



Funding Announcement:

**Improving Health Outcomes Through Violence Prevention:
Phase II to Identify and Provide Brief Counseling on Intimate Partner Violence (IPV) in
Health Centers**

Futures Without Violence (FUTURES) is soliciting applications from community health centers to participate in Phase II of a pilot project to improve the health outcomes for women through the identification and response to intimate partner violence (IPV). This Pilot is supported through a collaboration of U.S. Department of Health and Human Services partners including, the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care; the HRSA Office of Women's Health; and the Administration for Children and Families' (ACF) Family and Youth Services Bureau. Technical assistance and training will be provided by FUTURES. Since 1996, FUTURES has been ACF's funded National Health Resource Center on Domestic Violence (HRC) and in that role promotes model health responses to IPV as well as patient and provider education tools.

Six community health centers will be selected to work with a local intimate partner violence program that they identify as a partner on this initiative. Investing in meaningful training and technical assistance partnerships is critical to supporting the families that are accessing domestic violence/sexual assault services or programs. The ACF Family Violence Prevention and Services (FVPSA) program supports a network of intimate partner violence services agencies within local communities that provide a comprehensive range of services including crisis counseling, information and referrals, legal and other advocacy, shelter and additional support services. Partnering with these programs is a critical component to a comprehensive response to IPV.

Domestic violence coalitions, local domestic violence shelter programs, tribal domestic violence programs, and culturally specific community based organizations are an integral part of any coordinated health care and social service response to domestic violence.

Each State, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Commonwealth of the Northern Mariana Islands and American Samoa, has a FVPSA funded Domestic Violence Coalition. These coalitions are connected to more than 2,000 local domestic violence programs receiving FVPSA funding across this country. Every Coalition provides comprehensive training and technical assistance on a multitude of social, legal, and economic issues that affect victims' safety and well-being. Coalitions partner with government, private industry, non-profit and faith-based communities, and other stakeholders to effectively coordinate and improve the safety-net of services available to victims and their dependents.

We encourage you to establish meaningful partnerships with domestic violence coalitions for training, problem solving service barriers, domestic violence assessment implementation, establishing referral protocols with local domestic violence programs, and featuring domestic violence discussions at upcoming conferences.

For more information about FVPSA's program see <http://www.acf.hhs.gov/programs/fysb/programs/family-violence-prevention-services/programs/formula-grants>.

For more information about FUTURES and the National Health Resource Center on Domestic Violence see www.futureswithoutviolence.org and www.healthcaresaboutipv.org

National Hotlines

Free and confidential help is available for victims of domestic violence 24 hours a day. These hotlines can help victims of domestic violence and sexual violence find support and assistance in their communities:

- [National Domestic Violence Hotline](http://www.nvhw.org) - 1-800-799-7233
- [National Dating Abuse Helpline](http://www.datingabusehelpline.com) - 1-866-331-9474
- [National Sexual Assault Hotline \(RAINN\)](http://www.rainn.org) - 1-800-656-4673

Highlights of Funding Opportunity

The period of funding is from November 20, 2015 through September 30, 2016. FUTURES will provide selected applicants a total of \$14,000. Community health centers will receive \$7,000 for the funding period, in addition to free in-person training (including continuing medical education credits for MDs/DOs) as well as online trainings, free patient and provider tools, and participation in a learning community to share challenges and successes, and technical assistance as needed. The local intimate partner violence program that the community health center partners with will also receive \$7,000 from FUTURES to participate in the program in order to integrate health assessments onsite and provide services for clients referred to them by the health center.

In each participating site, FUTURES will work closely with teams comprised of health center leadership and a representative from a local IPV program, to develop sustainable health care responses to IPV.

Selected health centers will be geographically diverse and must be able to demonstrate:

- A history of collaboration between the health center and a local or state wide domestic violence program.
- Capacity and interest in pursuing a program that is focused on integration of domestic violence assessment and response to domestic violence, partnership with community based advocates and systems changes to ensure that response is sustainable.
- Ability to convene clinical staff for at least a 4-6 hour provider training.

- A clearly designated lead staff person from the health center leadership as well as a clinician champion to help oversee and implement changes in practice. This includes convening a diverse leadership team for the project including a health center administrator and clinician champion, a representative from the local IPV program, and members who work with or represent underserved communities in the region.
- Capacity and willingness to participate in evaluation of the initiative, including an identified staff person who will partner with the project evaluator to collect pre and post training assessments and other informal assessments as needed. Training assessments will be quantified by the evaluator.
- Demonstrated cultural competence and experience working in medically underserved communities.

Please note:

- We encourage applications from Health centers that are PCMH recognized.
- In support of the [National HIV/AIDS Strategy 2020](#), which includes a focus on the intersection of violence and HIV for women, we encourage applications from dually funded health centers with Section 330 and Ryan White HIV/AIDS Program funding.
- Health centers that participated in Phase 1 of this pilot are not eligible for this funding.

FUTURES has developed comprehensive training curricula, health care provider resources, and patient education materials to be used in the selected health settings and will oversee the evaluation of the project. In addition, quality improvement tools have been developed that can guide the systems changes necessary to institutionalize policies to assess for intimate partner violence, as well as resources to facilitate productive partnerships between the selected health centers and local domestic violence programs. As a participant in this pilot, you will be part of a learning community comprised of leaders dedicated to this issue and will have the opportunity to share your experiences and strategies with other participating health centers. FUTURES will convene regular meetings between participating sites via webinar, provide technical assistance and materials, and will work with you to implement new strategies to strengthen the health care response to domestic violence.

See attached for the application. Applications are due Friday, November 6, 2015 at 2:00 p.m. PST/3:00 p.m. Mountain/4:00 p.m. Central/5:00 p.m. EST. Completed applications should be emailed to Anisa Ali, aali@futureswithoutviolence.org

A webinar for interested applicants to learn more about the project and ask any questions about the funding announcement will be held: Monday, October 26th, 2015 at 11:30-12:30pm PST/ 12:30-1:30pm MST/ 1:30-2:30pm CST/2:30-3:30pm EDT

To register, please follow this link:

<https://futureswithoutviolence.adobeconnect.com/e1073uzlq0e/event/registration.html>

If you have questions about the initiative or application, contact:

Anna Marjavi amarjavi@futureswithoutviolence.org.



Application

Improving Health Outcomes Through Violence Prevention: Phase II to Identify and Provide Brief Counseling on Intimate Partner Violence (IPV) in Health Centers

Overview:

FUTURES, (with support from the Administration of Children and Families (ACF), the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care, and the HRSA Office of Women's Health is inviting applications to participate in an exciting ongoing pilot initiative to improve the health and safety of women and children by improving the identification and response to intimate partner violence.

How to Apply:

Please review the enclosed information about the project prior to completing the application. Please submit an application that addresses each area listed in the **information required in your application** described below and send to:

To Anisa Ali via e-mail: AAli@futureswithoutviolence.org
Subject Line: Community Health Center Pilot

With: Contact information for yourself and key collaborators including:

Name, Title & Organization and Address

Phone, Fax & Email Address

Memorandum of Understanding (see below)

Applications are due Friday, November 6, 2015 at 2:00 p.m. PST/3:00 p.m. Mountain/4:00 p.m. Central/5:00 p.m. EST.

Completed applications should be emailed to Anisa Ali, aali@futureswithoutviolence.org. Your application should be no more than 5 pages double spaced and single sided minus the MOU. If you have any questions, contact Anna Marjavi: amarjavi@futureswithoutviolence.org.

Program Overview

The Centers for Disease Control and Prevention's *National Intimate Partner and Sexual Violence Survey* (2010 Summary Report) found that Men and women who experienced rape or stalking by any perpetrator or physical violence by an intimate partner in their lifetime were more likely to report frequent headaches, chronic pain, difficulty with sleeping, activity limitations, poor physical health and poor mental health than men and women who did not experience these

forms of violence.¹ Women who had experienced these forms of violence were also more likely to report having asthma, irritable bowel syndrome, and diabetes than women who did not experience these forms of violence.² Other research shows significant impacts on reproductive and sexual health.³ Women experiencing physical abuse by an intimate partner are 3 times more likely to have a STI, while women disclosing psychological abuse have nearly double the risk for a STI compared to non-abused women.⁴ A survey conducted by the National Hotline on Domestic Violence found that 25% of women said that their partner or ex-partner had tried to force or pressure them to become pregnant.⁵ The health system and domestic violence fields must find ways to work together to implement health interventions that achieve better health outcomes for victims of domestic violence. The US Preventive Service Task Force recently issued a “B” recommendation in favor of screening and interventions for women of childbearing age, and the Affordable Care Act includes screening for domestic and interpersonal violence and brief counseling as a covered benefit for this same population. Health care providers, however, have received limited guidance or training on how to provide these services and many are unaware of the extent of services available from their local domestic violence programs. Resources and evidence based practices exist to help providers meet any challenges, and a network of domestic violence programs can also offer critical partnership. Providing training and technical assistance to health centers on how to implement practice changes at multiple levels and create stronger and more formal relationships between health and domestic violence programs is critical to implementing the new Affordable Care Act guidelines and meet Task Force recommendations, thereby improving long term health outcomes for women.

Health Resource Center on Domestic Violence:

For nearly two decades, the **National Health Resource Center on Domestic Violence** has supported health care practitioners, administrators and systems, domestic violence experts, survivors, and policy makers at all levels as they improve health care’s response to domestic violence with support from the [Family Violence Prevention & Services Program](#), Family & Youth

¹ <http://www.cdc.gov/violenceprevention/nisvs/> and http://www.cdc.gov/violenceprevention/pdf/nisvs_executive_summary-a.pdf The Centers for Disease Control and Prevention’s *National Intimate Partner and Sexual Violence Survey* (2010 Summary Report).

² Op. Cit. The Centers for Disease Control and Prevention’s *National Intimate Partner and Sexual Violence Survey* (2010 Summary Report).

³ Chamberlain LB, PhD, MPH and Levenson, R, MA; *Addressing Intimate Partner Violence, Reproductive and Sexual Coercion: A Guide for Obstetric, Gynecologic and Reproductive Health Care, A Guide for Obstetric, Gynecologic, Reproductive Health Care Settings* (Third Edition), produced by Futures Without Violence. 2013. <http://www.healthcaresaboutipv.org/wp-content/blogs.dir/3/files/2013/04/Reproductive-Health-Guidelines.pdf>

⁴ Coker AL, Smith PH, Bethea L, King MR, McKeown RE. Physical Health Consequences of Physical and Psychological Intimate Partner Violence. *Archives of Family Medicine*. 2000;9:451-457.

⁵ National Domestic Violence Hotline. Focus Survey Summary: Reproductive Coercion Reports by Callers to NDVH. 2010. <http://www.thehotline.org/2011/02/1-in-4-callers-to-the-national-domestic-violence-hotline-report-birth-control-sabotage-and-pregnancy-coercion/>

Services Bureau, Administration for Children and Families, and U.S. Department of Health and Human Services. **The Center offers:**

- Personalized, expert [technical assistance](#) via email, fax, phone, internet, postal mail and face-to-face at professional conferences and meetings around the nation.
- Free, downloadable health care information folios focusing on various specialties, populations and key issues. These include [fact sheets](#), model programs and strategies, bibliographies and protocols.
- [Educational and clinical tools for providers and patients](#). These include: clinical practice recommendations for adult and child health settings; papers on health privacy principles that protect victims, coding and documentation strategies, and more; screening and response training videos; comprehensive resource and training manuals; clinical reference tools; and patient education materials.
- An [E-Bulletin](#) highlighting innovative and emerging practices in addition to well-documented and rigorously evaluated interventions.
- Models for local, state and national health care and domestic violence policy making.
- A [webinar series](#) with expert presenters, and cutting edge topics.
- Tools, strategies and personalized assistance to help health care professionals and advocates join the annual [Health Cares About Domestic Violence Day](#), which is dedicated to raising awareness about abuse among health care professionals.
- A biennial [National Conference on Health and Domestic Violence](#) – a scientific meeting at which health, medical and domestic violence experts and leaders explore the latest health research and programmatic responses to domestic violence.
- An [online toolkit](#) for health care providers and DV advocates to prepare a clinical practice to address domestic and sexual violence, including screening instruments, sample scripts for providers, patient and provider educational resources.

We are inviting proposals to select six community health care centers to work with us on this exciting initiative. The period of funding is November 20, 2015 through September 30, 2016. FUTURES will provide selected applicants a total of \$14,000. Pilot health centers will receive \$7,000 and will identify a local DV program to partner with who will also receive \$7,000 for the funding period.

Background:

Intimate Partner Violence: (also called domestic violence) is a pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive isolation, stalking, deprivation, intimidation, and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent and are aimed at establishing control by one partner

over the other. Sexual violence is any sexual act that is perpetrated against someone's will. It encompasses a range of acts, including a completed nonconsensual sex act (i.e., rape), an attempted nonconsensual sex act, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal harassment).

Community health centers: For the purposes of this pilot we are soliciting proposals from community health centers. Health Center applicants can represent a system of affiliated health centers with multiple care delivery sites. However, the primary HRSA grant recipient must serve as the lead applicant.

Values:

- The success of this pilot depends upon the cooperation and collaboration between health care and domestic and/or sexual violence experts. All partners bring unique and important experience and perspectives.
- In all planning and implementation of programs or policies, input from communities of color, immigrants, lesbian/gay/bisexual and transgender, rural populations, Tribal, and other underserved communities must be considered. Leadership teams should reflect the diversity of their communities.
- All programs will promote the safety, autonomy and confidentiality of victims of IPV and coercion.

Selected community health centers will identify one local domestic violence program to work with to implement the program.

The core elements of the pilot include:

- **Educating providers** on the impact of IPV on health outcomes, and how to assess and respond in collaboration with local DV partners and how to report when required. FUTURES has a standard training program, including in-person training, written guidelines, and distance learning activities.
- **Promoting education for patients** about the connection between IPV, and their health. Futures Without Violence has an evidence-based approach that utilizes a brochure-based intervention to discuss limits of confidentiality assess for IPV, offer harm reduction strategies, and a supported referral to community-based domestic violence programs, when victims are identified.
- **Institutionalizing program policy** to support assessment of and coordinated responses to victims of abuse. Participating sites are expected to implement policies requiring partnership between health center and domestic and/or sexual violence programs, and change clinic protocol to support provider trainings, and routine assessment and brief interventions for IPV.
- **Educating domestic and/or sexual violence advocates** on the connection between violence and coercion on health, and how to integrate basic health assessment into victim service programs. FUTURES has a standard training curriculum to be used at each domestic violence program and community health center. In each participating community health center, there is an opportunity to implement systems changes that support sustainable responses to violence and improve health.

Length of the Program:

This pilot is a 10 month project (November 20, 2015-September 30, 2016).

Funding:

FUTURES will provide selected applicants a total of \$14,000. Pilot health centers will receive \$7,000 and will identify a local DV program to partner with who will also receive \$7,000 for the funding period. FUTURES will provide the technical assistance and materials for providers and patients, convene meetings, oversee program evaluation, and develop policy guidance to support the work of the participants.

Selection Criteria:**Selected health centers will be geographically diverse and must be able to demonstrate:**

- A history of collaboration between the health center and a local or state wide domestic violence program.
- Capacity and interest in pursuing a program that is focused on integration of domestic violence assessment and response to domestic violence, partnership with community based advocates and systems changes to ensure that response is sustainable.
- A clearly designated lead staff person from the health center leadership as well as a clinician champion to help oversee and implement changes in practice. This includes convening a diverse leadership team for the project including a health center administrator and clinician champion, a representative from the local IPV program, and members who work with or represent underserved communities in the region.
- Capacity and willingness to participate in evaluation of the initiative, including an identified staff person who will partner with the project evaluator to collect pre and post training assessments and other informal assessments as needed. Training assessments will be quantified by the evaluator.
- Demonstrated cultural competence and experience working in medically underserved communities

Eligible Applicants:

All Health centers are eligible to apply.

Please note:

- We encourage applications from Health centers that are PCMH recognized.
- In support of the [National HIV/AIDS Strategy 2020](#), which includes a focus on the intersection of violence and HIV for women, we encourage applications from dually funded health centers with Section 330 and Ryan White HIV/AIDS Program funding.
- Health centers that participated in Phase I of this pilot are not eligible for this funding.

Successful applicants will perform the following tasks as part of the program:

- Convene a diverse Leadership Team (professions and organizations represented, as well ethnic and cultural diversity) to develop and implement a comprehensive action plan to create sustainable changes to the health center response to IPV.

- Implement strategies for educating both patients and providers about domestic and/or sexual violence as a major public health concern, using provided health resource center tools from Futures.
- Participate in one technical assistance and training site visit from *Futures Without Violence*, ensuring attendance by relevant facility staff and providers.
- Identify clinic team members to attend in person training and participate in at least three program webinars and one staff lead to participate in monthly phone check-ins.
- Coordinate with *Futures Without Violence* to share materials or strategies developed as part of the program.
- Participate in the evaluation by working with the program evaluation team to collect pre and post training forms and quality improvement tools.
- Establish meaningful partnerships with domestic violence programs for ongoing training, problem solving service barriers, domestic violence assessment implementation, establishing referral protocols with local domestic violence programs, and featuring domestic violence discussions at upcoming conferences.

Futures Without Violence will perform the following tasks:

- Provide technical assistance to each participating health center to create health system changes that support providers and create sustainable responses to victims of intimate partner violence; this could include promoting policies that support integration across the field such as integrating DV assessment into electronic health records.
- Provide training on comprehensive, culturally competent responses to domestic violence within a Patient Centered Medical Home model. This would include a combination of in-person training, online follow-up training, monthly calls and online peer-to-peer connections on how to conduct screening and brief counseling for domestic violence and offer warm referrals to local domestic violence advocacy programs;
- Facilitate the development of effective partnerships between local domestic and sexual violence programs and the health center to provide ongoing domestic violence expertise, counseling, safety planning, case management as well as other services;
- Provide previously developed patient, provider and advocate education materials. Resources include evidence based, setting specific assessment and intervention tools for patients and providers, patient education tools that facilitate discussion about domestic violence; health systems change tools such as consensus guidelines and quality improvement tools.
- Create a virtual learning network to facilitate communication between the participating health clinics and provide a forum for exchanging ideas through quarterly webinars and other venues;
- Prepare a brief, online final report outlining lessons learned, best practices and implementation strategies that includes a *how to* guide for replication in other health centers that can be shared with appropriate HRSA grantees and stakeholders; and
- Work with a consultant to evaluate the pilot project. The evaluation will include asset mapping, provider and knowledge pre-and post-training, a post-training provider

behavior review collaborative behavior assessments, and quality improvement tools for the clinics and domestic violence programs.

It is through these shared responsibilities that project partners work successfully and effectively together to improve the health care response to victims of violence seeking care through health center programs. Each project's outcomes, experiences and lessons learned will be shared with peers nationwide as part of the technical assistance and dissemination FUTURES conducts through the National Health Resource Center on Domestic Violence. This has proven to be a very successful strategy in many multi-state initiatives that builds capacity and leadership in the states and informs national efforts to create change.

Information required in your application

1. **STATEMENT OF NEED:** Describe your interest and capacity to pursuing this project to integrate IPV screening and brief intervention into your clinic. Briefly describe why you want to join this pilot.
2. **SUSTAINABILITY:** What is your vision for systems change? How will you change your infrastructure to ensure that your program is sustainable beyond the grant period? Provide a short statement concerning your organization's capacity to reach that goal.
3. **COLLABRATION/EXPERIENCE:** Please identify which local domestic violence program you would like to partner with and describe any previous collaborative efforts between your clinic and that program.
4. **COMMUNITY Served:** Please briefly describe your patient population, how you plan to identify and integrate the needs of that patient population in your initiative. Consider race/ethnicity, income levels, language, sexual orientation, population density (rural, urban, frontier, etc.), and other demographic variables. Please include at least one relevant example of how your organization has worked successfully with underserved communities.
5. **LEADERSHIP TEAM:** Describe the composition (expertise, organization represented, diversity, etc.) of a Leadership Team and why they are best positioned to guide this initiative. Each Leadership Team **MUST** include a domestic and/or sexual violence coalition, a clinic provider champion (nurse or physician) and a clinic administrator and representatives who work with or represent the underserved communities.
6. **LEAD STAFF PERSON:** Please explain who from your organization will staff the initiative and their qualifications, if not listed above. Please demonstrate your ability to begin this initiative immediately upon notification of an award.
7. **EVALUATION:** Please describe your team's capacity to support the evaluation, including previous experience conducting process evaluations.
8. **ADDITIONAL RESOURCES:** Please describe any additional resources or contributions you bring to the initiative or any other information you feel

might be relevant to the project.

Memorandum of Understanding (MOU)/Letters of Commitment:

Collaboration is the cornerstone of this work—leadership, commitment, and action from both the community health center and domestic and/or sexual violence program are keys to improving the public health response to violence against women. The application must include a MOU between the DV program and your clinic which describes:

- Each organization's intent and ability to identify a staff person to fully participate in the Leadership Team; including attending regularly scheduled meetings and conference calls, attending FUTURES site visit/training, attending webinars, and other project responsibilities as needed.
- Resources that the organization can bring to the initiative such as additional staff time, materials or key contacts, etc.
- Roles and responsibilities for example, that both the community health center and the local domestic violence program work together to establish a comprehensive response to IPV.

Applications without MOUs will be considered incomplete.

Timeline for Selection:

Please submit applications no later than **Friday, November 6, 2015 at 2:00 p.m. PST/3:00 p.m. Mountain/4:00 p.m. Central/5:00 p.m. EST.** FUTURES will make a preliminary selection by November 13, 2015. Selected applicants will be contacted by phone no later than November 20, 2015.

Sample Memorandum of Agreement

Between LOCAL DOMESTIC VIOLENCE PROGRAM and COMMUNITY HEALTH CENTER

This agreement is by and between (LOCAL DOMESTIC VIOLENCE PROGRAM) and (COMMUNITY HEALTH CENTER) to enhance the response to individuals and families experiencing intimate partner violence.

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

- 1) Representatives of (COMMUNITY HEALTH CENTER) and (LOCAL DOMESTIC VIOLENCE PROGRAM) will meet with each other at least once to understand the services currently provided by their respective programs and review referral policies between agencies.
- 2) Representatives of (COMMUNITY HEALTH CENTER) and (LOCAL DOMESTIC VIOLENCE PROGRAM) will participate in one technical assistance and training site visit from *FUTURES*, will identify one representative to participate in at least three program webinars and monthly one hour telephone check-ins.
- 3) (COMMUNITY HEALTH CENTER) will develop and implement a policy to assess for intimate partner violence with all adult female patients, offer health education and harm reduction strategies on site, and make referrals to (LOCAL DOMESTIC VIOLENCE PROGRAM), or other appropriate domestic violence program when necessary.
- 4) (LOCAL DOMESTIC VIOLENCE PROGRAM) will receive referrals from (COMMUNITY HEALTH CENTER), and will develop and implement a policy to ask clients about their health needs, and make referrals to (COMMUNITY HEALTH CENTER) as appropriate.
- 5) (LOCAL DOMESTIC VIOLENCE PROGRAM and COMMUNITY HEALTH CENTER staff will participate a one day training and ongoing technical assistance on identifying and responding to intimate partner violence.
- 6) (COMMUNITY HEALTH CENTER) agrees to use the model intervention identified by *FUTURES* for assessment and response to intimate partner violence, and to participate in evaluation activities and quality improvement activities.
- 7) (LOCAL DOMESTIC VIOLENCE PROGRAM) agrees to provide every individual seeking services as a result of a referral from (COMMUNITY HEALTH CENTER) with appropriate safety planning and support services to address intimate partner violence.

We, the undersigned, approve and agree to the terms and conditions as outlined in the Memorandum of Understanding.

NAME, Director

LOCAL DOMESTIC VIOLENCE PROGRAM

Date

NAME, Director

COMMUNITY HEALTH CENTER

Date