

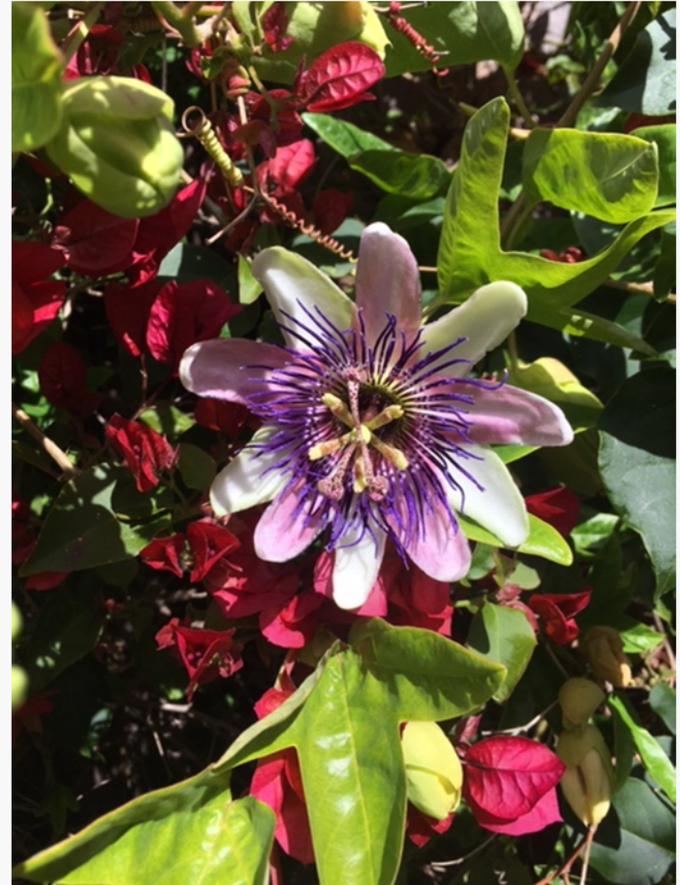


PROJECT CATALYST III: STATE AND
TERRITORY-WIDE TRANSFORMATION
ON HEALTH, IPV, AND HUMAN
TRAFFICKING

FUNDING ANNOUNCEMENT & Q/A WEBINAR

OCTOBER 23, 2019

CONFERENCE PHONE: 1-929-436-2866
WEBINAR ID: 378 823 622



About this Zoom Webinar Platform

2

- You may listen to audio through the phone or through the computer.
- Please be sure to mute your computer if you are using your phone, and vice versa.
- Please keep your phone/computer muted when you are not speaking to prevent background noise.
- You may use the chat box for comments.
- Slides and a link to the webinar recording will be emailed to all participants.

Agenda

3

- Welcome and Introductions
- Opening Remarks from Federal Partners
- About Project Catalyst
- Perspective from Iowa (Project Catalyst I site)
- Leadership Team Roles
- Technical Assistance
- Evaluation
- Application Process
- Q+A



Futures Without Violence Key Staff

4



Anna



Anisa



Lisa



National Health Resource Center on DV: Technical Assistance and Tools

5



Since 1996, Futures Without Violence has been funded by ACF to operate the [National Health Resource Center on Domestic Violence \(HRC\)](#) and support health care practitioners, administrators and systems, advocates, policy makers, and others at all levels as they improve health care's response to domestic and sexual violence.



U.S. DHHS Project Support

6

Project Catalyst 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.



October is Domestic Violence Awareness Month!

7



Project Catalyst is mentioned in the Presidential Proclamation for DVAM 2019:

<https://www.whitehouse.gov/presidential-actions/presidential-proclamation-national-domestic-violence-awareness-month-2019/>

Read this feature success story about ACF & HRSA's Project Catalyst Partnership:

<https://www.acf.hhs.gov/fysb/news/project-catalyst-leads-to-successful-interventions-for-survivors-of-abuse>

Access HRSA's Primary Health Care Digest, Special Edition: Intimate Partner Violence and Human Trafficking:

<https://content.govdelivery.com/accounts/USHHS/HRSA/bulletins/2134f6b>

Learn more about FVPSA Partnerships:

<https://www.acf.hhs.gov/blog/2018/10/partner-with-fvpsa-to-help-domestic-violence-survivors>



PROJECT CATALYST: STATE AND TERRITORY-WIDE TRANSFORMATION ON HEALTH, IPV, AND HUMAN TRAFFICKING

8



**Project Catalyst Phase I:
AR, CT, IA, ID, MN (2017-2018)**



**Project Catalyst Phase II:
CO, Guam and NC (2018-2019)**

Leadership Teams with partners from each state's or territory's:

- ✓ Primary Care Association
- ✓ Department of Health
- ✓ Domestic Violence Coalition



Training and TA: **FUTURES**
Evaluation: **University of Pittsburgh**

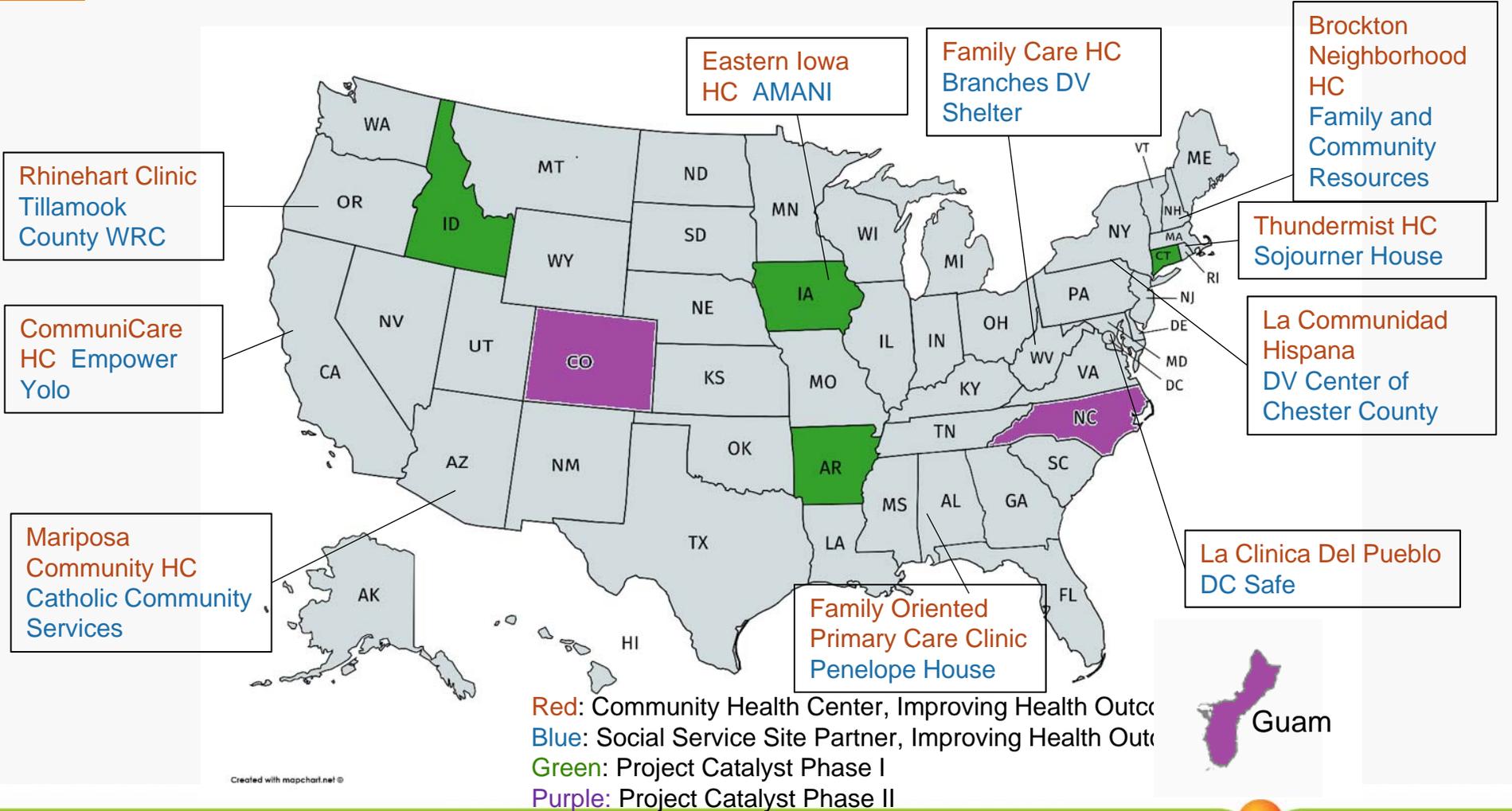
Project History and Previous Project Phases

9

- 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.
- From 2017-2019, **Project Catalyst Phase I & II** began to disseminate these interventions statewide/territory-wide; to broaden 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.
- **Project Catalyst Phase III** will build on the work of Phase II by selecting 3 new states/territories.



Improving Health Outcomes and Project Catalyst Phases I & II Sites



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Funding Announcement

11

Project Catalyst II: State/Territory-wide Transformation on Health, IPV and Human Trafficking

<https://www.futureswithoutviolence.org/health/project-catalyst/>



Project Catalyst, Phase III

12

Project focused on fostering leadership and collaboration between domestic violence programs and health professionals at the U.S. state or territory level to improve the health and safety outcomes for survivors of IPV and human trafficking and to promote prevention.

- Three 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, 2019- September 30, 2020
- All U.S. states and territories are eligible to apply.
- **Applications due:** Friday, November 8, 2019 by 5:00pm Pacific/6:00pm Mountain/7:00pm Central/8:00pm Eastern



Leadership Teams (LTs)

13

1. Primary Care Association (PCA)
2. Department of Health (DH) and
3. Domestic Violence Coalition (DVC)

- **Please note that the PCA, DVC, and DH are required partners for the LTs.**
- Additional members may include representatives from local human trafficking programs, local health centers and/or local domestic violence programs, academics, Tribal leaders, or other health leaders, etc.



Overview of the Project

14

State/Territory Leadership Teams will:

- 1. 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 domestic violence programs.
- 2. Identify five community health centers and five DV advocacy programs (“demonstration sites”** in each state/territory) to partner with one another on trauma-informed practice transformation
- 3. Identify a vision and strategy to promote policies and practices that support ongoing integration of the IPV and HT 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** (via webinar, annual conferences, meetings, workshops etc.).**

Demonstration Site Partnerships

15



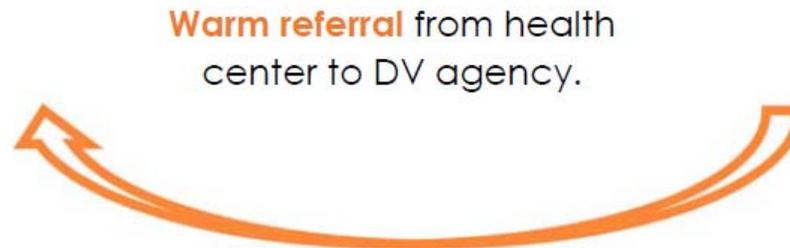
DV Advocacy Partner

Improve health and wellness for DV/SA/HT survivors



Community Health Center Partner

Improve health and safety through CUES

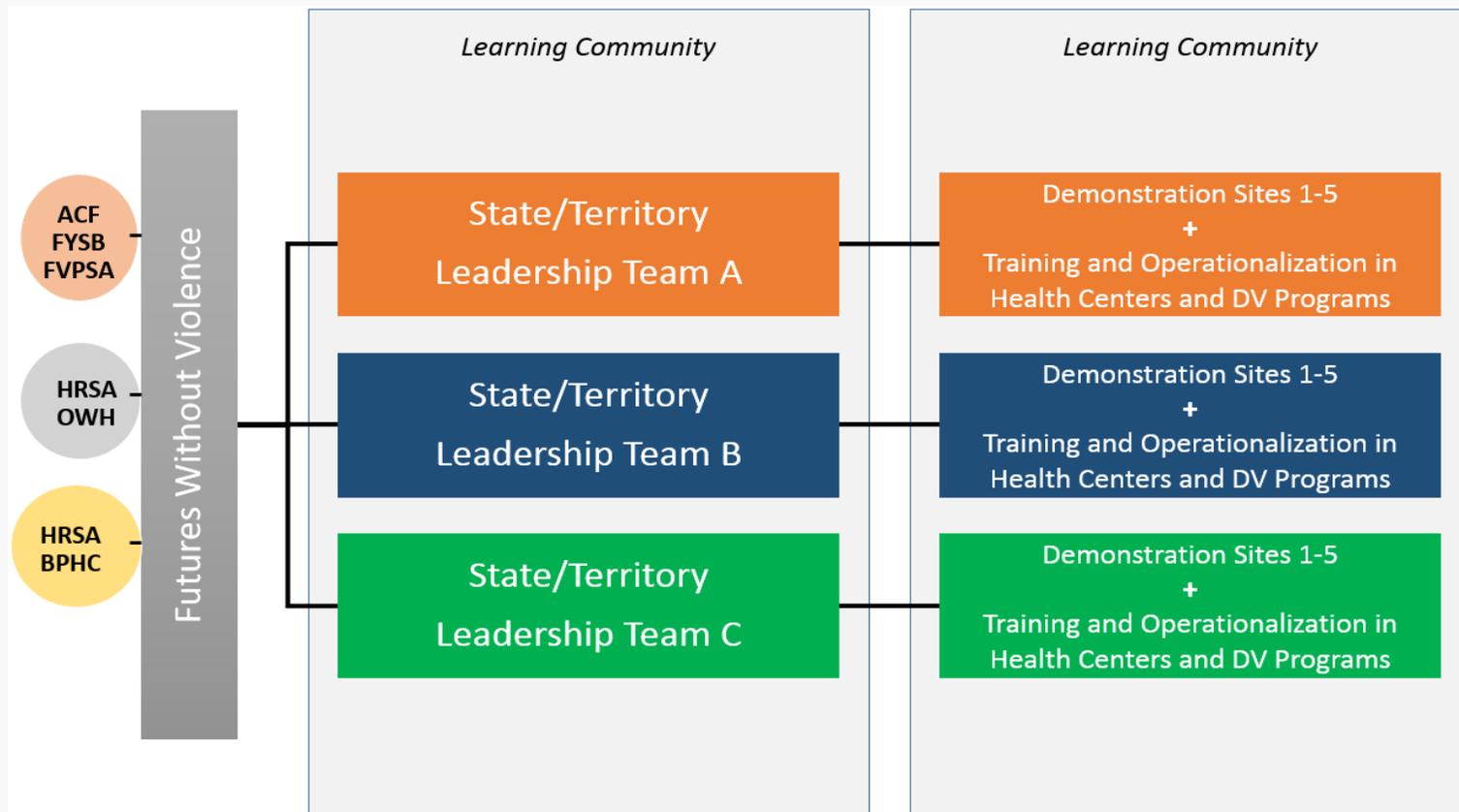


Learn more about the evidence-based “CUES” intervention:

www.ipvhealthpartners.org

Learning Community

16



Iowa

PROJECT CATALYST



State Leadership Team



- **ICADV (Lead Agency) - Monica Goedken** (Program Development & Training Specialist)*

22 member sites (6 are Culturally Specific)

Utilize a Mobile Advocacy Model



- **PCA - Julie Baker** (Director of Preventative Services)

13 FQHCs (+ 1 Migrant Health Program) with 71 total sites

Utilize a system-wide approach in allocating resources and trainings to its 13 health centers across the state of Iowa.



- **IDPH - Tiffany Conroy** (Injury Prevention Program Manager)

Public Health Approaches to Violence Against Women Program

*Monica was at ICADV during Project Catalyst, but currently works for the Idaho Department of Public Health as the Injury Prevention Program Manager

Iowa Training Sites

DV Programs

1. Council on Sexual Abuse & Domestic Violence
2. Family Resources, Safe Path Survivor Services
3. Crisis Intervention Service
4. Crisis Intervention & Advocacy Center
5. Waypoint



Health Centers

1. Community Health Center, Inc.
2. Community Health Center of Fort Dodge
3. Community Health Centers of Southern Iowa
4. Peoples Community Health Clinic, Inc.
5. Siouxland Community Health Center

Timeframe of Project Activities

- January 2018
 - Leadership kickoff at FUTURES
- April 2018
 - Train-the-Trainer trainings in Iowa
- Mid-June – Early-September 2018
 - Demonstration Site Trainings
 - Combination of just FQHC, just DV, and both in 1 day
 - Had staff from partner pilot site whenever possible
- Ongoing TA to programs throughout project

Additional Activities

- IDPH Bureau of HIV, STD and Hepatitis
 - Presented on the Cost of Caring and GBV & HIV at State Conference (June)
 - Exhibited at this conference as well
 - All FQHCs had staff in attendance
 - Presented on Capacity Building Webinar for Ryan White Case Workers (August)
 - Will be doing follow-up training on Universal Education Model
- Formal Advisory Committee Meeting (November)
- PCA Workforce Webinar
 - Julie & Tiffany presenting on trauma-informed care and Project Catalyst to FQHC Leadership (Dec)
- Sustainability
 - Proposal to present on Project Catalyst at Governor's Conference on Public Health (April 2019)
 - PATH training (May 2019)
 - Dr. Liz Miller CUES training (Spring 2019)

Leadership Team Members

22

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

- ✓ 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.
- ✓ Commitment that at least one leader from each of the Leadership Team partners (PCA, DVC and DH) will attend the January 15-16, 2020 Kick-Off Meeting in San Francisco, CA.
- ✓ Identification of faculty to be trained that will then conduct trainings 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 (continued)

23

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

- Ability to quickly convene local trainings between at least 5 community health centers and 5 DV programs (as demonstrated by the signed MOUs).
- Ability to convene clinical staff from the 5 participating health centers for a mandatory 3.5 hour training in each health setting (could be delivered in one session or in (2) 1.75 hour training blocks) and an additional 3.5 hour DV program training for each of the 5 DV programs partnering with the health centers.
- Capacity and willingness to participate in evaluation of the initiative, including an identified staff person who will partner with the project evaluator to collect information.
- 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.).



Role of State/Territory DV Coalition

24

- Help identify local DV programs to partner with CHCs (demonstration sites).
- Co-facilitate the establishment of MOUs (see sample provided) between health centers and DV programs
- Participate in the LT learning community and evaluation.
- Provide expertise to serve as trainers for the demonstration sites, etc.
- Provide TA support to the engaged DV programs to strengthen how they discuss health issues with their clients and to facilitate bi-directional referrals with CHCs.
- Identify opportunities to align this project with existing and emergent DVC priorities.



Role of Primary Care Association

25

- Help identify local CHCs to partner with DV programs (demonstration sites).
- Co-facilitate the establishment of MOUs (see sample provided) between health centers and partnering DV programs
- Participate in a learning community and evaluation.
- Provide expertise and co-train (optional) for local demonstration sites trainings, and 50% spread to other health centers across the state/territory
- Identify opportunities to align this project with existing and emergent health center priorities.
- Help schedule and convene health center staff trainings such as offering incentives, prioritizing and allocating time to address the topic in annual meetings, etc.



Role of State/Territory Dept. of Health

26

- Participate in a learning community and evaluation.
- Gain awareness on how to effectively operationalize the curricula in health centers, with the option to be co-trainers.
- Identify strategies and training opportunities to integrate and align IPV and HT responses into state/territory level health initiatives.
- Help schedule and convene health center staff trainings such as offering incentives, prioritizing and allocating time to address the topic in annual meetings, etc.
- Support sustainability.



Rural, Maternal Health, Ryan White Programs

27

We encourage engaging CHCs to serve as demonstration sites that are PCMH recognized and include the following:

- [Ryan White Health Center](#) dually funded programs
 - In support of the [National HIV/AIDS Strategy 2020](#), which includes a focus on the intersection of violence and HIV for women
- Maternal health programs
 - In support of FVPSA/HRSA's joint effort, the [Maternal, Infant, and Early Childhood Home Visiting Program](#); HRSA's [Maternal/Women's Health Program Goals](#) and [Maternal Morbidity and Mortality](#) reduction goals; and to increase DV coalitions and programs' capacity to offer their pregnant/parenting clients increased access to maternal health and wellness support
- Rural/geographically isolated programs and health centers



FUTURES Technical Assistance

28

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 and human trafficking across each participating state/territory.

FUTURES will:

- Host one Kick-off Meeting in San Francisco (January 15-16, 2020).
- 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 learning community to share challenges and successes, and provide technical assistance as needed.
- Develop policy guidance to support the work of the Leadership Teams.



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*





Evaluation Team

Elizabeth Miller, MD, PhD



Summer Miller-Walfish, MPH



Sejal Mistry



Please direct your evaluation questions to Summer (srm101@pitt.edu) and Sejal (svm18@pitt.edu)



Evaluation Overview

- Evaluation can drive program and practice changes
- Evaluation tools - NOT a form of judgment or grading -- serves as a guide for different levels of transformation
- Eye towards state/territory level policy changes and systems level changes to scale the work we've done on the local level and sustain it moving forward



State/Territory Leadership Team Tools and Evaluation Timeline

- 1. State/Territory Policy Landscape Assessment Tool** - assesses current policies, cross-sector collaborations, funding
complete at start and close of project period (required)
- 2. Collaborative Behavior Survey**— assesses the quality of the collaboration within the leadership team across domains such as communication, decision making, and membership
complete at start and close of project period (required)



Demonstration Sites

Tools and Evaluation Timeline

Quality Assessment/Quality Improvement (QA/QI) Tool -

assesses clinic- or agency-level policies, protocols, staff training, community resources, educational materials

conducted by both clinic site and DV agency

beginning and end of project period (required)

Provider/Advocate Training Surveys – gauge attitudes and practices related to IPV and health

immediately before and after training, and 3 months following the training (required)



Referral Tracking required for one demonstration partnership

One health center and DV agency pair will be asked to track referral processes between health center and DV agency using a bi-directional tracking tool



Demonstration Sites

Optional Evaluation Tools

Community Health Centers

- Patient Feedback Surveys

DV Agency Sites

- Client Feedback Surveys

Teams will also be asked to participate in interviews towards the end of the project and to share stories from demonstration sites

Application Tips and Specifics

36



Sub-award Funding and Budget

37

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 15-16, 2020).
- 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 Training of Trainers.



Eligible Applicants

38

Submit one application on behalf of the three key partners from your state's/territory's:

- 1. Primary Care Association**
- 2. Department of Health**
- 3. Domestic Violence Coalition**



Demonstration Sites

39

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.

Tip from Connecticut: PCA e-mailed all CHCs across the state inviting them to be a Project Catalyst demonstration site...6 CHCs responded yes! The DVC lead identified DV partners from there (based on location).



Eligible Demonstration Sites: (5 CHCs + 5 DVPs in each state/territory)

- Eligible community health centers are those listed here: <https://bphc.hrsa.gov/uds/datacenter.aspx?q=d&year=2018>
- This directory includes all of the HRSA-funded health centers within the U.S. and its Territories
- Primary care association staff may offer guidance on eligible CHCs.

Health Center Program Grantee Data

Each year HRSA-funded Health Center Grantees are required to report core set of information, including data on patient demographics, services provided, clinical indicators, utilization rates, costs, and revenues. [View the most recent national data, and browse previous years' data.](#)

Click on state or use the dropdown menu to see state data.

Select a state

State Program Grantee Data

[Kansas Program Grantee Data](#)
[Download Kansas Aggregated Health Center Data](#)

Health Center	City	State
ATCHISON COMMUNITY HEALTH CLINIC	ATCHISON	Kansas
CENTER FOR HEALTH AND WELLNESS	WICHITA	Kansas
COMMUNITY HEALTH CENTER IN COWLEY COUNTY, INC	WINFIELD	Kansas



MOUs

41

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 three key 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

42

Applications are due Friday, November 8, 2019 by 5:00pm Pacific/6:00pm Mountain/7:00pm Central/8:00pm Eastern

- 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 20, 2019 and state/territory Leadership Teams selected for funding will also be notified by phone by Wednesday, November 20, 2019.



Community Health Center Engagement

43

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://bphc.hrsa.gov/uds/datacenter.aspx?q=d&year=2018>



Community Health Center Engagement

44

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

45

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.



State/Territory or Local DPH

46

QUESTION:

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

48

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

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

