

MEMORANDUM OF UNDERSTANDING

This agreement is made by and between [COMMUNITY HEALTH CENTER (CHC)] and [DOMESTIC VIOLENCE (DV)/SEXUAL ASSAULT (SA)/HUMAN TRAFFICKING (HT) AGENCY/COMMUNITY-BASED ORGANIZATION (CBO)] to promote health and safety outcomes for patients/clients who have experienced domestic/sexual violence and/or human trafficking/exploitation. The purpose of this work is to strengthen collaboration between staff from both entities and promote bidirectional warm referrals for clients/patients and staff. [ADD IN ADDITIONAL VALUES OR ACTIONS i.e. to exchange information, education and training; coordinate services including health center enrollment and transportation; develop health care policies to support patients experiencing DV/SA/HT and reduce barriers to health care for clients within DV/SA/HT/CBO advocacy programs; provide mutual collaboration and trainings, partner on grants/funding, etc.].

[Use this space to provide a brief description of each partner agency].

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

- 1) Representatives of [DV/SA/HT/CBO Agency] and [community health center] will meet each other in-person or via video/phone at least once at the inception of this collaboration to understand the services currently provided by their respective programs and to discuss needs, goals, and next steps.
- 2) Representatives of [DV/SA/HT/CBO Agency] and [community health center] will continue to meet between [date] and [date] *[list frequency and meeting location/format and recurring schedule, as possible]*.
- 3) [Community health center] will hold the following roles and responsibilities: *[list the responsibilities and role of the health center—i.e. training DV/SA/HT/CBO advocates on health center services and health enrollment for new patients, and supplemental/refreshers trainings as needed; serving as a primary health care referral for clients referred by the DV/SA/HT/CBO program; drafting and reviewing IPV/HT policies and procedures; offering health education, enrollment support, or resources to clients in DV/SA/HT/CBO programs; etc.]*.
- 4) [DV/SA/HT/CBO Agency] will hold the following roles and responsibilities: *[list the responsibilities and role of the DV/SA/HT/CBO agency—i.e. training health center providers and staff on DV/HT dynamics and community supports and supplemental/refreshers trainings as needed; serving as a primary referral for health center patients or staff in need; drafting and reviewing policies; offering DV/SA/HT advocacy support onsite at health centers or virtually via telehealth etc.; tabling materials/resources at health fairs or other health events/virtual events; etc.]*.
- 5) [Community health center] will provide the following resources: *[list resources that the health center can bring to support the project's efforts—i.e. additional staff time; health enrollment specialists; vaccination clinics for children; office space for advocates co-located at the health center; funding; key contacts; condoms, Plan B or other reproductive health support; COVID-19 information, testing or vaccination; CHC brochures; etc.]*
- 6) [DV/SA/HT/CBO Agency] will provide the following resources: *[list resources that the organization can bring to support the project's efforts—i.e. additional staff time; 24/7 hotline; materials/program brochures; telehealth client support; key contacts; funds; etc.]*.
- 7) [DV/SA/HT/CBO Agency] and [community health center] staff will review and discuss evaluation tools offered on www.IPVHealthPartners.org to help measure the success and challenges of their collaboration and outcomes *[examples include a Quality Assessment/Quality Improvement tool used every six months to measure progress; a referral tracking tool; client/patient satisfaction surveys; and provider/staff training evaluations]*.

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

This agreement will be valid from [date] to [date], and may be renewed at the end of this period if both parties agree.

Name & Location of Community Health Center _____

Staff Name _____ Title _____

Signature _____

Date _____

Name and Location of DV/SA/HT/CBO Agency _____

Staff Name _____ Title _____

Signature _____

Date _____

This MOU template was developed by the National Health Network on Intimate Partner Violence and Human Trafficking with funding from the Bureau of Primary Health Care, Health Resources and Services Administration, U.S. DHHS

For tools and guidance on building partnerships and IPV/HT systems change visit www.IPVHealthPartners.org. To request technical assistance and for more information, please email: ipvhealthpartners@futureswithoutviolence.org.

