

National Office Hour: Planning for the PCA Supplemental Activities – Intimate Partner Violence

October 22, 2024 (1-2 pm ET)

Learning Objectives

01

Gain clarity on the BPHC expectations for use of the supplemental award

02

Discuss strategies and approaches for PCA supplemental award execution

03

Understand IPV T/TA resources available for free to PCAs

Session Speakers

Bureau of Primary Health Care

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Health Partners on IPV + Exploitation - Futures Without Violence

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National Association of Community Health Centers (NACHC)

Moderator: Jennifer Nolty, *Director, PCA HCCN Relations* (JNolty@nachc.org)

Welcome & Housekeeping

Audio Management: Please ensure your microphone remains muted when not speaking to avoid disruptions.

Q&A functionality: Direct any questions or comments through the Q&A box feature located at the bottom of your zoom screen. We will address them either during the presentation or in the Q&A segment of the session.

Raise Hand Feature: If you wish to contribute verbally, please use the “raise hand” feature.

Recording Notice: This session is being recorded, and the recording will be available to participants following the session.

Resources: Resources and materials pertaining to this session will be shared and available throughout the session .

Evaluation: We do honor your feedback, so please be sure to complete the evaluation following this session.

THANK YOU!



HRSA Bureau of Primary Health Care (BPHC)

October 22, 2024

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Nathalia Drew, PCA Team Lead
Strategic Partnerships Division, Office of Quality Improvement
Bureau of Primary Health Care (BPHC), Health Resources & Services Administration (HRSA)

Vision: Healthy Communities, Healthy People



2023-2025

HRSA Strategy to Address Intimate Partner Violence



PROMOTE

STRENGTHEN

ENHANCE

Aims, Objectives, and Activities | The 2023-2025 Strategy identifies three Aims grounded in an equitable and community-driven approach to preventing and responding to IPV that the HRSA Bureaus and Offices will prioritize through strategic objectives and key 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

Preventing and Responding to
Intimate Partner Violence:

An Implementation Framework for HRSA-Supported Settings of Care

HRSA

Health Resources & Services Administration

ENHANCE

STRENGTHEN

PROMOTE

The *Preventing and Responding to Intimate Partner Violence: an Implementation Framework for HRSA-Supported Settings of Care* consists of five building blocks and associated activities.

Building Blocks	Activities	Activities	Activities
	FOUNDATIONAL	INTERMEDIATE	ADVANCED
 1: Training and Supporting the Workforce	1.1: Engage all staff in IPV 101 training using best practices and dynamic approaches.	1.2: Conduct ongoing trainings for all staff on IPV-specific content.	1.3: Support staff well-being regarding their own exposures to IPV and other stressors.
 2: Engaging Partners and Community	2.1: Identify key partners and assess community needs.	2.2: Engage diverse voices and partners in program planning.	2.3: Strengthen and formalize partnerships and arrangements with community members.
 3: Delivering Trauma-Informed and Culturally Responsive Care	3.1: Assess organizational policies and processes.	3.2: Create an organizational environment that supports trauma-informed and culturally responsive practices.	3.3: Employ trauma-informed and culturally and linguistically responsive practices.
 4: Coordinating and Implementing IPV Prevention and Response	4.1: Conduct an internal needs assessment and select IPV prevention and response initiatives.	4.2: Secure funding for IPV-related prevention and response initiatives.	4.3: Implement new or enhance existing IPV prevention and response initiatives.
 5: Using Data to Drive Decision Making	5.1: Assess existing data collection mechanisms and processes for IPV-related data.	5.2: Analyze local and other relevant available data.	5.3: Use data to evaluate existing or identify the need for new IPV-related initiatives.

Objective 13: Intimate Partner Violence

13. Intimate Partner Violence (IPV) Support – Increase the number of health centers that receive T/TA on promoting the prevention of IPV, strengthening infrastructure and workforce capacity to provide prevention and response services, and enhancing coordination with community partners.

- Performance Measure: Number of health centers in the state or region that received T/TA on promoting the prevention of IPV, strengthening infrastructure and workforce capacity to provide prevention and response services, and enhancing coordination with community partners.



HEALTH PARTNERS

ON IPV + EXPLOITATION

Led by Futures Without Violence (FUTURES) and funded by HRSA BPHC to work with health centers to support those at risk of experiencing or surviving intimate partner violence, human trafficking, or exploitation and to bolster prevention efforts.

We offer health center staff ongoing educational programs including:

- Learning Collaboratives on key topics for small cohorts
- Webinars + archives
- Clinical and patient tools, an online toolkit, evaluation + Health IT tools
- English, Spanish and ASL interpreted programs and resources

- **Learn more:** www.healthpartnersipve.org
- **Online toolkit:** www.IPVHealthPartners.org

Project Catalyst: A Tested Model of Leadership Teams



Fostered leadership and collaboration at the U.S. state and territory level to improve the health and safety outcomes for survivors of IPV and human trafficking in community health centers and domestic violence programs and to promote prevention.

Leadership teams consisted of three partners from one state or territory's:

- Primary Care Association
- Department of Health/
Department of Public Health
- Domestic Violence Coalition

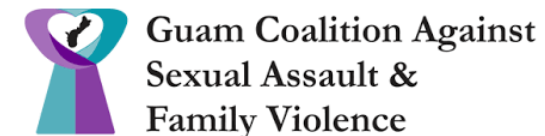
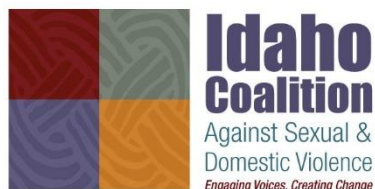
State and Territory Leadership Teams worked on three goals:

1. Policy changes on IPV/HT
2. Practice transformation in partnering DV programs and HCs
3. State-wide spread and TTA engagement.

More information: <https://healthpartnersipve.org/state-wide-work-for-building-health-center-and-dv-program-partnerships/>

Project Catalyst 2017-2021

STATE-LEVEL: PRIMARY CARE ASSOC, DEPTS OF HEALTH, DV COALITIONS



The Heart of the Model: Building Meaningful Partnerships

*Partnerships help promote bi-directional warm referrals for clients/patients
and increase staff engagement and support.*



DV Advocacy Partner
Improve health and
wellness for DV/HT
survivors



**Community Health
Center Partner**
Improve health and
safety through "CUES"

Partnership Benefits

- Support for health center staff + patients who experience IPV and safety planning.
- Help establishing a primary care provider (PCP) – moving away from emergency-level care.
- Facilitate health enrollment for clients and staff.

DV survivor health center enrollment tools:

- <https://healthpartnersipve.org/futures-resources/increasing-health-care-enrollment-for-survivors-of-domestic-violence/>

Key partnership resources:

- <https://healthpartnersipve.org/resources/sample-memorandum-of-understanding/> (In English and Spanish)
- <https://ipvhealthpartners.org/partner/>
- <https://healthpartnersipve.org/resources/partnerships-between-hcs-and-dv-and-sv-advocacy-programs-bi-directional-infographic/>
- <https://prapare.org/national-domestic-violence-awareness-month-essential-resources-for-community-health-centers-to-address-intimate-partner-violence/>

Healthcare.gov Enrollment for Survivors of Domestic Violence

People who have experienced intimate partner violence (IPV) have unique health care needs, making insurance that covers comprehensive medical and behavioral health benefits all the more critical. Community health centers play an important role in helping survivors enroll in coverage and receive quality primary health and oral health care services. A special enrollment period for survivors makes enrollment possible across the year with additional provisions to make coverage more affordable for survivors. [When health centers partner with community-based programs](#) that serve survivors – we reach more survivors and improve their health and safety.

Community based domestic and sexual violence programs and health centers share goals to advance health equity and health outcomes in medically underserved communities. With current American Rescue Plan (ARP) COVID-19 funding, we now have a unique opportunity for these systems to partner to work together to reach more clients. Last year the Family Violence Prevention and Services Program (ACF, US DHS) – the agency that funds domestic violence and sexual violence programs nationally – received a historic investment of \$550 million to assist states, territories, and tribes to provide access to COVID-19 testing, vaccines, and mobile health units and specifically for domestic violence programs. Similarly, \$1 billion in ARP funding reached nearly 1,300 HRSA Health centers across the US and territories to expand health centers, to build new sites and provide mobile health care, and to advance health equity and health outcomes in medically underserved communities, including through projects that support COVID-19 care. These parallel funding streams can be maximized to enroll more survivors of domestic violence and their families so they have long term health care coverage.

Encourage clients to call the toll-free call center (1-800-318-2596) or refer them to local assisters who are trained to help consumers through the enrollment process if you can't help them right away. A good place to start: <https://localhelp.healthcare.gov/>. If the client needs DV related support refer them to a local program, or the National Domestic Hotline 1-800-799-SAFE (7233). For Native American clients contact [StrongHearts Native Helpline](#) 1-844-7-NATIVE (762-8483)

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healthpartnersipve.org

Partnerships between health centers and domestic and sexual violence (DSV) advocacy programs are crucial to support survivors in your community.

To start and grow a partnership:

- Assess the needs of your community. What communities does your health center serve? What kinds of support services would benefit survivors in these communities? Engage survivors to get their input.
- Identify champions in your health center and community. Who can research what DSV resources exist in your area? What services already exist to support survivors in your health center?
- Connect with community-based DSV advocates. What organizations exist to meet the needs of survivors in your community? What are their services? Identify a point of contact. Find your local IPV program through:
 - The National Domestic Violence Hotline: 1-800-799-SAFE and hotline.org, 24/7 DSV advocate responders, 175 languages.
 - State Coalitions: nadv.org/coalitions/state-coalition-coordinates
 - Local Coalitions: nadv.org/coalitions/local-coordinates
- Promote privacy and confidentiality. Robust partnerships between health centers and CBOs do not have to compromise survivor privacy and confidentiality to work effectively. Programs can help steps to ensure survivor information is protected.
 - Key resources: [Crisis Coalitions for Protecting Survivors of IPV and Sexual Assault](#), [FQHC: Protecting Survivor Privacy](#)
- Develop a procedure for bi-directional warm referrals between your health center and the DSV advocacy program. How can health center staff be trained to offer a supported connection to a DSV advocacy program when a patient discloses experiences of abuse? Please use survivors referred from the IPV program to the health center partner get to gain access to next day appointments for immediate medical needs?

What are the benefits for staff and patients?

Partnerships between health centers, community-based organizations, and DSV advocacy programs provide benefits for health center staff, survivors, and all patients:

- Increased access to healthcare enrollment and services
- Safety planning for survivors and connection to DSV advocates
- Addressing intersecting needs like food access, legal support and housing
- Relying on the expertise of your partners—you don't have to be an expert on violence!
- Support for staff wellness and healing

What is a Domestic and Sexual Violence (DSV) Advocate?

DSV advocates:

- are community based providers trained to support safety and self-determination of survivors
- offer confidential and free services
- provide 24-hour crisis intervention, emotional support, emergency services, legal info, and more.

Define the partnership

Collectively come to an agreement on how the working relationship will be structured, the benefits for partnership roll out, process for developing and maintaining the partnership. These agreements and processes can be codified in a Memorandum of Understanding.

Key resource: [Sample Memorandum of Understanding](#)

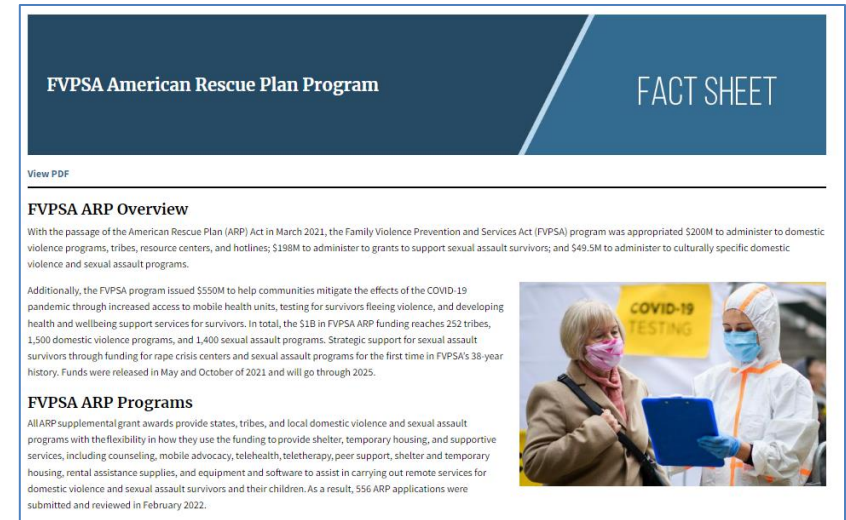
State Domestic Violence Coalitions + ARP Funding

56 state and U.S. territory coalitions against DV:

- DV coalitions serve as state-wide and territory-wide leaders in the efforts to end domestic violence.
- These organizations connect local domestic violence service providers and are valuable resources for information about services, programs, legislation, and policies that support survivors of domestic violence.
- 19 Tribal Coalitions

Find your State, Territory and Tribal Coalitions:

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



- \$1B in FVPSA ARP funding reaches 252 tribes, 1,500 domestic violence programs, and 1,400 sexual assault programs.
- ARP Funds were released in May and October of 2021 and will go through September 2025.



Health Impacts of IPV/HT



Opportunities for equity in care are impacted by:

- Lack of culturally responsive support services
- Lack of access to housing, health services, jobs, etc
- Lack of trust in official systems
- Language barriers
- Lack of safe options to report violence to the police or use the courts

Marginalized communities are more vulnerable to these barriers



Does Screening Support Survivors?



- ✓ 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?***

Screening Does Not Promote Health Equity for People Experiencing Violence/Abuse

The use of structured screening tools at enrollment *does not promote disclosure* or in-depth exploration of women's experiences of abuse.

Women were more likely to discuss experiences of violence when nurses initiated open-ended discussions focused on parenting, safety or healthy relationships.

(Jack, 2016 <https://pmc.ncbi.nlm.nih.gov/articles/PMC5525568/>)



CUES: An Evidence-Based Intervention

★ C: Confidentiality

See patient alone for part of every visit, disclose limits of confidentiality

★ UE: Universal Education + Empowerment

Normalize activity

Make the connection—open the card and do a quick review

★ S: Support

Provide a "warm referral" to local domestic/sexual violence partner agency or national hotlines

For more information on CUES, see <https://healthpartnersipve.org/resources/addressing-ipv-and-exploitation-in-health-centers-cues-infographic/> and <https://healthpartnersipve.org/resources/futures-without-violence-cues-videos/>

Safety cards are available for different settings, communities and in a variety of languages at store.futureswithoutviolence.org/



Universal Education

Provides an opportunity for clients to make the connection between violence, health problems, and risk behaviors.



**** If a health center currently has IPV/HT screening as part of their requirements: we strongly recommend first doing universal education.***



The Evidence behind CUES

The CUES Intervention was developed as a result of more than fifteen years of research in reproductive and adolescent health settings.

What we heard survivors want from health professionals:

- Autonomy
- Empathy & Compassion

There are limitations to screening without universal education:

- Low Disclosure Rates
- Screening Impact

Importance of confidentiality:

- Privacy Concerns
- Non-Disclosure Reasons

Universal education + empowerment + cross sector partnership:

- A trauma-informed, comprehensive approach
 - Providers gain confidence and awareness from universal education programs
-



ICD-10 Codes for Intimate Partner Violence

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

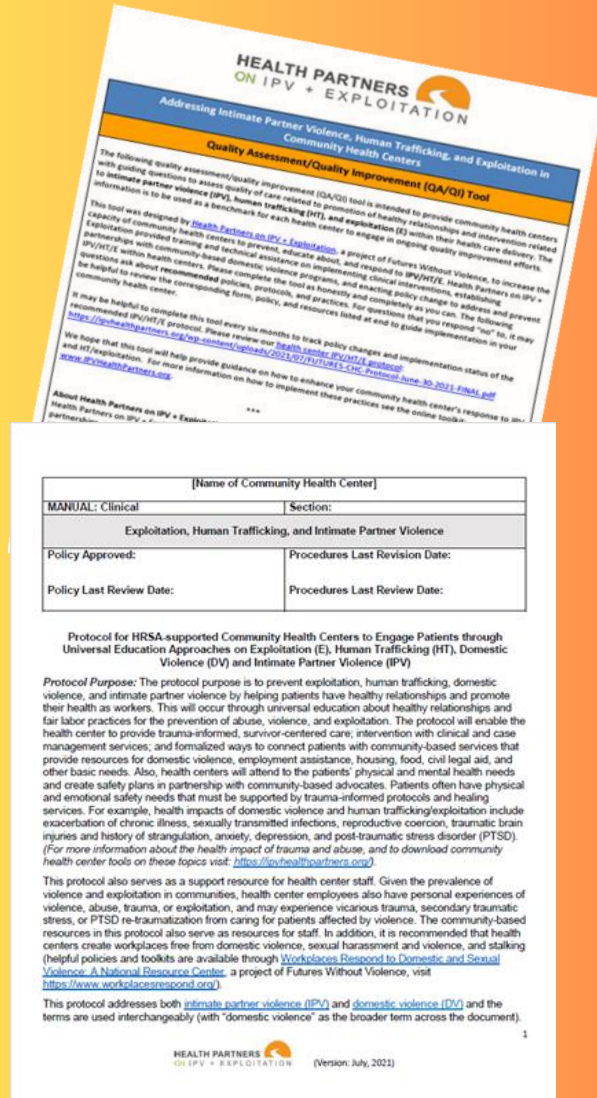
See Protocol on IPV/HT/E for Human Trafficking related ICD-10 codes

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



Protocol on IPV/HT/E and QA/QI Tool

- The protocol was developed in 2021 as a response to the UDS measures.
 - Offers a model to empower HCs to provide trauma-informed, survivor-centered care and formalize strategies to connect patients with community-based services.
 - Available in English and Spanish.
 - Focus grouped in LCs for both languages.
- The Quality Assessment/Quality Improvement (QA/QI) tool provides guiding questions to assess quality of care related to IPV/HT/E interventions & healthy relationship promotion within health care delivery.
 - A benchmark for HC quality improvement efforts.



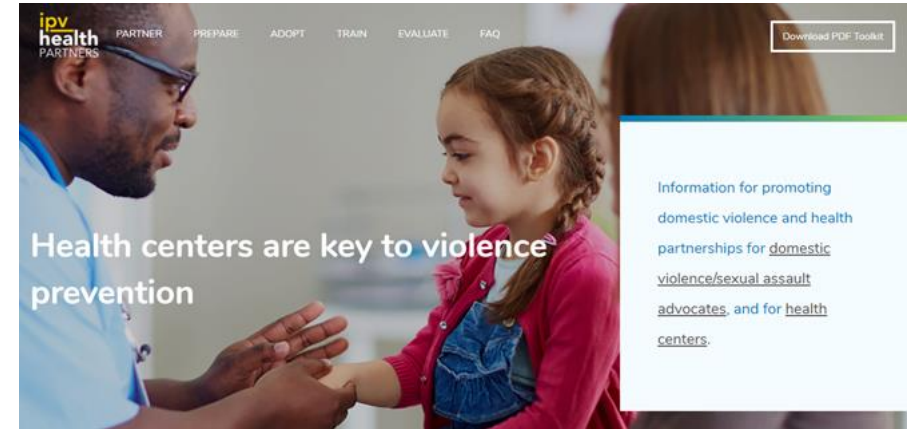
<https://healthpartnersipve.org/resources/sample-health-center-protocol/>

<https://healthpartnersipve.org/resources/quality-assessment-quality-improvement-tool/>



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
- ✓Safely sharing resources
- ✓Tech privacy tips



www.ipvhealthpartners.org

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



Thank you!

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ON IPV + EXPLOITATION

FUTURES
WITHOUT VIOLENCE

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Additional Federal Resources

CDC's VetoViolence Website

- + Online hub of free trainings, tools, and resources for preventing violence
- + **Purpose**
 - + Empower audiences
 - + Provide free trainings
 - + Deliver technical assistance
 - + Build organizational capacity

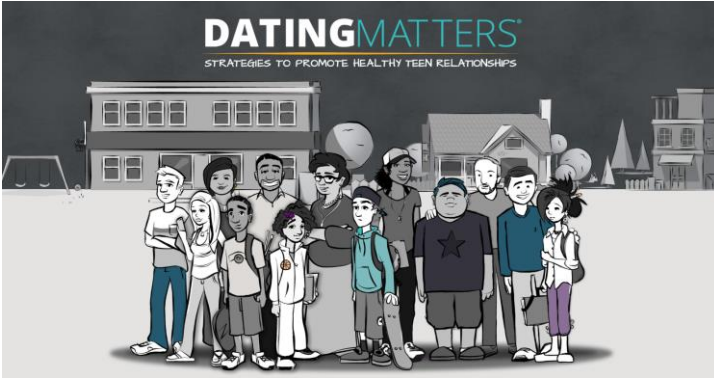


vetoviolence.cdc.gov



VetoViolence Tools & Trainings

+ Dating Matters Training for Educators



+ Preventing Adverse Childhood Experiences Trainings



+ Principles of Prevention



+ Violence Prevention in Practice





DISCUSSION / Q&A