IMPROVING HEALTH OUTCOMES THROUGH VIOLENCE PREVENTION: PROMISING STRATEGIES FROM COMMUNITY HEALTH CENTERS

FUNDING ANNOUNCEMENT & Q/A WEBINAR

OCTOBER 26, 2015

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About the Health Resource Center on DV

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National Health Resource Center on Domestic Violence, a project of Futures Without Violence

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.
About this Adobe Connect technology

• All participants are muted.
• Use the text chat for comments and Q/A.
• Tech challenges? Call Adobe Technical Support: 800-422-3623 for help
• Presenter slides and a link to the webinar recording will be emailed to all participants.
Funding Announcement and Q/A

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

http://www.futureswithoutviolence.org/health/improving-health-outcomes-through-violence-prevention/
Phase II Pilot Project

• 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.

• The period of funding is from November 20, 2015 through September 30, 2016

• Application is due Friday, November 6, 2015 by 5:00pm Eastern
Overview of the Initiative

• Goal: Improve health and safety of patients through intimate partner violence (IPV) prevention and response
• Promote a model trauma informed response to victims of IPV in community health centers
• Promote collaboration between health centers and domestic violence/sexual assault community advocacy programs
Project Goals

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.

• **Promoting education for patients** accessing health services about the connection between IPV, and their health.

• **Institutionalizing program policy** to support assessment of and coordinated responses to victims of abuse.

• **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.
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.
Technical Assistance

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.

- Online and in-person training
- Free patient and provider materials
- Webinars and phone consultation
- Referral network
- Learning community facilitation
Selection

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.
Selection

• 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.
Funding

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.
Eligibility

• The clinics that are eligible for the IPV Pilot are those listed here: [http://findahealthcenter.hrsa.gov/](http://findahealthcenter.hrsa.gov/)

• This directory includes all of the HRSA-funded clinics in the U.S.
Eligibility

The clinics listed on the find a health center page also include those clinics that are PCMH recognized and dually funded (330 & Ryan White).

http://findahealthcenter.hrsa.gov/

Encouraged to apply:

Patient Centered Medical Homes (PCMH) and dually funded health centers (330 and Ryan White).
Deadline

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.
QUESTION: Is it possible for the partnership to be between our health center and our DV program or does it need to be between 2 completely separate organizations?

ANSWER: If your clinic is listed on directory, then yes the partner may be a DV program or shelter that falls under the same (parent) organization. Partnerships with community DSV programs encouraged.
School based health

Question: Will school based support programs that work directly with expectant and parenting youth be considered?

Answer: http://findahealthcenter.hrsa.gov/
Tribal Health and Tribal DSV programs

Community health centers:
http://findahealthcenter.hrsa.gov/

DSV Programs:
- Can be a tribal DSV program.
- Must partner with a clinic listed on the directory (link on left).
Additional Questions or Comments?
Questions?

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

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