DVHCP Case Example:
Coordinated Response and Bi-directional Referral Systems

Background

Health care settings provide an early entry point to help domestic and sexual violence (DSV) survivors, and provide an opportunity to deliver prevention messages and anticipatory guidance on healthy relationships. Health care providers have ongoing relationships with their patients, and have access to survivors that DSV programs may not be reaching. Research tells us that providers are seen as trusted sources of information and that women who talk to their providers about DSV are more likely to seek out support from DV programs.

For over two decades, health care providers and advocates have worked in partnership to cross-promote routine assessment for DSV and health, and effective trauma-informed response to DSV. However, health care providers can only be a partner in helping DSV survivors and their families if they know how to compassionately and effectively assess for violence and how to provide victims with effective intervention strategies, referrals and support.

DSV programs provide a wide and diverse range of services that provide value to health care providers—in the short run, in terms of safety, identifying health needs of survivors and thwarting the negative impact that violence has on children, and in the long term for improved health outcomes of survivors and their families. Health care providers are more likely to provide universal education on healthy relationships and assess for SDV if they have a trusted resource to which they can refer a patient who discloses abuse.

DSV is a critical health care problem and one of the most significant social determinants of health for women and girls. The prevalence of this issue is enormous; nearly one-third of women in the United States report being physically or sexually abused by a husband or boyfriend some time in their lives. Survivors of violence are 80% more likely to have a stroke, 70% more likely to have heart disease, 60% more likely to have asthma, and 70% more likely to drink heavily than women who have not experienced intimate partner violence.

The Initiative

The Domestic Violence and Health Care Partnership (DVHCP) is a multi-year, statewide initiative funded by the Blue Shield of California Foundation. This effort moves forward systematic response to DV and health care service integration in four cohorts of 19 partnerships across the state of California. Each of the 19 teams developed a thoughtful, strategic plan to create and sustain an effective partnership. Through collaborative efforts, teams are implementing innovative health and DV based strategies and interventions that are improving systems of care and overall response to DV throughout California.

Collectively, the partnerships have endured unique challenges and successes, and broke through barriers to systems-level change. They have creatively developed, tested and evaluated an array of best practices and system-level changes ultimately improving and expanding early identification and response to DV in the health care setting, and establishing baseline policies for improving timely access

to care for survivors in the DV setting.

Case Example of Coordinated Care and a Bi-Directional Referral System

The following case study shares core strategies and best practices of a successful partnership. This model project also provides a framework for others to adopt and adapt underlying components of the DVHCP.

ABC Clinic and XYZ DV Shelter launched an innovative model project in 2014. Their project exemplifies key strategies and best practices to facilitate system-level improvements and cultivate enhanced and coordinated response to DV in their community.

The partners initiated their work together by implementing a bi-directional referral system to facilitate timely access to DV support services for clinic patients, and health services for shelter clients. The system provided a formal structure that institutionalized procedures for warm hand offs and making referrals, including:

- a referral form submitted by the clinician to the shelter;
- chart documentation for assessment and interventions offered;
- use of a back office number for immediate access between partners outside of normal business hours;
- weekly blocked clinic appointments for shelter clients;
- and on-site clinic appointment scheduling at the shelter.

Over the course of the first year, clinic and shelter staff worked closely together, communicating on a weekly basis, to streamline the system, monitor referrals, work through challenges, and make adjustments as needed. Cross-trainings were provided annually to introduce the new system, provide technical assistance to staff, and build meaningful relationships in-person allowing for trusted, warm-hand offs.

The clinic made vast improvements to all policies and protocols for DV screening and reporting. Updates included new approaches for early identification of DV through proven assessment tools and universal education on safe and healthy relationships, and a more comprehensive workflow for screening, brief counseling and intervention. Assessment and education was demonstrated throughout clinic flow, essentially creating a culture of safe and healthy relationships throughout the clinical visit—from the physical space (waiting room, patient restroom, exam room), to the initial intake with the Medical Assistant, to the interview and exam with the provider. Prevention and universal education on safe and healthy relationships was also expanded outside the walls of the clinic into the community through regular outreach activities to promote prevention of relationship violence and knowledge of healthy relationships.

With support of the clinic staff, the shelter was able to implement a baseline health screening for all shelter clients, and integrate an organizational framework for talking about health in the advocacy setting. This included assessing for immediate health needs on the intake questionnaire, providing universal education on how relationships affect health, normalizing the conversation of health in counseling and case management, providing clinic information to all clients, and offering on-site clinic appointment scheduling. Partners applied a train-the-trainer model to teach advocate staff how to talk about clinic services, plug clients into the clinic schedule, and integrate basic health information into ongoing advocacy services.

In partnership with the clinic, the DV program implemented unique shelter-based health education sessions to provide on-site access to health information and services. This essentially instilled a culture of health in the shelter and created a safe and celebratory community for DV survivors to learn and talk about health issues. Partners worked together closely to coordinate monthly sessions on various health topics. Clinic staff provided the health education in English and Spanish, while shelter staff provided support to clients during the sessions. Overtime, partners again applied train-the-trainer model so advocates could provide health education directly. This eventually streamlined a sustainable model for shelter-based health education integrated into regular DV programming without funding.

Collectively, the culmination of these system-level improvements helped to create an effective reciprocal organizational response to DV ultimately improving survivor health and wellness overtime. Through ongoing, committed collaborative efforts, the partners created a framework for enhancing and expanding the care network in their community. They strategically worked to reduce logistical barriers in reaching underserved DV survivors, and remove barriers in their ability to access support by cross-training staff, providing warm referrals and close care coordination, assisting with transportation (with funding), and embedding aspects of co-located support services into the clinic and shelter.

Benchmarks and achievements of the partnership include:

- annual skills-based training and ongoing bi-directional technical assistance provided to all clinic and advocacy staff;
- core systems established to ensure all patients are assessed for DV, and all clients are assessed for health;
- thousands of clinic patients received DV assessment and education on safe and healthy relationships;
- hundreds of DV survivors received routine, preventative health care services and education;
- hundreds of community members received prevention education on DV and health;
- model system of care and toolkit created for other organizations to easily adopt and replicate effective strategies, best practices and core components.