonwealth's re-housing benefit created to provide families who are in the emergency shelter assistance system an opportunity to overcome some of the financial barriers to ending their homelessness.
Homeless Shelters Directory	https://www.homelesshelterdirectory.org/state/massachusetts	N/A	Statewide	The most complete list of shelters in Massachusetts.
Housing Consumer Education Centers of Massachusetts	https://www.masshousinginfo.org/	617-367-9798	Statewide	Housing Consumer Education Centers offer answers to a wide range of questions about all types of housing problems. Tenants, landlords, prospective buyers, and homeowners can access information designed to maximize housing stability, strengthen investments, and minimize disputes.

Housing Navigator Massachusetts, Inc. (HMNI)	https://housingnavigatorma.org /	N/A	Statewide	HMNI is a nonprofit offering tools and information about affordable rental housing throughout Massachusetts. HNMI's simplified, user-focused housing search tool provides up-to-date, verified listings with photos and information on bedroom mix, affordability, accessibility, and amenities. It also advertises open waitlists, lotteries, and open units.
MassAccess	https://www.massaccesshousingregistry.org/	617-742-0820	Statewide	The MassAccess Housing Registry helps people to find affordable rental and homeownership opportunities in Massachusetts. A key feature of the Registry is to highlight homes for people with disabilities who need accessible or barrier-free housing.
MassHousing	https://www.masshousing.com/renters	617-635-3321	Statewide	MassHousing maintains a list of rental housing developments that it has financed. Many units within MassHousing financed developments are reserved for low or moderate-income persons.
Massachusetts Coalition for the Homeless	https://mahomeless.org/elementor-350/	781-595-7570 X15	Statewide	The Massachusetts Coalition for the Homeless is committed to tackling difficult problems that impact families and individuals who are experiencing homelessness or at-risk of losing their homes.

<p>Massachusetts Department of Housing and Community Development (DHCD)</p>	<p>https://www.mass.gov/guides/a-guide-to-obtaining-housing-assistance</p>	<p>Office: 617-573-1250 Hotline: 2-1-1</p>	<p>Statewide</p>	<p>This reference guide, provided by the Massachusetts Department of Housing and Community Development (DHCD) is for Massachusetts residents seeking information on housing for low and moderate income families and individuals. Most housing in Massachusetts is rented or sold through the private real estate market. However, there are numerous agencies and organizations that provide lower cost, subsidized housing for those who cannot afford market rate rents or home prices.</p>
<p>Massachusetts Department of Housing and Community Development (DHCD) Rental Assistance Division</p>	<p>https://www.mass.gov/rental-assistance-programs</p>	<p>Office: 617-573-1250 Hotline: 2-1-1</p>	<p>Statewide</p>	<p>There are different types of rental assistance in Massachusetts. The 3 largest programs are: The Section 8 Housing Choice Voucher Program (HCVP), the Massachusetts Rental Voucher Program (MRVP), and the Alternative Housing Voucher Program (AHVP).</p>
<p>Massachusetts Department of Transitional Assistance</p>	<p>https://www.mass.gov/orgs/department-of-transitional-assistance</p>	<p>DTA Assistance Line: 877-382-2363</p>	<p>Statewide</p>	<p>The Department of Transitional Assistance (DTA) assists and empowers low-income individuals and families to meet their basic needs, improve their quality of life, and achieve long term economic self-sufficiency.</p>

Massachusetts Housing and Shelter Alliance	https://mhsa.net/looking-for-help/	617-367-6447	Statewide	The Massachusetts Housing & Shelter Alliance (MHSA) is a nonprofit, public policy advocacy organization dedicated to ending homelessness in Massachusetts.
<i>Greater Boston</i>				
Action For Boston Community Development (ABCD)	https://bostonabcd.org/service-categories/food/	617-348-6000	Greater Boston Located in Boston and Malden	ABCD is a nonprofit human services organization that each year provides more than 100,000 low income residents in the Greater Boston region with the tools and resources needed to transition from poverty to stability and from stability to success. ABCD provides housing counseling services, foreclosure prevention services, and housing and rental assistance programs to families in Boston and the Mystic Valley (Malden, Medford, and Everett).
Boston Health Care for the Homeless Program	https://www.bhchp.org/	857-654-1000	Greater Boston Located in Boston	The mission of Boston Health Care for the Homeless Program (BHCHP) is to ensure unconditionally equitable and dignified access to the highest quality health care for all individuals and families experiencing homelessness in our community.
Boston Public Health Commission Homeless Services	https://www.bphc.org/whatwedo/homelessness/Pages/Homelessness.aspx	617-534-5395	Greater Boston Located in Boston	BPHC's Homeless Services provides a wide range of services, including emergency shelter, career counseling, job training, substance use prevention,

				and transitional and permanent housing support services.
MetroList	https://www.boston.gov/metrolist	N/A	Greater Boston Located in Boston	A centralized listing service of both affordable rental and homeownership opportunities in the city of Boston.
Meteor Housing Boston	https://www.metrohousingboston.org/	617-859-0400	Greater Boston Located in Boston	Metro Housing Boston's personalized services help residents of greater Boston bridge gaps in the homelessness prevention and affordable housing system.
<i>Northeastern MA</i>				
Community Teamwork, Inc.	https://www.commteam.org/	978-459-0551	Northeastern MA Located in Lowell	Community Teamwork works with people wherever they are on the continuum of need for housing security, from struggling to meet basic rental and utility expenses to facing homelessness and even to supporting people who are ready to achieve homeownership.
Lynn Housing Authority and Neighborhood Development	https://lhand.org/tenants-landlords/fss/	781-581-8600	Northeastern MA Located in Lynn	The Lynn Housing Authority & Neighborhood Development (LHAND) assists low and moderate-income families and individuals with safe and affordable housing.
<i>Southeastern MA</i>				
Housing Assistance Corporation	https://haconcapecod.org/	508-771-5400	Southeastern MA Located in Hyannis	Housing Assistance Corporation offers housing programs and services throughout Cape Cod, Martha's

				Vineyard and Nantucket.
NeighborWorks Housing Solutions	http://housingsolutionssema.org/about/	781-422-4200	Southeastern MA Located in Kingston	Housing Solutions of Southeastern Massachusetts – formerly known as South Shore Housing – is a regional nonprofit organization focused on providing housing services and developing affordable housing in Plymouth and Bristol counties in Massachusetts.
<i>Metro West MA</i>				
Southern Middlesex Opportunity Council	https://www.smoc.org/	508-872-4853	Metro West MA Located in Framingham	The South Middlesex Opportunity Council (SMOC) is an umbrella organization that works in the community to provide opportunities to enhance self-sufficiency and to create a safety net when short term and/or continuing support are needed.
<i>Central MA</i>				
Central Massachusetts Housing Alliance (CMHA)	https://www.cmhaonline.org/	508-752-5519	Central MA Located in Worcester	CMHA leads a collaborative response to homelessness that fosters long-term housing stability through prevention, shelter & safety net, moving beyond homelessness, and public education & advocacy.
RCAP Solutions	http://www.rcapsolutions.org/	800-488-1969	Central MA Located in Worcester	RCAP Solutions helps individuals, families, communities and small business owners with a wide range of housing and other beneficial services

				for almost a half a century.
<i>Western MA</i>				
Berkshire Housing Development Corporation and Housing Services	https://berkshirehousing.com/	413-499-1630	Western MA Located in Pittsfield	The mission of Berkshire Housing Development Corporation (BHDC) is to improve the quality of life for residents of Berkshire County by increasing affordable housing opportunities; delivering community development programs and projects; and operating a professional management company.
Franklin County Regional Housing & Redevelopment Authority	https://fcrhra.org/	413-863-9781	Western MA Located in Turner Falls	Franklin County Regional Housing & Redevelopment Authority serves the housing and community development needs of the twenty-six towns of Franklin County in northwestern Massachusetts. They work with residents to successfully access a wide variety of housing resources.
Way Finders	https://www.wayfinders.org/	413-233-1500	Western MA Located in Springfield	Way Finders works to strengthen housing stability and economic mobility, and to build thriving neighborhoods in communities throughout Western Massachusetts, including Hampden and Hampshire counties.
Western Massachusetts Network to End Homelessness	https://www.westernmasshousingfirst.org/need-help/	N/A	Western MA	The Network creates collaborative solutions across Hampden, Hampshire, Franklin and Berkshire Counties to prevent and end homelessness through

				a Housing First approach that centers racial equity.
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Education

Organization	Website	Phone Number	Geographic area served	Notes
<i>Statewide</i>				
Adult and Community Learning Services (ACLS)	https://www.doe.mass.edu/acls/directory.html	N/A	Statewide	The Department of Elementary and Secondary Education provides <u>a list of all Adult Education programs</u> in the state. Adult Basic Education programs cover reading, writing, and math below the high school level, and Adult Secondary Education programs lead to high school equivalency credentials.
BeMass Competitive Program	https://masscc.org/bmcp/	N/A	Statewide Located at Bunker Hill Community College in Boston	Through this program, candidates will receive specialized training and career-placement services leading to upwardly-mobile employment opportunities. This opportunity is available at no cost to participants and stipends will be provided.
Career and Technical Education (CTE)	https://www.doe.mass.edu/ccte/cvte/cte-families/default.html	N/A	Statewide	CTE programs combine high academic standards with career exploration and technical training for high school students. The Department of Elementary and Secondary Education maintains <u>a list of all approved CTE programs</u> in the state
High School Equivalency (HSE)	https://www.doe.mass.edu/hse/	781-338-3836	Statewide	If you did not graduate from high

Testing Program				school, the Massachusetts High School Equivalency Credential, approved and accredited by the Department of Elementary and Secondary Education, is the best alternative.
Literacy Volunteers of Massachusetts	http://www.lvm.org/student.html	888-466-11313	Statewide	Literacy Volunteers of Massachusetts provides 2 hours per week of free, confidential and individualized tutoring in either basic literacy or English for Speakers of Other Languages (ESOL).
Massachusetts Adult Literacy Hotline	http://massliteracyhotline.org/hotline/	1-800-447-8844	Statewide	The Massachusetts Adult Literacy Hotline provides referrals to over 300 adult education programs that offer one-on-one tutoring, small-group or classroom instruction to adult learners.
Massachusetts Association of Community Colleges	https://masscc.org/	N/A	Statewide	All 15 Community Colleges in Massachusetts offer remote, online, and hybrid options.
Massachusetts Public Libraries	https://libraries.state.ma.us/literacy/esol/	N/A	Statewide	The Massachusetts Board of Library Commissioners maintains a list of literacy, ESOL, and citizenship programs at local libraries.
<i>Greater Boston</i>				
Action For Boston Community Development (ABCD)	https://bostonabcd.org/service-categories/education/	617-348-6000	Greater Boston Located in Boston	ABCD is a nonprofit human services organization that each year provides more than 100,000 low income residents in the Greater Boston region with the tools and resources needed to transition from poverty to stability and

				<p>from stability to success.</p> <p>ABCD provides many education and employment programs in the Greater Boston Area, including English for Speakers of Other Languages (ESOL) and First Steps Into Childcare, a program for people looking for a career in working with children.</p>
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Employment

MassHire has career center locations across the state. For a full list of MassHire career centers and to find the one in your area, visit [their website](#).

Organization	Website	Phone Number	Geographic area served	Notes
<i>Statewide</i>				
Fair Employment Project Massachusetts	http://www.fairemploymentproject.org/	617-902-0192	Statewide	FEP counsels Massachusetts workers of limited means about their rights on the job and the legal process.
MassHire Career Center	https://www.mass.gov/masshire-career-centers	617-626-5300	Statewide	MassHire Career Centers offer employment and training services for job seekers and employers.
Massachusetts Clubhouse Coalition	https://www.massclubs.org/	617-872-0190	Statewide	The Massachusetts Clubhouse Coalition (MCC) is a non-profit organization committed to helping people with long term mental illness find and secure employment, housing, education, services and support in the community.
Massachusetts Department of Career Services	https://www.mass.gov/orgs/masshire-department-of-career-services	617-626-5300	Statewide	The MassHire Department of Career Services oversees Massachusetts's network of MassHire Career Centers that assist businesses in finding qualified workers, providing job seekers with career guidance as well as referrals to jobs and training.
Massachusetts Rehabilitation Coalition	https://www.mass.gov/vocational-	617-204-3600	Statewide	The Vocational Rehabilitation Program

	rehabilitation			helps job seekers with disabilities obtain and maintain a job. Vocational rehabilitation helps people with physical, cognitive, intellectual or mental health conditions manage the modern workplace.
Project Impact	https://www.mass.gov/service-details/statewide-employment-services	617-204-3854	Statewide* *Project IMPACT provides services in Essex, Barnstable, Bristol, Dukes, Nantucket, Norfolk, Plymouth, and Suffolk Counties	Project IMPACT provides personal benefit counseling to people that get Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI) and are employed or looking for a job. This can help individuals with disabilities understand what may happen when they go to work or increase earnings.
UMass Medical School's Work Without Limits Benefit Counseling	https://workwithoutlimits.org/about/#about-who-we-are	877-937-9675	Statewide* *Work Without Limits provides services in Berkshire, Franklin, Hampden, Hampshire, Middlesex, and Worcester counties	Work Without Limits programs and services are geared to meet the needs of individuals with disabilities who are seeking jobs, and the employment providers that serve them. The goal of Work Without Limits is to increase the employment of people with disabilities until it is equal to those without disabilities.
Veterans' Job Programs and Services	https://www.mass.gov/veterans-job-programs-and-services	617-626-5300	Statewide	The MassHire Department of Career Services offers career programs and services to veterans to help them find jobs.
<i>Greater Boston</i>				
Action For Boston Community	https://bostonabcd.org/service	617-348-6000	Greater Boston	ABCD is a nonprofit human services

Development (ABCD)	categories/careerdevelopment/		Located in Boston	<p>organization that each year provides more than 100,000 low income residents in the Greater Boston region with the tools and resources needed to transition from poverty to stability and from stability to success.</p> <p>ABCD provides career training programs to help people achieve their employment and career goals.</p>
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Sexual Assault and IPV

To find sexual assault services near you, consult [Jane Doe Inc.](#)'s list of all sexual and domestic violence providers in Massachusetts (listed below).
You can also find a list of Massachusetts rape crisis programs [here](#) and a list of domestic violence services [here](#).

Organization	Website	Phone Number	Geographic area served	Notes
<i>Statewide</i>				
Asian Task Force Against Domestic Violence, INC.	https://www.atask.org/site/	Office: 617-338-2350 Hotline: 617-338-2355	Statewide	ATASK is a nonprofit, community organization serving pan-Asian survivors of domestic and intimate partner violence.
AskMOVA	https://www.mass.gov/orgs/askmova	N/A	Statewide	AskMOVA, a free online resource offered by the Massachusetts Office for Victim Assistance, <u>maintains a list of domestic violence services</u> in the state.
Fenway Health Violence Recovery Program	https://fenwayhealth.org/care/behavioral-health/you-deserve/	617-927-6000	Statewide Locations in Harwich, Springfield, Boston, Jamaica Plain, and Fall River	Provides counseling, support groups, advocacy, and referral services to Lesbian, Gay, Bisexual and Transgender (LGBT) victims of bias crime, domestic violence and sexual assault.
Jane Doe Inc.	https://www.janedoe.org/find_help/	617-248-0922	Statewide	Jane Doe Inc., The Massachusetts Coalition Against Sexual Assault and Domestic Violence (JDI) brings together organizations and people committed to ending sexual assault and domestic violence. JDI provides a list of sexual assault and domestic violence

				organizes across Massachusetts.
Massachusetts Office for Victim Assistance	https://www.mass.gov/orgs/massachusetts-office-for-victim-assistance	844-878-6682	Statewide Locations in Boston and Northampton	Massachusetts Office for Victim Assistance (MOVA) offers assistance to victims of crimes, witnesses, their family members, and direct victim service providers.
Llámanos: Statewide Spanish Rape Crisis Hotline	N/A	800-223-5001	Statewide	Statewide Spanish Rape Crisis Hotline
Our Deaf Survivors Center, Inc.	https://www.odscunity.org/about-us	978-451-7225	Statewide Located in Worcester	Provides sexual and domestic violence services to Deaf victims/survivors in the state of Massachusetts.
Safelink: Statewide Domestic Violence Hotline	https://www.mass.gov/info-details/massachusetts-safelink-resources	877-785-2020	Statewide	Toll-free domestic violence hotline with services in English, Spanish, Portuguese, Simplified and Traditional Chinese, Vietnamese, Haitian Creole, Cape Verdean, Khmer, and Quechua
The Network/La Red	http://www.tnrl.org/en/	Office: 617-695-0877 Hotline: 800-832-1901	Statewide	Survivor-led, social justice organization that works to end partner abuse in lesbian, gay, bisexual, transgender, BDSM, polyamorous, and queer communities.
<i>Greater Boston</i>				
Beth Israel Deaconess Medical Center	https://www.bidmc.org/	617-667-7000	Greater Boston Located in Boston	SANE-designated hospital
Boston Area Rape Crisis Center (BARCC)	https://barcc.org/	Hotline: 800-841-8371	Greater Boston	Hotline (by phone and web chat), counseling, medical and legal

	Web chat hotline: https://barcc.org/help/services/hotline	Office: 617-492-8306	Locations in Cambridge, Boston, and Waltham	advocacy
Boston Children's Hospital	https://www.childrenshospital.org/	617-355-6000	Greater Boston Located in Boston	SANE-designated hospital
Boston Medical Center	https://www.bmc.org/	617-638-8000	Greater Boston Located in Boston	SANE-designated hospital
Brigham and Women's Hospital	https://www.brighamandwomens.org/	617-732-5500	Greater Boston Located in Boston	SANE-designated hospital
Casa Myrna	https://casamyrna.org/about/	1-877-785-2020	Greater Boston Located in Boston	Boston's largest provider of domestic violence awareness efforts and of shelter and supportive services to survivors. Services available in English and Spanish.
CHA Cambridge Hospital	https://www.challiance.org/locations/cambridge/cha-cambridge-hospital	617-655-1000	Greater Boston Located in Cambridge	SANE-designated hospital
Massachusetts General Hospital	https://www.massgeneral.org/	617-726-2000	Greater Boston Located in Boston	SANE-designated hospital
Newton-Wellesley Hospital	https://www.nwh.org/	617-243-6000	Greater Boston Located in Newton	SANE-designated hospital

<i>Northeastern MA</i>				
Lawrence General Hospital	https://www.lawrencegeneral.org/	978-683-4000	Northeastern MA Located in Lawrence	SANE-designated hospital
Lowell General Hospital	http://www.lowellgeneral.org/	(978) 937-6000	Northeastern MA Located in Lowell	SANE-designated hospital
The Center for Healing and Hope	https://chhinc.org/	Hotline: 800-542-5212 Office: 978-452-8723	Northeastern MA Located in Lowell	24-hour hotline, individual counseling, medical and legal advocacy. Counseling services offered in English, Spanish, Portuguese, Haitian Creole, and French.
YWCA Northeastern Massachusetts	https://ywcanema.org/	Hotline: 877-509-9922 Office: 978-682-3039 x2123	Northeastern MA Locations in Lawrence, Lynn, Haverhill, Newburyport, and Salem	Rape crisis, domestic violence, emergency shelter, and court advocacy programs. SAFEPLAN court advocacy services available in English and Spanish.
<i>Southeastern MA</i>				
A New Day Rape Crisis Program	https://healthimperatives.org/a-new-day-rape-crisis-program/	Hotline: 508-588-8255 Office: 509-580-3964	Southeastern MA Locations in Brockton, Quincy, Weymouth, and Plymouth	24-hour hotline, individual and group counseling, and medical and policy advocacy.
A Safe Place	https://www.asafeplacenantucket.org/	Hotline: 508-999-6636 Office: 508-996-	Southeastern MA Located in Nantucket	Hotline and crisis intervention, safety planning, and counseling.

		3343		
Beth Israel Deaconess - Plymouth	http://www.bidplymouth.org/	508-746-2000	Southeastern MA Located in Plymouth	SANE-designated hospital
Brockton Hospital	http://www.signature-healthcare.org/AboutUs/SignatureHealthcareBrocktonHospital.aspx	508-941-7000	Southeastern MA Located in Brockton	SANE-designated hospital
Cape Cod Hospital	https://www.capecodhealth.org/locations/profile/cape-cod-hospital/	508-771-1800	Southeastern MA Location in Hyannis	SANE-designated hospital
Charlton Memorial Hospital	https://www.southcoast.org/locations/charlton-memorial-hospital/	508-679-3131	Southeastern MA Located in Fall River	SANE-designated hospital
CONNECT to End Violence	https://www.mvcommunityservices.org/services/domestic-sexual-violence-services/	Hotline: 508-696-7233 Office: 774-549-9667	Southeastern MA Located in Martha's Vineyard	24-hour hotline, crisis counseling, survivor advocacy, supervised visitation.
Falmouth Hospital	https://www.capecodhealth.org/locations/profile/falmouth-hospital/	508-548-5300	Southeastern MA Located in Falmouth	SANE-designated hospital
Independence House	https://independencehouse.org/	Hotline: 800-439-6507 Office: 508-771-6507	Southeastern MA Locations in Hyannis, Falmouth, Orleans, and Provincetown	24-hour hotline, individual and group counseling, childcare, legal advocacy, medical and police accompaniment, and safe home and shelter search.

Morton Hospital	http://www.mortonhospital.org/	508-828-7000	Southeastern MA Located in Taunton	SANE-designated hospital
New Hope	https://www.new-hope.org/	Hotline: 800-323-4673 Office: 508-226-4015	Southeastern MA Locations in Attleboro, Milford, Southbridge, and Taunton	24-hour hotline, counseling, emergency shelter, SAFEPLAN, supervised visitation, and SANE medical advocacy.
South Shore Hospital	http://www.southshorehospital.org/	508-997-1515	Southeastern MA Located in Weymouth	SANE-designated hospital
St. Luke's Hospital	https://www.southcoast.org/locations/st-lukes-hospital/	508-997-1515	Southeastern MA Located in New Bedford	SANE-designated hospital
The Women's Center	http://www.thewomenscentersc.com/	Hotline: 508-999-6636 Office: 508-996-3343	Southeastern MA Locations in New Bedford and Fall River	Multilingual 24-hour hotline and crisis intervention, individual and group counseling, legal and medical advocacy.
Tobey Hospital	http://www.southcoast.org/locations/tobey-hospital/	508-295-0880	Southeastern MA Located in Wareham	SANE-designated hospital
<i>Metro West MA</i>				
Voices Against Violence	https://www.smoc.org/voices-against-violence.php	Hotline: 508-626-8688 or 800-593-1125	Central MA Locations in	24-hour hotline and crisis intervention, short term emergency shelter, counseling and support groups, and

		Office: 508-820-0834	Framingham and Marlboro	medical and legal advocacy services in English, Spanish, and Portuguese.
<i>Central MA</i>				
Harrington Memorial Hospital	https://www.harringtonhospital.org/	508-765-9771	Central MA Located in Southbridge	SANE-designated hospital
Milford Regional Medical Center	https://www.milfordregional.org/	508-473-1190	Central MA Located in Milford	SANE-designated hospital
Pathways for Change	https://www.pathwaysforchange.help/pfc/	Hotline: 800-870-5905 Office: 508-852-7600 Deaf Survivors' Program: 508-502-7681	Central MA Locations in Worcester, Fitchburg, Gardner, Southbridge, North Brookfield	Rape crisis center offering 24 hour crisis intervention, multi-cultural and multi-lingual support groups and counseling for sexual assault survivors.
St. Vincent's Hospital	https://www.stvincenthospital.com/	508-363-5000	Central MA Located in Worcester	SANE-designated hospital
UMASS Memorial Hospital	https://www.ummhealth.org/umas-memorial-medical-center-15	508-334-1000	Central MA Located in Worcester	SANE-designated hospital

UMASS University Hospital	https://www.ummhealth.org/umas-s-memorial-medical-center-14	508-334-1000	Central MA Located in Worcester	SANE-designated hospital
Wayside Trauma Intervention Services Valley Rape Crisis Program	https://www.waysideyouth.org/about/ourservicesoverview/services/waysidemilford/trauma-intervention-services/	Hotline: 800-511-5070 Office: 508-478-6888	Central MA Locations in Milford and Franklin	Hotline and crisis intervention, individual and group counseling, and hospital and legacy advocacy services for survivors of sexual violence and their non-offending family members. Services available in English, Spanish, and Portuguese.
<i>Western MA</i>				
Baystate Medical Center	https://www.baystatehealth.org/	413-794-0000	Western MA Located in Springfield	SANE-designated hospital
Baystate Wing Hospital	https://www.baystatehealth.org/locations/wing-hospital	413-283-7651	Western MA Located in Palmer	SANE-designated hospital
Berkshire Medical Center	https://www.berkshirehealthsystems.org/default.cfm	413-447-2000	Western MA Located in Pittsfield	SANE-designated hospital
Center for Women and Community - University of Massachusetts Amherst	https://www.umass.edu/cwc/	Hotline: 413-545-0800 Office: 413-545-0883	Western MA Located in Amherst	Multicultural campus-based rape crisis center serving students at the Five Colleges and people in Hampshire County.
Cooley Dickinson Hospital	https://www.cooleydickinson.org/	413-582-2000	Western MA	SANE-designated hospital

			Located in Northampton	
Elizabeth Freeman Center	https://www.elizabethfreemancenter.org/	Hotline: 866-401-2425 Office: 413-499-2425	Western MA Locations in Pittsfield, North Adams, and Great Barrington	Rape Crisis Center
Mercy Medical Center	https://www.trinityhealthofne.org/location/mercy-medical-center-1	413-748-9000	Western MA Located in Springfield	SANE-designated hospital
New England Learning Center for Women in Transition	https://nelcwit.org/	Hotline: 413-772-0806 Office: 413-772-0871	Western MA Locations in Greenfield and Orange	Sexual and domestic violence crisis center
UMASS Amherst University Health Services	https://www.umass.edu/	413-577-5000	Western MA Located in Amherst - Only serving students and staff of the Five College Community	SANE-designated hospital

YWCA of Western MA	https://www.ywworks.org/	<p>Hotline: 800-796-8711</p> <p>Spanish Hotline: 800-223-5001</p> <p>Office: 413-732-3121</p>	<p>Western MA</p> <p>Locations in Springfield and Westfield</p>	Individual and group sexual assault counseling and hotline services.
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Reproductive Coercion

To locate a family planning program near you, check out [this list](#) of MDPH-funded family planning sites.

Mental Health

There are more than 5,000 behavioral health providers in Massachusetts. To locate behavioral health service providers in your area, visit [this database](#) from Network of Care Massachusetts. MassHealth patients can find behavioral health providers [here](#).

Organization	Website	Phone Number	Geographic area served	Notes
<i>Statewide</i>				
Compass Helpline	https://namimass.org/nami-mass-compass-helpline/	617-704-6264 or 1-800-370-9085	Statewide	The Compass Helpline at NAMI Massachusetts provides free information, ideas, resources, and support to help people across the state navigate the complex mental health system and related systems of care.
Massachusetts Behavioral Health Partnership	https://www.masspartnership.com/member/index.aspx	1-800-495-0086	Statewide	The Massachusetts Behavioral Health Partnership (MBHP) helps MassHealth members get high quality health care for medical and behavioral health conditions.
Massachusetts Department of Mental Health	https://www.mass.gov/orgs/massachusetts-department-of-mental-health	Office: 617-628-8000 Hotline: 877-382-1609	Statewide	The Department of Mental Health, as the State Mental Health Authority, assures and provides access to services and supports to meet the mental health needs of individuals of all ages
Massachusetts Substance Use Helpline	https://helplinema.org/	Hotline: 1-800-327-5050	Statewide	The only statewide, public resource for finding substance use treatment, recovery, and problem gambling services.

National Alliance on Mental Health (NAMI) Massachusetts	https://namimass.org/about-us/	Office: 617-580-8541 Hotline: 1-800-370-9085	Statewide	Provides free, peer-led programs to people with mental health conditions and their families.
Network of Care Massachusetts	https://massachusetts.networkofcare.org/mh/index.aspx	Emergency Crisis Services Hotline: 1-877-382-1609	Statewide	Provides a directory of more than 5,000 behavioral health organizations and providers across Massachusetts.

Human Trafficking

Victims and survivors of human trafficking can contact the [National Human Trafficking Hotline](https://www.humantraffickinghotline.org/) at 1-888-373-7888 for social and legal services.

Organization	Website	Phone Number	Geographic area served	Notes
<i>Statewide</i>				
Eva Center	https://www.evacenter.org/	617-779-2133	Statewide Located in Boston	The EVA Center is a survivor led organization that provides a wide range of continuous and comprehensive services for women exploited through prostitution and sex trafficking.
My Life My Choice	https://www.mylifemychoice.org/the-big-picture	617-396-7807	Statewide Located in Boston	My Life My Choice provides survivor empowerment, commercial sexual exploitation prevention, and training and advocacy programs to prevent human trafficking in Massachusetts.
Massachusetts Coalition to End Human Trafficking	http://mceht.org/#/about	N/A	Statewide	The coalition provides an Allies Database that lists the organizations involved in fighting human trafficking across Massachusetts.
Massachusetts General Hospital Freedom Clinic	https://www.massgeneral.org/emergency-medicine/divisions-centers-and-programs/mass-general-freedom-clinic	N/A	Statewide Located in Boston	The Massachusetts General Hospital Freedom Clinic provides free, trauma-informed, LGBTQ-friendly primary and preventative care for survivors of human trafficking, ages 13 and older.
New England Coalition Against Trafficking	https://necattogether.squarespace.com/resources	N/A	Statewide	The coalition provides a list of national, state, and local human trafficking resources.

2. SDOH Editable Question Set

SRHP Editable Question Set

Introduction

Below is a compilation of evidence-based SDOH screening questions that have been tested in clinical and/or research settings. These are being provided to you as a **starting point** for use in your own clinic. We are mindful of the fact that a standard visit is 15 minutes and there are a lot of questions to ask. You may adapt them as you see fit, including editing language, and the order in which they are asked.

PART 1: Recommended at every visit

Medical History appropriate to contraception, abortion, PrEP, STI visits

Evidence base: These questions are developed based on expertise and have not been studied.

Written or verbal: Because of time, we recommend the patient self-report on tablet or written form.

Guidance on adaptations: Only ask the questions that are relevant to the individual patient that day based on visit time or issue raised. Some questions are relevant to all SRH visits, some only when discussing contraception, and some only when providing abortion care.

How to interpret/score: The majority of these questions should be used to inform clinical care, counseling, and services/medications provided in today's visit.

Question	Follow-Up
<i>Contraception Use</i>	
1a. Are you and your partner(s) doing anything to prevent pregnancy? (Yes/No)	1b. What are you doing? (Fill in the blank)
2a. Are you using a birth control or contraception method currently? (Yes/No/Sometimes)	2b. Which method(s)? (List of all methods, including abstinence, allowing for multiple to be checked)
3. Which birth control or contraception methods have you used in the past? (List allowing multiple to be checked, include none, abstinence, other)	
<i>Medical History</i>	

4a. Do you have any medical problems that make you go to a healthcare provider on a regular basis?	4b. If yes, what? (Fill in the blank)
5. Do you have high blood pressure? (Yes/No)	
6. Do you get migraine headaches? (Yes/No)	
7. Have you ever had a blood clot in your leg or lung? (Yes/No)	
8. Do you smoke tobacco and are you over 35 years old? (Yes/No/Sometimes)	
9. Do you have lupus? (Yes/No)	
10. Do you have a history of fibroids in your uterus? (Yes/No)	
11. Do you have a history of cysts on your ovaries? (Yes/No)	
12a. Do you know of any abnormalities in your uterus? (Yes/No)	12b. If yes, what? (Fill in the blank)
13a. Do you have any allergies to any medications? (Yes/No)	13b. If yes, what? (Fill in the blank)
14. Do you have an allergy to latex?	
15. Do you have any allergy to copper?	
16. What current medications are you taking? (Fill in the blank)	Probe for common medications: vitamins, allergy medication, supplements, St. John's wort, etc.
17a. How many times have you been pregnant? (Fill in a number)	17b. If one or more, what was the outcome of each pregnancy (miscarriage, abortion, ectopic pregnancy, live birth, stillbirth - allow for multiple) 17c. If you had a past abortion(s), was it medical (pill) or surgical (a procedure)? (Allow for multiples) 17d. If you had a past ectopic pregnancy(ies), was it treated medically with a

	<p>pill or surgically with a procedure? (Allow for multiples)</p> <p>17e. Have you had any complications with past pregnancies? (Fill in the blank, probe for common complications: gestational diabetes, preeclampsia, placenta previa...)</p>
18a. Have you ever used PrEP to prevent HIV? (Yes/No)	18b. If yes, when? (Date range fill in that allows for present)
19. Do you have asthma? (Yes/No)	
20. What past surgeries have you had?	Probe for common surgeries: appendix, wisdom teeth, etc.
<i>Sexual function</i>	
21. Do you have any concerns with your sexual desire or satisfaction?	

Sexual History

Note: Sexual history should be asked in-full at initial visit and then an updated sexual history should be asked at each visit.

Evidence base: These questions are recommended by the CDC,³² to be asked verbally by a provider.³³ We have also adapted the questions to a written format.

Written or verbal: We offer both a written and verbal set of questions.

To have a trauma-informed approach to sexual history taking, patient permission should be sought for these sensitive questions. For example, start with one of the following prompts.

- “May I ask you a few questions about your sexual health and sexual practices? I understand that these questions are personal, but they are important for your overall health.”
- “At this point in the visit I generally ask some questions regarding your sexual life. Will that be ok?”

Guidance on adaptations: We do not recommend any adaptations.

³² <https://www.cdc.gov/std/treatment/SexualHistory.pdf>

³³ <https://www.cdc.gov/std/treatment/>

How to score: n/a

What a positive score should receive: n/a, inform clinical care.

VERBAL: CDC recommended patient sexual history script

PARTNERS

1. Are you currently having sex of any kind—so, oral, vaginal, or anal— with anyone? (Are you having sex?)
 - a. If no, have you *ever* had sex of any kind with another person?
2. In recent months, how many sex partners have you had?
3. What is/are the gender(s) of your sex partner(s)?
4. Do you or your partner(s) currently have other sex partners?

PRACTICES

1. I need to ask some more specific questions about the kinds of sex you have had over the last 12 months to better understand if you are at risk for STIs. We have different tests that are used for the different body parts people use to have sex. Would that be ok?
2. What kind of sexual contact do you have, or have you had? What parts of your body are involved when you have sex?
 - a. Do you have genital sex (penis in the vagina)?
 - b. Anal sex (penis in the anus)?
 - c. Oral sex (mouth on penis, vagina, or anus)?
 - d. Are you a top and/or bottom?
3. Do you meet your partners online or through apps?
4. Have you or any of your partners used drugs?
5. Have you exchanged sex for your needs (money, housing, drugs, etc.)?

PROTECTION FROM STIs

1. Do you and your partner(s) discuss STI prevention?
2. If you use prevention tools, what methods do you use? (For example, external or internal condoms—also known as male or female condoms—dental dams, etc.)
3. How often do you use this/these method(s)? More prompting could include specifics about:
 - a. Frequencies: sometimes, almost all the time, all the time.
 - b. Times they do not use a method.
4. If “sometime,” in which situations, or with whom, do you use each method?
5. Have you received HPV, hepatitis A, and/or hepatitis B shots?
6. Are you aware of PrEP, a medicine that can prevent HIV? Have you ever used it or considered using it?

PAST HISTORY OF STIs

- a. Have you ever been tested for STIs and HIV? Would you like to be tested?

- b. Have you been diagnosed with an STI in the past? When? Did you get treatment?
- c. Have you had any symptoms that keep coming back?
- d. Has your current partner or any former partners ever been diagnosed or treated for an STI? Were you tested for the same STI(s)? Do you know your partner(s) HIV status?

WRITTEN: Questions adapted for written context

Question	Follow Up
<i>History around sex</i>	
1a. Have you ever been sexually active? (Yes/No)	1b. If yes, have you ever had sex with person(s) with a vagina, penis or both?
2. Have you ever been coerced or pressured to have sex? (Yes/No) <i>May be able to cut this question based on sexual assault, IPV and human trafficking questions selected</i>	
<i>Current sexual practices</i>	
3a. Are you currently sexually active (in the past three months)? (Yes/No)	3b. If yes, do you currently have sex with person(s) with a vagina, penis, or both?
4. In the past three months, what kind of sex have you had? Anal? Vaginal? Oral?	
5. What is the date of your last sexual activity?	
<i>Riskiness of current sexual activity</i>	
6. Do you know whether you partner(s) has/have other sexual partners? (Yes/No/Unsure)	
7a. What do you do to protect yourself from STIs, including HIV?	7b1. How often do you use this protection? (Always/Sometimes) 7b2. If sometimes, in what situations or with whom do you use protection? (Fill in the blank)
8. If under age 46, have you completed the 3-part HPV vaccine series? (Yes/No/Unsure)	
<i>STI history</i>	
9a. Have you ever been tested for sexually	9b. If yes, when was your last STI test? (List of

transmitted infections (Yes/No/Unsure)	years or fill in the blank)
10a. Have you ever been tested for HIV? (Yes/No/Unsure)	10b. If yes, when was your last HIV test? (List of years or fill in the blank) 10c. If yes, are you HIV positive?
11a. Have you ever had a sexually transmitted infection (disease)? (Yes/No)	11b. If yes, which sexually transmitted infection(s)? (List or fill in the blank, need to be able to note multiple infections and multiple times) 11c. If yes, where was the infection? (Fill in the blank, need to be able to note multiple infections and multiple times) 11d. When did you have the infection? (List of years or fill in the blank, need to be able to note multiple infections and multiple times) 11e. Was (were) your partner(s) treated too? (Yes/No/Unsure, need to be able to note multiple infections and multiple times)

HIV Risk Screening

Evidence base: The Human Immunodeficiency Virus Acquisition Risk Screening Tool is designed for nurse practitioners, physicians, and the health care team to easily identify patients with substance use disorder or sexual behaviors that make them eligible for referral to HIV pre-exposure prophylaxis (PrEP) and has been recommended by researchers to increase access to PrEP services.³⁴

Written or verbal: We recommend an MA or clinician conduct verbally, but it can be adapted to a written form if an algorithm is used.

Guidance on adaptations: We do not recommend any adaptations, however, some of these questions are repetitive with substance use screener question and sexual history questions. It is important not to ask questions multiple times. Develop your comprehensive screening tool to be able to use question answers to calculate multiple screeners.

How to score: Any patient who responds “Yes” written in underlined red text is eligible for PrEP.

What a positive score should receive:

PrEP referrals: PrEP navigator, PrEP clinic, other PrEP access initiatives

³⁴ Goldstein NS, Seymour EC, Carter-Davis JB. A model for increasing access to preexposure prophylaxis (PrEP) services in the substance use population. *The Journal for Nurse Practitioners*. 2020;16(2):121-125.

PrEP Rx and follow-up: Prescription of Truvada, Q3 month follow-ups with labs

Human Immunodeficiency Virus Risk Screening Tool

Script: (To be read before completing the screening)

“The following questions can be very personal. I want you to know, we ask these questions to everyone and it is so that we can provide you with the best possible care. The information you share remains private and confidential and will not be shared with others without your consent in accordance with HIPAA. I also want you to know if at any time you are uncomfortable, you may refuse to answer a question. Do I have your permission to continue?”

1. Have you ever been tested to see if you have HIV? **Yes / No**

If **Yes:** (a) How long ago was your last HIV test? _____

(b) Was the result HIV-positive or HIV-negative? **HIV positive / HIV negative**

If **HIV-positive:** *confirm provider managing HIV care. SCREENING COMPLETE.*

If **HIV-negative:** *go on to question 2.*

If **No:** *Register patient for next HIV testing session. Go on to question 2.*

2. Have you injected drugs that were not prescribed to you within the past 6 months? **Yes / No**

If **Yes:** (a) In the past 6 months, have you shared any needles, syringes, or other drug preparation equipment that had already been used by another person? **Yes / No**

If **No:** *go on to question 3.*

3. Have you been sexually active in the last 6 months? **Yes / No**

If **No:** SCREENING COMPLETE.

If **Yes:** If the client is:

(a) Male (**assigned male at birth**): Do you have sex with men, women, or both?

If **MSM:**

- 1) Have you ever had sex without a condom in the past 6 months? **Yes / No**
- 2) Have you ever had sex in exchange for money or drugs? **Yes / No**
- 3) Have you had syphilis, gonorrhea, or chlamydia in the last 6 months? **Yes / No**

If MSW only:

- 1) Have you had sex with someone who is HIV+ in the past 6 months without using a condom? **Yes** / **No**
 - 2) Have you had syphilis, gonorrhea, or chlamydia in the last 6 months? **Yes** / **No**
- (b) Female (**assigned female at birth**): Do you have sex with men, women, or both?
- 1) Have you had sex in exchange for money in the past 6 months? **Yes** / **No**
 - 2) Have you had sex with someone who is HIV-positive in the past 6 months? **Yes** / **No**
 - 3) Have you had sex without using a condom with anyone who is at high risk for HIV infection, meaning a person who injects drugs, a man who has sex with men, or a person who has had other sexually transmitted infections? **Yes** / **No**
- (c) Trans: Do you have sex with men, women, or both?
- 1) Have you had sex in exchange for money in the past 6 months? **Yes** / **No**
 - 2) Have you had sex with someone who is HIV-positive in the past 6 months? **Yes** / **No**

4. If eligible for PrEP, (indicated by a **red underlined yes**) what do you know about PrEP for HIV prevention?

Reproductive Coercion

Evidence base: The five-item reproductive coercion scale has been adapted from a longer version and clinically validated in family planning settings³⁵.

Written or verbal: We recommend this be self-reported on tablet or paper.

Guidance on adaptations: We do not recommend adapting these questions.

How to score: One point is given for every yes answer. A score of one or more indicates that reproductive coercion has been experienced in the last year.

What a positive score should receive: See below.

In the past 3 months, has someone you were having a relationship with:

Pregnancy coercion

1. Told you not to use any birth control (like the pill, shot, ring, etc.)
2. Taken your birth control (like pills) away from you or kept you from going to the clinic to get birth control
3. Made you have sex without a condom so you would get pregnant

Condom manipulation

4. Taken off the condom while you were having sex so you would get pregnant
5. Put holes in the condom or broken the condom on purpose so you would get pregnant

If patient answers “YES” to any reproductive coercion screener questions, recommended workflow:

1. *For verbal screen:* “Thank you for telling me that. Keeping you safe is part of keeping you healthy. May I ask a colleague to come talk to you and offer some information you may find useful?”
2. Page/summon clinical or case management champion with training in safety planning and knowledge of local resources.
3. Allow adequate time for a colleague to prepare custom referrals prior to engaging the client.
4. Accept if a client declines assistance.
5. Keep IPV and reproductive coercion in mind when recommending clinical services.

Human Trafficking

³⁵ McCauley HL, Silverman JG, Jones KA, Tancredi DJ, Decker MR, McCormick M, Austin SB, Anderson HA, Miller E. Psychometric properties and refinement of the reproductive coercion scale. *Contraception*. 2017;95(3):292-298.

While red flags should be looked for at every visit, screening should only happen **in the presence of “red flags.”**

Evidence base: The Adult Human Trafficking Screening Tool is designed for use across various health care, behavioral health, social services, and public health settings. The tool assesses adult patients or clients for human trafficking victimization or risk for potential trafficking victimization. It is a survivor-centered, trauma-informed, and culturally appropriate intervention tool recommended by the US Department of Health and Human Service National Human Trafficking Training and Technical Assistance Center.

Healthcare providers must be trained in trauma-informed care and appropriate resources to ensure that screening in human trafficking is ethical. Clinicians and staff should be trained to recognize red flags, and designated, specifically trained colleagues should administer a screening **only** in the presence of red flags. Appropriate administration of the screener requires a longer visit than a typical SRH service visit.

Written or verbal: The human trafficking screening tool is part of a guide and is to be used with the “Adult Human Trafficking Screening Tool and Guide.” It has been provided as part of a screening toolkit to a professional who is trained to administer it.

Guidance on adaptations: We do not recommend adaptations to this tool.

How to score: If red flags are identified using the “Indicators of Human Trafficking” list below, the full screener should be conducted. If the client/patient answered YES to any of the questions, this may indicate a risk for current, former, or future trafficking.

What a positive score should receive: If you feel this individual is at risk, or is being trafficked, discuss referral options, including possibly reporting to the appropriate authorities trained on human trafficking. Ask, “do you want additional resources or information?” For assistance with referrals or other resources, please contact the National Human Trafficking Hotline: 1-888-373-7888, 24/7 (200 languages).

<p>Indicators of Human Trafficking Adults at risk for labor trafficking or sex trafficking</p>
<p>May be any age, gender, race/ethnicity, and nationality; may be LGBTQI or of any immigration status</p> <p>FORCE or FRAUD or COERCION</p> <p>May be experiencing the following:</p>
<ul style="list-style-type: none"> ● Is with a person who speaks for them ● Is unsure of day, date, month, year ● Moves frequently ● Not in control of personal identification

<ul style="list-style-type: none"> ● Doesn't know where they live ● Story doesn't make sense; seems scripted ● Not allowed to come and go at will ● Wears the same clothes over and over ● Seems afraid to answer questions ● Works long hours; exhausted; hungry ● Someone else controls their money ● Odd living/work space (may include tinted windows, security cameras, barbed wire, people sleeping/living at worksite) ● Can't move freely; attached to someone ● Owes a debt to employer 	
Labor Trafficking	Sex Trafficking
<ul style="list-style-type: none"> ● Hired for a different job based on false promises ● Fearful of employer or supervisor ● Isolated from family; fears family harm if they quit ● Lives where they work; can't choose where to live ● Owes employer money and can't pay it back ● Abnormal work hours; no breaks or vacations ● Boss makes them lie about their job duties ● Multiple people living in a cramped space: housekeeper, sales crew, live-in help 	<ul style="list-style-type: none"> ● Works in the commercial sex industry: escort, exotic dancer, "prostitute," "massage" ● Signs of having sex with multiple people ● Has pimp: male, female, boyfriend, husband ● Tattoos or branding of ownership ● Uses language of the sex industry ● Inappropriate clothing for venue or weather ● Physical abuse, drugs/alcohol, malnourished
<p>SEE SIGNS? Ask your coworker trained to use the <u>Adult Human Trafficking Screening Tool</u> National Human Trafficking Hotline: 1-888-373-7888, 24/7 (200 languages)</p>	

Adult Human Trafficking Screening Tool

This screening tool is part of a guide and is intended to be used with the "Adult Human Trafficking Screening Tool and Guide." **It has been provided as part of a screening toolkit to a professional who is trained to administer it.** For information about this screening tool or the recommended training for its application, please contact the National Human Trafficking Training and Technical Assistance Center (NHTTAC) at info@nhttac.org or 844-648-8822.

Question	Respondent Answers	Notes
1. Sometimes lies are used to trick people into accepting a job that doesn't exist, and they get trapped in a job or situation they never wanted. Have you ever experienced	Yes No Declined to Answer Don't Know	

<p>this, or are you in a situation where you think this could happen?</p>		
<p>2. Sometimes people make efforts to repay a person who provided them with transportation, a place to stay, money, or something else they needed. The person they owe money to may require them to do things if they have difficulty paying because of the debt. Have you ever experienced this, or are you in a situation where you think this could happen?</p>	<p>Yes No Declined to Answer Don't Know</p>	
<p>3. Sometimes people do unfair, unsafe, or even dangerous work or stay in dangerous situations because if they don't, someone might hurt them or someone they love. Have you ever experienced this, or are you in a situation where you think this could happen?</p>	<p>Yes No Declined to Answer Don't Know</p>	
<p>4. Sometimes people are not allowed to keep or hold on to their own identification or travel documents. Have you ever experienced this, or are you in a situation where you think this could happen?</p>	<p>Yes No Declined to Answer Don't Know</p>	
<p>5. Sometimes people work for someone or spend time with someone who does not let them contact their family, spend time with their friends, or go where they want when they want. Have you ever experienced this, or are you in a situation where you think this could happen?</p>	<p>Yes No Declined to Answer Don't Know</p>	
<p>6. Sometimes people live where they work or where the person in charge tells them to live, and they're not allowed to live elsewhere. Have you ever experienced this, or are you in a situation where you think this could happen?</p>	<p>Yes No Declined to Answer Don't Know</p>	
<p>7. Sometimes people are told to lie about their situation, including the kind of work they do. Has anyone ever told you to lie about the kind of work you're doing or will be doing?</p>	<p>Yes No Declined to Answer Don't Know</p>	
<p>8. Sometimes people are hurt or threatened, or threats are made to their family or loved</p>	<p>Yes No</p>	

<p>ones, or they are forced to do things they do not want to do in order to make money for someone else or to pay off a debt to them. Have you ever experienced this, or are you in a situation where you think this could happen?</p>	<p>Declined to Answer Don't Know</p>	
<p>If the client/patient answered YES to any of the questions, this may indicate a risk for current, former, or future trafficking. If you feel this individual is at risk, or is being trafficked, discuss referral options, including possibly reporting to the appropriate authorities trained on human trafficking. Ask, “do you want additional resources or information?” For assistance with referrals or other resources, please contact the National Human Trafficking Hotline: 1-888-373-7888, 24/7 (200 languages).</p>		

PART 2: Recommended for new patients and repeated annually

Source of Primary Care

Evidence base: This question has been validated and is widely used to identify whether patients have a primary care provider, which has long been associated with improved health outcomes³⁶.

Written or verbal: We recommend the patient self-report on tablet or paper.

Guidance on adaptations: We do not recommend any adaptations.

How to score: If the patient responds no, they should receive a primary care referral.

What a positive score should receive: referral to a primary care provider.

Is there a doctor or clinic where you usually go for check-ups when you're sick?

1. Yes

—> If yes, record doctor or clinic name

2. No

Sexual Orientation and Gender Identity

Evidence base: These questions on sexual orientation and gender identity are essential to respectful provision of care for all patients and are recommended by the National LGBTQIA+ Health Education Center³⁷. Additional answer options have been added to align with Title X and UDS reporting requirements.

³⁶ Shi L, Starfield B, Xu J. Validating the adult primary care assessment tool. *The Journal of Family Practice*. 2001;50(2):161-175.

³⁷ <https://www.lgbtqiahealtheducation.org/resources/in/collecting-sexual-orientation-and-gender-identity-data/>

Written or verbal: Conducting this verbally is the gold standard but written may be acceptable.

Guidance on adaptations: We do not recommend adapting these questions.

How to score/interpret: After disclosing these data, responses must be respected at all future interactions between providers, staff, and patient. Ensure that there is a clear place to mark gender identity and preferred pronouns that all providers and staff can easily refer to during interactions with the patient.

Sexual Orientation

1. Do you think of yourself as:
 - Lesbian or gay,
 - Straight or heterosexual
 - Bisexual
 - Something else
 - Don't know
 - Choose not to disclose

Gender identity

1. What is your current gender identity?
 - Male
 - Female
 - Transgender Male/Trans Man/FTM
 - Transgender Female/Trans Woman/MTF
 - Gender queer/neither exclusively male nor female
 - Something else
 - Don't know
 - Choose not to disclose

2. What sex were you assigned at birth?
 - Male
 - Female
 - Intersex
 - Decline to answer

3. What is your preferred name, and what pronouns do you use (e.g., he/him, she/her, they/them)?

Intimate Partner Violence

Evidence base: HARK is one of the intimate partner violence screening tests recommended by the Kaiser Family Foundation³⁸ (visit link to see alternative options) with high sensitivity and specificity for identifying IPV³⁹.

Written or verbal: We recommend an MA or clinician conduct this screener verbally.

Guidance on adaptations: Question at the end is added to screen for sexual violence by a person other than a partner. HARK questions could be adapted to include cases of violence from people other than partners, like friends, acquaintances, family members, or strangers.

How to score/interpret: One point is given for every yes answer. A score of one or more indicates that IPV has been experienced in the last year.

What a positive score should receive: See below.

Humiliation, Afraid, Rape, Kick (HARK)	H (Humiliation): Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner?	
	A (Afraid): Within the last year, have you been afraid of your partner or ex-partner?	
	R (Rape): Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?	
	K (Kick): Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?	
<i>Could add this question to assess sexual assault by people other than intimate partners, as required by SRHP standards</i>	Within the last year, have you been raped or forced to have any kind of sexual activity by someone other than your partner, including friends, acquaintances, family members, or strangers?	

If patient answers “YES” to any IPV screener questions, we recommended the following:

³⁸<https://www.kff.org/report-section/intimate-partner-violence-ipv-screening-and-counseling-services-in-clinical-settings-appendices/>

³⁹ Sohal H, Eldridge S, Feder E. The sensitivity and specificity of four questions (HARK) to identify intimate partner violence: a diagnostic accuracy study in general practice. *BMC Family Practice*. 2007;8(49):3-28.

1. *For verbal screen:* “Thank you for telling me that. Keeping you safe is part of keeping you healthy. May I ask a colleague to come talk to you and offer some information you may find useful?”
2. Page/summon clinical or case management champion with training in safety planning and knowledge of local resources.
3. Allow adequate time for a colleague to prepare custom referrals prior to engaging the client.
4. Accept if a client declines assistance.
5. Keep IPV and reproductive coercion in mind when recommending clinical services.

Alcohol and drugs: SBIRT

Evidence base: SBIRT (Screening, Brief Intervention and Referral to Treatment) is an evidence-based approach to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders. SBIRT contains an initial 3-question drug and alcohol screener, followed by in-depth follow-up screeners for alcohol use (AUDIT) and drug use (DAST-10). SBIRT is widely used and is the approach adopted by the Substance Abuse and Mental Health Services Administration. There are a wide variety of brief intervention trainings available online through [SAMHSA](#). MDPH also provides funded clinics with a list of reliable training resources for SBIRT that are no- or low-cost and familiar with local resources.

Written or verbal: We recommend having the patient self-report using tablet or paper.

Guidance on adaptations: We recommend asking the Annual Questionnaire below, which contains three standard questions about alcohol and drug use. If the patient answers “1 or more” to the alcohol use question, you can proceed to asking the full alcohol screening questionnaire (AUDIT). If the patient answers “1 or more” to the drug use question, you can proceed to the full drug abuse screening (DAST-10).

How to score: See instructions provided below for AUDIT and DAST-10.

What a positive score should receive: A positive score may lead to a referral to drug or alcohol counseling and treatment services, a brief counseling session, or information on safe drug use behaviors.

Annual Questionnaire

[Link](#) to annual questionnaire (PDF format)

Once a year, all our patients are asked to complete this form because drug and alcohol use can affect your health as well as medications you may take. Please help us provide you with the best medical care by answering this question.

Are you currently in recovery for alcohol or substance use? ___ Yes ___ No

Alcohol: One drink = 12 oz. beer, 5 oz. wine, 1.5 oz liquor (one shot)

	None	1 or more
MEN: How many times in the past year have you had 5 or more drinks a day?	___	___
WOMEN: How many times in the past year have you had 4 or more drinks a day?	___	___

Drugs: Recreational drugs include methamphetamines (speed, crystal), cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms) or opioids (heroin, fentanyl).

	None	1 or more
How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?	___	___

Alcohol screening questionnaire (AUDIT)

[Link](#) to AUDIT (alcohol screening questionnaire, PDF format)

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

One drink = 12 oz. beer, 5 oz. wine, 1.5 oz liquor (one shot)

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0-2	3 or 4	5 or 6	7-9	10 or more
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking	Never	Less than monthly	Monthly	Weekly	Daily or almost

14+	IV - Severe	Someone using alcohol at this level could benefit from more assessment and assistance.	Brief intervention to accept referral to specialty treatment for a full assessment
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Positive Health Message: an opportunity to educate patients about the NIAAA low-risk drinking levels and the risks of excessive alcohol use.

Brief Intervention to Reduce Use: Patient-centered discussion that uses Motivational Interviewing concepts to raise an individual’s awareness of their substance use and enhance their motivation to change behavior. Brief interventions are typically 5-15 minutes, and should occur in the same session as the initial screening. Repeated sessions are more effective than a one-time intervention. The recommended behavior change is to cut back to low-risk drinking levels unless there are other medical reasons to abstain (liver damage, pregnancy, medication contraindications, etc.)

Brief Intervention to Reduce or Abstain (Brief Treatment if available) & Follow-up: Patients with numerous or serious negative consequences from their alcohol use, or patients who likely have an alcohol use disorder who cannot or are not interested in obtaining specialized treatment, should receive more numerous and intensive BIs with follow-up. The recommended behavior change is to cut back to low-risk drinking levels or abstain from use. Brief treatment is 1 to 5 sessions, each 15-60 minutes. Refer for brief treatment if available. If brief treatment is not available, secure follow-up in 2-4 weeks.

Brief Intervention to Accept Referral: The focus of the brief intervention is to enhance motivation for the patient to accept a referral to specialty treatment. If accepted, the provider should use a proactive process to facilitate access to specialty substance use disorder treatment for diagnostic assessment and, if warranted, treatment. The recommended behavior change is to abstain from use and accept the referral.

Drug Abuse Screening Test (DAST-10)

[Link](#) to DAST-10 (drug abuse screening questionnaire, PDF format)

The following questions concern information about your possible involvement with drugs *not including alcoholic beverages* during the past 12 months.

“Drug abuse” refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions *do not* include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

In the past 12 months....		Circle	
1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Do you abuse more than one drug at a time?	Yes	No
3.	Are you unable to stop abusing drugs when you want to?	Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5.	Do you ever feel bad or guilty about your drug use?	Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7.	Have you neglected your family because of your use of drugs?	Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10.	Have you ever had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?	Yes	No
Scoring: score 1 point for each question answered “Yes”, except for question 3 for which “No” receives 1 point.			Score:

Interpretation of Score		
Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1-2	Low level	Monitor, reassess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

Tobacco Use

Evidence base: Tobacco use screening and cessation counseling is rated among the three most effective and efficacious preventive health actions that can be undertaken in a clinical setting. The U.S. Preventive Services Task Force recommends that all adults be asked about tobacco use and provided with tobacco cessation interventions.

Written or verbal: We recommend either having the patient self-report using a tablet or paper, or an MA/clinician verbal screen.

Guidance on adaptations: While the full series is most helpful and evidence-based, the most important questions to inform care during the visit are 1, 1c, and 1f.

How to interpret/score: If the patient responds “yes” to question 1F, they should be referred to a tobacco cessation program. Other questions may inform clinical care provided.

What a positive score should receive: If the patient responds “yes” to question 1F, they should be referred to a tobacco cessation program.

Question	Follow-Up
1. Do you smoke or use any tobacco products (cigarettes, cigars, smokeless tobacco, hookah, or electronic cigarettes)?	1b. How old were you when you first started using this/these product(s)?
	1c. How much do you use/smoke each day?
	1d. Have you used any other products?
	1e. Have you ever tried to quit?
	1f. Are you willing to attempt to quit? <i>If yes, referral needed.</i>

Mental Health

Evidence base: The PHQ-9 and PHQ-2 are concise, self-administered tools for assessing depression recommended by the American Psychological Association⁴⁰. They incorporate DSM-IV depression criteria with other leading major depressive symptoms into brief self-report instruments that are commonly used for screening and diagnosis, as well as selecting and monitoring treatment. The diagnostic validity of the PHQ-9 has been established in multiple studies with high sensitivity and specificity.

Written or verbal: Because of time, we recommend having the patient self-report on tablet or paper.

Guidance on adaptations: The PHQ-2 (two-items) can be used to screen for depression. Patients who screen positive should be further evaluated with the PHQ-9 to determine whether they meet the criteria for depressive disorder.

How to score: See instructions below for scoring the PHQ-2 and PHQ-9.

⁴⁰ <https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health>

What a positive score should receive: Based on the PHQ-9 score, the following is recommended: See table below.

Patient Health Questionnaire-2 (PHQ-2)

The PHQ-2 inquires about the frequency of depressed mood and anhedonia over the past two weeks. The PHQ-2 includes the first two items of the PHQ-9.

- The purpose of the PHQ-2 is to screen for depression in a “first-step” approach.
- Patients who screen positive should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

Over the last 2 weeks , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	+1	+2	+3
2. Feeling down, depressed or hopeless	0	+1	+2	+3

PHQ-2 score obtained by adding score for each question (total points): _____

Interpretation:

- A PHQ-2 score ranges from 0-6. The authors identified a score of 3 as the optimal cut-point when using the PHQ-2 to screen for depression.
- If the score is 3 or greater, major depressive disorder is likely.
- Patients who screen positive should be further evaluated with the PHQ-9, other diagnostic instruments, or direct interview to determine whether they meet criteria for a depressive disorder.

Patient Health Questionnaire-9 (PHQ-9)

The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression.

Over the last 2 weeks , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	+1	+2	+3
2. Feeling down, depressed or hopeless	0	+1	+2	+3

3. Trouble falling asleep, staying asleep, or sleeping too much	0	+1	+2	+3
4. Feeling tired or having little energy	0	+1	+2	+3
5. Poor appetite or overeating	0	+1	+2	+3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	+1	+2	+3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	+1	+2	+3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	+1	+2	+3
9. Thoughts that you would be better dead or of hurting yourself in some way	0	+1	+2	+3

PHQ-9 score obtained by adding score for each question (total points):

Provisional Diagnosis and Proposed Treatment Actions		
PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0-4	None-minimal	None
5-9	Mild	Watching waiting; repeat PHQ-9 at follow-up
10-14	Moderate	Treatment plan, considering counseling, follow-up and/or psychotherapy
15-19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy
20-27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

Food and Housing Security

Evidence base: These questions are taken from the EveryONE Project, created by the American Academy of Family Physicians, to screen patients for social determinants of health, identify community-

based resources to help them, and work with patients to develop an action plan that encompasses social needs to help them overcome health risks and improve outcomes.⁴¹

Written or verbal: We recommend the patient self-report on tablet or paper.

Guidance on adaptations: We do not recommend any adaptations

How to score: If any answer is red underline, refer to services.

What a positive score should receive: Positive scores for either housing or food should lead to referral to community resources and to agencies with which the health center has referral relationships. May include homeless shelter, referral to housing voucher/assistance program, rental assistance, health department, legal aid, animal control, building inspector, local food bank, SNAP, WIC.

Housing

1. Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as part of a household?
 - a. Yes
 - b. No
2. Think about the place you live. Do you have problems with any of the following?
 - a. Bug infestation
 - b. Mold
 - c. Lead paint or pipes
 - d. Inadequate heat
 - e. Oven or stove not working
 - f. No or not working smoke detectors
 - g. Water leaks
 - h. None of the above

Food

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.
 - a. Often true
 - b. Sometimes true
 - c. Never true
4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
 - a. Often true
 - b. Sometimes true
 - c. Never true

⁴¹ <https://www.aafp.org/family-physician/patient-care/the-everyone-project/toolkit/assessment.html>

If any answer is red underline, refer to services.

Education and Employment

Evidence base: While there are evidence-based screeners for education and employment, they are long and likely out of the purview of the sexual and reproductive health clinical encounter. Instead, providers are encouraged to:

1. Assess health literacy as it pertains to understanding medical information and ability to follow medication instructions
 - The BRIEF Health Literacy Screening Tool is a validated 4-item tool to assess health literacy.⁴² It is validated for face-to-face screening but is possible to use written/self-report.
2. Assess interest in referral to GED programs
 - No evidence-base
3. Assess interest in referral to jobs training or assistance with reason for not working (disability, child or elder care, etc.)
 - No evidence-base
4. Assess risk of workplace exposures that affect sexual and reproductive health
 - No evidence-base

Written or verbal: We recommend the patient self-report on tablet or paper.

Guidance on adaptations: We do not recommend any adaptations

How to score/interpret: See below.

What a positive score should receive:

1. A positive screen for low health literacy should lead to additional time with the patient to ensure understanding, using simpler language, having the patient repeat directions, and offering written materials at low literacy levels to the patient to take home for reference and to review with a trusted family member/friend.
2. A positive screen for desired degree attainment should lead to referral to a community organization that supports adult learning.
3. A positive screen for desired job training or assistance with reason for not working should lead to a referral to a community organization that offers jobs training programs, social services, assistance with unemployment filing, etc. as indicated by patient need and interest.
4. A positive screen for possible workplace exposures that affect sexual and reproductive health should lead to additional screening for what substances the patient comes in contact with or conditions the patient works in, discussion for how those affect reproductive health while pregnant and not pregnant, discussion of protective safety measures to take at work, possible referral to legal or regulatory agency for workplace protections and rights, and should inform clinical care provided.

⁴² <https://healthliteracy.bu.edu/brief>

Health Literacy

BRIEF: Health Literacy Screening Tool⁴³

Please circle the answer that best represents your response.

1. How often do you have someone help you read hospital materials?
 1. Always
 2. Often
 3. Sometimes
 4. Occasionally
 5. Never

2. How often do you have problems learning about your medical condition because of difficulty understanding written information?
 1. Always
 2. Often
 3. Sometimes
 4. Occasionally
 5. Never

3. How often do you have a problem understanding what is told to you about your medical condition?
 1. Always
 2. Often
 3. Sometimes
 4. Occasionally
 5. Never

4. How confident are you filling out medical forms by yourself?
 1. Not at all
 2. A little bit
 3. Somewhat
 4. Quite a bit
 5. Extremely

Clinicians can ask patients these four questions to determine their patients' health literacy level (the degree to which one can read, understand, exchange, and use health information and resources). Each item is worth 1 to 5 points depending on their response (as seen in numbers to the left of the answer options). Add the values for the four responses to get a total score, which can range from a minimum of 4 to a maximum to 20. To interpret scores refer to the following table:

⁴³ <https://healthliteracy.bu.edu/brief>

BRIEF	Score	Skills and Abilities
Limited	4-12	Not able to read most low literacy health materials; will need repeated oral instructions; materials should be composed of illustrations or video tapes. Will need low literacy materials; may not be able to read a prescription label.
Marginal	13-16	May need assistance; may struggle with patient education materials.
Adequate	17-20	Will be able to read and comprehend most patient education materials.

Education

Are you interested in learning about opportunities to earn a GED or complete your education?

1. Yes
2. No

If any answer is red underline, refer to services.

Employment

Do you have a job?

1. Yes
2. No

If no:

Have you applied for unemployment benefits?

1. Yes
2. No

Are you interested in learning about jobs training programs?

1. Yes
2. No

Are you not working due to a complicating life factor?

1. Yes, disability or illness
2. Yes, child or elder care
3. Yes, transportation challenges
4. Yes, difficulty finding a job
5. Yes, other
6. No

If any answer is red underline, refer to services.

Risky Exposures

At work, are you exposed to any chemicals, materials, or work conditions that concern you or that you do not know if they are safe or affect your health (while pregnant or not)?

1. Yes
2. No

If any answer is red underline, probe for what they experience at work that may be of concern. Clarify if chemical/material/condition is risky/harmful and if so, counsel on protective safety measures, offer possible referral to legal or regulatory agency, and explain to the patient how their work may affect their health, clinical services, and if different during a pregnancy.

3. SDOH Worksheets

Worksheet: Plan your workflow for SDOH questions to be asked at every visit

SRHP Standard	Who asks	How to ask	Documenting responses and scoring	Who results are handed off to	Training resources (by staff type)	What does a positive screen lead to at our clinic	Referral resources	Follow up procedure
Medical history								
Sexual history								
HIV risk/ PrEP								



Reproductive Coercion								
Human trafficking	<p><i>Human trafficking is not screened for with every patient. Instead, staff should be trained to recognize red flags and be on the lookout for them with every patient. If observed bring in a designated staff person who is trained to respond to cases of human trafficking who can screen the patient and support them with immediate assistance and/or referrals. Your human trafficking workflow will look different than other SDOH, what is it?:</i></p>							

Worksheet: Plan your workflow for SDOH questions to be asked for new patients and repeated annually

SRHP Standard	Who asks	How to ask	Documenting responses and scoring	Who results are handed off to	Training resources (by staff type)	What does a positive screen lead to at our clinic	Referral resources	Follow up procedure
Source of primary care								
Sexual orientation and gender identity								
Intimate partner violence/ sexual assault								



Substance use (as clinically relevant)								
Tobacco/ nicotine use								
Mental health								



Food security								
Housing security								
Education								



Employment								
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4. SDOH Launch Email Template

Sample Launch Email

Dear Colleagues,

As you may be aware, the Massachusetts Department of Public Health has launched new Sexual and Reproductive Health Program Standards that our clinic must follow as a participating clinic in that program. In these standards, all sexual and reproductive health visit must include screening for social determinants of health and appropriate referrals provided.

Meeting these standards will improve our clinics ability to provide individualized care, respond to the needs and concerns of our patients, deliver care our patients can more easily adhere to, and ultimately, improve patient health.

The new Massachusetts Sexual and Reproductive Health Training Center has provided best practices and resources to meet these standards. This effort is being led by **[insert staff person(s)]**, but will require changes to the workflow and duties for many of us, particularly **[insert who is doing screening]** and clinicians.

Attached you will find information on the social determinants of health we will be screening for and how we will support patients with positive screens. **[briefly summarize the question, timing, and workflow, including documentation and hand off]**

Staff will have to undergo training to ensure successful implementation of this new initiative. We will be requiring all staff to **[insert which trainings staff will have by job type. Also list if you will be having any clinic meetings/trainings conducted by the clinic to further launch and discuss these new screeners]**

If you're interested in learning more about social determinants of health generally, the Massachusetts Sexual and Reproductive Health Training Center offers resources for you to explore at this **link: [insert link]**

Please reach out if you have any questions about this new initiative. Our hope is that this new initiative will improve the lives of our patients.

Sincerely,
[insert name here]

5. SDOH Training

SDOH Trainings

Ordered alphabetically by name. We do not endorse one or another.

Compiled 8/16/22

Substance Use (alcohol and drugs)

Name	Organization	Intended Audience(s)	Description	Time	Cost	Continuing Education (CE) Credit Available?
<u>AdCare Educational Institute Recovery Coach Trainings</u>	<u>AdCare Educational Institute, Inc.</u>	Substance use recovery coaches	<i>Various training programs and educational events for individuals and organizations who directly or indirectly encounter problems associated with substance abuse. Example courses include “Group Peer Support Facilitator Training” and “Helping People with Co-Occurring Substance Use & Mental Health Disorders from a Clinical Perspective.”</i>	Varies	Varies	Yes
<u>Praxis: Training for MA Addiction Professionals</u>	<u>C4 Innovations</u>	All Massachusetts Bureau of Substance Addiction Services funded programs	<i>Praxis provides free training and technical assistance to all Massachusetts Bureau of Substance Addiction Services (BSAS) funded addiction treatment programs. They support professionals in delivering recovery-oriented, trauma-informed services to people living with substance use disorder and related challenges.</i>	Varies	Free	No

Providers Clinical Support System (PCSS) - Education and Training	Providers Clinical Support System (PCSS)	Primary Care Providers	<p><i>PCSS is a national training and clinical mentoring project developed in response to the opioid use disorder crisis. The overarching goal of PCSS is to provide the most effective evidenced-based clinical practices in the prevention of OUD through proper opioid prescribing practices, identifying patients with OUD, and the treatment of opioid use disorder.</i></p>	Varies	Free	Varies
SBIRT for Health and Behavioral Health Professionals: How to Talk to Patients about Substance Use	University of Missouri-Kansas City SBIRT Project	Healthcare providers	<p><i>SBIRT for Health and Behavioral Health Professionals: How to Talk to Patients about Substance Use is a 3 hour, self-paced course for health, oral health, and behavioral health students and professionals. Learners will watch video demonstrations of brief interventions performed by other clinicians and even practice themselves with a patient through a situational branching exercise. Participants will apply and test their knowledge through quizzes following each module. The goal of this course is to help participants develop their knowledge, skills, and abilities in using SBIRT as an intervention with patients.</i></p>	3 hours	Free	Yes
Screening, Brief Intervention, and Referral to Treatment for Healthcare Providers	Johns Hopkins School of Nursing	Nurses	<p><i>Increasingly, future health care providers are being educated on how to detect substance use among the general population, how to identify the risk level and how to intervene accordingly. However, substance use-related screening, brief intervention, and referral to treatment (SBIRT) has not been fully implemented in health care settings. This program provides information about each</i></p>	2 hours	\$45	Yes Nurses - 1.9 CNE contact hours

			<i>component of SBIRT and motivational interviewing strategies used to promote health behavior change.</i>			
<u>Substance Use Disorders and Trauma: Implications for Treatment and Recovery</u>	<u>C4 Innovations</u>	Healthcare providers	<i>Trainers present specific challenges and examples of services including treatment and supports that help people with co-occurring substance use disorder and traumatic stress find relief from symptoms and build lives of purpose and meaning in recovery.</i>	1.5 hours	Free	No
<u>Trauma-Informed Treatment for Adolescents with Substance Use Disorders</u>	<u>Institute for Health & Recovery</u>	Mid- to advanced level experienced clinicians; direct care staff	<i>This two-hour training is designed for mid- to advanced level experienced clinicians as well as direct care staff to improve their skills concerning their work with adolescents who struggle with a trauma history as well as substance use issues.</i>	2 hours	Free	No
<u>Trauma Screening for Substance Use Providers</u>	<u>Institute for Health & Recovery</u>	Healthcare providers	<i>This training covers trauma screening to be used in the treatment of people with substance use disorder. People in substance use disorder treatment should be screened for traumatic events and for trauma related symptoms because this affects their recovery. Discussing trauma can be challenging but providing screening in a trauma informed manner will help the counselor and client develop a common understanding of the connection between their trauma and substance use. This approach will support a safe counselor-client relationship, provide effective treatment and promote better outcomes.</i>	1 hour	Free	No



<u>Youth Substance Use 101</u>	<u>Institute for Health & Recovery</u>	Healthcare providers	<i>This training provides an overview of the development of youth substance use disorders, key issues to be aware of when working with youth struggling with substance use, and how best to support youth in recovery and their families.</i>	1 hour	Free	No
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Tobacco/Nicotine Use

Name	Organization	Intended Audience(s)	Description	Time	Cost	Continuing Education (CE) Credit Available?
<u>Addressing Tobacco Dependence in the Behavioral Health System: Training in the “Bucket Approach”</u>	<u>University of Wisconsin-Madison Center for Tobacco Research and Intervention</u>	Social workers, case managers, psychotherapists/ counselors, physicians (primarily psychiatrists), nurses, nurse practitioners, certified peer specialists, and health care administrators working in a behavioral healthcare setting	<i>This course presents evidence-based tobacco dependence interventions that are tailored to smokers who are affected by mental illness and/or other addictions.</i>	8.5 hours	Free	Yes
<u>Basic Skills for Tobacco Treatment</u>	<u>UMass Chen Medical School Center for Tobacco Treatment Research and Training</u>	For anyone who delivers moderate to intense tobacco treatment services within a health care or community setting (i.e. nurses, social workers, respiratory	<i>This is a self-paced, tobacco treatment online course. It provides an overview of the theory and practice necessary for practitioners working with tobacco users.</i>	12 hours	\$175	Yes CHES/MCHES - 12 credits Social Workers - 12 credits Registered Dental

		therapists, certified health education specialists, and certified drug and alcohol counselors)				Hygienists - 12 Certified Substance Abuse Counselors (CADAC/CAC/L ADC.) - 11 credits
<u>Integrating Tobacco Use Interventions Into Chemical Dependence Services</u>	<u>Tobacco Recovery Resource Exchange</u>	Addiction and allied health professionals	<i>Integrating Tobacco Use Interventions Into Chemical Dependence Services is a comprehensive, state-of-the-art curriculum that motivates, educates, and empowers addiction and allied health professionals to integrate evidence-based tobacco interventions into prevention and treatment programs.</i>	21 hours	Free	Yes CASAC, CPP, and CPS credit available
<u>Managing Nicotine Withdrawal</u>	<u>University of Kentucky</u>	Healthcare providers in the following specialties: cardiovascular, general surgery, neurology, oncology, trauma/orthopedics	<i>These educational activities are designed to educate, train and mentor healthcare providers currently treating or interested in enhancing their learning on managing nicotine withdrawal and tobacco dependence in their specific patient population.</i> <i>The modules are designed to be taken in 2 parts: The initial module provides a general overview of managing nicotine withdrawal in persons with medical illness. The second module will be selected based on your specific area of clinical interest.</i>	2 hours	Free	Yes CME and CPE credit available
<u>Rx For Change - Programs for Clinicians in Practice</u>	<u>University of California, San Francisco Smoking Cessation Leadership</u>	Healthcare providers (physicians, nurses, pharmacists)	<i>A 3-part training for a comprehensive tobacco cessation education tool that provides not only clinicians and students, but also clinical staff, with the knowledge and</i>	Varies depending on clinical specialty	Free	Yes

	Center		<i>skills necessary to offer comprehensive tobacco cessation counseling to patients who use tobacco. It covers information about the epidemiology of tobacco use, pharmacotherapy, and brief behavioral interventions.</i>			
Rx For Change - Train-the-Trainer Programs	University of California, San Francisco Smoking Cessation Leadership Center	Healthcare providers (physicians, nurses, pharmacists, respiratory therapists)	<i>These programs were designed to assist faculty members and other speakers with teaching the Rx for Change curriculum, a 3-part training for a comprehensive tobacco cessation education tool that provides not only clinicians and students, but also clinical staff, with the knowledge and skills necessary to offer comprehensive tobacco cessation counseling to patients who use tobacco.</i>	Varies depending on clinical specialty	Free	Yes
Tobacco Treatment Specialist (TTS) Training Program	UMass Chen Medical School Center for Tobacco Treatment Research and Training	For anyone who delivers moderate to intense tobacco treatment services within a health care or community setting (i.e. nurses, social workers, respiratory therapists, certified health education specialists, and certified drug and alcohol counselors)	<i>The Massachusetts Tobacco Treatment Specialist (TTS) Training and Certification Program is an intensive, evidence-based training program designed for persons who deliver moderate to intensive tobacco treatment services within a health care or community setting. It is a nationally recognized program consisting of a self-paced online course and a 5-day in person Core Certification course.</i>	5 days	\$1300	Yes
Train the Trainer in Tobacco Treatment (T4)	UMass Chen Medical School Center for Tobacco Treatment	Healthcare providers affiliated with a non-profit agency	<i>The Train the Trainer in Tobacco Treatment (T4) program is for qualified participants who wish to become Certified UMass</i>	2 days	\$1200	No

	Research and Training	wishing to train local healthcare providers or social service employees	<i>Tobacco Treatment Specialist (TTS) Trainers. Certified UMass TTS Trainers will be eligible to coordinate and deliver UMass Tobacco Treatment Specialist Training at sites they choose. Applicants must be affiliated with a non-profit agency wishing to train local health care providers or social service employees.</i>			
UW-CTRI Webinars	University of Wisconsin-Madison Center for Tobacco Research and Intervention	Clinicians	<i>Various online educational materials for tobacco treatment training, based on the latest peer-reviewed research.</i>	Varies	Free	Varies
Vaping Associated Lung Injury	Massachusetts Medical Society	Healthcare providers	<i>This course covers the E-Cigarette or Vaping-Use Associated Lung Injury (EVALI) outbreak. The EVALI outbreak is recent and relatively sudden, taking the respiratory community off guard. There is an urgent need to educate the community to 1. Recognize the problem, 2. Report cases to CDC, and 3. Clinically manage the patients to recovery and to prevent recurrent exposure.</i>	1.25 hours	Varies by clinician type (between \$0 - \$56.25)	Yes Physicians - 1.25 AMA PRA Category 1 Credits™

Housing Security

Name	Organization	Intended Audience(s)	Description	Time	Cost	Continuing Education (CE) Credit Available?
<u>Caring with Compassion</u>	<u>American College of Physicians</u>	Healthcare providers	<i>Caring with Compassion is a freely shared curriculum supporting health professionals who care for socioeconomically disadvantaged populations: homeless, uninsured, at-risk, and underserved patients. Clinicians will learn how to use team-based skills and the bio-psychosocial model to provide personalized care for at-risk patients.</i>	13 hours	Free	Yes CE credit available through the American College of Physicians
<u>Health Care for the Homeless 101</u>	<u>National Health Care for the Homeless Council</u>	Healthcare providers	<i>Designed by Health Care for the Homeless (HCH) providers, this interactive course introduces students to the realities of homelessness, the HCH model of care, and the large community of HCH consumers, advocates, and providers.</i>	7 hours	Free	No
<u>How Should Autonomy of Persons Experiencing Homelessness Be Balanced With Public Health During a Pandemic?</u>	<u>American Medical Association Ed Hub</u>	Healthcare providers	<i>The COVID-19 pandemic underscores long-standing challenges to the health of persons experiencing homelessness. This case commentary considers primary care clinicians' response to a patient who declines COVID-19 testing and isolation. This article also considers other outbreaks in the United States in which the autonomy of persons with low income or persons of color was</i>	1 hour	Free	Yes Physicians - 1.00 AMA PRA Category 1 Credits™

			<i>neglected and calls for community engagement, policies that center interests of marginalized groups, and economic relief, including supportive housing.</i>			
<u>Hunger and Housing: Lessons from COVID-19</u>	<u>Massachusetts Medical Society</u>	Physicians, healthcare professionals and others interested in the issues of hunger and housing.	<i>COVID-19 has exacerbated the effects of the social determinants of health especially around housing and hunger. Food insecurity and the ability to afford safe and stable housing leads to physical and mental health consequences that are disproportionately felt by marginalized populations. This webinar (recorded on September 23, 2020) examines the physical and mental health impact of housing and food insecurity, and its effects during COVID-19.</i>	1 hour	Free	Yes Physicians - 1.00 AMA PRA Category 1 Credits™
<u>Introduction to Housing Models, Housing Navigation, and Engagement</u>	<u>Homeless & Housing Resource Center</u>	Healthcare providers and social workers	<i>The goal of this training course is to provide foundational level information about housing models, engagement, and navigation strategies that support individuals who are experiencing or at risk of homelessness who have serious mental illness (SMI), serious emotional disturbance (SED), substance use disorders (SUDs), and/or co-occurring disorders (CODs).</i>	4 hours	Free	Yes - CEUs available from the National Association of Social Workers
<u>National Health Care for the Homeless Council Archived Webinars</u>	<u>National Health Care for the Homeless Council</u>	Healthcare providers	<i>The National Health Care for the Homeless Council offers free webinars on a variety of topics of interest to the homeless health care field.</i>	Varies	Free	No
<u>Providing Trauma-Informed Care for People Experiencing</u>	<u>Center for Learning - National Alliance to End Homelessness</u>	Homeless service provider staff, disaster workers,	<i>Providing Trauma-Informed Care for People Experiencing Homelessness is designed to introduce the user to the principles of</i>	1 hour	\$39.95	No

<u>Homelessness</u>		healthcare workers	<i>trauma-informed care. The course will review the causes and effects of trauma and introduce users to strategies for addressing its impacts through a whole-person, patient-centered approach. Users of the course will learn how to implement trauma-informed care into care practices and services for people experiencing homelessness.</i>			
<u>Rapid Re-Housing: An Introduction</u>	<u>Center for Learning - National Alliance to End Homelessness</u>	Social workers, homeless service provider staff, disaster workers, healthcare workers	<i>This short, self-paced introductory course provides an overview to the national program standards, performance benchmarks, and three core components of rapid re-housing. Explore, expand, and test your knowledge on this best practice model and hear from rapid re-housing providers who have embraced this best practice model and its effectiveness in their communities.</i>	1 hour	\$49.95	No
<u>Training Clinicians to Care for Patients Where They Are</u>	<u>American Medical Association Ed Hub</u>	Healthcare providers and health professional students	<i>Homelessness remains a pervasive, long-standing problem in the United States and is poised to increase as a result of the COVID-19 pandemic. Individuals experiencing homelessness bear a higher burden of complex medical and mental health illnesses and often struggle to obtain quality and timely health care. The United States desperately needs to train a workforce to confront this large and growing crisis, but few health professional schools currently devote curricula to the clinical needs of people experiencing homelessness. This article discusses educational and curricular strategies for health professional students. Understanding the health needs of—and the</i>	1 hour	Free	Yes Physicians - 1.00 AMA PRA Category 1 Credit(s) TM

			<i>social influences on the lives of—people experiencing homelessness is crucial for addressing this health equity challenge.</i>			
<u>Understanding Homelessness: The Basics</u>	<u>Center for Learning - National Alliance to End Homelessness</u>	Anyone new to working in the homeless service provider setting or interested in better understanding homelessness	<i>Understanding Homelessness: The Basics will provide users with an overview of homelessness in the United States, its magnitude, causes, and solutions. Students will develop a basic understanding of homelessness to better inform their work with people experiencing homelessness.</i>	1 hour	\$19.95	No
<u>Understanding Housing First</u>	<u>Center for Learning - National Alliance to End Homelessness</u>	Anyone new to working in the homeless service provider setting or interested in better understanding homelessness	<i>This 60-minute self-paced course includes five modules exploring the philosophy and practice of Housing First. The course will: Define what Housing First is and isn't; Share key elements of the approach; Describe how Housing First works at the Homeless System and Program levels; Explore the evidence that supports Housing First and its effectiveness; and Assist users in how to assess whether both their homeless system and programs have adopted a Housing First approach.</i>	1 hour	\$49.95	No

Food Security

Name	Organization	Intended Audience(s)	Description	Time	Cost	Continuing Education (CE) Credit Available?
<u>Hunger and Housing: Lessons from COVID-19</u>	<u>Massachusetts Medical Society</u>	Physicians, healthcare professionals and others interested in the issues of hunger and housing.	<i>COVID-19 has exacerbated the effects of the social determinants of health especially around housing and hunger. Food insecurity and the ability to afford safe and stable housing leads to physical and mental health consequences that are disproportionately felt by marginalized populations. This webinar (recorded on September 23, 2020) examines the physical and mental health impact of housing and food insecurity, and its effects during COVID-19.</i>	1 hour	Free	Yes Physicians - 1.00 AMA PRA Category 1 Credits™
<u>Identifying & Addressing Food Insecurity in Healthcare Settings</u>	<u>Moving Health Care Upstream</u>	Healthcare providers	<i>On September 12, 2018, leaders from the Hunger Vital Sign National Community of Practice presented a webinar for members of Moving Health Care Upstream's Policy Learning Lab: "Identifying & Addressing Food Insecurity in Healthcare Settings".</i>	1 hour	Free	No
<u>Screen & Intervene: Addressing Food Insecurity Among Older Adults</u>	<u>Food Research & Action Center</u>	Healthcare providers who work with adults ages 50 and over	<i>This course is useful for those interested in learning more about food insecurity and how to address this serious health issue facing millions of older Americans.</i>	1 hour	Free	Yes Physicians - 1.00 AMA PRA Category 1 Credits™

Education

No staff trainings fit this category

Employment

No staff trainings fit this category

IPV

Name	Organization	Intended Audience(s)	Description	Time	Cost	Continuing Education (CE) Credit Available?
<u>Domestic Violence and Health Training for Medical Professionals</u>	<u>University of California, Irvine Initiative to End Family Violence</u>	Healthcare and social service providers	<i>The Cross-Disciplinary Training is designed to give healthcare and social service providers the tools needed to complete consistent domestic violence screening, counseling, and referrals.</i>	4 hours	Free	Yes
<u>Domestic Violence Training for Nurses</u>	<u>Premiere Continuing Education</u>	Nurses	<i>This course is an overview of the basic knowledge and competencies required to recognize and respond to actual and potential incidence of domestic violence. It covers related factors, manifestations, related legislations, prevention strategies, and responsibilities of healthcare providers in the context of domestic violence.</i>	2 hours	\$15	Yes Nursing - 2 Contact Hours available
<u>Intimate Partner Violence: The Clinician's Guide to Identification, Assessment, Intervention, and Prevention</u>	<u>Massachusetts Medical Society</u>	Physicians, nurses, and other healthcare providers	<i>This online course is designed to incorporate the training necessary to appropriately identify, screen, treat and refer victims of domestic violence and sexual violence, including the physiological and psychological symptoms and effects of IPV, including children who witness abuse, the challenges of the LGBTQ community, and the pathology of offenders.</i>	2 hours	Varies by clinician type (between \$19.20 - \$44)	Yes Physician - 2 AMA PRA Category 1 Credits™
<u>Intimate Partner Violence/Human</u>	<u>Futures Without Violence</u>	Healthcare providers and domestic	<i>This webinar will feature the critical role of domestic violence advocacy programs in</i>	1 hour	Free	No

<p><u>Trafficking: Building Partnerships Between Community Health Centers and Domestic Violence Advocacy Programs</u></p>		<p>violence advocacy program staff</p>	<p><i>supporting patients on intimate partner violence/human trafficking (IPV/HT) and how to build meaningful collaborations including initiating Memoranda of Understanding (MOUs) and bidirectional warm referrals.</i></p>			
<p><u>SAMHSA and ACF Information Memorandum Working at the Intersections of DV, Substance Use, and Mental Health: Research, Resources and Recommendations</u></p>	<p><u>National Center on Domestic Violence, Trauma & Mental Health</u></p>	<p>Organizations and practitioners working in the domestic and sexual violence, mental health, and substance use treatment and recovery fields</p>	<p><i>While it has long been recognized that domestic violence can have significant mental health and substance use-related effects, the lack of collaboration between systems often leave survivors and their families without ways to address both safety and recovery needs. In order to address these intersecting issues, the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration for children and Families (ACF) have issued an Information Memorandum calling for increased collaboration between domestic violence, mental health and substance use disorder treatment service providers and systems. This webinar will introduce key issues highlighted in the Information Memorandum, along with recommendations, a media toolkit, and resources for supporting individuals and families experiencing domestic violence.</i></p>	<p>1 hour</p>	<p>Free</p>	<p>No</p>
<p><u>Sexual Assault and Domestic Violence Continuing Education for Massachusetts</u></p>	<p><u>Massachusetts Medical Society</u></p>	<p>Physicians and other healthcare professionals required to take related</p>	<p><i>This educational offering is presented to physicians and other clinical healthcare professionals in the Commonwealth of Massachusetts in compliance with the Acts</i></p>	<p>3 hours</p>	<p>Varies by clinician type (between \$0 - \$135)</p>	<p>Yes Physicians - 3.00 AMA PRA</p>

Clinicians		<p>domestic violence and sexual violence training and others interested in this topic.</p>	<p><i>of 2014, Massachusetts General Laws Chapter 260, Section 9. This course provides information, clinical guidance, and resources to help physicians and other practicing healthcare professionals identify and respond, in a trauma-informed and culturally responsive manner, to patients and clients who are experiencing domestic violence (DV) and/or sexual violence (SV); who may be at risk for abuse; or who may have experienced or been exposed to DV or SV at some point in the past, including during childhood.</i></p>			<p>Category 1 Credits™</p>
<p>Simmons MA Chapter 260 Training on Sexual and Domestic Violence</p>	<p>Simmons University School of Social Work</p>	<p>Nurses and Social Workers</p>	<p><i>The purpose of this free online training is to educate Massachusetts-based health professionals about domestic and sexual violence (DV/SV) and prepare them for their work with survivors, children exposed to violence, and people who use violence. It is intended to provide a broad overview of the fundamental knowledge on DV/SV that has been amassed through years of research and practice. Please remember this training is not, nor can it be, a comprehensive education on either. Instead, it is a starting point in what should be a lifetime pursuit of education about these issues.</i></p>	<p>3.5 Hours</p>	<p>\$55</p>	<p>Yes</p> <p>Social Worker and Nursing CEUs available</p>

Sexual Assault

Name	Organization	Intended Audience(s)	Description	Time	Cost	Continuing Education (CE) Credit Available?
<u>Child Sexual Abuse: Health Consequences and the Role of the Health Care Provider</u>	<u>Futures Without Violence</u>	Healthcare providers	<i>In this session, you will hear about identification, treatment, and prevention of child sexual abuse, tools and strategies to respond and how health care providers can become part of the solution.</i>	1 hour	Free	No
<u>Chronic Diseases, Health Conditions, and Other Impacts Associated with Rape Victimization of U.S. Women</u>	<u>Center for Victim Research</u>	Healthcare providers	<i>This webinar will review important findings about the long-term impacts of sexual violence.</i>	1 hour	Free	No
<u>Sexual Assault and Domestic Violence Continuing Education for Massachusetts Clinicians</u>	<u>Massachusetts Medical Society</u>	Physicians and other healthcare professionals required to take related Domestic Violence and Sexual Violence training and others interested in this topic.	<i>This educational offering is presented to physicians and other clinical healthcare professionals in the Commonwealth of Massachusetts in compliance with the Acts of 2014, Massachusetts General Laws Chapter 260, Section 9. This course provides information, clinical guidance, and resources to help physicians and other practicing healthcare professionals identify and respond, in a trauma-informed and culturally responsive manner, to patients and clients: who are experiencing domestic violence (DV) and/or sexual violence (SV);</i>	3 hours	Varies by clinician type (between \$0 - \$135)	Yes 3.00 AMA PRA Category 1 Credits™

			<i>who may be at risk for abuse; or who may have experienced or been exposed to DV or SV at some point in the past, including during childhood.</i>			
<u>Sexual Violence Later in Life: Strategies for Health Care Providers</u>	<u>National Sexual Violence Resource Center</u>	Healthcare providers	<i>In this recorded web presentation, Jennifer Pierce-Weeks, RN, SANE-A, SANE-P, discusses the ways in which health care professionals can recognize and effectively respond to sexual violence against older adults.</i>	1 hour	Free	No

Reproductive Coercion

Name	Organization	Intended Audience(s)	Description	Time	Cost	Continuing Education (CE) Credit Available?
<u>Counseling Your Adolescent Clients to Resist Sexual Coercion and Encourage Family Participation</u>	<u>National Clinical Training Center for Family Planning</u>	Healthcare providers and health educators	<i>Shannon Rauh, MEd and Certified Sexuality Educator with the Family Planning National Training Center (FPNTC), discusses the Title X requirement for and benefits of encouraging family participation for minors, healthy relationships with adolescent clients, and refusal skills techniques to help adolescent clients resist sexual coercion.</i>	0.5 hours	Free	Yes CNE and CHES credits available
<u>Domestic Violence and Health Training for Medical Professionals - Module 4: Reproductive Coercion</u>	<u>University of California, Irvine Initiative to End Family Violence</u>	Healthcare and social service providers	<i>The Cross-Disciplinary Training is designed to give healthcare and social service providers the tools needed to complete consistent domestic violence screening, counseling, and referrals.</i>	0.5 hours	Free	Yes
<u>Educational Videos for Health Care Providers and Advocates</u>	<u>Futures Without Violence</u>	Healthcare providers and advocates	<i>These 28 educational videos are meant to be used by health care providers who are interested in incorporating evidence-based and trauma-informed practices for universal education as well as assessment and response to intimate partner violence and reproductive coercion as well as advocates and other providers who are hoping to integrate health services into their settings.</i>	1 hour	Free	No

Mental Health

Name	Organization	Intended Audience(s)	Description	Time	Cost	Continuing Education (CE) Credit Available?
<u>Competent Caring: When Mental Illness Becomes a Traumatic Event</u>	<u>National Alliance on Mental Health (NAMI)</u>	Healthcare providers and anyone who works directly with individuals living with mental illness in a hospital or health care setting	<i>Competent Caring: When Mental Illness Becomes a Traumatic Event is a DVD for continuing education training for health care staff. The DVD highlights the experience of an individual living with a mental illness, as well as the staff response when he seeks treatment for a mental health crisis in an emergency room setting.</i>	1 hour	\$10	No
<u>Mental Health Technology Transfer Center Network (MHTTC)</u>	<u>Substance Abuse and Mental Health Services Administration (SAMHSA)</u>	Systems, organizations, and individual healthcare providers involved in the delivery of mental health services	<i>The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.</i>	Varies	Free	Varies
<u>NAMI Provider</u>	<u>National Alliance on Mental Health (NAMI)</u>	Healthcare providers and anyone who works directly with individuals living with mental illness	<i>NAMI Provider introduces mental health professionals to the unique perspectives of people with mental health conditions and their families. NAMI Provider is a 15-hour program of in-service training taught by a team consisting of an adult with a mental health condition, a family member and a mental health professional who is also a family member or has a mental health condition themselves.</i>	15 hours	Free	Varies by the NAMI organization offer the class



Suicide Care Training Options	Zero Suicide	Healthcare providers	<i>Zero Suicide offers a variety of trainings for clinicians, including targeted suicide prevention interventions and clinical assessment strategies, as well as trainings specific to emergency departments and primary care settings.</i>	Varies	Free	Varies
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Human Trafficking

Name	Organization	Intended Audience(s)	Description	Time	Cost	Continuing Education (CE) Credit Available?
<u>Addressing Human Trafficking in Healthcare Settings (CE)</u>	<u>University of Michigan Human Trafficking Collaborative</u>	Healthcare workers and public health professionals (health educators, nurses, administrators, environmental health workers, community health workers)	<i>This training module will help healthcare workers identify victims of human trafficking and know what to do if they encounter a victim of human trafficking within a healthcare setting.</i>	1.75 hours	Free	Yes CHES - 1.75 CHES Category I CNE - 1.75 Nursing Contact Hours
<u>Addressing Human Trafficking in the Health Care Setting</u>	<u>Catholic Health Initiatives and the Massachusetts General Hospital Human Trafficking Institute</u>	Healthcare providers	<i>This concise web-based course is designed to help health-care providers identify, assess, and respond to suspected victims of human trafficking.</i>	1 hour	Free	No
<u>Building a Health Care Response to Human Trafficking</u>	<u>Futures Without Violence</u>	Healthcare providers	<i>As one of the few people who come into direct contact with trafficking victims, healthcare providers have the unique opportunity to assess for trafficking, as well as offer links to much-needed community</i>	1 hour	Free	No

			<i>resources. As part of a comprehensive approach to all victimization, this training offers education about the prevalence and dynamics of trafficking and how to effectively assess and intervene on behalf of trafficked victims.</i>			
<u>Building a Hospital-Based Human Trafficking Identification and Response Program</u>	<u>American Hospital Association</u>	Health care administrators	<i>The American Hospital Association's Hospital Against Violence initiative, in collaboration with HEAL Trafficking and Jones Day, hosted this webinar to highlight lessons learned from an urban hospital-based human trafficking response program. Based on five years of hospital-based identification and response to human trafficking, this session will cover important topics for health care administrators to consider when assessing how their institutions can play a greater role with this issue.</i>	1 hour	Free	No
<u>Human Trafficking 101: Dispelling the Myths</u>	<u>American Hospital Association</u>	Healthcare professionals	<i>This presentation is the first in a multi-part series in which Holly Austin Gibbs, Program Director of the Human Trafficking Response Program and Philip Brown, RN, BSN, Director of Emergency Services at Dignity Health Mercy Medical Center in Merced, CA share information on and their experiences with how to identify and assist trafficked persons with victim-centered, trauma-informed care and services.</i>	1 hour	Free	No
<u>Human Trafficking: A Trauma-Informed Health Care Response</u>	<u>American Hospital Association</u>	Healthcare professionals	<i>Human Trafficking: A Trauma-Informed Health Care Response discusses the importance of using a victim-centered and</i>	1 hour	Free	No

			<i>trauma-informed approach when caring for a victim of any type of interpersonal abuse, neglect, violence or exploitation. The webinar presents strategies and discusses the importance of this approach when caring for victims and survivors of human trafficking.</i>			
<u>Human Trafficking Response: Resources for Health Care Professionals</u>	<u>American Hospital Association</u>	Healthcare providers	<i>The American Hospital Association's Hospitals Against Violence initiative joins the National Human Trafficking Training and Technical Assistance Center (NHTTAC) and HEAL Trafficking to provide key resources and information on how hospitals and health systems can combat human trafficking in their communities. Learn more from leading human trafficking response programs, the new ICD-10 codes for human trafficking, your role as a health care professional, and how your organization can prepare and create systems that can help end human trafficking.</i>	1 hour	Free	No
<u>Introduction to Labor and Sex Trafficking: A health Care and Human Rights Challenge</u>	<u>Futures Without Violence</u>	Healthcare providers	<i>Health professionals play a significant role in early intervention of labor and sex trafficking and reducing the suffering it causes. This webinar provides an overview of the problem from a public health, clinical, and human rights perspective; explain how clinicians can identify and respond; and illustrate how forging community and systems partnerships build more effective local responses.</i>	1 hour	Free	No
<u>Legal Aspects of</u>	<u>American Hospital</u>	Healthcare providers	<i>Hospitals and health systems are often a</i>	1 hour	Free	No

<p><u>Human Trafficking for Health Care Professionals</u></p>	<p><u>Association</u></p>		<p><i>trusted partner to victims of human trafficking. This webinar will provide insights on legal aspects and resources available to human trafficking victims. Legal experts highlight the importance of understanding what legal resources are available to victims of human trafficking in holding human traffickers accountable for their crimes and raising awareness of victims' rights.</i></p>			
<p><u>National Human Trafficking Training and Technical Assistance Center</u></p>	<p><u>Administration for Children and Families</u></p>	<p>Public health professionals; Medical service providers; Behavioral health and substance use professionals</p>	<p><i>The National Human Trafficking Training and Technical Assistance Center (NHTTAC) delivers training and technical assistance (T/TA) to inform and deliver a public health response to human trafficking.</i></p> <p><i>Through classroom-style trainings, expert plenary or panel presentations, or workshops, NHTTAC gives participants the chance to learn from subject matter experts and from each other. Sessions can last up to three hours and are interactive, collaborative, and activity based, whether they are delivered in person or remotely.</i></p>	<p>Sessions last up to 3 hours</p>	<p>NHTTAC resources cover NHTTAC-enrolled consultants' costs (including consulting fees and travel) and will not pay for meeting space, audiovisual supports, management of invitations, registration of participants, food or beverages,</p>	<p>No</p>

					etc.	
<u>Promoting Prevention, Improving Health, and Maximizing Safety Outcomes for Patients Affected by Human Trafficking and Intimate Partner Violence</u>	<u>American Hospital Association</u>	Healthcare providers	<i>Learn about the intersection of human trafficking with intimate partner violence and other vectors of violence and trauma and how FQHCs are working with Domestic Violence Coalitions to address human trafficking and intimate partner violence.</i>	1 hour	Free	No
<u>Recognizing and Responding to Human Trafficking in a Healthcare Context</u>	<u>National Human Trafficking Hotline</u>	Healthcare professionals	<i>An online training for healthcare professionals on how to identify human trafficking victims within a healthcare context.</i>	30 minutes	Free	No
<u>SOAR for Health Care</u>	<u>Administration for Children and Families Office on Trafficking in Persons</u>	Healthcare professionals	<i>The SOAR framework is a trauma-informed, culturally and linguistically appropriate response to human trafficking. It provides health care professionals with tailored information on how to identify and respond to human trafficking within their field.</i>	1 hour	Free	Yes Physicians – maximum of 1.0 AMA PRA Category 1 Credit™ Pharmacists/Pharmacy Technicians – 1.0 contact hour (0.10 CEUs) Nurses – 1.0 contact hour Psychologists – 1.0 CE credit

						<p>Dentists – 1.0 CE credit</p> <p>Public Health Professionals – 1.0 CPH credit</p> <p>Health Education Specialists – 1.0 entry-level CECH</p> <p>Healthcare Team – 1.0 Interprofessional Continuing Education credit</p>
<u>Trauma-Informed Human Trafficking Screenings</u>	<u>National Human Trafficking Hotline</u>	First responders (law enforcement and service providers)	<i>Human trafficking victims often experience high levels of trauma, which can have a profound negative impact on their ability to function, their behavior, and their self-identity. This webinar will provide concrete recommendations for first responders to ensure that interviews with potential victims of trafficking are sensitive to trauma. This presentation will encourage law enforcement and service providers to consider ways to tailor engagement that meet the needs each potential victim, build trust, and increase receptivity to services.</i>	15 minutes	Free	No
<u>Understanding Human Trafficking</u>	<u>Office for Victims of Crime Training and Technical Assistance</u>	Victim service providers and allied professionals	<i>The Understanding Human Trafficking training is a series of five interactive online modules that offer foundational learning on</i>	5 hours	Free	No

	Center		<i>trauma-informed and victim-centered approaches to human trafficking. The modules are designed so that a wide audience can benefit.</i>			
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Social Determinants of Health (SDOH) Toolkit

September 12, 2022



MASSACHUSETTS
SEXUAL & REPRODUCTIVE
HEALTH TRAINING CENTER