



Supporting the Health and Economic Needs of Domestic Violence/Sexual Assault and Trafficking Survivors during the COVID-19 Public Health Emergency

June 3, 2020

Closed Captioning Script

Speakers:

- Anisa Ali, Futures Without Violence
 - Anna Marjavi, Futures Without Violence
 - Sarah Gonzalez Bocinski, Futures Without Violence
 - Tina Pennington, The Beloved Haven
 - Kiricka Yarbough Smith, North Carolina Department of Administration
-

This is Anisa Ali from Futures Without Violence.

Thanks for joining us from our webinar on Supporting the Health and Economic Needs of Domestic Violence/Sexual Assault and Trafficking Survivors during the COVID-19 Public Health Emergency.

Please note that any information shared in the chat is public. Please do not share any confidential or personal information related to a case or your organization. For questions on individual cases or needs, please contact Futures directly for support and resources. You can also use the Q&A function of this platform to ask questions confidentially.

The slides, handouts and a link to the recording will be e-mailed to all participants after the webinar.

We are able to offer certificates of participation, and in some cases you can take those certificates of participation to your state licensing board to request CEUs.

You can request the certificate of participation through the evaluation for today's webinar, which you'll see on our final slide at the end of the webinar.

This webinar today is part of a project called building collaborative responses to trafficked victims of domestic violence and sexual assault. Supported by the Department of Justice, Office on Violence Against Women (OVW).

FUTURES provides technical assistance to OVW partners to identify best practices for improving responses to human trafficking, including addressing the intersections of domestic violence, sexual assault, and human trafficking and the role that service providers can play.

Including domestic violence and sexual assault programs in identifying and supporting survivors when you complete the evaluation, let us know if you're looking for specific resources or materials.

Anna Marjavi.

Thank you so much, and good morning or good afternoon everyone.

Hello from San Francisco, I'm Anna Marjavi.

I'm joined today by several of my colleagues who are pictured on the slide.

Anisa who you just heard from and I work with.

Along with our colleague Monica Arenas who is helping to facilitate today's chat.

I'm joined by Sarah who works in our Futures D.C. office.

You'll hear from the three of us on the top row as well as Kiricka Yarbough Smith for the North Carolina council for youth involvement.

We'll be hearing from Tina Pennington, the founder of the Beloved Haven, and they're going to be talking to us about domestic violence and human trafficking programs and adaptations that they're making within their programs to meet the needs of survivors during COVID-19.

Today as a group we'll share strategies to support the health and economic needs of domestic violence, sexual assault, and trafficking survivors during this COVID-19 public health emergency.

So you may remember when you registered for today's webinar that you answered a few questions to let us know who you were.

So we just want to share that back so you can see what our large audience, just where you're coming from and then how much experience you all collectively have.

The key partners for any collaborative team doing this kind of work. And then you can see some of our other large groupings also on the left. Social services, healthcare providers, which include primary care providers as well as mental health providers.

And really essential to today's conversation we'll be talking about opportunities to build new relationships, partnerships with healthcare providers and also workforce development folks.

So on the right-hand side you can see the experience of our attendees working on the topic of human trafficking and supporting survivors. And you can see it's really arranged in terms of almost a quarter have been working on this topic for over five years, and yet about another quarter are totally new to this topic.

Half of you fall somewhere in the middle of these two. Maybe you've been working on it for a year, two years. It just really shows the range of experiences and also how much you guys have, as a peer group, just exchange with each other.

Again, just wanting to encourage you all to connect, exchange ideas, ask one another questions in the chat box and perhaps you'll even exchange contact information so you can talk more offline.

Just a quick recap on today's learning objectives.

We're going to first learn how domestic violence and sexual assault programs are adapting their services to meet the needs of trafficking, domestic violence, sexual assault survivors during the COVID-19 public health emergency.

We're going to know how to initiate or expand formalized collaborative partnerships with community health centers for range of systems and programs.

And we're also going to describe how to develop or strengthen partnerships between and among domestic violence service providers and local workforce development and educational service providers to address human trafficking.

So a quick look at today's agenda, we're going to begin with just identifying and discussing some of the impacts that COVID-19 has had on survivors.

Then we're going to hear from Tina Pennington who is going to tell us about the ways her program has really adapted to meet the needs of survivors in her North Carolina community.

Then we're going to hear from myself and Anisa, who will talk about survivor health and promoting connections to community health centers and how to build those relationships as part of your collaborative task force or collaborative body.

Then we're going to hear from Sarah about how to support some of the economic needs of survivors.

And looking ahead, looking down the line with all of the economic challenges that people have right now. Ways to help buffer some of that for survivors, or consider it in your work.

And then we're going to have time at the end to hear more from you all. We'll have a Q&A period. You can submit your questions now in the Q&A box on the bottom or you can wait until we get to that point.

We'll have time at the end. Then we'll have a link to the evaluation where you can request a certificate of participation and give us any other indication of what would be helpful to you for next steps in terms of technical assistance and support.

So I'm going to now hand it over to Kiricka who is going to tell us some of the dynamics related to COVID-19 and survivors.

Kiricka Yarbough Smith

>> Good afternoon, everyone.

It's great to see, as I'm looking through the chat, to see quite a few people that I know or have worked with previously.

But we really wanted to start out today talking a little bit about just the impact that COVID-19 has had on domestic violence and sexual assault and we'll also talk about human trafficking.

But, you know, there are a few things -- it really has had a tremendous impact on the people who are surviving violence, but it's also having a huge impact on the people who are providing services to survivors.

And, you know, a lot of times when we're looking at the most vulnerable populations are also being targeted even more or experiencing additional harm after COVID-19 or during COVID-19.

And so a few of those things we're looking at today is really looking at there is an increased vulnerability and risk for violence when you have the reduced access to resources and support.

These people are not able to get out as much, and so they've been either trapped at home with their abusers or their social systems or networks are not something they have access to right now.

That of course causes an additional risk for violence.

Then, also, you know, as we talk about them being disconnected or isolated from their social support systems, another thing that kind of happens is it's easier sometimes when people are around other people or they're going to their work or they're going to school to kind of have people who may be able to detect that there is something happening.

But that's not happening when people are not being around others and we're practicing social distancing and not attending the things we normally would.

Also, because of people -- job loss, serious financial strains, small businesses are closing, some of them are unable to operate even if they are still able to kind of stay afloat, that causes additional stress on people.

And so we know that when there is additional stress, in particular when there's crisis, that there is also an increase of violence.

And we see this particularly a lot when we look at child abuse for instance.

And so then you have children and other adults who are at home with their family members 24/7.

Sometimes these are the family members who, unfortunately, have been abusive to them and either the abuse continues or it could get worse.

Sometimes that's when it starts because of the extra stress that's happening within the home due to finances and job loss.

Just people with mental health issues, because we know people are experiencing depression and anxiety as well.

When we think about the fact we have social inequities we already have when we look at different populations, whether it's immigrants, refugees, whether it's people who have disabilities or deaf, blind, hard of hearing, they're already part of an underserved group.

Because of that, it's intensified when you have a situation like COVID-19 and you're in a pandemic.

That also makes it even more difficult.

And so one of the things that we also wanted to look at is we talk a lot about, you know, with our building collaboratives project we talk about the intersection of domestic violence, sexual assault, and human trafficking.

But one of the things that not only do we see across the board all the time with these three issues, but in particular it stands out even more during COVID-19 and during this crisis is power and control.

You know, we see that across the board with domestic violence, we see that with human trafficking, and we also see that with sexual violence.

And so we'll kind of look at that a little bit more and how those -- that intersection and overlap really plays a huge part in what we're seeing and how agencies are having to change their response a little bit just to be innovative.

But then also how survivors are having -- what's the impact that it's having on survivors.

So we're going to talk a lot about those issues, but the other thing we want to also make sure that we cover is talking about that impact that it specifically has on children.

We want to talk about that and human trafficking.

Just kind of the intersection between children, human trafficking, and COVID-19.

So I'm going to turn it over to Sarah to talk a little bit about this as well.

Sarah Gonzalez Bocinski

>> Thanks, Kiricka.

So a lot of the dynamics that we see that Kiricka shared with domestic violence are very similar to those experienced by survivors of trafficking.

We know that trafficking is very influenced by economic drivers.

Right now increased vulnerability that's creating a much more precarious situation for survivors, those from marginalized communities.

We know that black women and girls are overrepresented in the individuals who are experiencing trafficking.

They are specifically targeted, as are American Indian and native Alaskans.

We know that LGBTQ youth are often exploited by traffickers, as well as women who are expecting domestic violence.

That overlap is very prevalent in this situation.

So we want to keep in mind that these individuals are also disproportionately the same ones that are economically vulnerable which is a compounding situation that gives traffickers a lot more opportunity to exploit the needs of these individuals.

And from what we're hearing in terms of the impact of COVID specifically, there was a little bit of a study done earlier -- I think it was at the beginning of April, so early on -- from the Avery Research Center, a project that tried to get a better understanding of how COVID specifically was influencing trafficking. From what they reported, they said at worst, COVID-19 pandemic is being viewed as a temporary speed bump that requires slowing down and readjusting the course. Similar to when backpage.com was seized by the federal government.

At best the pandemic is being viewed by traffickers as an opportunity to further isolate their victims and reinforce an us versus them mentality between those who are involved in the sex trade and those who are not.

They didn't really have any information specifically on labor trafficking, but we know like we've seen increases among domestic violence and child sex abuse, these numbers are increasing as well.

With the increasing economic vulnerability with the lack of sustainable opportunities in the future, survivors have few safe resources available to them and traffickers are taking advantage of those situations.

We can go to the next slide and we'll talk more about this later.

Kiricka Yarbough Smith

>> Thanks, Sarah.

So, you know, as we kind of think about survivors and we want to think about survivors with domestic violence, sexual assault, and human trafficking.

But when we're thinking about it, we want to think about how COVID-19 has been impacting survivor services, the delivery of services to survivors. One of the things we wanted to address was housing.

One of the things that we've seen over the last several months is there has been an increased demand or need for housing, but we also have to remember that shelter capacity has actually decreased when we're talking about social distancing and just making sure that we're following CDC guidelines.

So we have increased needs, but shelter capacities are limited.

Also, you have staff is also sometimes even more limited when we think about not only the need for social distancing, but if staff or -- if they do become ill or they have family members who are ill, so a lot of those things are also things we have to take in place.

But also the safety considerations that we have for others within the shelter, including staff, so when we have new individuals -- I know for us, we've had calls about individuals who are not able to either stay at a shelter that they're currently at or they're actually trying to look for shelter and people are having a hard time with accepting new individuals into their shelter for that reason, of safety for their staff and for the other people who are living within that residential program. And then, also, we know that there is also been a struggle with just a lack of protective equipment as well. We have to make sure we have enough of that to go around for a shelter in order to provide housing for individuals. Another thing that we're seeing as well is when we talk about transportation. We know, and North Carolina being a rural area in general, we have 100 counties in North Carolina. But it's predominantly rural. We know that transportation is a huge issue already that we have.

But when we're thinking about social distancing, you know, not really have the access to some of the transportation services like bus services and other things that are kind of placed on hold right now, and then individuals not being able to be transported from one location to another as easily as they would have been maybe before even in more urban areas has definitely caused a stretch on the services that agencies are able to provide. And the access to services they're able to have for everyone. Then, also, when we look at healthcare, we think about healthcare as it relates to the issues of domestic violence, sexual assault and human trafficking. But we also have to think about chronic medical needs that survivors might have that are not being treated during this time. People are really only going to seek healthcare services in emergency situations. You know, for various reasons, whether it's because of the fear of COVID-19 when they're going into medical facilities, medical facilities being overstretched too thin. We're going to talk a little bit more later about how to utilize the community health centers and organizations within your local community. You know, that's something that service providers have had to look at and kind of find creative ways or innovative ways to address healthcare. Also, when we think about healthcare, there's also that other piece of mental health. When we think about mental health, you know, we have increased numbers of crisis calls coming into the hotlines. We have increased needs for food, shelter, and supplies and trying to connect people to mental health services. And then we're also having an increased number of calls from victims or survivors with mental health challenges. This even includes the risk of suicides.

So agencies are trying to, you know, use their abilities to kind of be innovative and they're trying to offer virtual counseling services. But it's very hard -- some people do better with support groups and working in groups. So, of course, support groups, unless they're virtual, are not able to happen or haven't been happening recently in a lot of areas. So just thinking about how you have now lost that sort of face to face personal connection that sometimes is needed when you're providing services for individuals and wanting them to feel supported. Also outreach, one of the things we definitely know that a lot of our service providers do is provide outreach within the community, whether it's outreach centers or going out to community events and providing information and resources. Just being present in the community, which is something that we have not been able to do over the last few months. So there are survivors you would

necessarily interact more at those events that would come up and talk. They're not getting that outlet.

We're not getting out in the community to get some of the people to the table who really need to be there. So that's something else that we look at. And then also when we're looking at advocacy, you know, really being able to advocate for survivors, now it's causing us to have to advocate from a distance. And so there are a lot of things that we may not necessarily be able to see, but we're trying to advocate for survivors and really try to ensure that we have services in place for them, or the most appropriate services. Then we're also having limited, not only resources, but funding. Most agencies typically really survive on a lot of their fundraising efforts. So that's something we're not being able to do, or at least over the last few months. It's been very stressful for a lot of agencies because they're not having access to fundraising and groups who would normally give, they're short on funding so they may not be doing their regular giving as they were previously.

And so we talked a little bit about how it impacts the service providers and agencies.

But just kind of looking at -- taking a quick look at how COVID-19 has really impacted survivors as well. Because as I mentioned before, when we look at how stress increases, we know that means abuse often increases as well. We have, you know, the loss of employment has created financial instability for survivors and their families. Also, we're looking at survivors are now often having to shelter in place with their abusers. And then they're limited to social systems or social networks and they're isolated from whether it's religious services or healthcare services or individuals like community groups they would normally go to, or just friends and family. And then also the survivors being limited on the access to quality healthcare. That also includes like I mentioned about chronic illnesses. Not having that quality healthcare, which, you know, is definitely something that is difficult for survivors. It directly impacts their quality of life.

Also, another thing we see quite a bit is that when we talk about that isolation -- and we talk about them being isolated from friends, family, schools, employment and other social systems as in how that kind of impacts them when we talk about abuse. But we also know this impacts people's mental health as well. So thinking about how do we help survivors who are already struggling with healthcare needs or mental health issues, and now we've added this extra layer of crisis on top an already sort of crisis situation. So that's something that we also are seeing quite a bit with survivors.

So I wanted to talk a minute just about a few of the strategies that we have been using in North Carolina just to kind of address some of the things that are happening with COVID-19 and how we can be innovative.

One of the things that we have done, and we'll talk to Tina a little bit more in a few.

So when we know that most of our grant funding, for instance, is on a reimbursement format, we have tried to figure out how do we work with organizations in the local community, for instance, grocery stores or any other sort of essential supply stores or restaurants or food vendors who can allow us to kind of have a credit as an agency and then be able to provide this, you know, voucher or allow individuals to go to receive -- whether it's the groceries or supplies or services.

To go get things from those places and then just bill us so the agencies can just bill us directly instead of having to do it as a reimbursement. We know small agencies are definitely struggling. We want to try to do a lot of that. That's one of the things we have tried to do.

Another thing that we have tried to do is find ways to increase support for survivors. This is by increasing some of the different transitional housing options.

We have seen -- whether it's working with hotels or landlords who have private properties, finding ways to increase the amount of housing that we might have available that we could still offer social distancing.

Also finding ways to designate shelter in place space or isolation within a shelter.

Shelters have actually designated a space specifically for someone who is being quarantined.

It's not that they have to be with the general population within that home, but they are also allowed to stay within that home.

And just kind of being creative on how we can make sure they're safe, but they're also keeping others safe as well.

One of the other things that we have been doing is we have been -- we establish what we called a community advisory committee.

We established this a few years ago.

But that group has been in place to help to inform and provide outreach and education and service delivery to marginalized communities across the state.

So they've helped us with translating materials, and that includes infographic posters, providing outreach.

One of the things that we've also been able to do is to just figure out ways that we can engage the community when we know the agencies are struggling with being able to do outreach.

One of the things that we have done is worked with some of our funding agencies to reallocate the grant funds to address acute needs.

So we are doing some creative things, like our family violence prevention services coordinator has been working with several programs to try to provide additional funding for emergency services that they may need over the next several months as it relates to COVID-19.

We also have used some of the funding we're receiving to channel that to work with radio stations and different TV, magazine, and doing some social media outreach.

Because we can't do that in person outreach right now, so just trying to find ways to be as creative as possible.

Just making sure that people are aware, not only that issues like domestic violence, sexual harassment and human trafficking are happening and at times increasing during a crisis situation, but there are resources, how do we connect them to those resources that they can utilize even at this time.

And so now one of the things I wanted to do is I'm going to introduce you to Tina Pennington with beloved haven.

Tina is one of the programs we've been able to provide funding to because Tina does so many amazing things within our community.

She'll tell you a little bit more about those services. But we've been able to find ways -- because they are still out in the community and they are still serving survivors.

So working with Tina and her program on how do we connect survivors to resources and, you know, employment services just be innovative and creative and making sure they have access.

I'm going to give Tina a chance to introduce herself.

But also with your introduction, talk a little bit what the impacts that COVID-19 has had on serving survivors in your community.

Tina Pennington

>> Good afternoon, everyone.

Thank you so much for having me on today.

It's an honor to be able to share the work that we're doing here in North Carolina.

Well, COVID-19 has been tricky.

It has been quite challenging because a lot of our work is outreach.

We provide the only drop in center in our area.

Probably I think possibly the only drop in center in our state.

And so many of our women that come into our drop in center are still in the life and they are homeless or they are moving from place to place so they're looking for refuge. They're looking for a place where they can just find rest.

We provide lunch and dinner. We provide a place for them to have a shower, a place for them to rest. We also provide support groups. If they are willing to take our advice and decide to step out of the life, we start putting a plan in place to help them find shelter as well.

So yeah, so we -- we're finding it quite challenging right now and having to get really creative and get out of the box and figure out ways to provide without being able to have our drop in center open during this time.

And so what we have found that works very well is getting emergency bags out on the streets and identifying victims on the streets.

So we have an outreach team that is still out and about. Actually, that is part of our program. We didn't just jump into this because of the COVID-19. This is something that we have been doing for the past year. Many of our women, like I said, are homeless and they are on the streets. And so we have partnered with a local agency here to provide hotel vouchers and get them at least into a hotel room for a few nights. Since many of our shelters are not taking in any new clients during this time. We have really not been able to do a whole lot of our case management due to the fact that most of our staff had been working remotely. However, our direct line is still 24 hours, seven days a week. So we have had calls come in from victims and from the hotline looking for shelter. Unfortunately, we have not been able to provide that. So we have been able to try to find a temporary solution by housing them in hotels or finding someone in their family who was willing to actually let them stay there.

And so we have also partnered with the pregnancy resource center and done some outreach alongside of them as well for any of our clients who may have children or babies.

We were able to get out some Easter baskets during the Easter season and provide diapers and baby wipes and gift cards for groceries or gas. Whatever the need might be. We really cater and create our program around individual needs. And so it's been challenging because we don't know who our clients are right now because we are just identifying on the streets and they're not coming into the drop in center.

Kiricka

>> I definitely understand that. Just really have watched some of your efforts and know that you guys are working so hard in your community trying to be as innovative and also kind of changing -- even when you see it's not necessarily working this way, to kind of change it. But I know you mentioned a little bit about some of the emergency bags that you are using and that you've worked with a couple other community agencies.

You know, what about how are you, Tina, addressing healthcare needs of survivors? Because I know it's even more challenging right now. Do you have initial partnerships? How are you addressing that right now?

Tina

>> Right now who we've been walking alongside during the COVID is the community care clinic here in Elizabeth City. They have been amazing. The challenge is many of our women don't have access to the internet. And so they're not doing appointments in the office. And so they're having to do telehealth, Zoom call visits. And so just being able to arrange that has been quite tricky.

We then will open the drop in center, which we would refer to that as an emergency need and we'll allow for that client to come in and be able to have access to internet here in the drop in center.

Kiricka

>> All right. And I know that you partner with your local community health center. I think it was interesting to hear you talk a little bit about how that relationship started. I think Anna will talk a little bit more about some of the ways you can partner with those local groups. You know, can you talk a little bit about how that relationship started with them?

Tina

>> Yes, absolutely. So when we -- actually the drop in center was something that basically just fell out of the sky.

It was really not on my radar. We had a vision and a plan to open up a transitional house here in Elizabeth City. And we just really saw a need to be able to provide emergency support that many of these women were not ready to leave the life. So we wanted to be able to meet them right where they were. And we opened up the drop in center before we started to take in any of the women off the streets. We opened it up to service providers and agencies, law enforcement, and we just had a tour. We had them come in, tour, sit down at the table with us, talk about the services we provide, the work we're doing. And so our partnership with the community care clinic came out of one of those drop in center tours.

Kiricka

>> It's amazing. Because sometimes that informal, personal touch is what can kind of build some of the strongest relationships.

I know one of the other things that I think we've been quite impressed about that you've been doing, also, is employment for survivors.

How are you keeping that piece going and sort of at the top of things and really making sure that survivors are able to have employment and earn their own money during this time as well?

Tina

>> Well, if you're referring to the thrift store, you've got to call me back up next year and we'll chat about that. Because, actually, this is the first week that we have our survivors in there working. So far, so good. Our plan with the thrift store is to be able to employ survivors. Now these would be survivors we have walked alongside of for a year or so. And, also, it allows them to -- for clients who coming into the drop in center, it allows them to have volunteer opportunities within the thrift store. Kind of teaches some of that basic life skills, kind of gets them back out in society. Builds their self-esteem. And so it's going to provide a place that hopefully will employ many of our clients in the future.

Kiricka

>> Thank you.

I know Tina will be able to answer questions later on in the webinar.

But right now, we're going to turn it over to Anna to talk a little bit more about -- we talked about healthcare and survivors -- to really kind of delve into that in supporting their healthcare needs.

Anna

>> Thank you so much, Kiricka, and thank you, Tina for that update.

You know, I think advocates, it's a testament to the way that you're always adapting and pivoting really to meet the needs of survivors right where they are. So thank you for all of your hard work. So we're going to segue and share now how community health centers can offer healthcare support for survivors of violence and trafficking. As you just heard from Tina, she has a similar collaboration like this that's working for her and her clients. Community health centers can also offer COVID-19 testing and care. They also offer care for children's health needs as well.

So just a quick look back, again, we asked you during registration whether each of you had already partnered formally to support trafficking survivors.

About 36% indicated that you have partnered with a community health center as part of your work. That's a great indication that many of you have already established these kinds of partnership. And also you have advice to lend to others who have not done that.

38% of you have not yet established these partnerships. We're going to give you a lot of resources and tools with MOUs and other templates that you can use to adapt to establish those relationships.

And then, finally, 26% of you just weren't sure.

Maybe that indicates a conversation that can be had as part of your collaborative group and just finding out what history of work you have with your local community health center.

If there's nothing there, maybe this is a point to establish that connection.

So just know as an audience you also have a lot to share. Continue to share in the chat box as we go.

Because of the isolation, healthcare providers might be the only person reaching out to any given patient who is surviving abuse. Or the first person they have talked to. Or maybe the only person who has shared a kind word with that person in the fast few weeks or months given all that's going on. Healthcare staff are in a unique position to both initiate conversations with their

patients about domestic violence, sexual assault, and human trafficking, and also help reduce the isolation that they're facing by connecting them through referrals directly to advocacy programs.

So, you know, in terms of meeting people where they are, most community health centers and programs remain open and continue to support survivors and children during this public health emergency. Either in person or virtually. Both are partners right now for any collaborative body. Health centers are one of the few pieces that people are allowed to go, even with shelter in place restrictions. Many are also being seen by telehealth. You're going to hear from Anisa with some of those strategies for healthcare providers as it relates to telehealth in just a few.

Also, you know, many domestic violence programs continue to operate as you heard from Kiricka and Tina and they're continuing to adapt their services. So just know that these are still critical entry points for survivors.

Just a little bit about community health centers, if this is a newer partner for you. They are federally funded and they are community based and patient directed organizations. They provide services regardless of a patient's ability to pay. They charge for services on a sliding fee scale. They deliver comprehensive primary care and also often includes a pharmacy and mental health services. Connections to substance abuse programs or they run their own substance abuse programs. Some may have oral or dental health service and many offer prenatal and post partum care as well. They also have enabling services, that includes things like health education, language translation, and transportation to the clinic that can promote access to healthcare. You might be able to coordinate with them if you're in a domestic violence program or another system, just to help coordinate that transportation and the language access needs. Some centers focus on special populations, including those experiencing homelessness. Also migratory workers and public housing. They are often located where affordable healthcare services are not available. That link can help you identify centers that are around you. They have added a feature that tells you which centers offer COVID-19 testing.

So being a survivor of domestic violence is considered a qualifying life event. Meaning survivors can enroll in healthcare at any time throughout the year. And that's at [healthcare.gov](https://www.healthcare.gov).

The FUTURES website has an archived webinar and a lot of other resources available on how enrollment works and pointers for advocates and others if they're looking to help their clients with the enrollment. Even if clients are healthy with no obvious illness or injuries or acute health needs, it's really helpful to establish a connection to a primary care provider early and to establish a medical home.

Which is to say, you know, somewhere where they're enrolled and they can be seen down the line should they get sick or need any kind of routine care.

So establishing this in advance really helps people avoid unnecessary costly expenses related to emergency room visits. Which is often the fall back for people who have not yet established a relationship with a primary care provider and established that medical home. It's a great thing to do preemptively and health centers typically have enrollment specialists you can connect with just to help get people enrolled.

So we've talked some about what health centers offer. And we also want to emphasize that it's helpful to first formalize these partnerships. And each collaborative partner, if you're part of a task force or collaborative body, each of you has the opportunity to do so. Health centers, domestic violence and trafficking programs and many of the other partners here that you see listed on the slide serve clients at increased risk for COVID. For example, those living in close

quarters with others, people who are experiencing homelessness, elders, people with chronic health issues, and those who are immune compromised like who are HIV positive.

So our goal is to develop and enhance relationships each of you have with health centers and to build those bidirectional referrals. For example, looking at domestic violence programs, they can attend the health needs for survivors and their children. Just as they're entering the domestic violence program or just as they're calling the hotline. And they can increase their health access by asking a few questions at intake and providing referrals to that partnering health center for follow up. And health centers can improve health and safety outcomes for their patient whose are survivors through universal education messaging, which we're going to talk about in a moment. And also by providing another referral to a domestic violence program.

Also it's worth saying that staff from both agencies also benefit from this partnership personally as they themselves may need the support. Staff at health centers, they also experience domestic and sexual violence or trafficking or people in their lives are going through that. It's also a connection for them on a personal level. For domestic violence, staff or volunteers who may not have healthcare, community health centers are a great resource for them as well.

So as you see listed on the slide, it's just worth noting that there are many long lasting physical and mental health consequences for survivors of violence, abuse and trafficking.

These health consequences can persist, even after an abusive relationship or trafficking situation has ended. And as with physical health, experiencing domestic violence, sexual assault or human trafficking can have a significant and lasting impact on people's mental, emotional and spiritual health and they can experience coercion which was part of the trafficking or abuse.

That can be entangled in terms of needing some of that substance abuse support. Now with COVID-19, as we're talking about, survivors really need additional support as it relates to getting information about COVID, getting tested, and getting care. And community health centers are poised to offer support to new patients and continuing patients just on that. I'm going to turn it over to Anisa, who is going to talk to us more about the specific strategies for health centers and some of the tools that we offer for some of the next steps.

Anisa Ali

>> Thank you, Anna.

So given the many long lasting health consequences of domestic violence, sexual assault, and trafficking that Anna was just referring to, health providers have an important role to play in protecting survivors' health.

As Anna mentioned, during COVID-19 health centers are offering patients care both in person and via telehealth.

Which is to say remotely by screen or by phone. So there's a unique opportunity to reach out and support survivors of violence and exploitation via telehealth. At the same time we recognize the reasons that people may not feel safe disclosing abuse or trafficking. So we want to spend the next few minutes sharing with you one universal education approach that can reach all patients with information on healthy and abusive relationships and exploitation and the impact on health and where to get help. And we call this approach CUES.

In order to talk about violence, in place of a screening tool that poses yes or no questions, to a patient on this. This shift is critical for patients who may have a long history of distrust in systems or who may fear further violence or harm and are unable to say yes or talk openly. It

stands for each step of the intervention, confidentiality and making them aware of any limitations of confidentiality.

Universal education on intimate partner violence.

Empowerment, sharing the info with the patient that they can share with family and friends.

And then also the S stands for support. Which means making connections to local advocacy programs and sharing validating messages with those who do disclose.

CUES is typically done during in-person visits using a small brochure, which you see on the screen here.

Most health visits are done via telehealth we have adapted it for telehealth purposes with enhanced scripting.

The handout with that guidance is available to you as a download from the webinar, which I know we have been sharing that link to the handouts in the chat box. So it's in there. And that's where you can get that handout, which I'm going to talk more about in just a minute as well. You can learn more about CUES at IPVhealthpartners.org which walks you through the steps in detail and provides you with additional guidance like the types you see listed on the slide. This include pointers on adaptable scripts. And considers principles and ways to share information safely during virtual visits.

As part of this universal education, providers will also make the connection between violence and exploitation and can share promotion strategies with patients.

And how health center staff with partner with local DV programs, as Anna discussed.

This supports the opportunity for healthcare staff to offer patients a warm referral to a domestic violence program, letting their patients know a little bit about what the program offers and the role of an advocate and how to reach them. That kind of gives you a general overview of the steps of CUES. And so as I mentioned, the E stands for empowerment and the opportunity to share information with patients that they can also then share with their friends and family.

So more and more scientists are telling us that altruism is healing and tapping into their community is really important. This recent "New York Times" article that's listed out here on the slide highlights a number of studies that demonstrate how helping others, whether it's volunteering, donating money, or giving advice is beneficial for people's well-being and can increase their resilience. This is just especially important during COVID-19 when people and especially survivors, are experiencing increased levels of stress and feelings of helplessness. So not only do they receive this information during the intervention for themselves, they can also be healing to share with others.

And so here are just some tips to include CHCs (Community Health Clinics) as part of your collaborative. The way we define success is the ways in which we can reduce isolation and improve health and safety outcomes for survivors. And one of the foundational actions to operationalize this goal is to include the health centers. Partners can first begin by identifying the nearest community health center. And then include them as part of your collaborative or partnerships. You'll want to identify a champion at the health center and invite them to join your human trafficking collaborative or partnership meetings.

So on IPVhealthpartners.org you can find memoranda of understandings or MOU and other tools for collaboration. And then you can work with the health center to provide a training to all staff. And we have training materials available on our online tool kit. And then thinking back to that referral graphic that we saw a few slides back with all the arrows of collaborative, you can

begin establishing referral processes for survivors once the community health center begins to implement the intervention. As you continue this work you can monitor and evaluate your progress along the way.

Here's a little bit about what we've been hearing from advocacy programs about some of the benefits of the partnership with health centers. They have been able to consult with health center staff for guidance on shelters, and then also how to support staff who are ill. Health centers have been helpful in enrolling clients and staff in health insurance. And as we mentioned earlier, community health centers offer enabling services, such as transportation and language interpretation, which is helpful for clients from advocacy programs. Then they've also provided COVID-19 education and support for clients. COVID-19 testing, whether that's drive thru or walk up, and they can provide access to prescriptions and medication refills.

And so as I mentioned, we have created -- adapted this CUES intervention which is generally done in person to be done via telehealth. You can see the guidance that we've created for telehealth and addressing and responding to domestic violence, sexual assault, and trafficking during telehealth visits. This is for health centers in partnership with domestic violence programs. You'll see on the handout the sample and adaptable scripts for providers when talking with patients about domestic violence and trafficking. It also includes tips for responding to disclosures. Lastly, this guidance includes a visual pathway and flow chart for health centers in addressing trafficking.

So this is more of a visual mapping of the steps of the intervention. And I want to mention that while this handout was developed specifically for health center and DV program partnerships, it's also helpful for other collaborative partners and advocacy programs as well. You can find this handout at IPV.healthpartners.org.

You can receive it as a handout from this webinar. With that I'm knowing to hand it over to Sarah.

Sarah

>> Thanks.

I'm going to spend time now talking about the economic needs of survivors. I sought from the registration information that nearly a quarter of you have partnered with workforce development programs in the past. While the rest of you either haven't or weren't sure. So this is a really great opportunity. I'm glad to talk to you about the importance of building these collaborations. We know that economic security is really a protective factor for survivors. Economic security offers choice, opportunity. It's about safety. And unfortunately, survivors face a number of obstacles to accessing good jobs.

Jobs that are safe, jobs that provide good wages, career ladders. So that they can be independent from abusive partners and be able to support themselves and their families. Promoting employment opportunities for survivors of trafficking project aims to address these issues.

Our hope is to help increase the capacity of service providers through our training and technical assistance to build a lot of those collaborations with the public workforce development system which includes community colleges, employers, vocational service training providers and others. In addition to building those collaborative partnerships, we really hope to help improve the internal capacity of the service providers to support survivors in exploring economic opportunities locally. And unfortunately, because of COVID, this has made a lot of this work much more difficult as we're trying to figure out where those opportunities actually lie presently and in the future as our economy will very likely be reshaped for the long term.

If we could go to the next slide, I would love to have a dialogue in the chat box to help shape this conversation going forward.

So what types of employment opportunities do you currently connect survivors to? Maybe this is pre COVID. What types of jobs have the survivors you're serving typically held in the past? I'll give folks a moment to share what kind of jobs you're typically looking at.

Domestic work, yes. Domestic work is often some of the jobs where -- survivors can also be vulnerable, right? These are jobs where individuals are working in isolation. They are not necessarily good pay.

Same with servers in restaurants, warehouses, convenience, motel. Great to hear, these are a lot of those kind of, I would say low barrier to entry occupations where we connect them to on a pathway to more economically secure jobs.

Thank you to those who are sharing.

Cleaning homes. Yes, absolutely a lot of that work.

I'll share a little bit while I wanted to point out the places we typically connect survivors to. I've done that myself in my own work where I've been working with survivors of domestic violence. It's trying to get that immediate income to support themselves so they can be safe.

Unfortunately, because of COVID, those are the jobs that have become most vulnerable. We've seen massive job loss in the retail and service sectors. That's in a lot of ways, very different about this recession we're seeing right now. The service sector usually is somewhat protected and isolated from bearing the brunt of job losses. That hasn't necessarily been the case this time around. And women and people of color in particular bear the highest job losses. Of course, as we know and we've discussed, these are the individuals who face the highest rates of domestic violence and sexual violence and trafficking.

So it's really creating a very dangerous situation for those who are already vulnerable to abuse. Unfortunately, we will continue to see the job losses here in these kind of sectors. They'll probably be the last to kind of rebound from the impacts of COVID.

So trying to think about what this looks like for us right now has actually been quite challenging. We've been talking to a lot of workforce development programs to get a sense of what is the path forward. Right now, there are very limited job opportunities. Some businesses are rehiring as states are reopening, but it's in a very limited way. There are questions as to whom those businesses are hiring back first. I would offer that they're probably hiring people who have the least obstacles to work right now, and that's namely people who probably aren't providing caretaking for small children who aren't able to go to school or to daycares or sick family members as well.

So unfortunately, we're seeing a lot of women, caretakers unable to take advantage of the limited job opportunities now and may not be able to return to their jobs. There is some growth in a few occupations. You know, those that have been deemed essential, the grocery work, pharmacy, delivery services, and warehousing.

Those have all seen increases. Unfortunately, again, these are not necessarily the most safe jobs, especially right now as those workers are facing additional risks of exposure to COVID. And they aren't also the best paying jobs for survivors, too, that we're looking for.

In the long term, as I mentioned hospitality, services, the service sector jobs will be the last to recover. And they may look very different. We know that people may not feel comfortable or safe going out to dine out or travel or engage in other leisure opportunities that are so necessary

for these jobs to come back. So it's very likely that we'll see a lot of difference in what those opportunities look like. In particular, we know a lot of restaurants are not reopening.

I did a little drive the other day in my own community here in Maryland where things are starting to open up again, but we've seen -- there's a lot of restaurants that are completely shuttered and out of business, empty. We know that's not going to be an uncommon reality.

Another thing to keep in mind is some jobs will simply be automated. This is happening -- was happening prior to COVID but we're going to see it happening a bit more now. Particularly jobs like cashiers where people are trying to find a way of how we can get people moving through for health and safety reasons. We'll also see maybe we don't need those jobs to begin with and they'll likely be automated.

So coming towards more reopening, the labor market is going to be incredibly competitive. That's where we need to think about how we can help support survivors who have obstacles of having unstable housing, chronic health issues. Those who are moms who don't have any options to take care of their children while they're trying to seek work. It's making it very difficult for them to be able to find opportunities.

We can go to the next slide as I'm trying to look forward.

Granted, there are a lot of unknowns, economists are somewhat optimistic this will be a very steep but short recession. They often emphasize it's not a depression. Unfortunately, because of the uncertainty and the potential of a second wave, knowing that some businesses will not reopen in automation, it makes it very difficult for those of us who are trying to connect survivors to education, training and employment opportunities to know where do we go?

Who do we help connect them with? Now more than ever it's critically important we build collaborations with the workforce development systems. They have the pulse of where the jobs are going to be. They have the resources, especially as more support is being sent their way. They're going to help shape what recovery looks like and who has access to that. So we need to think about how we can build those partnerships and connect survivors to those opportunities.

Some of you may be very familiar with the workforce development systems. Some may not. I often hear jokes from my colleagues that even though who are leading the state department of labor say it's just so complex that they don't even know all the ins and outs of it sometimes. It's a very complicated system. You'll see that we actually have a resource available in the handouts that kind of outlines what the workforce development system looks like. It is created under the workforce innovation and opportunity act, which was designed to strengthen and improve the public workforce system and help workers, particularly those who are youth with significant barriers to employment and adults be able to access quality job opportunities. Most of this is done through a network of American job centers or one stop shops. You may be very well familiar with.

These programs are organized under six core areas. We have the adult and dislocated workers and youth under Title I, Title II, and the vocational rehabilitation. I'm going to focus primarily on Title I, administrated by the employment and training administration. They focus specifically on job training and employment support for youth and adults. These services include individualized training, career services to help job seekers. The priority has been given to low income individuals, individuals who need educational training, and those who are receiving public benefits.

The dislocated workers program which is getting a lot of attention right now focused on training, job search and other assistance for those who have been laid off or been out of the workforce for some time.

This one's particularly interesting because, you know, survivors who may have been unable or prohibited from working by their abusive partner often fall into this category, too, and are eligible for services. The final piece under Title I is the youth service program that serves young people age 14-24 to get education and training and employment services.

One other piece I just want to note that's critical are foreign national survivors of human trafficking are eligible to receive Title I services if they're 18 or older or have a letter of certification from HHS. Or if they're children under 18 but have a letter of eligibility for minor victims also issued by HHS. These are also available.

The main access point for those who are job seekers is through these American job centers, one stop centers, formerly known. These centers offer a full spectrum of employment related services in one spot. Individuals can explore careers, find available and local trainings, search for jobs, and get other assistance.

You can actually see the link there where you can find your local center. There are many across the country. Get a sense -- I'm always trying to encourage people to get to know your one stop center before sending survivors there. You want to be able to help them navigate the process. Going into these centers is intimidating. We want to give them a sense of what that looks like, what to expect.

So upon arrival, you know, individuals are greeted by staff and they are usually encouraged to participate in a group orientation to learn about available programs and services. They also have specific greeters who are there to help support customers who are coming in with intake and connecting them to appropriate assessments that they may have.

And identify what their needs would be. And ultimately with the goal of referring them to the education and training programs that they have available. This can take, you know, a couple days. Which I know is a really big challenge for survivors to get there and get all the services they need. Every center is a bit different in how they're structured. It's always really important to get to know those programs.

Now, within those centers they have a lot of very specialized services, often focused on youth and veterans. But they do have a very wide range of resources that vary from site to site, depending on the local labor market, the presence of education and other service providers.

One place I like to have people think about in terms of great resources are apprenticeship programs. If anyone is looking to start a career and not sure where to go, apprenticeship programs are great opportunities to learn towards a career and also get paid at the same time. And there's a lot of different apprenticeship programs across the country that people may want to look into and help connect and build relationships with.

Finally, community colleges have a lot of -- offer community based job community programs have a lot of resources available. We are fortunately now seeing a lot more community colleges beginning to adopt trauma informed practices, much like a lot of nonprofit victim service agencies who offer job training programs. We like this because obviously the survivors we're working with need to have a safe and supportive environment in order to thrive. And that's not always the case in many of the workforce development programs that are out there. However, with these community colleges and nonprofit programs that are trying to center trauma informed practices, it really creates a great opportunity for them. They often will have great wrap around services they can help support and supplement the work that victim service agencies are doing.

So as I mentioned before, we want to be able to set survivors up for success. We don't want to identify programs and say, hey, good luck, this is a resource in the community. We don't want to blindly refer people. We want to be able to do our research to get a better sense of whether

these programs are a good fit for the survivors who serve. And that they can actually meet their needs. So a few considerations, and we have many more we can talk about, just to think about.

- How do you actually navigate those resources?
- Are they truly accessible to the survivors?
- Are there costs of participation?
- Language barriers, other challenges they might encounter?
- Are there remote opportunities?
- Are we able to help connect survivors to the technology necessary to be able to take advantage of those opportunities?
- Are they credentialed?

We never want to encourage someone to take advantage of a program if it's not going to have the kind of credentialing that will actually get them a job. Then they'll have lost time and valuable resources where they could have been taking advantage of another opportunity.

Pathways are really important, so if there is connections to jobs, other actual jobs in the community. For example, maybe a lot of those existing retail trainings are not necessarily the best option right now because the -- we don't know what the job openings are going to look like in the future.

I mentioned already a bit about being trauma informed. And looking to see if they have -- provide support services. Whether childcare, transportation, healthcare resources, other things to help make sure that the many obstacles survivors face to accessing these programs can be mitigated.

So we've been talking a little bit about considering building opportunities and collaborating with the many workforce programs. I know that was just a very, very light thumbnail sketch of the resources out there. We have a lot of resources on our web page that talk about the various opportunities that's are there and how you can identify them and connect. We believe it's important to be able to build those relationships to support survivors. Also I would say that it's a win-win for the workforce development system as well. Many of the clients that they're serving have likely experienced domestic violence, sexual assault, or trafficking. But they're not going to know that. They'll see behaviors, they'll see people who, you know, we would recognize as experiencing trauma or other obstacles. They won't see that. Unfortunately, they won't be able to effectively support those survivors.

So if we're able to educate them about the needs of those who have experienced various forms of gender based violence and offer guidance on how to provide trauma informed support, we are also not only helping our survivors do well in those programs, but also helping those programs better support their existing clients. So beyond that, - there are these workforce development boards, which were established to direct federal and state funding.

Generally every state has a workforce board, but it looks very different from various states. Some are based at the county level, some are regional, some are city based. These are really important structures because they are creating a strategic plan that focus on what the funding and training priorities are going to be for those areas. Members of these workforce development boards are primarily from the business community, 51% must be from the business community. But it also depends on representatives from community colleges, vocational training providers and other service providers. These meetings are open, so it provides a fantastic opportunity to be able to advocate for the specific workforce needs of survivors. And to be able to identify and establish relationships that can hem promote greater employment opportunities for those survivors. Unfortunately, these are not -- the needs of

survivors are not well known. If we're able to get a seat at the table, raise the voice of those needs, we can really help create opportunities. Especially now as many workforce agencies are trying to determine how to effectively support the resources as many, many people are unemployed right now. We need to make sure the voice of survivors are at that table and they're not left behind and forgotten. So we really hope that you consider learning more about those workforce development boards in your communities.

There's a link on the slide there where you can be redirected to your local community. Obviously, they're probably not having open meetings right now for safety reasons. But you definitely want to try to figure out who are -- who is leading those boards, who are the participants in terms of the business partners, the nonprofit agencies and vocational services. Get to know who they are and be able to help advocate. So there's a little bit on the collaborative model I'm happy to talk about offline for those who want to see this in action. But want to just kind of bring it all back together and talk about how we can strengthen and support those services for survivors. Again, flexible and adapting to this changing environment. We need to be engaging with survivors, we need to ask them what their needs are. Because they are changing just as quickly as the situation is around them.

We want to make sure that we're accessing healthcare and the broadest type of healthcare, mental health services, the full range, and social support services to address some of the isolation and build those important networks. We just talked about the importance of education and employment opportunities. Without those, economic security will make survivors even more vulnerable than they already are. We want to try to create some sense of control and empower survivors with healthy resources, community connections.

We need to pay attention now more than ever that the potential of increased human trafficking because of COVID. As we've been talking all along, this is not something you have to do alone. We have great strength in collaborations. There's a lot of expertise out there that we need to maximum and be able to share knowledge across these sectors to help survivors be able to rebuild their lives, even in a COVID-19 world.

I'm going to pass this back to Anisa I believe.

Anisa

>> Thank you so much, Sarah.

So just in the interest of time I'm going to go through these slides quickly. Just a reminder have IPChealthpartners.org that has a lot of tools and resources we mentioned today that are specific to building partnerships between community health centers and local domestic violence programs. Feel free to check it out.

Then on futures, we have a number of pages dedicated to COVID-19 resources for survivors and families and those working on the front lines and also for workplaces as well. Feel free to check those out.

I'm going to hand it over to Anna to facilitate the question and answer session.

Anna

>> Thank you for the information and ideas you've offered today.

I want to give time, if you have questions specifically for any of our presenters, go ahead and share that in the Q&A box. It's actually the easiest way for us to see it on the bottom of the toolbar. Going back to a couple questions that popped up so far, one person asked whether advocates are responding to the hospital in person for forensic exams at this time?

Kiricka or Tina, could you speak relative to North Carolina programs and what you know about some of that hospital accompaniment for those types of exams?

Kiricka

>> This is Kiricka.

It depends. Right now things are a little different because we don't have our stay at home orders in place right now. We do have safer at home in place. But it's still, you know, limited on the number of people who can attend or be with someone at the hospital. So depending on which hospital, some are able to. But it's not something that people are doing as much as they would normally do. So I think we're starting to see it happen just a little bit again in some areas, but not as much as we would normally have advocate actually going to the hospital with survivors.

Tina

>> We're not able to do that at our local hospital right now. That is why we have set up this partnership with the community care clinic to provide telehealth appointments for clients.

Anna

>> Great.

We also heard in the chat box that some people are doing teleadvocacy where they're able to offer that kind of support remotely. B As we know, some hospitals and even health centers have restrictions, as Kiricka mentioned, in terms of who can enter the exam rooms. So virtual might be the next best thing. Thank you for those answers.

We had another question that there are currently serious limitations in electronic health records' ability to maintain confidentiality and safety for victims. Companies like cerner need to feel the pressure. Confidentiality as it relates to the exam room and what is mailed and sent home, we have a lot of recommendations at FUTURES, we have policy memos.

If I could ask Anisa, if you can maybe put the link to where people can find those memos into the chat box. We can connect you. We're definitely monitoring that.

Because as you know, there have been some new allowances on the types of platforms that healthcare providers can use, including things like Zoom, you know, or other platforms that were not allowed because of confidentiality concerns, there's less restrictions. While that may be helpful in terms of reaching additional people, that does open privacy concerns. We have prided some guidance. And we will also include some of those links in our follow up e-mail to all of you here so you can see more of that information.

We have another question, whether we could discuss more about confidentiality in this time as it relates to referrals and sharing information about clients. Again, I think I'll ask Kiricka and Tina if you could talk about any of the ways you can safeguard some of that with your collaborative partners or some of the things you're considering given some of these changes.

Go ahead and unmute yourself if you're talking.

Kiricka

>> Okay.

Sorry, Tina, did you want to start?

I can definitely talk a little bit more about it if you want to start.

Kiricka

>> Yeah, just can you tell me again what the first part of the question was?

Anna

>> Sure. So just interested in discussing more about confidentiality in this time as it relates to referrals and sharing information about clients with other partners.

Kiricka

>> Sure. I mean, I think that's a really tricky thing. I know one of the things we have talked about is, you know, definitely for us in particular like at my agency, we're a state agency so we have to be careful because a lot of our information is public record. However because we provide actual housing services, that information is not. So we definitely have a lot of discussions about how to safeguard information. It's definitely something we're having to do a little bit more of electronic than we would normally do.

Also, if we're doing discussions or virtual meetings or any sort of counseling or anything with individuals, we definitely want to make sure that one of the things we're talking about making sure programs do -- are in a space that they can kind of make sure that that person's privacy is still being respected and that things are being able to be confidential whether you're in a closed room, but not just being out in the open is one of the things I've seen that has been a discussion we've had as well.

I mean, there are several other things but that would be one of the biggest things when you're having virtual meetings or counseling sessions or trying to help someone online to just making sure that we are being very cautious and cognizant of kind of who is around us and what's happening to make sure that they're still being safeguarded.

Anna

>> Thank you.

And we had a number of questions also come up in the chat just around the certificate of participation.

And, yes, that is free. You can find that in the slide -- if you could advance, please, Anisa. You'll see a link to the Survey Monkey toward the middle of the slide. There you can request a certificate of participation.

Many have asked about CEU. We're not offering CEUs, sometimes you can take the certificate of participations to the licensing boards and they might give you credit. You can see if that works. And just I want to thank all of you for your participation and engagement in today's topic.

There's always more to discuss. Let us know what's helpful in terms of additional resources and support as you fill out that survey.

I just want to thank all of our speakers today for their great content and ongoing work, especially on the ground in North Carolina. And don't hesitate to reach out to us if we could answer further questions.

You can see Monica Arenas' e-mail at the bottom of the slide. Just wishing good health and peace and to take care of yourselves and each other in these difficult times. Thanks for joining.

>> Thank you, everyone.