



## HEALTH CENTERS ARE KEY TO VIOLENCE PREVENTION

# Health Partners on IPV + Exploitation

Health Partners on IPV + Exploitation is led by Futures Without Violence (FUTURES) and funded by HRSA BPHC to work with community health centers to support those at risk of experiencing or surviving intimate partner violence, human trafficking, or exploitation and to bolster prevention efforts.

[www.healthpartnersipve.org](http://www.healthpartnersipve.org)





# HEALTH PARTNERS

## ON IPV + EXPLOITATION

Intimate Partner Violence and Human Trafficking:  
Building Community Partnerships, Safely Optimizing  
UDS Data Collection with a New EHR Smartform

NACHC CHI Conference  
San Diego, CA  
Monday, August 28<sup>th</sup>, 2023 at 3:00pm-4:15pm



# Faculty and Speakers



**Anna Marjavi**  
(she/her/hers)  
Director  
Health Partners on  
IPV + Exploitation  
**Futures Without Violence**



**Kimberly Chang, MD, MPH**  
(she/her/hers)  
Family Physician  
**Asian Health Services**  
Faculty  
Health Partners on IPV + Exploitation  
**Futures Without Violence**



**Camila Sanchez Tejada**  
(she/her/hers)  
Program Assistant  
Health Partners on  
IPV + Exploitation  
**Futures Without Violence**



**Megha Rimal, MSW**  
(she/her/hers)  
Program Specialist  
Health Partners on  
IPV + Exploitation  
**Futures Without Violence**



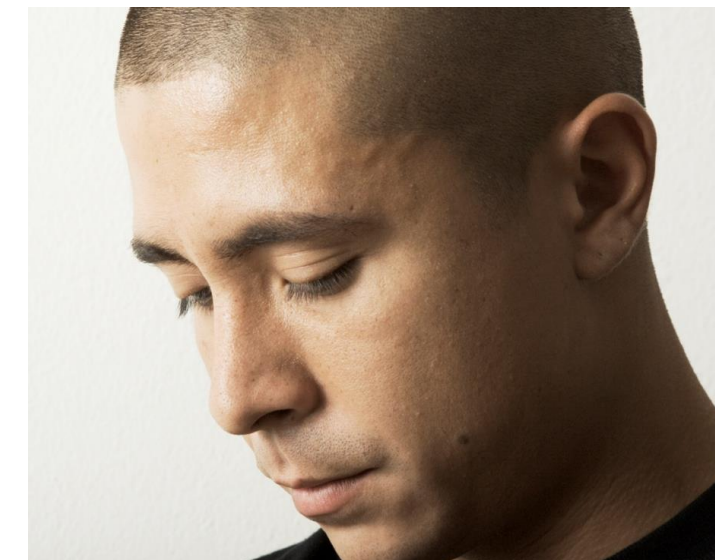
# Learning Objectives

1. Learn how to use the CUES (Confidentiality, Universal Education and Empowerment, Support) framework and safety card tools to help providers initiate conversation with patients about IPV and HT.
2. Discuss HC protocols and community partnership tools and approaches (DV Programs and Medical-Legal Partnerships) for integrating IPV and HT issues into care.
3. Discuss the privacy, safety, and confidentiality principles behind developing an EHR SmartForm that can facilitate the collection of UDS data on IPV and HT.



# Definitions of Intimate Partner Violence

- Legal definitions are often more narrowly defined with particular focus on physical and sexual assault
- Public health definitions include a broader range of controlling behaviors that impact health including:
  - **Emotional Abuse**
  - **Social Isolation**
  - **Stalking**
  - **Intimidation and Threats**

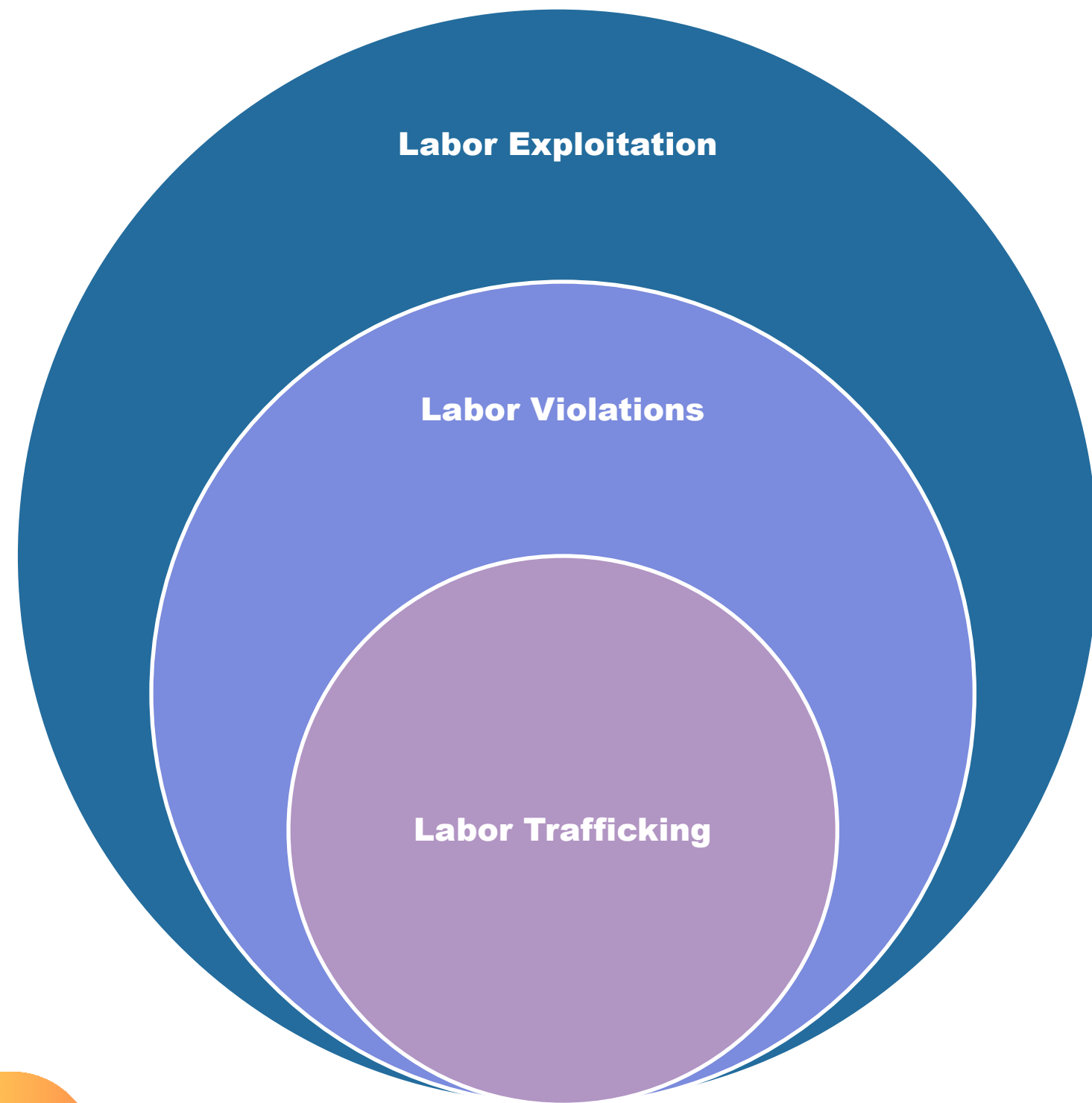


# What is Intimate Partner Violence (IPV)?

- A person(s) in a relationship is using a pattern of methods and tactics to gain and maintain power and control over the other person.
- It is often a cycle that gets worse over time – not a one-time ‘incident’
- Abusers use jealousy, social status, mental health, money, and other tactics to be controlling and abusive – not just physical violence
- Leaving an abusive relationship is not always the best, safest, or most realistic option for survivors



# Labor Exploitation, Wage Theft, Labor Trafficking: A Spectrum of Experiences



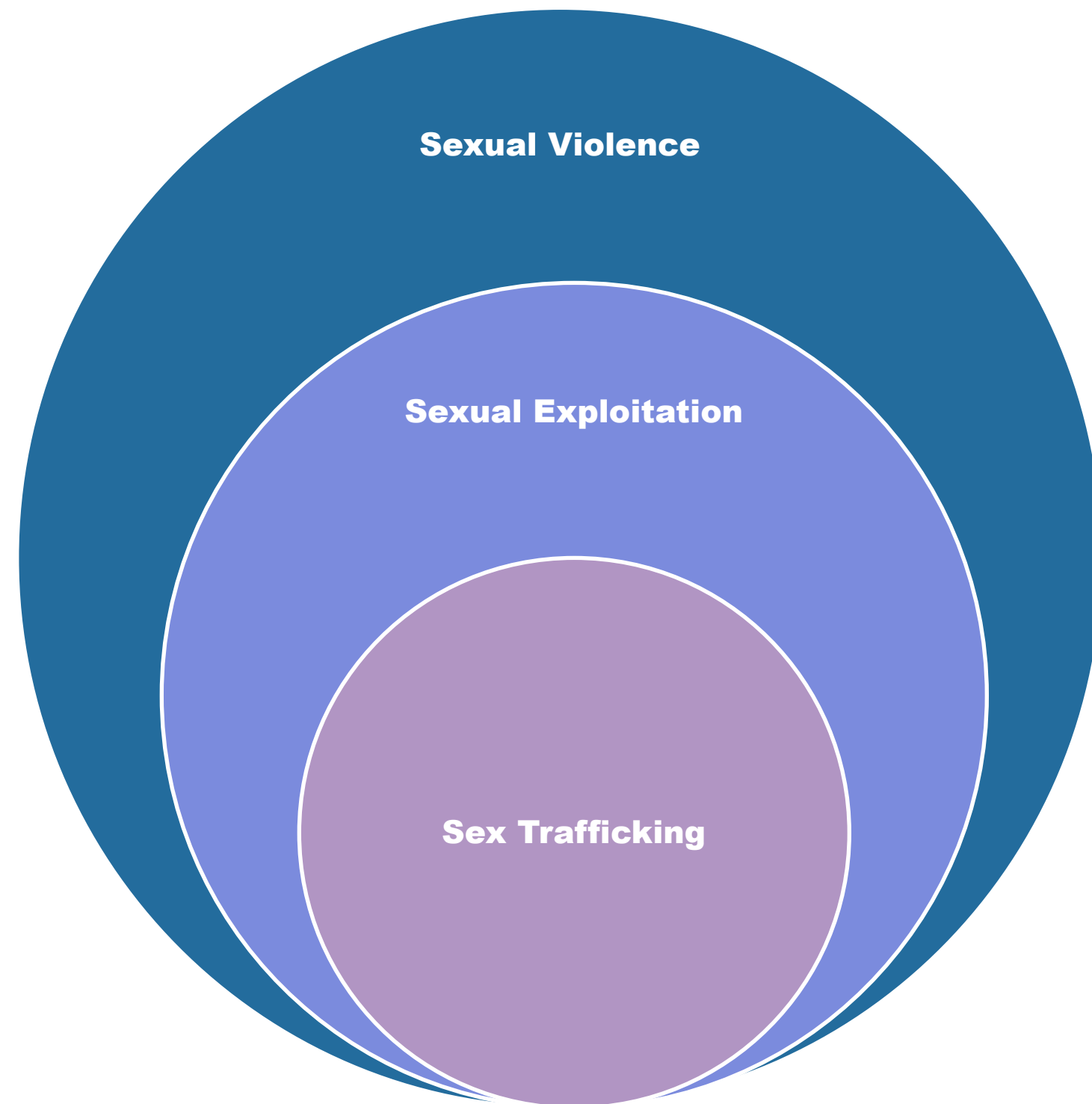
**Labor exploitation:** an employer unfairly benefits from employee's work. Labor exploitation is not a legal term—in fact, not all forms of labor exploitation are illegal.

**Labor violations:** a legal term used when employers violate federal, state, or municipal laws related to worker treatment, workplace safety, or recordkeeping requirements.



Source: <https://combathumantrafficking.org/2020/01/labor-trafficking/>

# Sexual Violence, Sexual Exploitation, Sex Trafficking: A Spectrum of Experiences



**Sexual Violence:** includes rape, sexual assault, sexual harassment, nonconsensual image sharing, incest, child sexual assault, public masturbation, watching someone engage in private acts without their consent, unwanted sexual contact/touching

**Sexual Exploitation:** Actual or attempted abuse of a position of vulnerability, power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exchanges:

- Coercion from employers/workplace
- Coercive rent/debt exchange
- Trading drugs/children's sex





# Health Impact of IPV/HT

- Anxiety, Depression, PTSD
- Asthma
- Barriers to healthcare
- Bladder and kidney infections
- Cardiovascular problems
- Gastrointestinal issues
- Chronic pain syndromes
- Sleep Problems
- STIs and HIV
- Suicidality
- Unintended Pregnancies

Intimate Partner Violence

- Anxiety, Depression, PTSD
- Back pain
- Barriers to healthcare
- Cardiovascular problems
- Dental pain
- Headaches
- Gastrointestinal issues
- Sleep problems
- STIs and HIV
- Suicidality
- Unintended Pregnancies

Human Trafficking

## **Audience Q/A**

What is the health impact of IPV/HT/E  
on the patients you serve?

What do you notice in your practice?



---

**2023-2025**

# HRSA Strategy to Address Intimate Partner Violence



## **Aims, Objectives, and Activities**

**AIM 1: Enhance coordination** between and among HRSA projects to better focus IPV efforts

**AIM 2: Strengthen infrastructure and workforce capacity** to support IPV prevention and response services

**AIM 3: Promote prevention of IPV** through evidence-based programs

**Available at:**

<https://www.hrsa.gov/sites/default/files/hrsa/owh/2023-2025-hrsa-ipv-strategy.pdf>

---

# ICD-10 Codes for Intimate Partner Violence Eligible for UDS Report

## IPV ICD-10 Codes

- **T74.11 – Adult physical abuse, confirmed**
- **T74.21 – Adult sexual abuse, confirmed**
- **T74.31 – Adult psychological abuse, confirmed**
- **Z69.11 – Encounter for mental health services for victim of spousal or partner abuse**
- **Y07.0 – Spouse or partner, perpetrator of maltreatment and neglect**





# Let's Look at the ICD-10 Codes for “Human Trafficking”

- ❖ **T74.5** – Forced sexual exploitation, confirmed
- ❖ **T74.51** – Adult forced sexual exploitation, confirmed
- ❖ **T74.52** – Child sexual exploitation, confirmed
- ❖ **T74.6** – Forced labor exploitation, confirmed
- ❖ **T74.61** – Adult forced labor exploitation, confirmed
- ❖ **T74.62** – Child forced labor exploitation, confirmed
- ❖ **T76.5** – Forced sexual exploitation, suspected
- ❖ **T76.51** – Adult forced sexual exploitation, suspected
- ❖ **T76.52** – Child sexual exploitation, suspected

- ❖ **T76.6** – Forced labor exploitation, suspected
- ❖ **T76.61** – Adult forced labor exploitation, suspected
- ❖ **T76.62** – Child forced labor exploitation, suspected
- ❖ **Z04.81** – Encounter for examination and observation of victim following forced sexual exploitation
- ❖ **Z04.82** – Encounter for examination and observation of victim following forced labor exploitation
- ❖ **Z62.813** – Personal history of forced labor or sexual exploitation in childhood
- ❖ **Z91.42** – Personal history of forced labor or sexual exploitation



Line	Diagnostic Category	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
20e	Human trafficking	T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42		
20f	Intimate partner violence	T74.11, T74.21-, T74.31, Z69.11		



Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)	Visits per Patient
------	---------------------	---------------------------	---	---------------------------------------	--------------------

**2020**

20e	Human Trafficking	T74.5- through T74.6-, T76.5-Through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42	<b>41,754</b>	<b>4,028</b>	<b>10.37</b>
20f.	Intimate Partner Violence	T74.11, T74.21, T74.31, Z69.11, Y07.0	<b>58,923</b>	<b>15,929</b>	<b>3.70</b>

**2021**

20e	Human Trafficking	T74.5- through T74.6-, T76.5-Through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42	<b>4,875</b>	<b>2,396</b>	<b>2.03</b>
20f.	Intimate Partner Violence	T74.11, T74.21, T74.31, Z69.11, Y07.0	<b>41,603</b>	<b>16,170</b>	<b>2.57</b>

**2022**

20e	Human Trafficking	T74.5- through T74.6-, T76.5-Through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42	<b>4,228</b>	<b>2,571</b>	<b>1.64</b>
20f.	Intimate Partner Violence	T74.11, T74.21, T74.31, Z69.11, Y07.0	<b>19,781</b>	<b>9,605</b>	<b>2.06</b>



# Social Drivers of Health (SDOH) and PRAPARE: Poll

Which PRAPARE CORE QUESTION DOMAINS would trigger additional conversation about IPV/HT/E?  
(Select all that apply)

- a) **Personal Characteristics:** Race, Ethnicity, Farmworker Status, Language Preference, veteran Status
- b) **Family and Home:** Housing Status and Stability, Neighborhood
- c) **Money and Resources:** Education, Employment, Insurance Status, Income, Material Security
- d) **Social and Emotional Health:** Transportation Needs
- e) **Other Measures** include: Incarceration History, Refugee Status, Safety and Domestic Violence

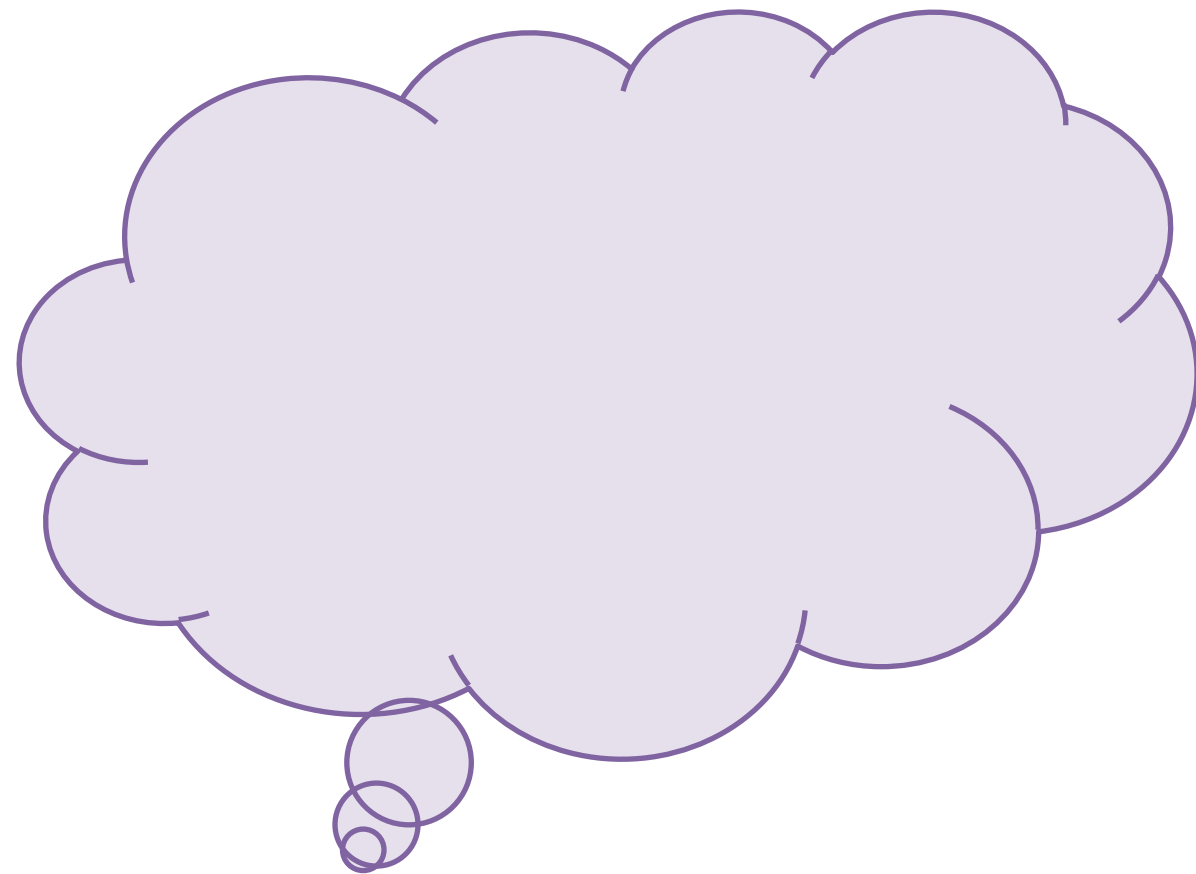






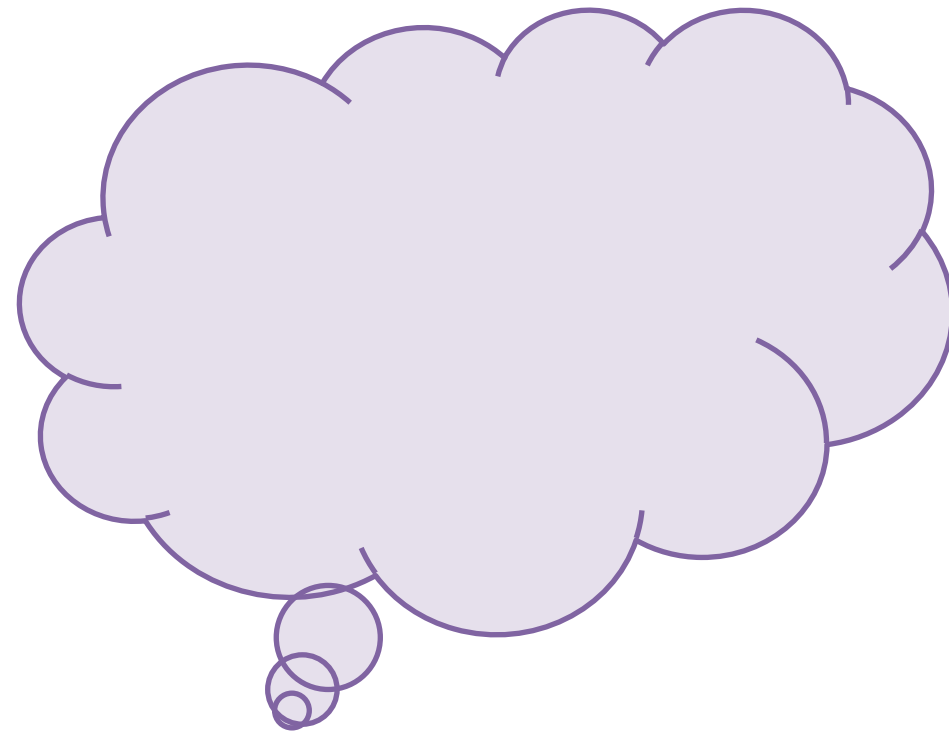
---

# **Why might a survivor choose not to disclose IPV/HT when screened or asked by a health care provider?**



**Audience Question**





- Shame, judgement, stigma
- Fear, threats
- Fear of systems/police involvement
- Afraid children can be taken away
- Not knowing what is going to happen with the information
- Lack of awareness of victim status and rights
- Lack of knowledge of U.S. laws and contractual obligations (in cases of labor trafficking)
- Language barriers and illiteracy

# Shifting Away from Screening...

**“No one is hurting you at home, right?”** (Partner seated next to client as this is asked – consider how that felt to the patient?)

**“Within the last year has he ever hurt you or hit you?”**  
(Nurse with back to you at her computer screen)

**“I’m really sorry I have to ask you these questions, it’s a requirement of our clinic.”** (Screening tool in hand -- What was the staff communicating to the patient?)



# Rethinking Screening

- ✓ Low disclosure rates
- ✓ Not survivor centered
- ✓ Resources offered only based on a patient's disclosure
- ✓ Missed opportunity for prevention education

**What if disclosure/identification  
is no longer the goal?**





# Universal Education = Equity in Health

**Provides a strategy to treat clients with respect by giving them key information about healthy and unhealthy relationships and where to get supports without requiring disclosure to get them.**

*\*We strongly recommend first doing universal education prior to IPV screening*



# CUES: An Evidence-based Intervention

- Confidentiality
- Universal Education
- Empowerment
- Support



See CUES infographic:

<https://healthpartnersipve.org/futures-resources/addressing-ipv-and-exploitation-in-health-centers-cues-infographic/>



(Above: three images of safety card tools)



# CUES: An Overview

## C: Confidentiality

See patient alone, disclose limits of confidentiality

## UE: Universal Education + Empowerment

### *Normalize activity:*

"I've started giving two of these cards to all of my patients—in case it's ever an issue for you because relationships can change and also for you to have the info so you can help a friend or family member if it's an issue for them."

### *Make the connection—open the card and do a quick review:*

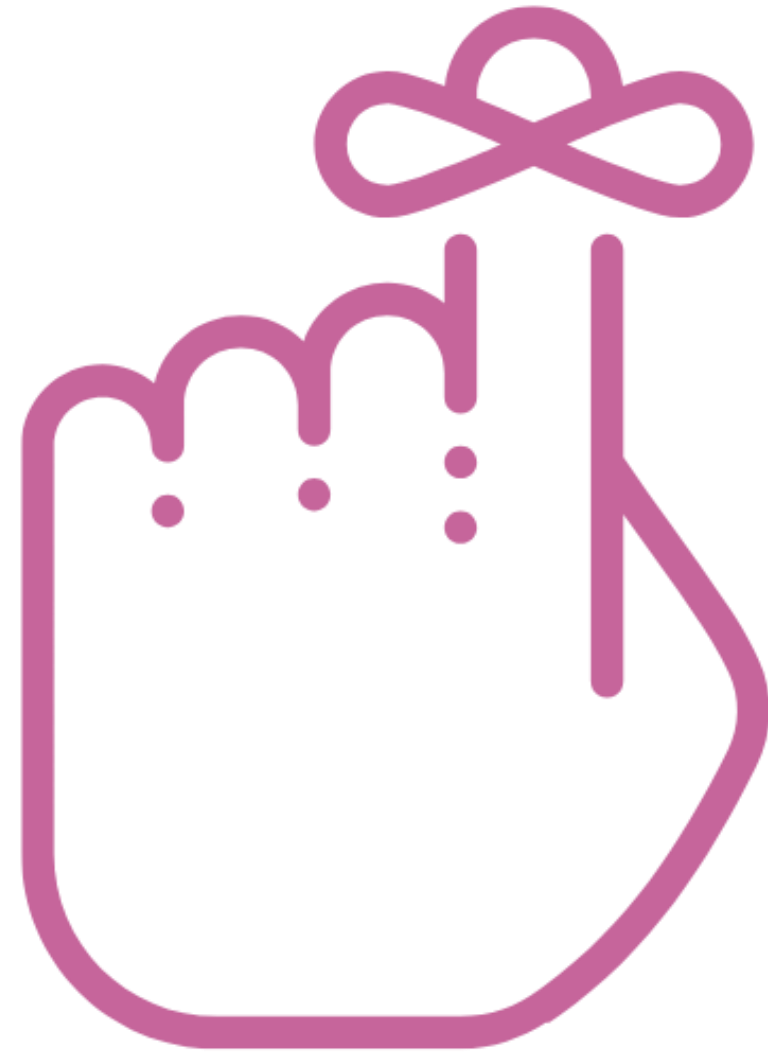
"It talks about healthy and safe relationships, ones that aren't and how they can affect your health....and situations where youth are made to do things they don't want to do and tips so you don't feel alone."

## S: Support

"On the back of the card there are 24/7 text and hotlines that have folks who really understand complicated relationships. You can also talk to me about any health issues or questions you have."



## **S:** Important Reminder



**Disclosure  
is not the goal  
AND  
Disclosures do  
happen!**





## Things to say to people who have experienced harm:

**I believe you.**

**I am so sorry  
this is  
happening  
to you.**

**Thank you for  
sharing this.**

**I don't even  
know what to  
say right now,  
but I am so  
glad you told me.**

**You don't  
deserve this.**

**Thank you for  
telling me.**

**It's not  
your fault.**

**You are  
not alone.**

**You get to  
choose what  
you do next.**



## Group Discussion

- Are you familiar with safety card tools and the CUES approach?
- How is it going for you?
- Do you share safety cards or other resources/brochures about IPV/safety with your patients?





# Farmworker Safety Card Tool

A New Safety Card from Health Partners on IPV + Exploitation  
and Alianza Nacional de Campesinas





# NO estás sola

**SALUD, SANACIÓN Y RELACIONES SALUDABLES**

Una Tarjeta de Apoyo de Aliados de Salud en Contra de la Violencia de Pareja Íntima y la Explotación de Personas y Alianza Nacional de Campesinas



Aliados de Salud en Contra de la Violencia de Pareja Íntima y la Explotación de Personas, un proyecto de Futuros Sin Violencia, junto a Alianza Nacional de Campesinas, desarrollaron un nuevo recurso basado en la violencia íntima de pareja y acceso a atención médica. La tarjeta de apoyo brinda información sobre relaciones saludables y no saludables, su impacto en la salud y recursos de apoyo.

Este recurso se creó en colaboración con líderes campesinas de todo Estados Unidos y podrá ser usada por proveedores de atención médica, defensores de la comunidad, sobrevivientes de violencia de pareja íntima, y otras personas incluyendo amistades y familiares.

Esta herramienta de 2" x 3.5" se dobla en forma de un acordeón que termina siendo el tamaño de una tarjeta de contacto.

## Desarrollado en Colaboración con Líderes Campesinas

Esta tarjeta no podría ser posible sin el liderazgo, la capacidad, experiencia y abogacía de las líderes campesinas de todo el país. Durante la pandemia, Alianza y sus miembros brindaron apoyo importante a la comunidad campesina. Ellas como líderes de confianza de sus comunidades, entendieron que las experiencias de violencia doméstica podrían impedir que algunas personas accedieran a servicios relacionados con el COVID-19, apoyo y/o atención médica.

En el transcurso de varios meses, Alianza y Aliados de Salud en Contra de la Violencia de Pareja Íntima y la Explotación de Personas, con el apoyo de las líderes campesinas de todo el país, desarrollaron esta nueva herramienta de apoyo, adaptando los recursos existentes de la tarjeta de apoyo de Futuros Sin Violencia.



"Esta tarjeta de apoyo es una guía y recurso poderoso para que campesinas lleguen a otros trabajadores agrícolas. Contiene información a dónde acudir cuando las mujeres lo necesiten." – Alianza Nacional de Campesinas

## Use the Card to Promote Prevention and Support Survivors

There are many reasons why someone might not feel comfortable sharing their experiences about abuse or exploitation with their healthcare provider or a community advocate. Providing information to all patients about IPV ensures that all survivors receive information about supportive services – now or if they, or a friend or relative ever need support now or in the future.

### How to use the safety card tool:

FOR COMMUNITY ADVOCATES, open the card to find information to help facilitate conversations about healthy and unhealthy relationships, and how they impact our health. The card includes information about how to locate a community health center in your area. You can also add information on the back of the card with information about resources in your community, such as housing, food, legal assistance or other supportive services.

FOR HEALTH CARE STAFF, the safety card tool can be used as part of the "CUES Intervention", an approach to prevent IPV through universal education. "CUES" is an acronym that stands for Confidentiality, Universal Education, Empowerment, and Support.

#### CONFIDENTIALITY

Meet with patients alone for part of every visit when providing universal education and share the limits of confidentiality at the start of the conversation.

#### UNIVERSAL EDUCATION

Universal education is when information about health and unhealthy relationships is provided to all patients, regardless of whether they share their own experiences with IPV.

#### EMPOWERMENT

Offering individuals two cards can help make conversations about health and IPV feel more relaxed; one card is for them to keep and the other may be shared with a friend, or relative in their life.

#### SUPPORT

If a survivor does disclose violence or abuse, validate what you heard, share some kind words and offer a warm referral to a supportive resource in the community.



The back of the card includes national telephone numbers that offer relationship help and other supportive services

### Adapt the card for your community:

Many survivors of IPV or exploitation find support from trusted community-based organizations or domestic violence programs that might provide assistance. Use a sticker or write the information for local services in your community on the blank space on the back panel of the card.

### How to order this tool:

1. Please follow this link: <https://healthpartnersipve.org/futures-resources/farmworkertool/>
2. Complete the form "Order Hard Copies Here"
3. It can take up to three weeks to receive the materials
4. If you any questions, please email: [healthpartners@futureswithoutviolence.org](mailto:healthpartners@futureswithoutviolence.org)

## What is a community health center?

Health centers are community-based and patient-directed organizations that deliver comprehensive, high-quality, primary health care services. They provide services regardless of patients' ability to pay and charge for services on a sliding fee scale.

Health centers also often integrate access to pharmacy, mental health, substance abuse, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care services.

Use the QR code on the safety card to find a community health center near you.



# Where to order

- Go to: <https://healthpartnersipve.org/futures-resources/farmworkertool/> and learn more about the safety card and information sheet.
- Order here: <https://healthpartnersipve.org/farmworker-safety-card-order/>

PDFs are available in English and Spanish on the website.



**Partnerships and Protocols – Systems Change:**

**Integrating IPV and HT/E issues into FQHC care**



# The Heart of the Model: Building Meaningful Partnerships



Download a sample MOU: <https://ipvhealthpartners.org/partner/>

# Tying it All Together: Institute a Health Center Protocol on IPV/HT/E

*Adaptable*

Health Center Protocol:

<https://healthpartnersipve.org/futures-resources/sample-health-center-protocol/>

In English and Spanish

[Name of Community Health Center]	
MANUAL: Clinical	Section:
Exploitation, Human Trafficking, and Intimate Partner Violence	
Policy Approved:	Procedures Last Revision Date:
Policy Last Review Date:	Procedures Last Review Date:

## Protocol for HRSA-supported Community Health Centers to Engage Patients through Universal Education Approaches on Exploitation (E), Human Trafficking (HT), Domestic Violence (DV) and Intimate Partner Violence (IPV)

**Protocol Purpose:** The protocol purpose is to prevent exploitation, human trafficking, domestic violence, and intimate partner violence by helping patients have healthy relationships and promote their health as workers. This will occur through universal education about healthy relationships and fair labor practices for the prevention of abuse, violence, and exploitation. The protocol will enable the health center to provide trauma-informed, survivor-centered care; intervention with clinical and case management services; and formalized ways to connect patients with community-based services that provide resources for domestic violence, employment assistance, housing, food, civil legal aid, and other basic needs. Also, health centers will attend to the patients' physical and mental health needs and create safety plans in partnership with community-based advocates. Patients often have physical and emotional safety needs that must be supported by trauma-informed protocols and healing services. For example, health impacts of domestic violence and human trafficking/exploitation include exacerbation of chronic illness, sexually transmitted infections, reproductive coercion, traumatic brain injuries and history of strangulation, anxiety, depression, and post-traumatic stress disorder (PTSD). (For more information about the health impact of trauma and abuse, and to download community health center tools on these topics visit: <https://ipvhealthpartners.org/>).

This protocol also serves as a support resource for health center staff. Given the prevalence of violence and exploitation in communities, health center employees also have personal experiences of violence, abuse, trauma, or exploitation, and may experience vicarious trauma, secondary traumatic stress, or PTSD re-traumatization from caring for patients affected by violence. The community-based resources in this protocol also serve as resources for staff. In addition, it is recommended that health centers create workplaces free from domestic violence, sexual harassment and violence, and stalking (helpful policies and toolkits are available through [Workplaces Respond to Domestic and Sexual Violence: A National Resource Center](https://www.workplacesrespond.org/), a project of Futures Without Violence, visit <https://www.workplacesrespond.org/>).

This protocol addresses both [intimate partner violence \(IPV\)](#) and [domestic violence \(DV\)](#) and the terms are used interchangeably (with "domestic violence" as the broader term across the document).

**Poll: Does your health center have a working partnership with a local Domestic Violence Advocacy Program?**

A. Yes

B. No

C. No, but we want one

D. Unsure

E. Development in Progress



# About Domestic/Sexual Violence Advocacy Programs

**Domestic violence and sexual assault programs have vast experiences working with survivors of violence and assist them to identify ways to increase personal safety while assessing the risks.**

## **Advocates connect patients to additional services like:**

- ✓ Crisis safety planning (usually 24/hr hotline)
- ✓ Housing (emergency and transitional)
- ✓ Legal advocacy for IPV/HT, family court, immigration, labor
- ✓ Support groups/counseling
- ✓ Children's services
- ✓ Employment support

<https://nnedv.org/content/state-u-s-territory-coalitions/>

<https://www.niwrc.org/tribal-coalitions>

---



# Establishing a Memorandum of Understanding

## An MOU between your health center + DVP may help:

- ✓ Establish a formal working relationship
- ✓ Create an avenue for bi-directional warm referrals
- ✓ Identify strategies to serve survivors more holistically through coordinated care

Visit <https://ipvhealthpartners.org/partner:>

- ✓ Sample MOU
- ✓ Building and Sustaining Fruitful Partnerships
- ✓ DV Advocates' Guide to Partnering with Health Care

**MEMORANDUM OF UNDERSTANDING**

Between [DOMESTIC VIOLENCE/SEXUAL ASSAULT–DV/SA AGENCY] and [HEALTH CENTER]

This agreement is made by and between [DV/SA Agency] and [health center] to [state purpose of the MOU or project, i.e. to strengthen relationship between parties, to strengthen capacity for each entity, etc].

[Use this space to provide a brief description of each partner agency].

The parties above and whose designated agents have signed this document agree that:

- 1) Representatives of [DV/SA Agency] and [health center] will meet each other in person at least once to understand the services currently provided by their respective programs and to discuss needs/goals and next steps.
- 2) Representatives of [DV/SA Agency] and [health center] will continue to meet between [date] and [date] [list frequency and meeting location].
- 3) [Health center] will hold the following roles and responsibilities: [list the responsibilities and role of the health center—i.e. training DV/SA advocates on the health impact of abuse or clinic services; serving as a primary health care referral for clients referred by the DV/SA program; drafting and reviewing IPV policies and procedures; offering health education or resources to clients in the DV/SA program; etc.].
- 4) [DV/SA Agency] will hold the following roles and responsibilities: [list the responsibilities and role of the DV/SA agency—i.e. training health center providers and staff; serving as a primary referral for health center patients in need; drafting and reviewing policies and procedures; offering DV/SA advocacy support onsite at health centers; tabling materials/resources at health fairs or other health events; etc.].
- 5) [Health center] will provide the following resources: [list resources that the health center can bring to support the project's efforts—i.e. additional staff time; materials; office space for advocates co-located at the health center; funding; key contacts; condoms or other reproductive health support; etc.].
- 6) [DV/SA Agency] will provide the following resources: [list resources that the organization can bring to support the project's efforts—i.e. additional staff time; materials; key contacts; funds; etc.].
- 7) [DV/SA Agency] and [health center] staff will develop an evaluation plan to measure the success and challenges of the project [i.e. implementing the QA/QI tool every six months to measure progress; other measurable outcomes such as referrals made; client/patient satisfaction surveys; provider/staff training evaluations; etc.].

We, the undersigned, approve and agree to the terms and conditions as outlined in the Memorandum of Understanding. This agreement will be valid from [date] to [date], and may be renewed at the end of this period if both parties agree.

By _____	By _____
Name _____	Name _____
Title _____	Title _____
Health Center _____	DV Program _____
Date _____	Date _____

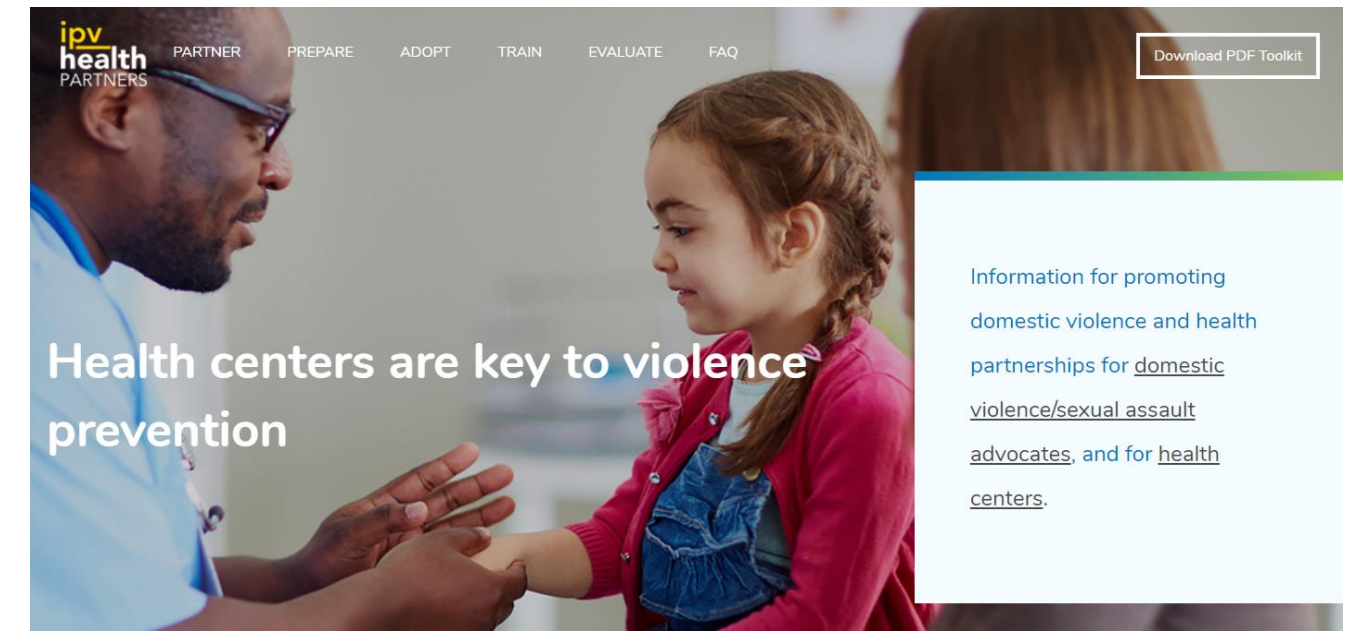
This MOU template was developed by the National Health Resource Center on Domestic Violence, a project of Futures Without Violence. For more tools visit: [www.ipvhealthpartners.org](https://www.ipvhealthpartners.org)

**FUTURES**  
WITHOUT VIOLENCE

# [www.IPVHealthPartners.org](http://www.IPVHealthPartners.org) online toolkit + CUES

Guidance on:

- ✓ Enhancing patient privacy
- ✓ Disclosing limits of confidentiality
- ✓ Universal education scripts
- ✓ Reaching friends and family
- ✓ Disclosures + supportive messages
- ✓ Warm referrals to local DV programs + Sample MOUs
- ✓ Safely sharing resources
- ✓ Tech privacy tips



[www.ipvhealthpartners.org](http://www.ipvhealthpartners.org)

Developed by and for  
community health centers in  
partnership with domestic  
violence programs





## **Poll: Does your health center have a Medical-Legal Partnership?**

A. Yes

B. No

C. No, but we want one

D. Unsure

E. Development in Progress

# Medical Legal Partnership Toolkit

Increasing Capacity to Address Health, Justice, & Equity Through Partnerships: A Guide to Help Health Centers, Domestic Violence Programs, & Civil Legal Aid Organizations Address & Prevent Intimate Partner Violence, Human Trafficking, & Exploitation

<https://healthpartnersipve.org/futures-resources/increasing-capacity-to-address-health-justice-equity-through-partnerships/>

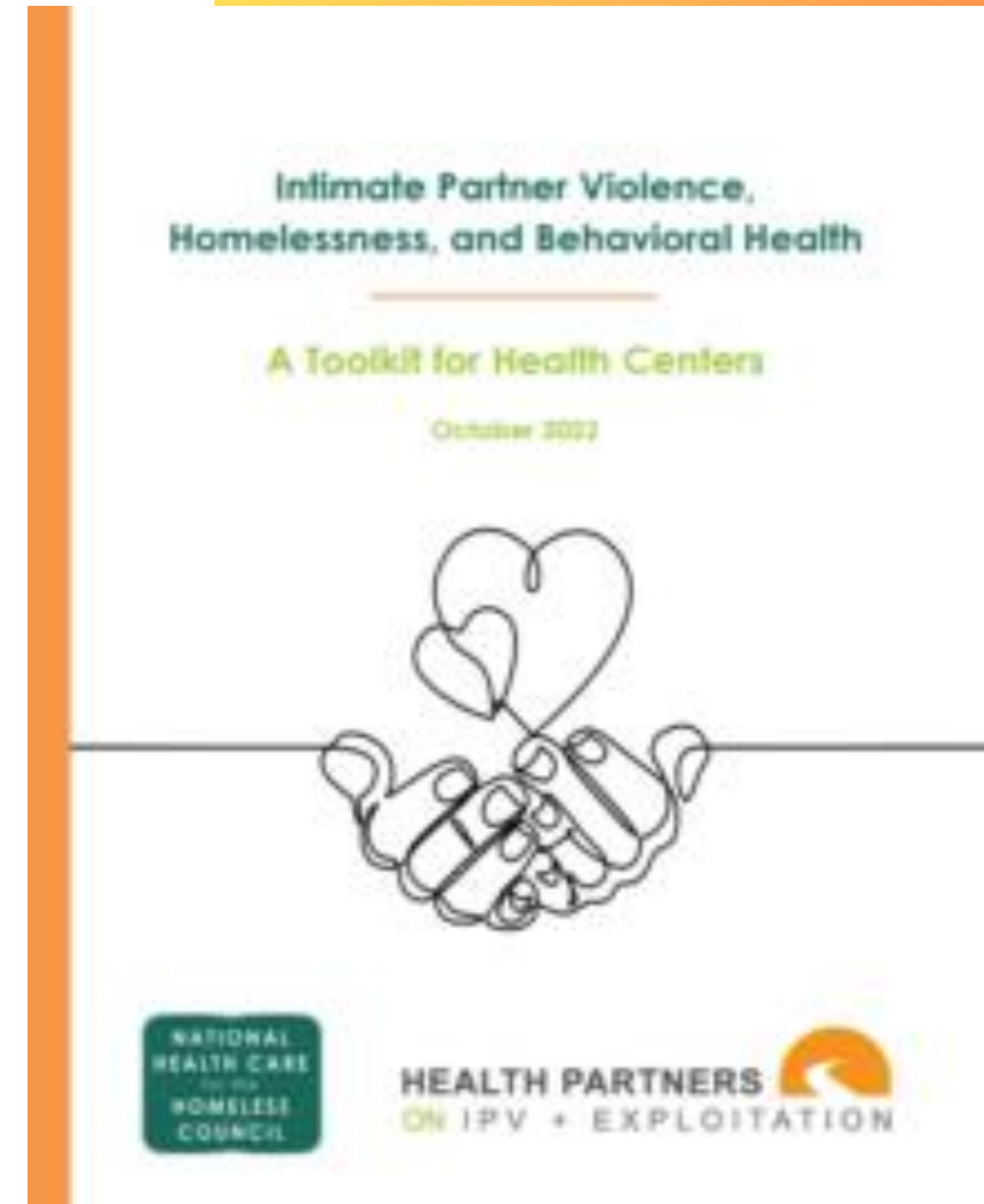


# Intimate Partner Violence, Homelessness, and Behavioral Health: A Toolkit for Health Centers

Developed in collaboration with the National Health Care for the Homeless Council, the following toolkit is intended to assist health centers and community-based programs in addressing the intersection of IPV and homelessness in four domains:

- Foundations of intersectional practice
- Provider self- and team-care
- Guidance on clinical conversations
- Community partnership

<https://healthpartnersipve.org/futures-resources/intimate-partner-violence-homelessness-and-behavioral-health-a-toolkit-for-health-centers-2/>



# Quality Assessment / Quality Improvement Tool (QA/QI)

- ✓ Guiding questions to assess quality of care related to promotion of healthy relationships and intervention related to intimate partner violence (IPV), human trafficking (HT), and exploitation (E) within their health care delivery
- ✓ A benchmark for each health center to engage in ongoing quality improvement efforts
- ✓ Complete every six months to track policy changes and implementation status



QA/QI tool







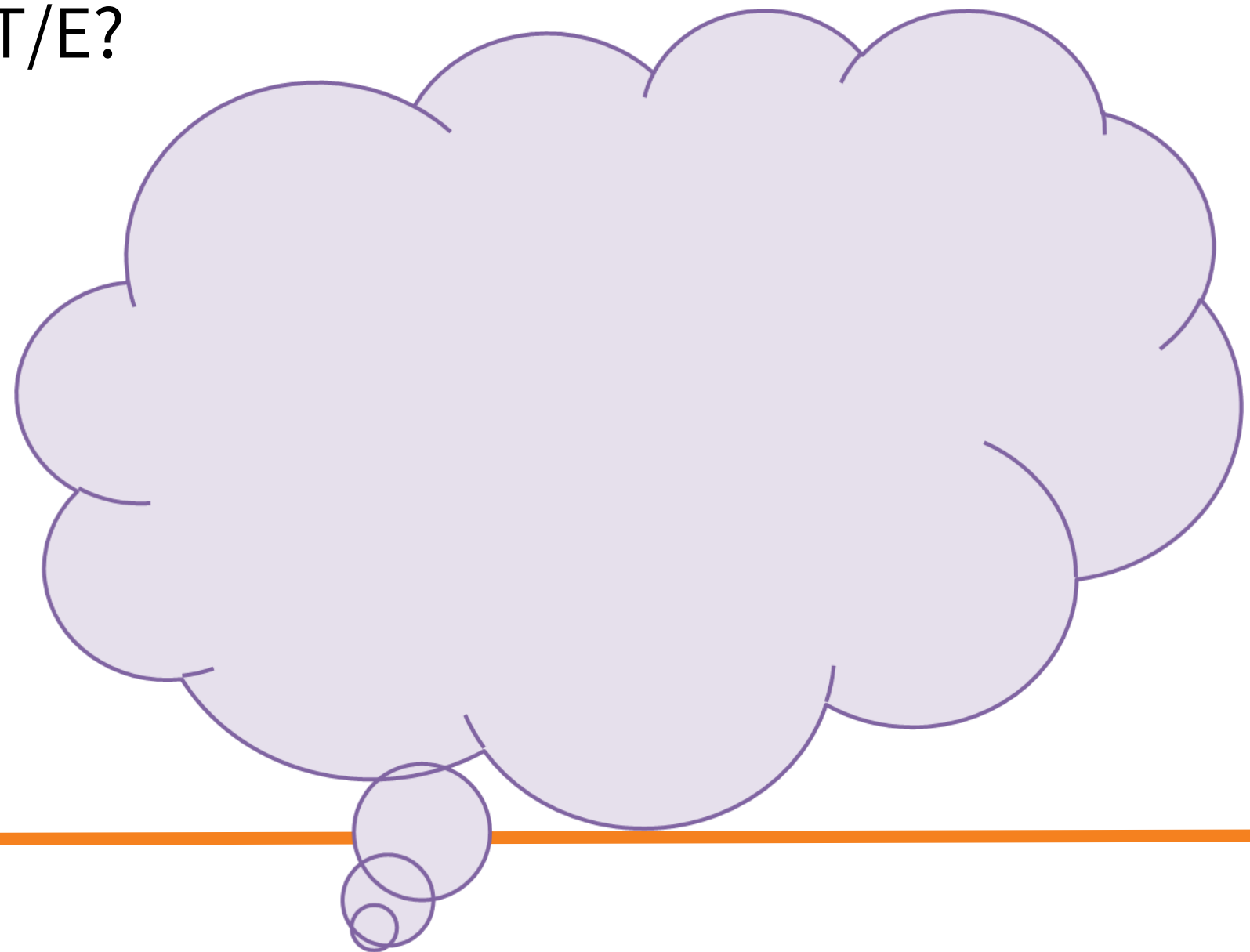
# Using Health IT to Support Addressing IPV/HT

## Opportunities and Considerations

# Embedding CUES, UDS measures into EHR

Discussion of Privacy, Safety, and Confidentiality

What pitfalls should be considered when developing clinical protocols and EHR tools to document IPV/HT/E?





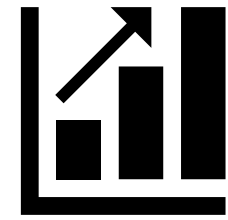
# **Components of EHR SmartForms to Assist Providers and Facilitate Private, Safe, and Confidential Documentation**

- See patients alone for part of every visit
- Embed CUES Provider Scripts
- Link to ICD-10 IPV and Exploitation Codes
- Confidential Coding
- Ability to make notes Private
- Links to Resources

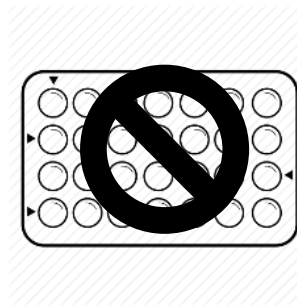


# Evidence Provider Scripts Work

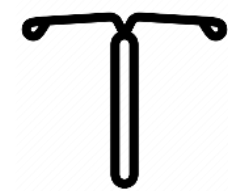
In a randomized controlled trial at four family planning clinics in Western Pennsylvania, **provider scripts showed promise in:**



Improving **implementation of universal education** about intimate partner violence.



Reducing **reproductive coercion** over time.



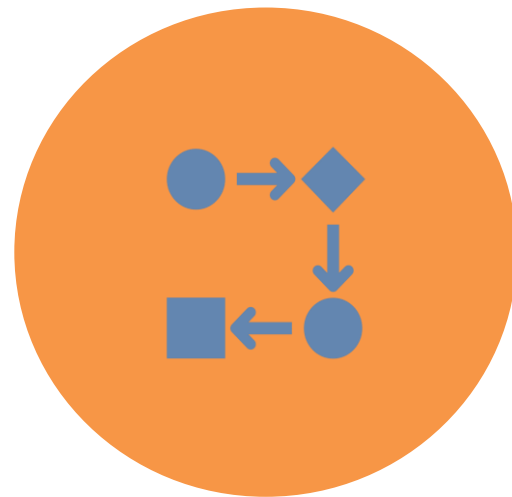
Increasing uptake of **long-acting reversible contraceptives** over time.



Provider **scripts are helpful** in facilitating conversations with patients about healthy relationships and could be **incorporated into the EHR.**

# OCHIN EPIC Pilot Framework

Futures Partnered with OCHIN to develop a SmartForm to:



FACILITATE WORKFLOW



FACILITATE AND DRIVE  
PRACTICE CHANGE



FACILITATE DATA  
COLLECTION



IDENTIFY AREAS FOR  
IMPROVEMENT AND GAPS IN  
RESPONSE FOR CLINIC FLOW



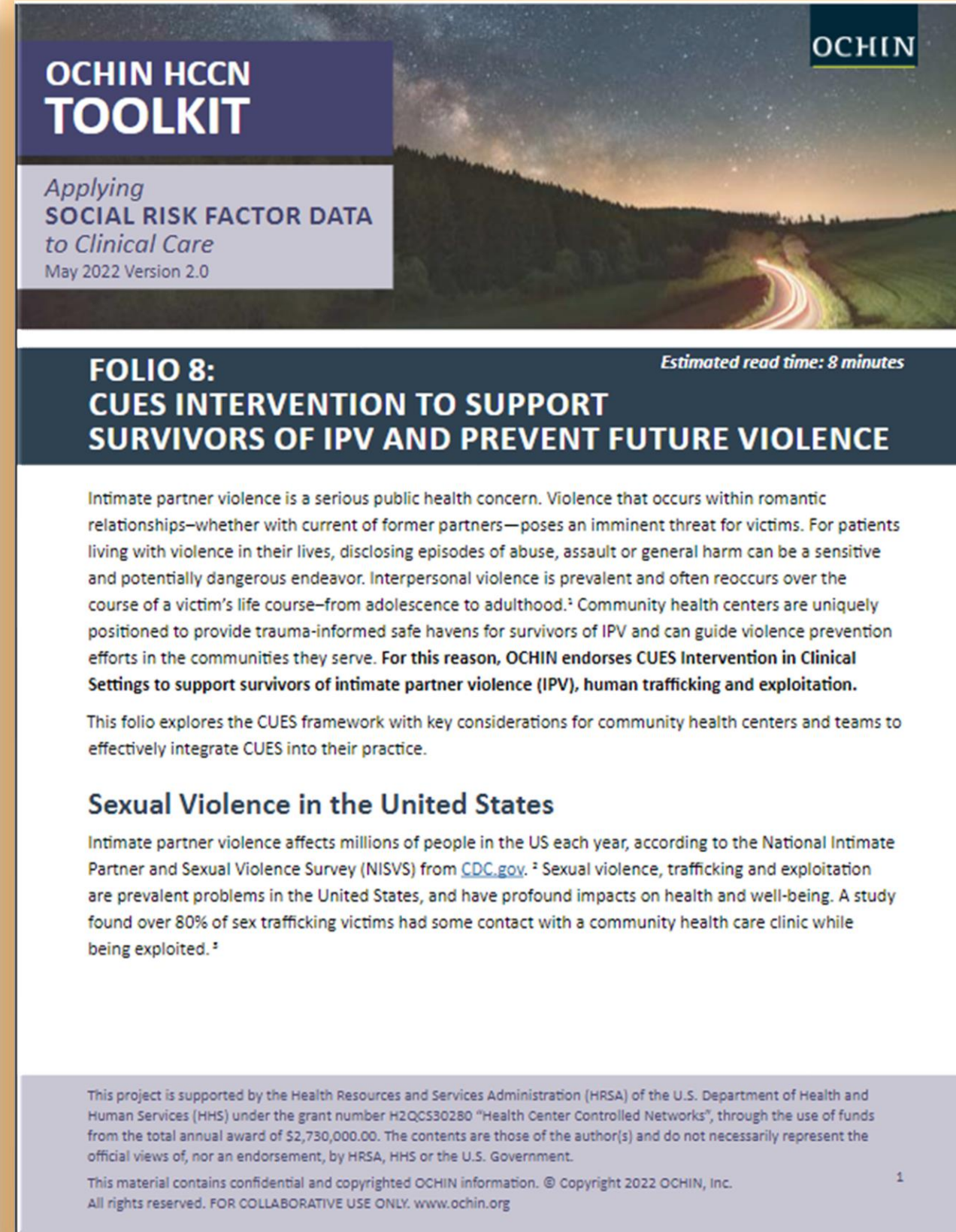
# OCHIN Toolbox

- ❑ CUES trained organization may elect to use to OCHIN's Best Practice CUES **Tools**.
- ❑ **Workflows** that include CUES-**informed scripts** and **SmartTools**
- ❑ **Toolkit** to support the implementation of CUES: **Folio 8: CUES Intervention to Support Survivors of IPV and Prevent Future Violence**

*Thanks to [OCHIN](#) for your partnership!*



# OCHIN Toolbox: HCCN Toolkit



## Content:

- ☐ Futures Without Violence (FWV): An Advocate for Change
- ☐ What Is CUES?
- ☐ How Does CUES work?
- ☐ Why CUES?
- ☐ Why Does CUES Work So Well in Community Health Centers?
- ☐ Getting Started: How Can Your Organization Adopt CUES?
- ☐ Facilitating the Change to the CUES Framework Using Change Management Tools
- ☐ Essential Steps for Change Management
- ☐ Training Resources for Providers
- ☐ Patient Education Material
- ☐ References and Resources

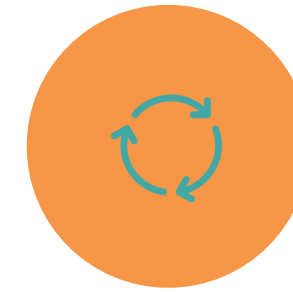
# Preparing to Implement



Clinician champion



Training and education  
(FUTURES can help!)



Clinical (operational)  
workflow



Supply and patient  
materials inventory



Patient safety protocols



Patient confidentiality  
policy



PDSA Cycle





# Asian Health Services (Oakland, CA)



- ☐ Trained all staff on CUES
- ☐ Utilized multi-lingual safety card tools
- ☐ Implemented SmartForm
- ☐ Provided feedback to OCHIN



# Results

- Identified a need for improved access to multilingual patient resources
- Tool was easy to use and having it integrated into Flowsheets - time saver
- Facilitated team awareness and rich conversation with patient
- SmartPhrase and protect buttons great
- Use of Storyboard instead of BPA
- Need to train providers before using tool
- How Asian Health is using the tool now until we roll out more widely



# Summary of Key Points

- ✓ “CUES” is an evidence-based intervention on IPV and promotes prevention.
- ✓ Patients appreciate the discussion and resources, and the tool provides a confidential and safe way of documenting discussions and disclosures.
- ✓ Partnerships between HCs and local programs also promote safety outcomes for patients and staff
- ✓ Health Partners on IPV + Exploitation is a BPHC-funded NTTAP that offers free training and resources.
- ✓ OCHIN offers a Smartform and toolkit to help integrate IPV into practice



**HEALTH PARTNERS**   
**ON** IPV + EXPLOITATION

**FUTURES**  
WITHOUT VIOLENCE

For additional resources visit [healthpartnersipve.org/](http://healthpartnersipve.org/)



**ASIAN HEALTH SERVICES**

**OCHIN**



**REACH  
OUT  
TO US**

**Dr. Kimberly Chang**  
**[kchang@ahschc.org](mailto:kchang@ahschc.org)**

**Anna Marjavi**  
**[amarjavi@futureswithoutviolence.org](mailto:amarjavi@futureswithoutviolence.org)**

**Camila Sanchez Tejada**  
**[CSanchez@futureswithoutviolence.org](mailto:CSanchez@futureswithoutviolence.org)**

---





**Stay connected by signing up for our monthly  
e-list: Catalyst for Change**

To sign up, see bottom of page:  
[www.healthpartnersipve.org](http://www.healthpartnersipve.org)

*thank  
you*

---