

Building Sustainable and Fruitful Partnerships between Community Health Centers and Domestic Violence Advocacy Organizations

Community health centers and domestic violence advocacy programs are natural partners given their shared mission to improve the health, wellness, and safety of their clients and to prevent violence before it begins. Including each other as part of your multidisciplinary care teams is a crucial step in supporting both staff as well as intimate partner violence (IPV) and human trafficking (HT) survivors in your community.

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



What is a domestic and/or sexual violence advocacy organization?

Domestic/sexual violence advocacy organizations work with communities to support survivors of domestic and sexual violence and human trafficking in times of crisis and need. More than emergency shelters and 24 hour hotlines, advocates work with survivors and their families to promote safety and heal from violence in many different ways. Looking to identify a DV program in your area? Call the National Domestic Violence Hotline at **800-799-SAFE (7233)**, or visit <https://www.thehotline.org/>

What is a community health center?

Community health centers are community-based and patient-directed organizations that deliver free or low cost comprehensive primary health care services. Health centers often integrate access to pharmacy, mental health, substance abuse, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care services. Looking to identify a community health center in your area? Visit <https://findahealthcenter.hrsa.gov/>

This resource was developed by the National Health Network on Intimate Partner Violence and Human Trafficking with funding from the Bureau of Primary Health Care, HRSA, U.S. DHHS



How can this partnership benefit community health center staff and patients?

Establishing formal partnerships is crucial to building on trauma-informed care, health equity, and healing-centered engagement. Partnerships offer:

- ✓ **Support for staff wellness and healing** – Being connected through partnership offers the opportunity for staff to address their own personal trauma and health.
- ✓ **The ability to rely on the expertise of your partners** – For health center staff, know that advocates are experts in the survivor safety planning and self-determination and can support you in how you work with survivors.
- ✓ **Improved health and safety outcomes** – For people who are surviving an abusive relationship— including trafficked survivors, or those living with trauma from previous abuse, the sooner they are connected to health and advocacy support services, the sooner they will be able to address underlying reasons for their health issues and identify safety supports.
 - Partnerships also provide a pathway to increased access to COVID-19 testing, care, and vaccinations for survivors and their children.
- ✓ **Opportunities to adopt trauma-informed, health equity and healing centered engagement strategies to enhance your approaches** – Health centers and DV programs have the ability to establish environments that address the intersections of health and DV across agencies.

Just as you will be able to rely on your partners, they will get a lot of value from being connected to you!

How do we start to partner? Meet with the leadership of your partner DV program/health center (see accompanying guiding worksheet)

1. Determine shared values of the partnership: Why are we doing this? What collaborative efforts have been initiated before (if anything) and what was the outcome?
2. Share information about each other's services: What services do you provide to your patients/clients?
3. How will your two agencies be able to support each other's staff and patients/clients?
4. Decide on shared goals for creating a strong partnership: What do you want to build together? How will you leverage funding sources to achieve your goals?
5. How has the impact of COVID-19 on clients/patients shifted the work you do? What are the related benefits of partnership with a DV program or health center that would help you address those needs?

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PARTNERSHIP BUILDING WORKSHEET

Use this tool to initiate discussions between community health center and DV advocacy staff.

What services does the DV advocacy partner provide to survivors?

- | | |
|---|--|
| <input type="checkbox"/> Drop in support and safety planning (virtual and in-person?) | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Emergency and short term shelter | <input type="checkbox"/> Health/wellness promotion |
| <input type="checkbox"/> Advocacy for longer term housing | <input type="checkbox"/> Case management |
| <input type="checkbox"/> 24-hour hotlines for crisis safety planning | <input type="checkbox"/> Police/criminal justice advocacy |
| <input type="checkbox"/> Legal support or representation | <input type="checkbox"/> Financial/economic advocacy and support |
| <input type="checkbox"/> Court accompaniment | <input type="checkbox"/> Food pantry access |
| <input type="checkbox"/> Support groups and access to mental health services | <input type="checkbox"/> COVID-19 support (financial, shelter, hotel voucher, housing support, etc.) |
| <input type="checkbox"/> Children's programs | <input type="checkbox"/> Other service: _____ |
| | <input type="checkbox"/> Other service: _____ |

Beginning questions for health center staff to ask their advocate partner:

- What can survivors expect when they connect with an advocate at the DV program? What's different about these services now during COVID-19?
- What is the best way for the community health center to make a warm referral to an advocate?
- When are advocates available to speak to community health center patients over the phone, via zoom or by text?
- Are advocates available to meet survivors in person at the health center? Is mobile advocacy offered? How is virtual support offered?
- Do they serve survivors of human trafficking and exploitation?
- What languages are spoken by staff? What language access tools or approaches are used at the program?
- Does the DV program offer any culturally or population specific services (e.g. LGBTQIA+, youth, etc.)

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What services does the community health center partner provide?

- | | |
|--|---|
| <input type="checkbox"/> Health services regardless of patients' ability to pay and charge for services on a sliding fee scale | <input type="checkbox"/> Substance dependency support |
| <input type="checkbox"/> Primary care services for adolescents, adults, elders and the whole family | <input type="checkbox"/> Mental and behavioral health services |
| <input type="checkbox"/> COVID-19 testing (walk-up/drive through and in person?) | <input type="checkbox"/> Health care enrollment specialists |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Operate under the direction of patient-majority governing boards of autonomous community-based organizations |
| <input type="checkbox"/> Reproductive and sexual health: birth control, emergency contraception, pregnancy options counseling | <input type="checkbox"/> Extended urgent care hours |
| <input type="checkbox"/> Vaccinations and well child visits | <input type="checkbox"/> Transportation for patients |
| <input type="checkbox"/> HIV and STI testing, treatment and care | <input type="checkbox"/> Language access and resources |
| <input type="checkbox"/> Prenatal care including opportunities to work with doulas or midwives | <input type="checkbox"/> Programs and support for people experiencing homelessness |
| <input type="checkbox"/> Perinatal and post-partum care | <input type="checkbox"/> Programs and support for agricultural and migrant workers |
| | <input type="checkbox"/> Mobile health care |
| | <input type="checkbox"/> Oral health care service |

Other questions for community health center partner:

- Have we worked together before? What did that look like?
- Do they focus on any specific communities or populations?
- What languages are spoken by onsite staff, and what language access resources are used?
- Who on staff will primarily be referring survivors to the DV advocacy partner? (All staff, medical assistants, social worker, etc.)
- Does the health center have resources for translation and transportation that can be leveraged to assist clients?
- What resources and services are available related to COVID-19?

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Across the country, domestic violence programs and health care partnerships are developing creative and innovative models that have pushed their collaborative efforts even farther. Explore with your partner ways in which you can enhance your shared goals and vision! **In partnership, what do you want to build together to support survivor health?**

- Host **cross-trainings** where staff visit each other's locations to learn about services so everyone can be able to describe what the other agency can offer patients/clients.
 - Include information about COVID-19 and the impacts on survivors (e.g. guidance for shelters during shelter-in-place or training for clients on COVID-19 safety and support resources)
- Develop a **procedure for bi-directional warm referrals** between your health center and your advocacy partner by either revisiting or establishing a **Memorandum of Understanding** with organizational leadership.
 - Is there a way to ensure that survivors referred from the advocacy organization to the health center get access –a “golden ticket”- to next day appointments for immediate health needs such as emergency contraception?
 - Find a sample MOU and adapt it for your needs by visiting www.ipvhealthpartners.org/partner
- Coordinated Care:** As you refine your referral procedures through experience, you may find that it would be helpful to bring each other into certain patient's care plans. How will you communicate with each other and work together to support the health and safety of individual patients/clients and staff?
 - Establish a system for enrolling domestic violence agency clients in health insurance plans.
- Visiting Health Enrollment Specialist:** Can the health center send a health enrollment specialist or health educator to visit the advocacy organization (in-person or virtually) monthly to provide health education and facilitate enrollment for clients (and any children?)?
- Advocacy-based Health Services:** Can your advocacy organization partner with your health center to offer health services on site?
- Mobile Health and Advocacy:** Many health centers and advocacy organizations offer mobile services. How can you coordinate and utilize your partner's mobile services?
- Co-Located Advocate:** Is there a way where you can structure your health center space and budget to be able to have an advocate from your partner advocacy organization come and provide services to survivors at the health center on a weekly basis? Is there a private office space for this?
- Track Your Successes:** How can you document warm referrals from the health center? How can you track how many clients/patients actually utilize the services? This data can be immensely important to demonstrate the impact of the partnership, program development, and even state policy.

For support in accomplishing these partnership strategies visit: www.ipvhealthpartners.org or contact the [National Health Network on Intimate Partner Violence and Human Trafficking](http://www.nhnl.org),
Email: ipvhealthpartners@futureswithoutviolence.org

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