

Guiding Principles:

- Ending domestic violence, and other forms of trauma across the lifespan requires simultaneous prevention of the social conditions that contribute to unequal health outcomes—such as poverty, racism and sexism.
- All Californians should have access to comprehensive, coordinated, affordable, culturally relevant health care. Partnerships between domestic violence and health care organizations are a model to increase access to health and behavioral health care services.
- There are trauma-informed evidence-based prevention and intervention strategies that we know are effective in reducing the incidence and lifetime impact of domestic violence.
- Commitment to local and state advocacy by California’s domestic violence advocates, healthcare providers and associated membership organizations is essential, and should be supported by providing learning opportunities to support their development as policy advocates.
- The health care delivery system is rapidly transforming, and the health care policy landscape, both in California and nationally, may experience more transitions in the coming months and years. There is an opportunity to scale successful programs, policies and innovations across the state of California, as well as to lift them up as a model for other states.

Goal 1: Improve prevention of and response to domestic violence in healthcare settings*Objective 1: Engage state level health systems to embed domestic violence as a core health issue.*

- Promote effective prevention and response strategies to domestic violence as a Social Determinant of Health in:
 - Local Health Jurisdictions that have identified domestic violence as a priority area in home visitation, perinatal health, adolescent health, and reproductive health;
 - California Primary Care Associations SDOH PRAPARE pilot sites and;
 - Accountable Communities for Health trauma sites.
- Disseminate primary care toolkit through HRC and other venues.
- Advocate for inclusion of financial incentives to address domestic violence, including contract requirements in public health programs (i.e. PREP, pilot projects etc.), additional funding for programs implementing innovative prevention and assessment and financing strategies.
- Assess state level health public health data tracking on domestic violence (i.e. MIHA) and make recommendations for improvements, as appropriate.

Objective 2: Engage state level health associations (California Primary Care Association, California Medical Association, California Nurse Association, California School Based Health Association, etc.) to enhance their domestic violence policies.

- Promote universal education and primary prevention as a standard of care for primary care providers by ensuring inclusion in standards for clinical care, pilot programs and domestic violence position papers.
- Identify professional development activities for members, and provide content.
- Advocate for inclusion of financial incentives to address domestic violence, including in contract requirements, by offering additional funding for programs implementing innovative prevention and assessment strategies, value-based care, and by testing domestic violence specific reimbursement strategies and/or inclusion alternative payment method pilots.
- Monitor progress of implementation by providing TA and tools to state level programs that are implementing program and policy changes.

Objective 3: Support key members of DVHCP to be members of a Leadership Cohort to influence policy

- Partner with California IPV and Health Policy Leadership Cohort and DVHCP healthcare organization members to support their local policy change goals.
- Disseminate results of DVHCP sites testing reimbursement strategies to advance the field's knowledge of feasible reimbursement strategies.
- Collect, analyze and disseminate data collected through the DVHCP Metrics/Data Pilot to establish standard set of metrics to be used across the field.

Goal 2: Improve domestic violence services response to health needs of survivors

Objective 1: Engage state level domestic violence systems to embed health as a core service area issue.

- Partner with health policy champions in each of CPEDV's seven membership regions and support their work in advancing health policies within the coalition through convening and capacity building.
- Identify professional development activities for members, and provide content.
- Disseminate advocate toolkit through HRC and other venues.
- Advocate for the addition of health advocacy as a Cal OES contract/reporting requirement
- Support data tracking and reporting of health related programs by providing TA and tools to support programs.

Objective 2: Partner with California IPV and Health Policy Leadership Cohort and DVHCP domestic violence organization members to support their policy change goals.

- Develop issue brief on health assessment and referral as a core service for presentation to domestic violence program boards of directors.
- Partner with domestic violence organizations to pursue, document and disseminate reimbursement strategies that will fund domestic violence programs to participate fully as part of a health care team.
- Collect, analyze and disseminate data collected through DVHCP Metrics/Data Pilot to influence policy goals.



Goal 3: Increase external stakeholders awareness of the role of domestic violence and healthcare partnerships in the effective prevention and response to domestic violence

Objective 1: Identify and partner with key state level policymakers.

- Launch campaign to educate policymakers on the business case to address the intersection of health and domestic violence through cross-sector partnerships.
- Develop California-specific health policy action toolkit to advocate for supportive health policy as it related to the health, safety and access to care for Californians and domestic violence survivors.
- Develop case studies that demonstrate cost and reimbursement structures for partnerships between advocates and health care partners. Identify any potential methodology for to collect information on ROI for interventions. Clearly identify possible blending and braiding of funding streams to support partnerships.
- Document health outcomes and coverage for California vs. states without Medicaid expansion. Track and document health outcomes for patients who are referred to an advocate by a health care provider.

Objective 2: Translate relevant national health and domestic violence policies (ACA, AHCA, Medicaid, CHIP, VOCA, VAWA) and best practices to impact California prevention and response to survivors' access to care.

- Develop specific impact analysis of proposed legislation on health care partnerships.
- Identify the impact of changes to key national policy levers (e.g., essential health benefits) on recommended reimbursement strategies.
- Develop a baseline of current health care outcomes to set as a baseline against which to measure the impact of future policy.

Objective 3: Develop practical policy strategies to preserve and advance protections for prevention, screening and brief counseling, alternative payment, response services, etc.

- Develop model state strategic plan and/or legislation.
- Advocate for the addition of health advocacy information into FVPSA reporting.
- In partnership with health plans and/or health centers, identify quality metrics at the plan or provider level to maintain an incentive for prevention and screening.

Objective 4: Engage national partners (National Association of Community Health Centers, National School-based health Alliance, and others) to enhance their domestic violence work to share best and emerging practices from California

- Develop specific case studies about California's work, in particular on their strategies partnerships, to share with national organization for dissemination to other states and to impact their work.
- Identify and participate in phone calls with up to six other states to share best and emerging practices for reimbursement.

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