

FUTURES WITHOUT VIOLENCE®

**IMPROVING HEALTH THROUGH VIOLENCE
PREVENTION: FOSTERING SUSTAINABLE
STATE/TERRITORY AND SYSTEMS-LEVEL
TRANSFORMATION FOR COMMUNITY
HEALTH CENTERS AND DOMESTIC
VIOLENCE PROGRAMS**

FUNDING ANNOUNCEMENT & Q/A WEBINAR

NOVEMBER 2, 2017

**TO LISTEN TO AUDIO VIA PHONE:
1-888-850-4523, PARTICIPANT CODE: 632001**

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About this Adobe Connect Technology

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- All participants are muted.
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- Presenter slides and a link to the webinar recording will be emailed to all participants.



About the Health Resource Center on DV

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- Anisa Ali, MA
- Lisa James, MA
- Anna Marjavi

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



Since 1996, Futures Without Violence 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.

The National Health Resource Center on Domestic Violence 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.
- A Health 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.
- A virtual 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; and for community health centers and partnering domestic violence programs: www.ipvhealthpartners.org.

U.S. DHHS Project Support

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The project is supported through a collaboration of U.S. Department of Health and Human Services partners, including the Administration for Children and Families' (ACF) Family and Youth Services Bureau, the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care, and the HRSA Office of Women's Health.



HRSA Health Center Program

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Nearly **26 million** people – **1 in 12** people across the United States – rely on a HRSA-funded health center for care, including:

1 IN 3

LIVING IN POVERTY

ABOUT 2.7 MILLION
PUBLICLY HOUSED

1 IN 6

RURAL RESIDENTS

NEARLY 1.3 MILLION
HOMELESS

1 IN 10

CHILDREN IN THE US

NEARLY 1 MILLION
AGRICULTURAL WORKERS

MORE THAN 750,000
SERVED AT SCHOOL-BASED HEALTH CENTERS

Source: <https://bphc.hrsa.gov/about/healthcenternews/broad-impact.pdf> and
<https://bphc.hrsa.gov/about/healthcenternews/special-populations.pdf>



Family Violence Prevention and Services

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The [Family Violence Prevention and Services \(FVPSA\)](#) formula grants to states, territories, and tribes fund more than 1,600 local public, private, nonprofit and faith-based organizations and programs demonstrating effectiveness in the field of domestic violence services and prevention.

Family Violence Prevention and Services Grant Programs:

- [Family Violence Prevention and Services Formula Grants to States and Territories](#)
- [Family Violence Prevention and Services Grants to Tribes](#)
- [State Domestic Violence Coalitions](#)
- [Discretionary Programs](#)
- [Resource Centers](#)
- [National Domestic Violence Hotline](#)

Domestic violence programs provide victims of domestic and dating violence and their children with:

- Shelter
- Safety planning
- Crisis counseling
- Information and referral
- Legal advocacy
- Additional support services

Funding Announcement

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Improving Health through Violence Prevention: Fostering Sustainable State/Territory and Systems-Level Transformation for Community Health Centers and Domestic Violence Programs

<https://www.futureswithoutviolence.org/health/improving-health-outcomes-through-violence-prevention/>



Phase III Project

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A project focused on fostering intimate partner violence (IPV) and health leadership and collaboration at the U.S. state or territory level to improve the health and safety outcomes for survivors of IPV and to promote prevention.

- Four state/territory leadership teams (consisting of one state's/territory's: [Primary Care Association \(PCA\)](#), [Department of Health \(DH\)](#) and [Domestic Violence Coalition \(DVC\)](#)) will be selected and funded a total of \$75,000 per state/territory
- The period of funding is from: December 1, 2017- September 30, 2018
- Applications due: Tuesday, November 14, 2017 by 5:00pm PST/6:00pm MT/7:00pm CT/8:00pm ET



Overview of the Project

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- State/Territory Leadership Teams (consisting of one state's/territory's: [Primary Care Association \(PCA\)](#), [Department of Health \(DH\)](#) and [Domestic Violence Coalition \(DVC\)](#)) promote state/territory level policy and systems changes that support an integrated and improved response to IPV and human trafficking in community health centers and to other needed services in domestic violence programs.
- Leadership Teams identify five community health centers and five domestic violence advocacy programs (in each state/territory) that will partner with one another on trauma-informed practice transformation.
- Leadership Teams identify a vision and strategy to promote policies and practices that support ongoing integration of the IPV and human trafficking response into health care delivery state/territory-wide, and significant inroads into implementation of an action plan to train and engage at least 50% of the HRSA-funded health centers in their state/territory by the end of the project period.



TTA to 50% of health centers may be done via webinars, workshops, in-person conference/meeting presentations, and other distance learning, and must begin within the project performance period.

State/Territory Leadership Teams

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1. Primary Care Association (PCA)
 2. Department of Health (DH) and
 3. Domestic Violence Coalition (DVC)
- Additional members may include representatives from local human trafficking programs, local health centers and/or local domestic violence programs or other health system leaders, etc.
 - We encourage that applicants demonstrate meaningful state/territory-wide partnerships in their application.

Meaningful state/territory-wide partnerships for training, problem solving service barriers, implementation of domestic violence and human trafficking assessment and intervention at community health centers to establish referral protocols with local domestic violence programs, and feature domestic violence and health discussions at upcoming conferences, webinars, workshops and other in-person events and through distance learning.

Leadership teams participate in a learning community including: one staff from each PCA/DVC/DH attend one Kick-off Meeting in San Francisco (January 23-24, 2018), attend one (2-day) in-person state Training of Trainers (TOT) (including continuing medical education credits for MDs/DOs), and one in-person administrative meeting, as well as monthly Leadership Team webinars (starting December 2017) and monthly Leadership Team/demonstration site webinars (starting April 2018).

5 Demonstration Sites

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- Leadership Teams identify in their application **five** community health centers and **five** domestic violence advocacy programs (in each state/territory) that will partner with one another on trauma-informed practice transformation.
- We encourage engaging local HRSA-funded 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 engaging dually funded health centers with Section 330 and Ryan White HIV/AIDS Program funding.
- Community health centers will partner with a FVPSA-funded community-based domestic violence program.



Strategy and engagement of 50% of the HRSA-funded health centers

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- Leadership Teams will conduct outreach to the 50% of health centers they plan to engage through the action plan, and will share information on the model developed by FUTURES (via webinar, newsletter, listserv announcement, etc.) to ensure that health centers are aware of the availability of technical assistance and training to implement the model within their community.

TTA to 50% of health centers may be done via webinars, workshops, in-person conference/meeting presentations, and other distance learning, and must begin within the project performance period.

Project History and Previous Project Phases

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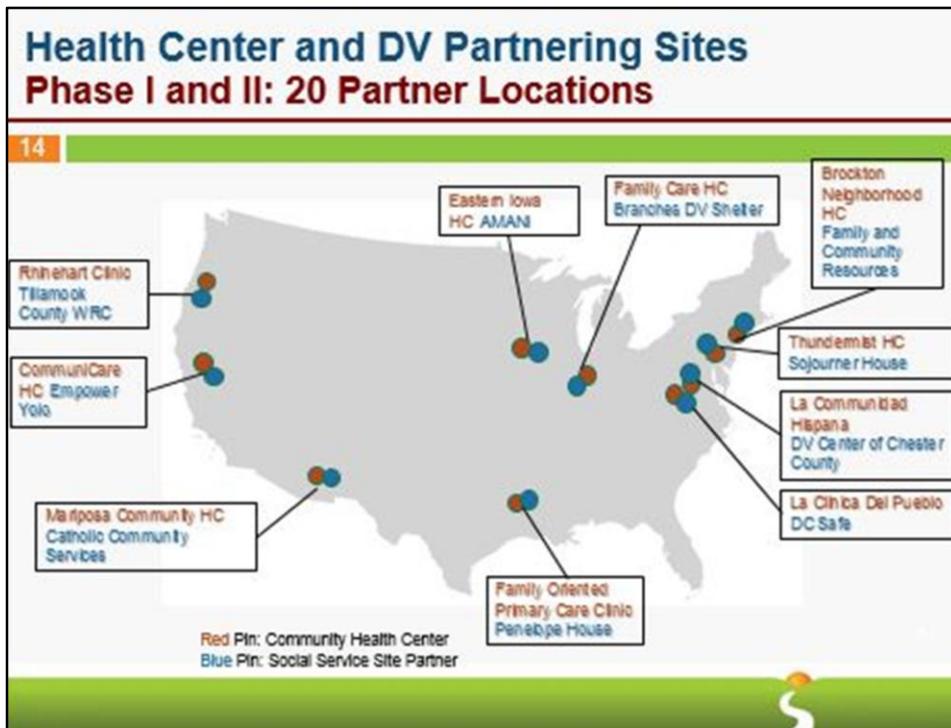
- Between 2014-2016 FUTURES provided training and workflow redesign support to 10 health centers and 10 DV/SA programs across the U.S. as part of the [Improving Health Outcomes Through Violence Prevention Pilot Project](#).
- Key findings are distilled into an actionable virtual toolkit www.ipvhealthpartners.org for other health care providers, administrators, DV advocates, and community partners to adapt for their own settings.
- The next step is to now demonstrate these important interventions statewide/territorywide; to expand the response to include human trafficking more fully; and to develop replicable models of shared leadership between domestic violence coalitions, primary care associations and state departments of health.

Given their enormous reach and overarching goals to promote health and safety, health centers are uniquely positioned to be leaders in violence prevention across the U.S. in partnership with domestic and sexual violence (DV/SA) programs that offer support, safety planning and coaching to address social determinants of health and promote wellness.

Between 2014-2016 FUTURES provided training and workflow redesign support to 10 health centers and 10 DV/SA programs across the U.S. as part of the [Improving Health Outcomes Through Violence Prevention Pilot Project](#). Identifying promising ways to promote the health and safety of patients, health centers and partnering DV/SA programs tested all steps to address and respond to domestic violence. Key findings are distilled into an actionable virtual toolkit www.ipvhealthpartners.org for other health care providers, administrators, DV/SA advocates, and community partners to easily adapt for their own settings.

The next step is to now demonstrate these important interventions statewide/territorywide; to expand the response to include human trafficking more fully; and to develop replicable models of shared leadership between domestic violence coalitions, primary care associations and state departments of health.

Together, this will foster sustainable systems level transformation for health centers to partner with domestic violence programs to promote health and safety outcomes for their patients and offer communities a model to effectively address a key social determinant of health.



Phase 1 (FY2015)

La Clinica del Pueblo and DC SAFE (Washington, DC)

FamilyCare HealthCenter (Scott Depot, WV) and Branches Domestic Violence Shelter (Huntington, WV)

Family Oriented Primary Health Care Clinic and Penelope House (Mobile, AL)

Phase 2 (FY2016)

Brockton Neighborhood Health Center and Family and Community Resources (Brockton, MA)

CommuniCare Health Center and Empower Yolo (Davis, CA)

Eastern Iowa Health Center and AMANI (Cedar Rapids, IA)

La Comunidad Hispana and Domestic Violence Center of Chester County (Kennet Square, PA)

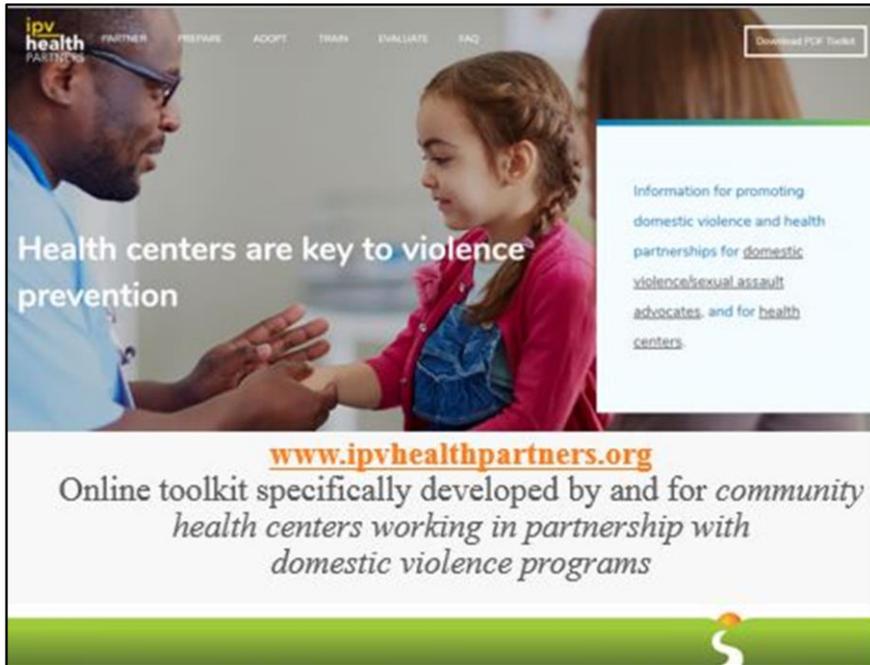
Mariposa Community Health Center and Catholic Community Services (Nogales, AZ)

Thundermist Health Center and Sojourner House (Woonsocket, RI)

Rinehart Clinic and Tillamook

*Women's Resource Center and Northwest Senior and Disability Services (Tillamook, OR)

**(this center's participation funded by HHS OAH)*



ipv
health
PARTNERS

PARTNER PREPARE ADOPT TRAIN EVALUATE FAQ

Download PDF Toolkit

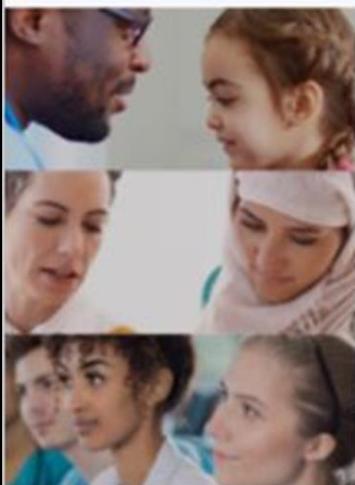
Health centers are key to violence prevention

Information for promoting domestic violence and health partnerships for [domestic violence/sexual assault advocates](#), and for [health centers](#).

www.ipvhealthpartners.org

Online toolkit specifically developed by and for *community health centers working in partnership with domestic violence programs*





- 1** **Build partnerships**
between health centers and local DV/SA programs.
- 2** **Prepare your practice**
by implementing a new or updated DV/SA policy to identify and respond to survivors in partnership with community-based DV/SA programs, and promote prevention.
- 3** **Adopt the evidence-based intervention**
to educate all patients about the connection between IPV and their health and engage them in strategies to promote wellness and safety.
- 4** **Train providers and all staff**
on the impact of DV/SA on health outcomes, and how to assess and respond in collaboration with community-based DV/SA programs.
- 5** **Evaluate and sustain your progress**
as part of continuous quality improvement.



Phase III Project Values

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- The success of this project depends upon the cooperation and collaboration between the Leadership Team members (PCA, DH and DVC) and the local collaboration and engagement of 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, migrant, 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 human trafficking.



Technical Assistance

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In each participating state/territory, FUTURES will work closely with each Leadership Team to develop sustainable health care and domestic violence advocacy responses to IPV across each participating state/territory.

FUTURES will:

- Host one Kick-off Meeting in San Francisco (January 23-24, 2018).
- Host one in-person state/territory Training of Trainers (TOT) (including continuing medical education credits for MDs/DOs) and one in-person administrative meeting.
- Host online trainings, share free patient and provider tools, and lead two learning communities to share challenges and successes, and provide technical assistance as needed.
- Develop policy guidance to support the work of the Leadership Teams.



Learning Community

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Participation in a learning community includes:

- one staff from each PCA/DVC/DH attend one Kick-off Meeting in San Francisco (January 23-24, 2018)
- attend one (2-day) in-person state Training of Trainers (TOT) (including continuing medical education credits for MDs/DOs), and one in-person administrative meeting
- monthly Leadership Team webinars (starting December 2017) and
- monthly Leadership Team/demonstration site webinars (starting April 2018).
- leadership team participation in the evaluation and funder reports.

Leadership Team Selection

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Selected Leadership Teams will be geographically diverse and must be able to demonstrate:

- Establishment of an effective leadership team including diverse decision makers from the PCA, DVC and DH with one clearly designated lead staff person to help oversee and implement statewide work.
- History of collaboration between the PCA, DVC and DH.
- Commitment that at least one leader from each of the Leadership Team partners (PCA, DVC and DH) will attend the January 23-24, 2018 Kick-Off Meeting in San Francisco, CA.
- Identification of faculty to be trained that will then conduct training statewide.
- Capacity and interest in pursuing a state/territory-wide program that is focused on the integration of domestic violence and human trafficking assessment and response at community health centers, in partnership with community based advocates, and systems changes to ensure that response is sustainable.
- Demonstrated commitment to equity and creating culturally appropriate programming.



Leadership Team Selection (continued)

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Selected Leadership Teams will be geographically diverse and must be able to demonstrate:

- Demonstrated ability to quickly convene local trainings between at least five community health centers and five DV programs (as demonstrated by MOUs from these five combined partnerships).
- Ability to convene clinical staff from the 5 participating health centers (for at least one 3.5 hour training in each health setting) and 5 DV program trainings.
- 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.
- Innovative vision for scaling up training and sustaining the program in the state/territory.
- Opportunity and vision for IPV and human trafficking integration into existing practice change initiative (i.e., alternate payment plans, social determinants of health initiatives, behavioral health integration into primary care, etc.).



Info for State/Territory DV Coalition

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- Participate in the learning community.
- Provide expertise to serve as trainers on the HRC evidence-based curriculum and online toolkit for health centers and DV partners.
- Provide support to the engaged DV programs to respond to training requests and referrals from health centers to address health issues of their clients and to facilitate bi-directional referrals.
- Co-facilitate the establishment of MOUs (see sample provided) between health centers and social service organizations working to implement the intervention as well as other prep work for the health centers prior to conducting trainings.

State/Territory Domestic Violence Coalitions (DVCs) Roles and Responsibilities:

- Participate in a learning community including: attend one Kick-off Meeting in San Francisco (January 23-24, 2018), attend one (2-day) in-person state Training of Trainers (TOT), and one in-person administrative meeting, as well as monthly Leadership Team webinars (starting December 2017) and monthly Leadership Team/demonstration site webinars (starting April 2018).
- Provide expertise to serve as trainers on the HRC evidence-based curriculum and online toolkit for health centers and domestic violence program partners.
- Provide support to the engaged DV/social service programs to respond to training requests and referrals from health centers to address health issues of their clients and to facilitate bi-directional referrals.
- Facilitate the establishment of MOUs (see sample provided) between health centers and social service organizations working to implement the intervention as well as other prep work for the health centers prior to conducting trainings.

Info for Primary Care Association

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- Participate in a learning community.
- Gain awareness on how to effectively operationalize the curricula in health centers, with the option to be co-trainers with the DVC.
- Identify opportunities to align this project with existing and emergent health center priorities.
- Offer a variety of methods to support the DVC in convening health center trainings such as offering incentives, prioritizing and allocating time to address the topic in annual meetings, etc.
- Co-facilitate the establishment of MOUs (see sample provided) between health centers and partnering DV agencies
- Serve as a key resource, along with the HRC, to support the operationalization of the health center [toolkit](#) and other materials to support the integration of response to IPV and human trafficking into standard practice in 5 designated community health centers and to 50% of health centers across the state.
- Refer demonstration sites to evidence-informed practices to address human trafficking such as [SOAR](#), those offered by [HEAL Trafficking](#), [FUTURES](#), etc.
- On behalf of the Leadership Team, PCAs will report findings and lessons learned to the HRC in support of their learning community and evaluation efforts.

- Participate in a learning community including: attend one Kick-off Meeting in San Francisco (January 23-24, 2018), attend one (2-day) in-person state Training of Trainers (TOT), and one in-person administrative meeting, as well as monthly Leadership Team webinars (starting December 2017) and monthly Leadership Team/demonstration site webinars (starting April 2018).
- Gain awareness on how to effectively operationalize the curricula in health centers, with the option to be co-trainers with the DVC, PCAs will observe and engage in the state TOT.
- Identify opportunities to align this project with existing and emergent health center priorities.
- Offer a variety of methods to support the DVC in convening health centers for trainings such as (but not limited to) offering incentives support for travel to trainings, prioritizing and allocating time to address the topic in annual state/territory based meetings.
- For all trained entities, facilitate the establishment of MOUs (see sample provided) between health centers and social service organizations working to implement the intervention as well as other prep work for the health centers prior to conducting trainings.
- Serve as a key resource, along with the HRC, to support the operationalization of the health center [toolkit](#) and other materials to support the integration of response to IPV and human trafficking into standard practice in 5 designated community health centers and to 50% of health centers across the state.
 - Training of 50% of health centers may be done via webinars, workshops, in-person conference/meeting presentations, and other distance learning, and must begin within the project performance period.
 - Operationalization should promote universal education on IPV and human trafficking in clinical settings, how to build DV advocacy partnerships, disseminate patient education materials on how IPV affects health, and identification of policies that advance systems change.
 - PCAs should also identify staff to participate in regular Technical Assistance (TA) calls with the HRC and participating health clinics, and through check-in calls with appropriate staff of each clinic as needed.
 - TA may include activities such as advance consultation on how to prepare the practice, web-based and in-person training, guidance on protocol development and implementation, problem solving, quality improvement measures, warm referrals, collaborative behavior supports, and follow-up services. The HRC will provide tools and TA to support the PCA's effort.
- Refer demonstration sites to evidence-informed practices to address human trafficking such as [SOAR](#), those offered by [HEAL Trafficking](#), [FUTURES](#), etc.
- On behalf of the Leadership Team, PCAs will report findings and lessons learned to the HRC in support of their learning community and evaluation efforts. Through the gathering of lessons learned, PCAs will offer support for the implementation and refinement, as needed, to the online toolkit or other materials to support comprehensive, culturally competent responses to intimate partner violence and human trafficking.

Info for State/Territory Dept. of Health

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- Participate in a learning community
- Gain awareness on how to effectively operationalize the curricula in health centers, with the option to be co-trainers
- Promote community coordination by connecting local health jurisdiction IPV efforts to work by the demonstration sites.
- Identify related state/territory and local efforts (IPV and human trafficking) for the Leadership Team to align best practices and align with broader state public health related policies and priorities.
- Identify strategies and training opportunities to integrate and align IPV and human trafficking responses into state/territory level health initiatives.
- Support sustainability.

State Departments of Health Roles and Responsibilities:

- Participate in a learning community including: attend one Kick-off Meeting in San Francisco (January 23-24, 2018), attend one (2-day) in-person state Training of Trainers (TOT), and one in-person administrative meeting, as well as monthly Leadership Team webinars (starting December 2017) and monthly Leadership Team/demonstration site webinars (starting April 2018).
- Gain awareness on how to effectively operationalize the curricula in health centers, with the option to be co-trainers with the DVC, DHs will observe and engage in the DVCs train-the-trainer sessions with the HRC.
- Promote community coordination by connecting local health jurisdiction IPV efforts to health centers and DV/social service programs implementing systems changes.
- Identify related state/territory and local efforts (IPV and human trafficking) for the LEADERSHIP TEAM to align best practices during the project and align with broader state public health related policies and priorities (e.g., State Human Trafficking Task Force).
- Identify strategies and training opportunities to integrate and align IPV and human trafficking responses into state/territory level health initiatives (i.e., maternal and child health initiatives, statewide initiatives to address social determinants of health, health in all policy initiatives etc.).
- Support sustainability of the integration of violence and trauma-informed systems of care by briefing state and local stakeholders on initiative outcomes.

Funding and Budget

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Each funded Leadership Team will receive \$75,000 to participate in the program and will propose how to allocate those funds to support the project most effectively in their state/territory.

- In your application, designate how funds will be distributed to Leadership Team members (and to any participating health centers/DV programs), as well as allocation for training and sustainability efforts.
- Include covering the costs of travel, lodging and per diem for a minimum of 3 participants (one person from the PCA, DH, and DVC) to attend the mandatory Kick-off Meeting in San Francisco (January 23-24, 2018).
- We recommend that each main partner—DVC, PCA, and DH—receive some share of the funds. Demonstrate fair compensation for leadership team partners carrying out training and engagement of the 5 CHC and 5 DV programs. Additionally, consider obligating funds for the 5 CHC and 5 DV Programs to attend your state/territory TOT.

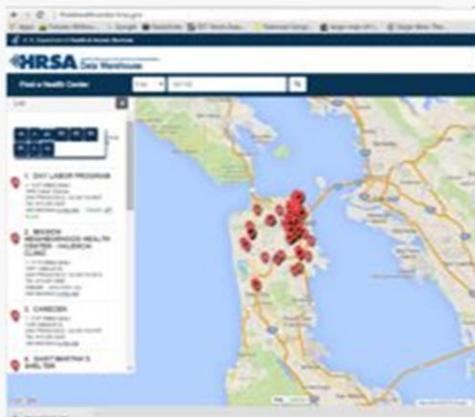
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- In your application, designate how funds will be distributed to Leadership Team members (and to any participating health centers/DV programs), as well as allocation for training and sustainability efforts.
- Include covering the costs of travel, lodging and per diem for a minimum of 3 participants (one person from the PCA, DH, and DVC) to attend the mandatory Kick-off Meeting in San Francisco (January 23-24, 2018).
- We recommend that each main partner—DVC, PCA, and DH—receive some share of the funds. Demonstrate fair compensation for leadership team partners carrying out training and engagement of the 5 CHC and 5 DV programs. Additionally, consider obligating funds for the 5 CHC and 5 DV Programs to attend your state/territory TOT.

Eligibility

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- All U.S. states and territories are eligible to apply.
- Eligible community health centers are those listed here: <http://findahealthcenter.hrsa.gov/>
- This directory includes all of the HRSA-funded health centers within the U.S. and its Territories



HRSA-funded health centers are defined in this opportunity as [health centers](#) designated as Public Health Service Act (PHS) Section 330 grantees, subject to oversight by the Health Resources and Services Administration (HRSA). Federally Qualified Health Centers (FQHCs) are community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients. Federally Qualified Health Centers may be Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Health Centers for Residents of Public Housing. Health centers for the purposes of this announcement *do not* include designated free clinics, rural health clinics, safety net dental clinics, or other FQHC look-alike safety net providers. Please refer to this link to define the [Primary Care Association](#) in your state or territory. Health Centers can be found via the [Find a Health Center Tool](#). Additional background information on health centers can be found [here](#).

MOUs

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Memorandum of Understanding (MOU):

Collaboration is the cornerstone of this work—leadership, commitment, and action from all Leadership Team partners, as well as the participating community health centers and domestic and/or sexual violence programs are keys to improving the public health response to violence against women.

The application must include 6 MOUs (*see samples provided*):

- One between only the Leadership Team agencies
- Another five from the demonstration sites (5 community health centers and 5 partnering DV programs) your state/territory will closely work with

Applications without six MOUs will be considered incomplete.



Application Deadline and Notification

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Applications are due Tuesday, November 14, 2017 by 5:00pm PST/6:00pm Mountain/7:00pm Central/8:00pm EST.

- Your application should be no more than 15 pages (does not include the six MOUs), 1.5 spaced and single sided. If you have any questions, contact Anna Marjavi at amarjavi@futureswithoutviolence.org.
- All applicants will be notified by email no later than Wednesday, November 22, 2017 and state/territory Leadership Teams selected for funding will also be notified by phone by Wednesday, November 22, 2017.



Community Health Center Engagement

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QUESTION:

Is a hospital based program considered a community health center?

ANSWER:

Only HRSA-supported health centers are eligible to take part in this project (in collaboration with their state or territory leadership team led by the DV Coalition, Primary Care Association, and State/territory Dept of Health).

Search for eligible community health centers here:

<https://findahealthcenter.hrsa.gov/>



Community Health Center Engagement

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QUESTION:

The funding announcement indicates that Futures Without Violence is seeking a minimum of five community health centers and five domestic violence programs to participate. Is this referring to 5 unique Community Health Center organizations or 5 Community Health Center service locations (which could be multiple sites operated by the same CHC organization)?

ANSWER:

We suggest that different health centers at the *parent* organization level come forward as the demonstration sites to increase diversity in the pool of centers; increase *organizational* level exposure in the pool of centers to the model; support the end count of total exposed centers; and lend to scaling of the effort.



DV Community Partners

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QUESTION:

I work for a Tribal TANF (Temporary Assistance for Needy Families) program. We're basically a Tribal Welfare program and we offer prevention programs as well as cash aid services. We are not technically a Domestic Violence Program, but we do referrals and work closely with DV victims. We have the capacity to have a Behavioral Specialist on our team to conduct DV counseling, but we do not currently have someone in that position. Would a program like ours qualify to apply for this Systems-Level Transformation project?

ANSWER:

No. The participating 5 domestic violence programs (partnering with the 5 community health centers as "demonstration sites") must be community based domestic violence programs. These programs will serve as a primary referral for patients/survivors identified at the health center.

Community-based domestic violence programs provide victims of domestic and dating violence and their children with:

- Shelter
- Safety planning
- Crisis counseling
- Information and referral
- Legal advocacy
- Additional support services

State or Local DPH

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QUESTION:

Will a local health department qualify for this funding or is it reserved for only State Health department?

ANSWER:

Only state or territory-level health departments are eligible to apply (as one of the three Leadership Team partners).



Additional Questions or Comments?
(Type in the chat box)



Questions?

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

Anna Marjavi,
Program Director, Health
amarjavi@futureswithoutviolence.org

