Collaboration for Integrated Services and Systems Change

LESSONS LEARNED FROM THE DOMESTIC VIOLENCE AND HEALTH CARE PARTNERSHIP PROJECT

March 2016

La Piana CONSULTING

Collaborate. Create. Accelerate.

The Opportunity

Implementation of the Affordable Care Act (ACA) is setting a new standard of care for addressing domestic violence (DV) and intimate partner violence (IPV) in the health setting. The ACA emphasizes prevention, requiring that insurance plans cover certain services at no cost to patients. By including DV and IPV screening and counseling on this list of services, the ACA highlights the role of the health care sector in addressing DV, creating new opportunities for collaboration between health care providers and DV programs to better meet the needs of survivors.

The potential advantages of such cross-disciplinary partnerships are multifaceted:

- Enhancing the capacity of health care providers to integrate effective and appropriate DV/IPV screenings and assessments into all health visits — and providing ready access to counseling and other supports when a patient discloses that they are experiencing abuse
- Encouraging DV advocacy organizations to integrate basic health assessments into their client interactions — and creating avenues for access to health care services for victims of DV/IPV and their children
- Developing deeper understanding of the interconnectedness between abuse and long-term health outcomes — and sharing a commitment to direct service and advocacy on behalf of individuals and families impacted by DV/IPV

At their best, strong DV and health care partnerships develop relationships, rapport, and a high level of mutual trust between organizations that enables bidirectional learning, more comprehensive and aligned care, and better client outcomes. That said, many of these partnerships are still in their early stages, and there is still much to learn about how they can be most effective and sustainable.

This report describes some of the successes and challenges of several partnerships among DV advocates and health care providers in California that are part of the Domestic Violence and Health Care Partnerships Project. Still in its third and final year of funding, the initiative has made significant strides in demonstrating the potential of collaborative efforts between health care providers and DV programs to improve client outcomes and advance systemic change. It has also helped to shed light on challenges still to be overcome and opportunities for next steps.

This project is funded by a grant from Blue Shield of California Foundation. Central to its mission, the Foundation believes that the health and well-being of communities requires a systemic response to end DV that includes health care providers who understand its health impacts and can act as catalysts for change. This report offers advocates, health care providers, funders, and policymakers a unique window into how DV and health care partnerships can increase DV prevention, access to care, and needed services for providers. As the lessons in this report indicate, collaboration is a powerful strategy for serving those affected by DV and sexual violence, ultimately supporting healthier individuals, families, and communities.

Collaboration by Design

The Initiative

The Domestic Violence Health Care Partnership (DVHCP) is a multi-year effort funded by Blue Shield of California Foundation. In partnership with Futures Without Violence, a nationally-recognized leader in DV and health issues, the Foundation launched the DVHCP in 2014 to integrate health care and DV response systems throughout California. The project has provided grant funding and technical support to 19 teams of DV organizations and health care providers to develop policy and clinical responses to domestic and sexual violence in health care settings, and to support DV advocates in addressing the health needs of survivors. (See Appendix for a list of participating organizations.)

The ACA created a specific opportunity and incentives for the health care sector to provide DV screening, referral, and brief counseling. This initiative has leveraged that opportunity in California to support health care and DV providers in co-creating and implementing systemic responses that meet the needs of those affected by DV. The DVHCP promotes bidirectional learning, increased use of warm referrals for greater utilization of services, service integration up to and including colocation, and policy changes in DV and health care organizations. Each partnership is led by a team of representatives from both the health and DV organizations, whose efforts are supported and enhanced through participation in a peer learning community that includes webinars, convenings, and a group website and listserv as well as access to a library of resource materials and expertise provided by Futures Without Violence. La Piana Consulting provides technical assistance to grantees in building effective and sustainable partnerships. Developmental evaluation of the DVHCP is being conducted by a research team from the University of Pittsburgh to support deeper learning and continuous improvement.

The DVHCP aims to affect systems change by transforming institutional practice. By forging partnerships among DV advocates and health providers at the organizational level, the initiative is raising broader awareness of the impact of DV on individual and community health and fostering shared leadership across systems to promote positive health outcomes and healthy relationships. Most teams will have concluded their grant-funded activities by December 2016 and are exploring how to continue their partnerships beyond the initiative. At a convening of all the grantee teams in March 2016, initiative evaluators shared data capturing the progress made by the DVHCP to date, which includes:

- 764 health care providers and 210 DV advocates received training
- 50% of providers felt confident referring patients to their DV partners (22% before DVHCP)
- 60% of patients received information on healthy relationships and where to get help if they are being abused
- 83% of survivors increased their understanding of the impact of violence on long-term health

The case examples on the following pages provide more detail about how some of the DVHCP teams have enhanced their practice and policies as a result of their participation in this initiative.

Case Examples

YWCA of San Gabriel Valley & ChapCare

YWCA San Gabriel Valley (YWCA SGV) offers programs for seniors, teens, and victims of domestic violence, and operates one of the largest shelters in Los Angeles County. ChapCare is a Federally Qualified Health Center providing primary care services (including medical, dental, and behavioral health) to over 14,000 patients annually. Both serve Los Angeles' ethnically and economically diverse San Gabriel Valley.

YWCA SGV and ChapCare began working together to develop an integrated services model in 2014 with support from the DVHCP. To date, this has included co-facilitation of DV support groups at ChapCare in English and Spanish using a model developed by YWCA SGV and ChapCare's provision of monthly workshops at YWCA's shelter educating clients about health issues such as diabetes, nutrition, and women's health. Because some of ChapCare's clinic locations are as far as 30 miles from YWCA SGV, transportation is a challenge for shared clients, making it all the more critical that the two organizations offer collocated programs and work closely as a team.

Both partners actively contribute to the collaboration and recognize its benefits. ChapCare's Roxana Gates, LCSW, describes the ability to more rapidly link patients to appropriate supports: "the role of the collaboration, and its importance, is having the ability to segue our patients directly into care with YWCA SGV, streamlining the provision of services." She also notes how important it is to ChapCare's health care providers to know that when a patient discloses to them that they are affected by domestic violence, YWCA SGV is there with the necessary resources and expertise. This increases providers' confidence in doing DV screening and detection, and builds trust in YWCA SGV as a reliable partner.

In return, ChapCare is invested in helping YWCA clients access health care services. Ana Interiano, Domestic Violence Director at YWCA SGV, notes one example in which ChapCare team members realized that if they appropriately coded shelter residents as homeless they could more quickly get them in to see a health care provider, and another in which the team was able to fast-track a TB test a client needed by a specific deadline in order to access a new housing program. Ana says that ongoing communication, with calls and texts on a frequent basis, enables the DVHCP team to work seamlessly across organizations to identify and overcome barriers on behalf of their shared clients.

Achievements At-a-Glance:

- ✓ Co-facilitation of DV support groups at the health clinic in English and Spanish
- ✓ Health education workshops at the DV shelter on a monthly basis
- ✓ Increased confidence among health care providers in doing DV screening and detection
- ✓ More rapid linkages of clinic patients to DV services and supports — and of DV clients to health care
- ✓ Shared commitment and increased capacity to identify and overcome barriers on behalf of clients

WEAVE, Inc. & Sacramento Native American Health Center

WEAVE is the primary provider of services for survivors of domestic violence and sexual assault in Sacramento County. Sacramento Native American Health Center (SNAHC) is a Federally Qualified Health Center that plays a critical role in the health safety net, serving a client community that is 45% Native American. The two are located within two blocks of one another in Midtown Sacramento.

Proximity has been an enabling factor for the efficacy of this partnership, allowing WEAVE and SNAHC staff to in some cases walk clients to warm referrals at one another's offices, e.g., from DV counseling at WEAVE to WIC enrollment at SNAHC. The two look forward to taking their partnership a step closer in the coming year by collocating services at SNAHC, which would place DV advocates on site weekly and bring in legal clinics on a monthly basis, broadening the scope of resources available to clients.

Cibonay Cordova, Chief Program Officer at WEAVE, describes an example of how partnership impacts client success: "My colleague at SNAHC called to tell me what the client needed, we did a release of information, and not only were we able to provide the client with mental health counseling at SNAHC and DV services at WEAVE, but her kids were seen at both agencies, and SNAHC became her medical home." She adds that this ease in working together has been unlike what sometimes occurs in efforts to serve shared clients: rather than getting bogged down in limitations, with SNAHC, the default position is 'yes, this is what needs to happen and we will find a way' — a difference she credits to the high level of trust built through the DVHCP experience.

This mutual commitment to reducing obstacles has also become increasingly evident at the executive and board level. Cibonay notes that in the past year SNAHC CEO Britta Guerrero has become more directly involved in the work of the project, further enhancing the responsiveness of the partnership. She offers an example: "We'd been trying to get Plan B at our safe houses, and the conversation was always about the obstacles involved, but then Britta just said, 'let's do it' and three days later, Plan B emergency contraception was available at WEAVE safe houses."

Another significant move has been the SNAHC board's approval of a seen-alone policy (allowing only the patient in the exam room with the medical provider) to protect patient confidentiality. Katherine Ray, MSW and Behavioral Health Program Manager at SNAHC, calls this "a culmination of the partnership with WEAVE and the dialogue and support that has increased our awareness of screening and safety issues." Cibonay agrees that the new policy is important for medical staff who "now have the space where they can open up these hard conversations," and that such policies are key to systems change.

Achievements At-a-Glance:

- ✓ Provision of warm referrals to a range of health, DV, and related support services
- ✓ Availability of emergency contraception at DV safe houses
- ✓ Adoption of a seen-alone policy at the health center to protect patient confidentiality
- ✓ Expansion to collocated services at the health center

Su Casa & The Children's Clinic

Su Casa has provided domestic violence services and advocacy in the Long Beach community for more than 35 years, and operates both an emergency shelter and a transitional shelter. The Children's Clinic (TCC) is a full-service primary care clinic with Federally Qualified Health Center status and more than 75 years of experience serving children and their families. Although the two organizations had worked together before, the DVHCP has strengthened and solidified their relationship as collaborative partners.

TCC has incorporated a trauma-informed orientation into its provision of health services, including behavioral health and DV screening. Ellen Harwick, LCSW shares an example: "We said, 'look, our providers are identifying some DV, but they're mostly seeing patients with anxiety and depression,' so we created a toolkit to help our providers assess for historical trauma." This turned out to be a significant need, and TCC now runs a support group for survivors of past DV. The trauma-informed perspective has also been embraced at Su Casa, where a staff LMFT who has long provided clinical supervision now also advises on self-care for vicarious trauma as part of her work with advocates and shelter staff.

To date, the collaborative model for this partnership has emphasized cross training and consultations. Vicki Doolittle, Executive Director at Su Casa, describes the impact this has had on client services: "We consulted on one case with TCC where we were on the phone together the better part of the day getting their patient situated with safe shelter. We also recently asked Ellen to do a mental health consultation and help walk our staff through a complex case involving co-occurring DV and mental health issues, which we identify from time to time in our emergency shelter."

The two organizations are planning to initiate collocated services in the coming year, with support from the DVHCP. Vicki is also interested in seeing the collaboration grow beyond the immediate partnership, noting that when she talks about the initiative in presentations to the community, she is often approached by audience members who ask how they can get involved. She sees this as "a huge opportunity to get more of the medical community interested and involved and to expand the impact of the project."

Achievements At-a-Glance:

- ✓ Cross-training and joint consultations leverage the expertise and resources of both partners
- ✓ Trauma-informed orientation enhances services and supports for client and staff wellness
- ✓ Potential to engage a broader circle of potential partners and supporters in advancing shared goals
- ✓ Expansion to collocated services

Signs of Success

DV Organizations and Health Care Providers Form a Powerful Partnership

For nonprofit health care organizations and DV agencies pressed to meet growing and increasingly complex client needs with limited resources, building their capacity through complementary relationships such as those supported by DVHCP is a winning strategy.

The case examples featured in this report tell only part of the story. Each of the 19 DVHCP teams have demonstrated progress in increasing access, improving the quality of services, expanding or enhancing programs, and changing policy. Together, these partnerships have reported success in several areas:

- Increased frequency and variety of staff and provider trainings
- Improved assessment instruments for both DV and health screening
- Improved quality of client encounters in screening and referrals
- Increased referrals, especially from health clinics to DV partners
- Increased participation in survivor support groups as well as creation of new groups
- Enhanced access to services through colocation strategies
- Adoption of policies enhancing safety and wellness of both clients and providers
- Expanded outreach, education, and/or collaboration beyond the partnership
- Improved linkages to diverse wraparound services through extended partnerships

Roles are Distinct, Not Duplicative

The ACA's inclusion of mental health and substance abuse services as one of its ten categories of required "essential health benefits" is also encouraging more community health centers to integrate behavioral health into their core services. As this occurs, health providers have choices to make about what they provide in-house and how they partner with others to achieve these goals.

For example, each of the three community health centers in the case studies above have behavioral health units and clinicians with some background in DV. But in each case, it is clear that this experience and capacity complements health providers' access to advocates from DV partner organizations rather than supplanting the need.

Katherine Ray, MSW, Behavior Health Program Manager at SNAHC notes that "DV is a really specialized area of intervention," and describes the opportunity DVHCP offers for each partner to do what they do best: "It works very well to have WEAVE as an external referral resource for DV-specific services, rather than feeling we have to meet that need entirely on our own."

YWCA SGV's Ana Interiano acknowledges that the reverse is true as well. With a 35-year history of serving victims of DV, her organization is well-equipped to offer emergency shelter, crisis counseling, and social services, but "behavioral health is not our area of expertise," she says. The ability to refer clients to ChapCare provides critical access not only to basic medical care, but to trained clinicians who can help clients struggling with depression and anxiety or more serious psychological disorders.

The DVHCP is a compelling example of how the health care sector can partner with other community providers to expand and deepen the scope of services and to model a more comprehensive and less fragmented vision of wellness.

From Training to Integrated Services…to Systemic Response

To date, many DV and health collaborations have focused on training and resources to support health care providers in doing DV screenings and referrals. But as DVHCP participants and others begin to develop and deepen integrated service models and engage new community partners, we are seeing how these partnerships can have a "multiplier effect," enhancing the systemic response to DV.

For example, Center for Community Solutions in San Diego has started to apply lessons learned from its DVHCP partnership with Planned Parenthood Pacific Southwest (PPPS) to its work with another community health center to offer training and collocated services. In turn, PPPS is leveraging its DVHCP experience by expanding DV training to clinic sites in its network that were not part of the original partnership. Kaiser Permanente Contra Costa (KP) has similar plans, using data from its partnership with STAND! For Families Free of Violence to make the case to KP leadership to expand the program from its Antioch Medical Center to nearby Walnut Creek and other facilities.

Partnerships between DV and health care are powerful, but it need not end there. A cross-disciplinary approach is critical to meet the full scope of needs of DV/IPV survivors, their families, and communities. Several DVHCP teams have already identified opportunities to expand their collaboration to other community partners such as private physicians, hospitals, schools, legal services, and others.

By building participants' capacity to engage collaboratively, the DVHCP sets the stage for multifaceted, multidisciplinary approaches to meeting the needs of those affected by DV/IPV.

Challenges to Be Addressed

Tracking Client Outcomes

Privacy is a deeply-held value, both in the health care setting and among DV advocacy organizations. Sensitivity to client needs, preferences, and safety is paramount, resulting in both practical and policy limitations on capturing and sharing client data. This can frustrate the desire of providers, funders, and policymakers to see evidence of the efficacy of these DV/health partnerships in improving client health outcomes and promoting healthy relationships.

Vicki Doolittle of Su Casa describes the situation: “We want to be able to prove the efficacy of our work, but it’s part of working with the population we’re working with; many of our clients don’t want us to follow up with them and don’t leave forwarding information.” Katherine Ray of SNAHC notes from the health provider perspective that even tracking cross-referrals poses difficulties: “We don’t have a method for tracking incoming referrals to identify a patient as a client of our DV partner; the challenge is with the consent to share information.”

Participation in this initiative has been transformative for the organizations themselves, but ultimately success must be measured in client outcomes. Many partnerships have developed anecdotal data to tell the story of their impact on clients while they continue to grapple with how to measure the efficacy of their work together. Developing information-sharing policies, meaningful metrics, and flexible data-gathering tools is essential for understanding the value of health and domestic violence collaborations.

Funding

The DVHCP is a time-limited initiative aimed at catalyzing collaboration among DV and health partners. Planning for how to sustain these partnerships beyond the grant period has been a prominent theme in technical assistance and learning community conversations. In some cases, teams expect to be able to fully integrate new practices into their regular activities after their grant ends. Others face the reality that some activities will not be able to continue without dedicated funds.

Although the ACA encourages collaboration to achieve better health outcomes, funding and policy changes to support such partnerships have not caught up — putting the onus on health care providers and their partners to be creative in weaving together and/or repurposing existing funding streams to support their collaborative work. For DVHCP teams, this has included using Title V and Title X funding for counseling on healthy relationships, covering health care for DV survivors under homeless service programs, and seeking licensing or accreditation to qualify DV services for Medi-Cal billing.

The web of different funding agencies, pools of resources, and the mandates and requirements of each pose an opportunity for those who are up to the challenge to cobble together a mixed-revenue strategy, but navigating these complexities takes significant time, know-how, and may not be feasible for all partner organizations. Until earned-revenue or reimbursement options pose fewer obstacles, foundation support will continue to be needed, which means more funders must engage in championing this work.

As DV and health care partnerships break down the silos between sectors, the funder community must also think more broadly about the relationship between violence and health outcomes. Far from being a strategy suited only to DV or health funding priorities, this work gives foundation partners an opportunity to advance an integrated and systemic approach to violence prevention and health improvement.

Developing Resources and Policy Advocacy for Deep Change

Although the focus of the DVHCP has been on changing institutional practice, the involvement of Futures Without Violence has brought a strong policy awareness and capacity to the initiative. To support the collaborative efforts of individual organizations like those described in this report, there is work to do at the state and national policy levels. Futures Without Violence is already putting its expertise to work through:

- Engagement in statewide policy conversations to advance the DVHCP agenda, with such partners as California Department of Public Health, California Family Health Council, California Primary Care Association, and the California Partnership to End Domestic Violence
- Dissemination of DVHCP successes through local, state, and national opportunities for DVHCP teams to share their expertise and experience in conferences, trainings, briefings, and other venues, as well as through developing materials on lessons learned and best practices for cross-sector collaboration
- Development of policy advocacy materials, including a toolkit for DV programs to use in approaching health care partners about the value of collaboration, the potential role of advocates on a health care team, and funding/reimbursement strategies

These activities lay critical groundwork for the development and expansion of DV and health care partnerships for broader impact and systems-level change. But without the ability to sustain such collaborations through reliable funding and appropriate revenue mechanisms, it will be difficult to maintain the nascent gains that have been achieved so far.

Next Steps

Despite the challenges outlined above, the results of the DVHCP demonstrate that domestic violence and health care partnerships are well worth the effort. These collaborations have resulted in positive health outcomes and more comprehensive and aligned services for survivors. Partner organizations — through dedicated teamwork, perseverance, and innovation — have begun to change the way that they provide services and are building systems to work together more effectively.

This is only the beginning. Building on the lessons in this report, the DV and health care fields must continue to work together to promote positive health outcomes and healthy relationships. Funders and policy makers also have a role to play as partners in supporting these efforts, particularly in aligning funding models to enable the kind of collaboration encouraged by the ACA to improve institutional and systems-level responses to DV/IPV as a health issue affecting individuals, families, and communities.

Appendix: DVHCP Teams

Partner Organizations	Geographic Focus
Center for Community Solutions Planned Parenthood Pacific Southwest	San Diego
Community Solutions for Children, Families and Individuals Planned Parenthood Mar Monte	Gilroy
East Los Angeles Women's Center LAC-USC Medical Center	Los Angeles
Family Health Centers of San Diego YWCA of San Diego County	San Diego
Jenesse Center, Inc. Watts Healthcare Corporation	Los Angeles
Lake Family Resource Center Lake County Tribal Health Consortium Konocti Wellness Clinic	Kelseyville
North East Medical Services Cameron House Asian Women's Center	San Francisco
STAND! For Families Free of Violence Kaiser Permanente Contra Costa	Concord
University Muslim Medical Association, Inc. Interval House	Los Angeles
WEAVE, Inc. Sacramento Native American Health Center	Sacramento
YWCA of San Gabriel Valley CHAPcare	Covina
Center for a Nonviolent Community Mathiesen Memorial Health Clinic	Sonora
Family Assistance Program San Bernardino County Health Clinics	Victorville
L.A. Biomedical Research at Harbor-UCLA Medical Center Interval House	Los Angeles
The Children's Clinic Su Casa	Long Beach
Women's Shelter Program of SLO Community Action Partnership of SLO RISE	San Luis Obispo
California Adolescent Health Collaborative Golden Valley Health Centers Haven Women's Center	Modesto
YWCA Sonoma County Family Justice Center Legal Aid Alliance Medical Center	Santa Rosa
Next Door Solutions to Domestic Violence Mayview Community Health Center	San Jose