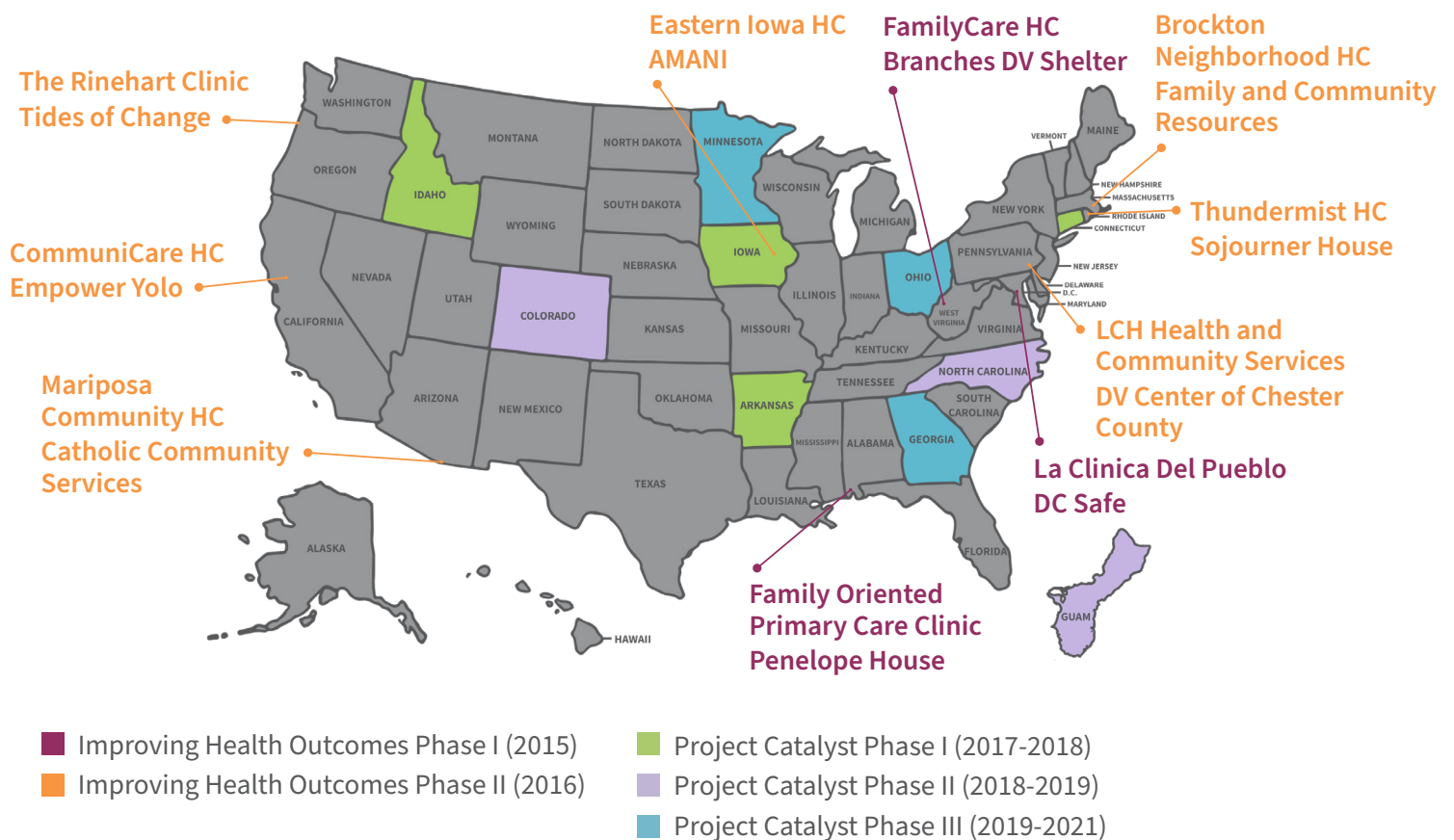


Project Catalyst: State/Territory-Wide Transformation on Health, Intimate Partner Violence, and Human Trafficking

Project Catalyst was a multi-year effort engaging more than 1,000 professionals across 10 states and 4 Pacific Islands. The goal was to support health and safety outcomes for survivors of violence who access health centers (HC) and community based domestic violence (DV) programs through the leadership of state/territory partners.

Project Catalyst was initiated in 2015 with the pilot, Improving Health Outcomes through Violence Prevention Project, working with a total of 10 partnering HCs and DV programs. The pilot project then led to Project Catalyst, which expanded to state/territory leadership teams (consisting of staff from Departments of Health/Public Health, Domestic Violence Coalitions, and Primary Care Associations). This expansion enabled policy and systems changes that supported an integrated and improved response to intimate partner violence (IPV) and human trafficking (HT) in HCs and DV programs across the U.S. and in the following states/territories and communities (see map below).



ACROSS THREE PHASES, PROJECT CATALYST'S 96 DEMONSTRATION SITES (HCs AND PARTNERING DV PROGRAMS) TRAINED:

45 Domestic Violence Programs/Community Based Organizations **377** Domestic Violence Programs/Community Based Organization Staff **51** Community Health Centers **1,068** Community Health Center Staff

Project Catalyst III Teams and Outcomes

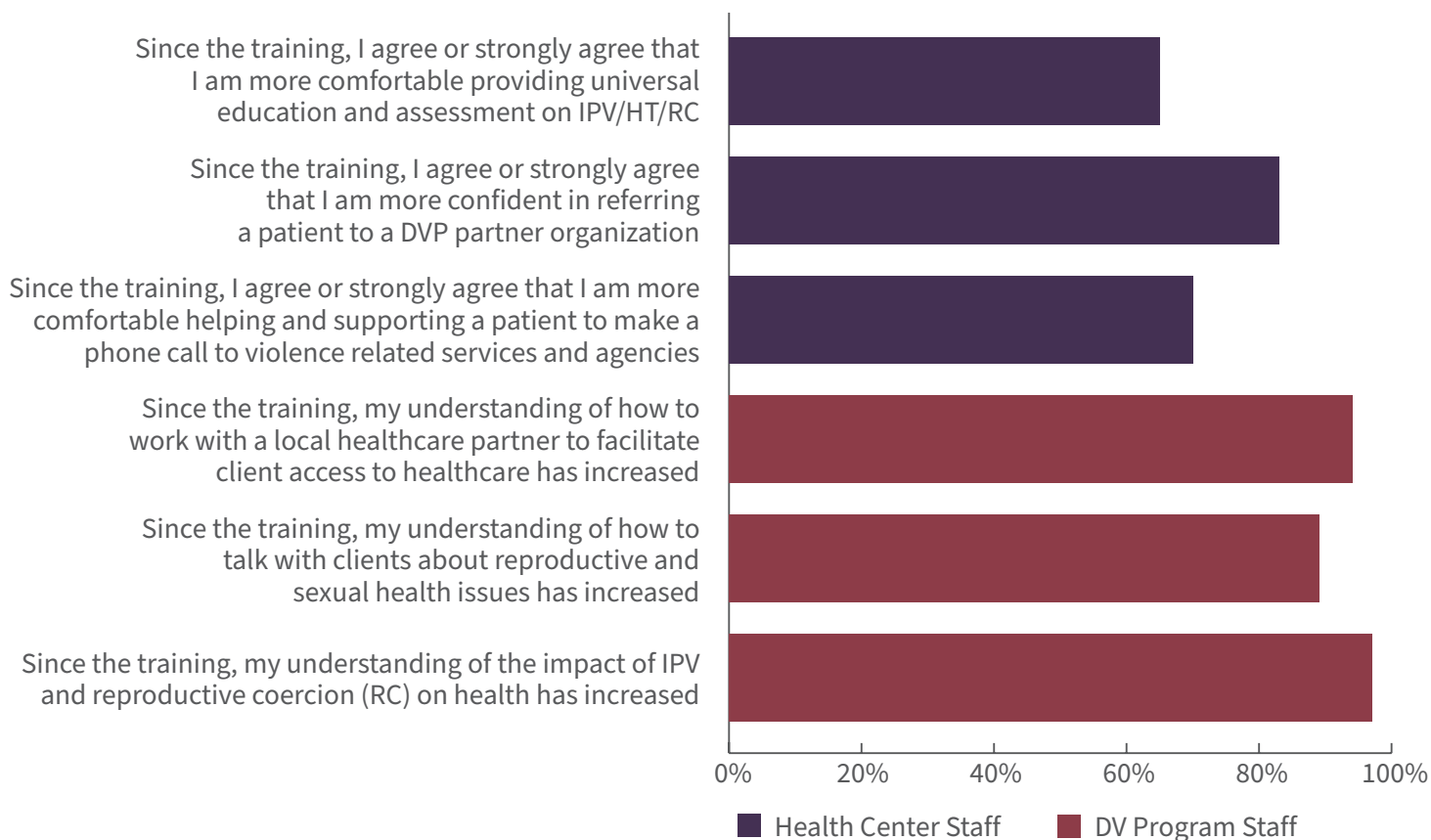
(December 2019-September 2021)



Project Catalyst III Kick-off Meeting (pictured are the participating state leaders, faculty and funders) in San Francisco, CA on January 17, 2020

Project Catalyst III engaged leaders from across three states: Georgia, Minnesota, and Ohio. HCs in each participating state received trainings from their state leadership teams on the [CUES intervention](#) to address intimate partner violence/human trafficking/exploitation (IPV/HT/E) in their settings. DV programs received trainings on addressing health needs with their clients. The goal of these trainings was to develop and enhance these HC and DV programs partnerships and build bidirectional warm referrals to increase health access and promote safety for survivors. Following the trainings offered by state leaders, the provider and advocate belief and practices changed in the following ways:

PROVIDER AND ADVOCATE BELIEF AND PRACTICE CHANGES



Project Catalyst: Stories of Impact

In addition to training their HC and DV programs, Project Catalyst leadership teams also undertook a number of innovations to support survivor health and safety:



During the height of the COVID-19 pandemic, Georgia's leadership team adapted Project Catalyst materials to distribute at pop-up vaccination clinics across their state.



To increase language access, the Guam leadership team supported the adaptation of a safety card tool into Samoan. They did this in collaboration with staff from the [American Samoa Alliance Against DSV](#) and with staff from local health centers.



The Minnesota leadership team created a [website portal](#) featuring telehealth tools

to support patients during COVID-19. Included was a safety card with MN-specific information on IPV/HT/E and supportive resources, scripts for providers, and Zoom backgrounds with information on safety support for survivors.

Get Involved: Use these 3 Key Resources

Project Catalyst had tremendous impacts and can be replicated and implemented in any state/territory or local community.

1. Access our [full suite of Project Catalyst tools](#) (including PowerPoint curricula, handouts, evaluation tools, and more).
2. Visit www.ipvhealthpartners.org for a toolkit developed by and for community health centers and domestic violence programs looking to forge or expand partnerships.
3. Visit Health Partners on IPV + Exploitation www.HealthPartnersIPVE.org, led by Futures Without Violence and funded by HRSA's Bureau of Primary Health Care to work with health centers to support those at risk of, or surviving intimate partner violence, human trafficking and exploitation, and to bolster prevention efforts.



Futures Without Violence partnered with and was funded by U.S. Department of Health and Human Services agencies, Administration for Children and Families (ACF), Family and Youth Services Bureau (FYSB), the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC), and the HRSA Office of Women's Health (OWH) on the multi-year initiative, [Project Catalyst: State/Territory-Wide Transformation on Health, IPV, and Human Trafficking](#). A University of Pittsburgh team led a qualitative and quantitative evaluation of the project.