Domestic Violence and Healthcare Partnership Tool Kit

Promoting Success Through Collaborative Partnerships

A Project of Next Door Solutions to Domestic Violence and MayView Community Health Center

A Step-by-Step Guide

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“I am a survivor.

I WAS MARRIED FOR 15 YEARS. I HAVE TWO WONDERFUL KIDS.

I moved to California in 1995. That is also the year I met my ex-husband.

We met through friends. We started hanging out more and like any typical young adult we fell in love. We dated for about a year and then moved in with each other. Life was great; we would go out a lot. We would do many things together. I then became pregnant with my son. We were living in an apartment. Things started changing between us. We did not do as much together. We were barely making it financially.

He started going out alone with friends, drinking more, becoming somewhat verbally abusive. I did not think much of it at first. I just thought he was going through a phase and it would pass.

Through my years of marriage the verbal abuse became worse. The taunting was the worse. He would make fun of my weight. He would make me feel I was worth nothing. He would constantly tell me I was not wanted or will I ever be wanted by anyone.

Towards the last three years of my marriage he became physical and more verbally abusive. I did not leave because I felt I had no place to go, I had no money and I felt helpless. But, it took one night for me to realize that I needed to get out. Unfortunately, that one night the abuse almost took my life. He was arrested. I took my kids and started a new life. I never turned back. Till this day I have no regret in leaving.

A new chapter started. I had to go to court and find assistance for myself and kids. Per court orders I was referred to Next Door Solutions. Next Door Solutions provided me with information on housing, support groups, community support, and kids club. I met with an advocate during my time of need. She was very helpful. She explained everything that was provided by the agency. I felt grateful for all of this help, resources and knowing that I was not alone.

I am now on my own with my kids and have a wonderful job. No one should go through what I did. I put up with and stuck around the abuse because I thought it was a normal thing to do. No one deserves to be mistreated. Help is really around the corner. There are many resources that are very useful. The resources are provided to you at your time of need or when you feel you are ready to get out of the situation you are in.

*I now work for a medical clinic and I see how important it is that medical facilities and domestic violence agencies collaborate together. This would be beneficial to our patients/community. A patient’s health is very important. They could not be taking care of themselves due to the abuse. It is our job to provide the helpful resources to our patients. At our clinic we hand out questionnaires/DV cards to our patients to identify if they are going through anything at home. I feel the questionnaires/DV cards are a way that the patients become aware of the resources we as a clinic provide. Also, our clinicians provide a brief consult to all our patients regarding our resources even if they are not going through abuse. We would like for the patient to speak up and not feel alone or ashamed. “**We want them to know that they are not alone.**”*

— Anonymous healthcare professional

History

"Domestic Violence is, undeniably, a public health issue. It just made sense for us to build inroads into healthcare. We sought to develop relationships with primary care providers as a way for victims of abuse to seamlessly get the help they need to attain safety and ultimately decrease both health and lethality risks."

— Colsaria Henderson, Director of Programs, Next Door Solutions

The statistics are stunning. 44% of women murdered by an intimate partner had sought treatment from an emergency room within the two years prior to her death. 93% of these women had at least one injury. A 2013 study from the MORE Magazine/Verizon Foundation found that 81% of women who experienced abuse also had a chronic illness or health condition and had regular contact with a healthcare provider but only 24% of respondents stated their healthcare provider had ever asked about abuse.

While there is clearly an opportunity for healthcare providers to help victims access domestic violence services, there was no clear path for doing so. Next Door Solutions to Domestic Violence (NDS) and MayView Community Health Center (MayView) sought to address this by establishing a seamless system of identification of victims of intimate partner violence—not just a referal to a shelter. According to the Project Coordinator, Erica Villa, "Our goal was for MayView to fully adopt new practices that would enable victims to seek support on site and not be simply referred out. We did not want victims to have to start from scratch with a separate organization when they have already entrusted their medical

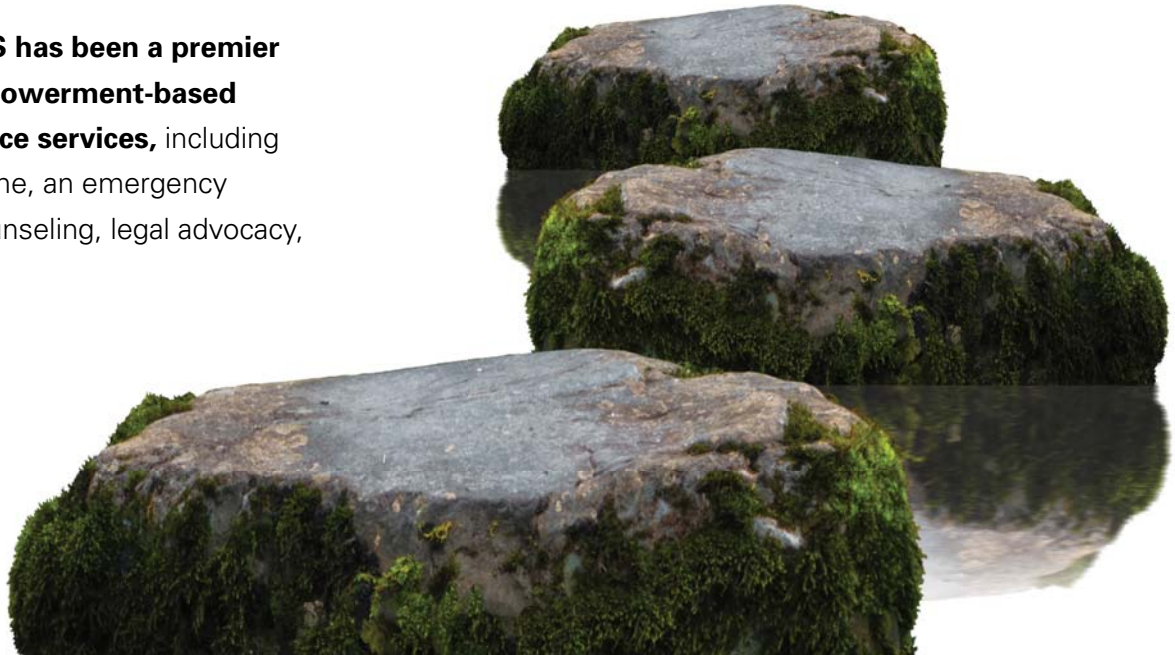
provider." By seeing domestic violence as a health issue, healthcare providers can partner with patients to address the issue, much in the way they might partner up to obtain the care for other pressing healthcare concerns.

In fact, statistics from the Center for Disease Control (CDC) support the idea of partnership between domestic violence service providers and healthcare professionals. Per the CDC nearly 25% of women over the age of 18 have been the victim of intimate partner violence during their lifetime and 14% of these women have sustained an injury as a result of this violence. Intimate partner violence has also been associated with chronic health conditions such as asthma, bladder and kidney infections, central nervous system disorders, gastrointestinal disorders, migraines and headaches, and circulatory conditions.

Since 1971, NDS has been a premier provider of empowerment-based domestic violence services, including a 24/7 crisis hotline, an emergency shelter, crisis counseling, legal advocacy, bilingual support groups and intensive case management. Their mission is to "end domestic violence in the moment and for all time," and in an effort to fulfill this mission they continually evolve their programs to meet the changing needs of the families they serve.

Established in 1972, MayView was established to address the reproductive health needs of young women. Their portfolio of services quickly grew to include prenatal care and pediatrics and has since grown into a comprehensive system of care that is responsive to the community's identified healthcare needs.

NDS and MayView applied for funding through Blue Shield's Domestic Violence Healthcare Partnerships Project. The funding allowed the partners to assess needs and develop protocols to better serve victims and survivors of intimate partner violence. **The collaborative officially began in October of 2014.**



STEP 1

ESTABLISHING PARTNERSHIPS

CHOOSING AND MEETING THE RIGHT MEDICAL PARTNER

Although staff at Next Door Solutions had long been interested in working more cohesively with healthcare providers, there was no clear path for doing so. Selecting a provider to partner with was challenging, and ultimately staff selected MayView for a number of reasons. NDS' Executive Director already had established a relationship and had a history of working with MayView's then CEO. MayView also operated three separate sites, making a single site pilot site possible, which was appealing.

In January of 2015, NDS and MayView's executive leadership team and key staff met. The group reviewed the overall project plan, timelines and the beginnings of the needs assessment.

"Everyone is so busy, the clinic especially. It was difficult sometimes to find time for everyone to meet and that can make communication hard," says Sonia Padula, Director of Care Management Services. "However, throughout the early challenges staff remained committed to the project. We have to remember our patients trust us, they come to the clinic for help, it's up to us to help them."

Initially, the Mountain View site was selected for the pilot, a single site through MayView's Behavioral Health department. However when the department was devastated by budget cuts, the pilot needed to be revised and the project was opened up to all three sites. This change was beneficial as each site provides different types of care. By expanding to three sites, the collaborative opened itself up to additional feedback from patients from all facets of the organization.

In addition to the collaborative meetings, both organizations also worked closely with Blue Shield and Futures Without Violence for technical assistance and guidance. The leadership team from both organizations attended convenings hosted by Futures Without Violence that allowed for opportunities to network and learn from other healthcare and domestic violence parternships.

PRESCRIPTION FOR SUCCESS

- Initial meeting with key decision makers present.
- Involve key staff and stakeholders early and often.
- Develop a clear memorandum of understanding so all parties know what is expected.
- Have a willingness to learn from each other.
- Have a commitment to providing comprehensive care to patients, victims and survivors.

Step 2

ESTABLISHING LEADERSHIP

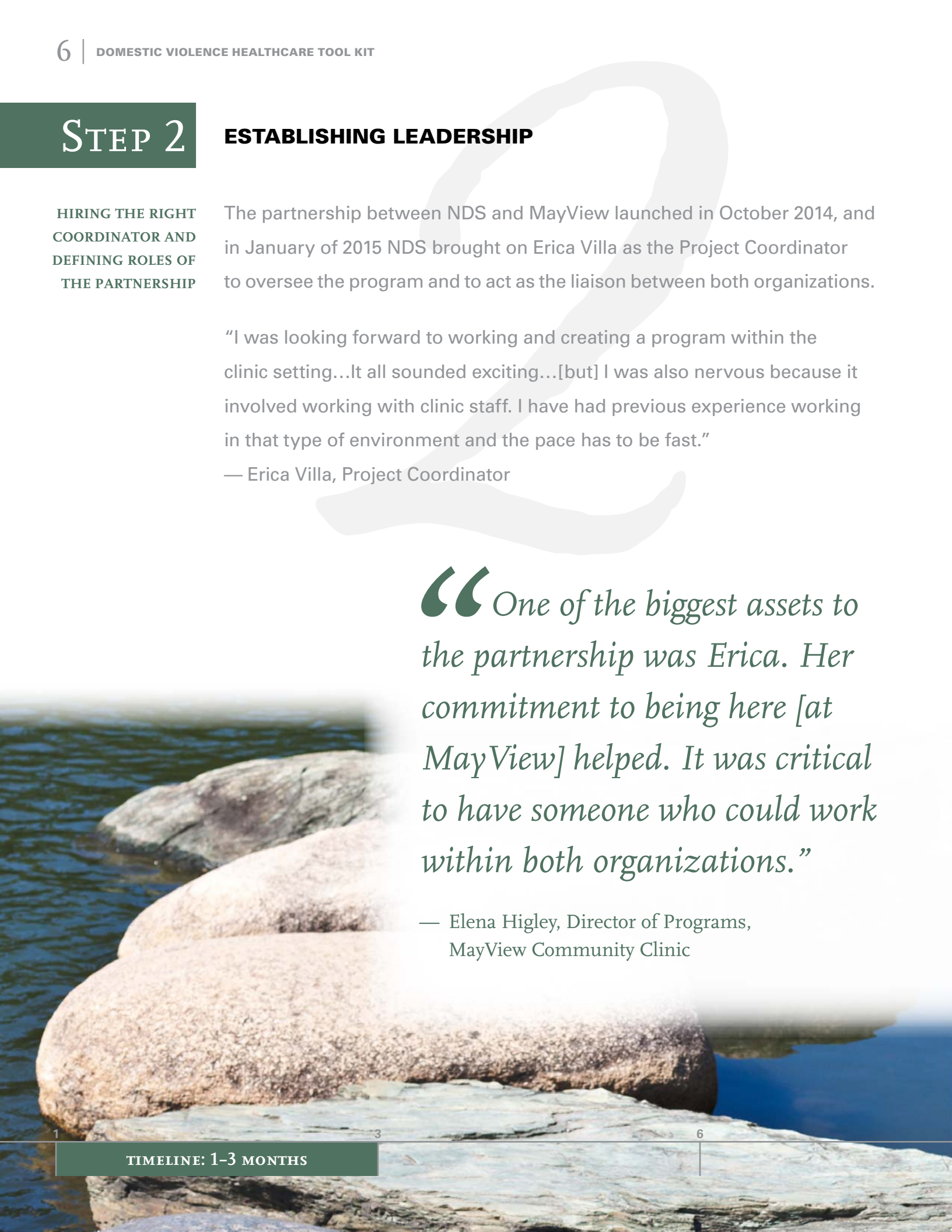
HIRING THE RIGHT COORDINATOR AND DEFINING ROLES OF THE PARTNERSHIP

The partnership between NDS and MayView launched in October 2014, and in January of 2015 NDS brought on Erica Villa as the Project Coordinator to oversee the program and to act as the liaison between both organizations.

"I was looking forward to working and creating a program within the clinic setting…It all sounded exciting…[but] I was also nervous because it involved working with clinic staff. I have had previous experience working in that type of environment and the pace has to be fast."
— Erica Villa, Project Coordinator

"One of the biggest assets to the partnership was Erica. Her commitment to being here [at MayView] helped. It was critical to have someone who could work within both organizations."

— Elena Higley, Director of Programs, MayView Community Clinic



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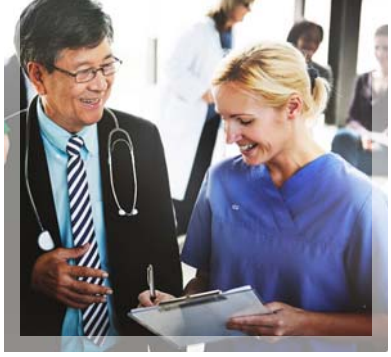
TIMELINE: 1–3 MONTHS



It was critical for the Coordinator to be present at all three MayView clinics, not only to make herself available to clinic staff that may have questions or concerns but also to observe the setup of the clinic, clinic culture, work flow and look for potential logistical challenges. For example, early on there was concern from clinic management that there would be push back from clinicians or a negative effect on patient flow. Part of the Coordinator's role was to address staff concerns and devise processes that would not be disruptive to patient care.

The Project Coordinator was also responsible for researching and drafting the needs assessment, reviewing it with MayView staff and making changes based on their feedback. Additionally she was responsible for compiling the needs assessment data and providing recommendations to the collaborative based on the results.

One of the main results of the survey was that patients needed on-site domestic violence services. The Project Coordinator developed the trainings for MayView staff, to educate them on the basics of domestic violence, as well as facilitating the enrollment of the four MayView employees who agreed to go through a Domestic Violence Counselor training at NDS or a sister organization.

JOB DESCRIPTION HIGHLIGHTS

Coordinator will act as a liaison between DV organization and Healthcare program and will focus on improving systems of care, specifically related to the implementation of the Affordable Care Act.

Duties:

- Lead and complete multiple needs assessments including patients and staff.
- Create and track system of care workflow and service delivery logistics.
- Develop project specific resource guide.
- Implement and track the use of a trauma-informed patient screening tool.

Preferred Background:

- BA in related field and three years experience in DV.
- Background in cultivating and sustaining partnerships.
- Strong, demonstrated interest in public health.

Step 3

CONDUCTING THE NEEDS ASSESSMENT

DISTRIBUTION OF THE NEED ASSESSMENT WITHIN THE CLINICS

The needs assessment was designed to help Next Door Solutions and MayView Community Clinic better understand the prevalence of domestic violence among the MayView patient population. In addition it helped NDS staff better understand MayView's workflow and service delivery logistics, which would be crucial in helping to later develop domestic violence protocols.

The assessment, a paper survey, was composed of 45 questions (grouped into 15 smaller sections) that asked general demographic questions, questions about whether the respondent or someone they knew experienced intimate partner violence, their perceptions of the availability of local domestic violence services, their health, and patients' perceptions of other local service needs (such as rental assistance, childcare, etc…).

MayView's front desk staff distributed the needs assessment survey to all patients when they checked in for their appointment. Patients completed the survey and turned it into the Medical Assistants when they were brought in for their appointment. The Medical Assistant returned the survey to NDS staff.

The survey was distributed at all three of MayView's sites (Palo Alto, Mountain View and Sunnyvale) over the course of two months. Initially the survey was met with some resistance, MayView's Clinic Operations Manager, Griselda Lopez noted that "At first the patients were hesitant to fill out the survey, it was 'another form', but when we let them know it was so we could better help them, they would participate."

Although there was substantial support from NDS and MayView management to distribute the survey to all patients, the numbers were smaller than anticipated. The length of the survey, limited literacy of the patient population, and the lack of staff available to facilitate the survey made getting completed surveys difficult. **In the end 340 surveys were returned and staff was able to move forward with analysis.**

SAMPLE QUESTIONS:

- What are the biggest problems facing adults in the community?
- What are the biggest problems facing youth in the community?
- Are you or someone you know experiencing domestic violence and know where to get help?
- What do you consider domestic violence?
- Have you ever sought help for domestic violence for yourself or another person?
- Do you know someone who committed acts of domestic violence?
- If you saw or learned that domestic violence was happening, how would you react?
- Do you believe there are adequate resources in the community to assist someone who is experiencing domestic violence?
- What services do you believe are needed?

STEP 4

ANALYZING RESULTS

WHAT INFORMATION DID THE NEEDS ASSESSMENT PROVIDE

Once the needs assessment survey was completed the documents were returned to Next Door Solutions, where staff used Google Forms to assist with the analysis.

The respondents were predominantly female (69%) and between the ages of 35-39 (30%) and married (38%). Half identified as Hispanic or Latino/a (51%) with an income between $10,000 and $30,000 a year.

Among the problems facing adults in the community, MayView patients identified the top five stressors: 1) the cost of rent or mortgage, 2) low wages, 3) the inability to pay bills, 4) healthcare and 5) unemployment.

Of the problems facing youth in the community, patients identified the following five as the most predominant: 1) drug and alcohol abuse, 2) stress, 3) adults not in touch with the needs of the youth, 4) lack of adult role models and 5) depression. Patients were also asked to identify what community services would most benefit the community and among the highest rated were 1) affordable housing, 2) teen programs, 3) help seeking employment, 4) homeless services/shelters and 5) help paying rent.

In terms of domestic violence, more than 50% of MayView patients who responded to the survey, consider domestic violence as physical abuse, verbal abuse, emotional abuse, and feeling controlled or helpless. 13% of the respondents had sought help for domestic violence (either for themselves or someone else), and 29% knew of someone who had committed acts of domestic violence. More than 50% of respondents did not know or were not aware of shelters or programs locally who provide domestic violence services. Additionally, more than 50% of respondents would refer someone to law enforcement if they witnessed or learned about someone

experiencing domestic violence. When asked what services were needed to assist someone experiencing domestic violence, 33% stated that most needed domestic violence programs within MayView itself, while 27% stated domestic violence support groups are what were most needed.

After the results were tabulated, MayView and NDS staff began their work to address the suggestions identified in the survey, specifically those that requested domestic violence services be made available onsite at the clinic. It was agreed that the services to be provided would be comprehensive domestic violence screening and resources made immediately available to assist victims of domestic violence during their medical appointment. In order to ensure victims are able to access seamless services MayView staff would need in-depth domestic violence training in order to understand the need of victims and survivors and answer their questions. A secondary recommendation was to make a readily available resource guide to address the needs of the patient population.

Step 5

DEVELOPING PROTOCOLS

REVIEWING PROTOCOLS AND SHIFTING TOWARD RECOMMENDED BEST PRACTICES

The initial protocol was drafted by the Project Coordinator after reviewing existing Intimate Partner Violence protocols available from leaders in the field, such as Futures Without Violence.

The Project Coordinator already had a rough idea of what the process might look like and MayView staff had previously identified how staff might have a hand in the process. The draft was presented to MayView for review and staff made revisions based on their knowledge of what was needed and during the NDS/MayView collaboration meetings there was substantial back and forth. As discussions progressed, several issues bubbled to the surface. First, was the question of exactly who needed to be screened. The Affordable Care Act mandates that all adolescent

"Based on our earlier meetings, I already had an idea of what was needed to suit Mayview's work flow. I wanted to devise a method that was both easy to implement and would not be time consuming for the clinic staff."

— Erica Villa, Project Coordinator,
Next Door Solutions

and adult women be screened for intimate partner violence but MayView's Director of Clinic Operations, Harsha Mehta advocated strongly that all patients be screened. Second, was the issue of staff reluctance to ask the screening questions, largely because they were not sure how to ask them or they were concerned they might inadvertently say the wrong thing. **Domestic violence and suicidality are at the top of the list for things that are difficult to deal with and staff wanted to be sensitive to this.** Next Door Solutions staff offered to tailor the trainings for MayView to help empower staff to feel confident in asking the screening questions. Third, was how to integrate domestic violence education into all visits, so that there was a preventative component to the screenings as well. **The collaborative agreed that regardless of whether a patient screened positive, all patients would receive basic domestic violence education** including a small, wallet-sized card outlining characteristics of a healthy relationship as well as indicators of potential abuse. Because studies have shown that screening alone is not effective, this prevention strategy serves as a solution to reaching patients who do not disclose.

Maintaining compliance with mandated reporting regulations and how providers could balance the need to establish rapport and trust with the patient was also a prominent ongoing discussion.

SAMPLE SCREENING TOOL

1. Within the past year, or since you became pregnant, have you been hit, slapped, kicked or otherwise physically hurt by someone?
   » Yes / No / Refused
2. Are you in a relationship with a person who threatens or physically hurts you?
   » Yes / No / Refused
3. Has anyone forced you to have sexual activities that made you feel uncomfortable?
   » Yes / No / Refused

1. *¿En el último año o desde el embarazo, ha sido golpeada, cachetiada, pateado o lastimada físicamente por alguien?*
   » *Si / No / Prefiero no contestar*
2. *¿Está en una relación con alguien que te amenaza o te lastima?*
   » *Si / No / Prefiero no contestar*
3. *¿Alguien te ha forzado a tener relaciones sexuales que te ha incomodado?*
   » *Si / No / Prefiero no contestar*

9 13 24

TIMELINE: 9–24 MONTHS

Step 6

DEVELOPING A COMPREHENSIVE RESOURCE GUIDE

CREATING A COMPREHENSIVE TOOL WITH USEFUL RESOURCES

In developing the resource guide, the partners agreed that the resources should not be limited to domestic violence service providers, and would instead be holistic, providing a range of service options for victims and survivors. This would allow MayView advocates to work in partnership with victims and develop a patient driven approach to addressing domestic violence.

With onsite advocates providing support and resources directly, the partners hoped to eliminate the need to refer patients out to a third party, unless it was for a specific service. The guide itself was based on the resource guide NDS provides their advocates and was customized by MayView staff.

RESOURCE GUIDE HIGHLIGHTS

- Police (emergency and non-emergency)
- 24 Hour Crisis Lines
- Women's Shelters
- Family Shelters
- Men's Shelters
- Transitional Housing
- Counseling and Support Groups
- Batterer's Intervention Programs
- Marriage Counseling
- Elder Abuse Resources
- Child Abuse Resources
- Legal Assistance
- Food Services

9 13 24

TIMELINE: 13–24 MONTHS

STEP 7

TRAINING AND CROSS TRAINING

CREATING AND MODIFYING TRAININGS FOR STAFF FROM BOTH MEDICAL AND DOMESTIC VIOLENCE PROVIDERS

Both Next Door Solutions and MayView took great care in developing trainings to better equip staff from each organization in providing improved and expanded client centered services with confidence.

Two of MayView's staff, Ruth Jenkins, Nurse Practitioner and Elena Higley, Registered Nurse, trained Next Door Solutions staff on how to recognize and speak with clients about potential health issues, such as heart attack or stroke, and about local health resources. The training was provided on site at Next Door Solutions. This allowed Next Doors Solutions' DV advocates to better understand signs and symptoms of significant health problems so they respond and assist a client who might be experiencing a health crisis.

The Project Coordinator presented three trainings to MayView's staff. Initially NDS planned on providing separate trainings for clinicians and support or auxiliary staff, however MayView's leadership team felt it was more efficient to do the initial trainings at an all staff meeting because it would allow NDS to have the largest possible audience and later conduct separate site specific trainings.

The initial training was enlightening. In addition to discussing the basics of what is domestic violence, dynamics of power and control and what barriers a victim faces when she considers leaving, NDS also asked a survivor to speak/present, based on feedback from MayView. The Project Coordinator wanted to personalize the challenges victims and survivors face, but some MayView staff took this as an opportunity to offer advice to the survivor and suggestions on how they might have handled the survivor's situation differently. NDS staff intervened and the training was able to get back on track.

The second and third trainings covered more clinic specific topics: such as how to work with family members and significant others so that the patient would have privacy for screening, cultural considerations in working with victims, working with victims in a mandated reporting environment, how to respond to disclosures of abuse in a validating and supportive way and role playing, so all participants could practice and improve on their skills. All participants were notified of NDS's upcoming 40 hour advocate training and several participants indicated they would like to attend.

TRAINING HIGHLIGHTS

- What is Domestic Violence/IPV
- Power and Control
- Reasons victims stay
- Long-term health impacts of DV
- Addressing DV in a public health setting
- Mandated Reporting
- Rooming Alone
- Cultural/Language issues
- Responding to disclosures

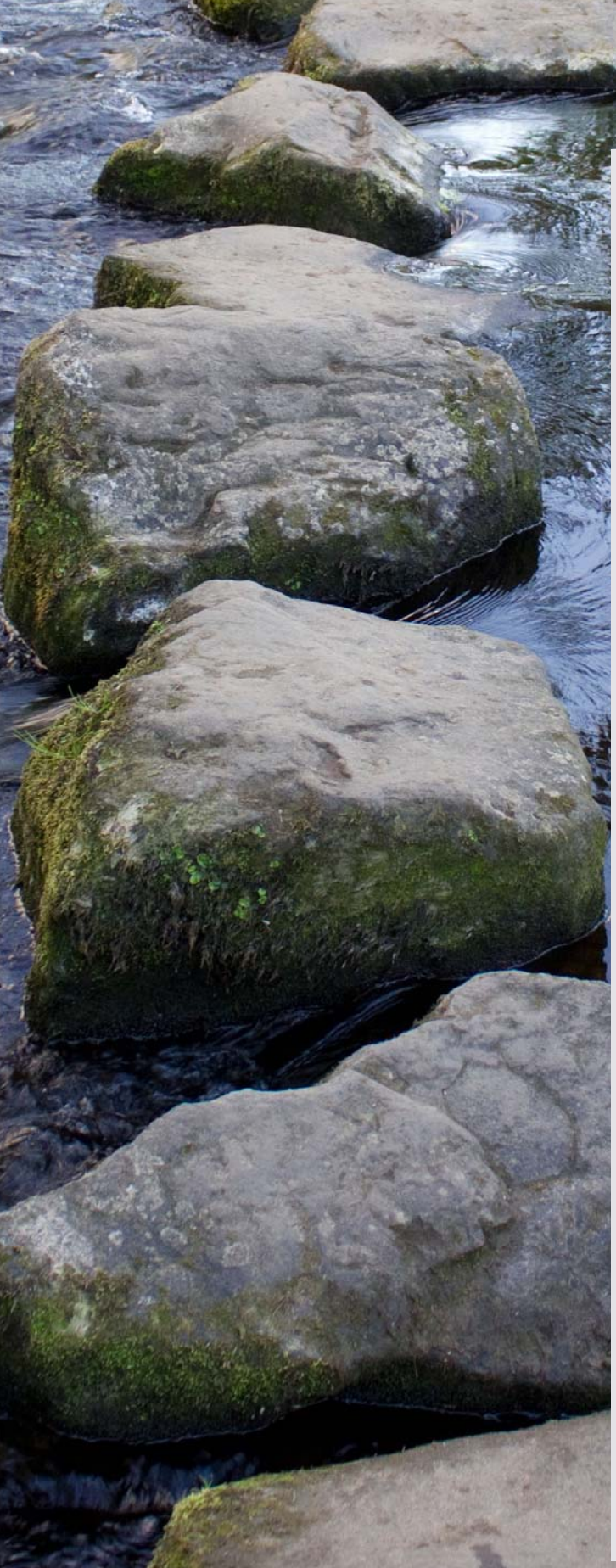
Step 8

IMPLEMENTING DOMESTIC VIOLENCE SCREENING TOOL

BEGIN PROVIDING DOMESTIC VIOLENCE SCREENING IN ALL CLINICS

MayView approved the protcols in October 2015 and launched the official use of the screening tool in November 2015. As a result of the trainings and extensive promotion of the tool, the initial implementation went smoothly.

Domestic violence screening was conducted before all primary care visits, family planning visits, pediatric and prenatal visits. All women and adolescent girls (18+) were screened, as were men and boys presenting symptoms or signs of abuse. The screening took place when the patient was in the exam room, just after the Medical Assistant took their vitals and before the physician came for the exam. If the patient screened positive for possibly experiencing domestic violence the physician was notified. The patient would then be asked questions to determine the history of the abuse and the physician would look for signs of injury or scars. The patient was then referred to the on-site advocate who would assess the immediate risk for the patient (were they safe to go home), risk for children in the home (was the perpetrator or patient harming them), what resources or assistance was the patient interested in and whether the patient was at risk of suicide. The advocate could then conduct further assessment in conjunction with a local domestic violence service provider, if the patient wished. **Advocates would emphasize that patients were not at fault for being abused,** that there was no excuse for violence, they were not alone and that there were several avenues available to them for help.



PROCEDURES:

A. Screen for domestic violence in a safe environment.

- Use your own words in a non-threatening, non-judgmental manner.
- Ask the patient about domestic violence in a private place.
- Separate any accompanying person or child from the patient while screening for domestic violence.
- If it is not possible to screen for domestic violence safely do not screen patient. Arrange for return visit.

B. Use questions that are direct, specific, and easy to understand.

"Are you in a relationship with a person who threatens or physically hurts you?"

- If the patient has a physical injury:

  "Many people come in with injuries like yours and often they are from someone hurting them. Is this what happened to you?"

C. When unable to converse fluently in the patient's primary language:

- Use a professional interpreter or another healthcare provider fluent in the patient's language.
- The patient's family, friends or children should not be used as interpreters when asking about domestic violence.

D. Screen verbally, in addition to any written questionnaire form.

E. Document that screening for domestic violence was completed.

STEP 9

DOCUMENT, ASSESS, AND ADJUST

EVALUATE THE PROCESS OF SCREENING AND MAKE MODIFICATIONS TO THE PROTOCOL

Harsha Mehta, Director of Clinic Operations for MayView, voiced her commitment to the screening succinctly: **"we screen every patient, every time."** The screening was launched in November 2015. Within the first six months, a total of 2,676 patients were screened. These assessments are documented in the electronic patient files. Of these, 98 patients screened positive for domestic violence with 35 patients receiving additional advocacy, intervention or referrals to domestic violence agencies. Local law enforcement was called four times to provide immediate assistance to victims. Additionally, every patient received basic domestic violence education and information cards.

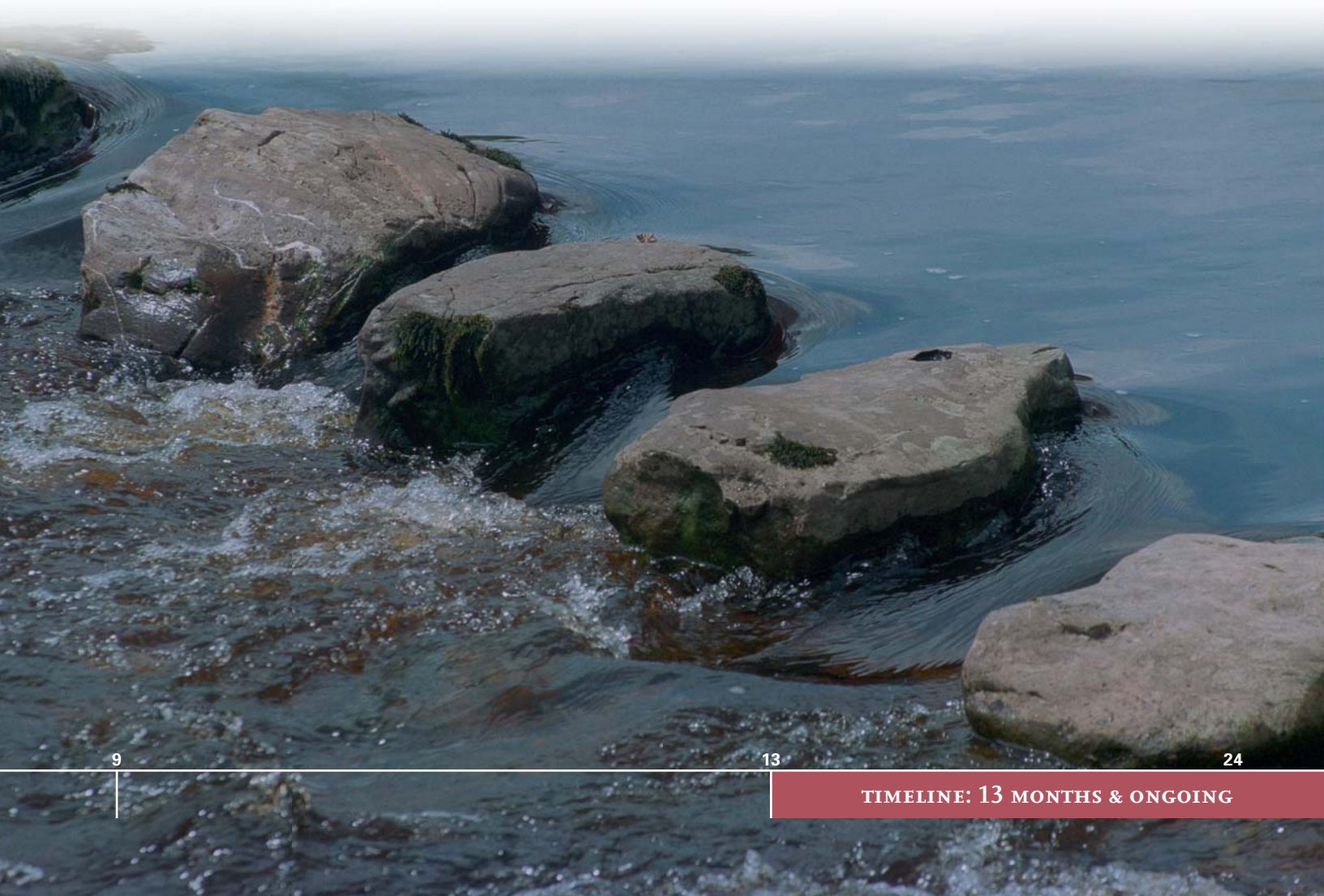
Three months after routine screenings began, MayView was able to bring back their behavioral health program and along with it Behavioral Health Family Nurse Practitioner, Carolyn Purcell, who assumed a leadership role in the assessment process. With this personnel change came a change in approach. Rather than screening patients verbally, the clinic staff transitioned to providing patients with the questions printed on a half sheet of paper (in both English and Spanish). Driving this change was the belief that it would be better for the staff's work flow and that allowing patients to respond in writing, in a private room while waiting for their doctor, would facilitate a more honest response.

Since the implementation of the screening, MayView has also expanded its offering to patients, in large part thanks to the needs assessment. They now offer a domestic violence support group in Spanish. Unable to facilitate the group using their own staff, MayView works with a third party provider to offer the group and is optimistic they will be able to offer an English language support group soon.

A Note About Best Practices

Futures Without Violence's publication *National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Healthcare Settings* advocates asking screening questions directly. They recommend framing the question using phrases that let patients know they are not being singled out and then moving into very simple and direct and nonjudgmental questions. This allows staff to ask follow up questions, builds trust and sets the stage for immediate interventions if needed or desired.

When MayView was considering changing their screening process they looked at best practices put in place by Kaiser and other large providers and saw that they were successfully screening patients using written questions. Harsha Mehta stated "If a provider has their back turned to the patient because they are inputting the answers into the computer it is easy for a patient to just answer no to every question. **Giving them the questions and letting them answer in private and handing the answers directly to their provider lets them feel like they can be truthful."** Mehta believes that the changes have resulted in better results and better data.



Successes, Challenges, and Surprises

"It was a wonderful experience for staff to not just learn the content and patient need but to have additional exposure to the social determinants of health, and how our patient's health needs expand far beyond the four walls of our exam room."

— Kevin Quan, CEO,
MayView Community Health Center

Successes: At the beginning of the project, NDS and MayView staff anticipated screening 800 patients. Sonia Padula, Director of Care Management Services with MayView noted, "It was intimidating, but within the first six weeks, we had already passed our screening goal." MayView staff embraced the project and volunteered to attend the 40-hour Domestic Violence Counselor training through NDS or a sister organization and in the end, four employees completed the training. Thanks to the decision to screen both men and women, staff were able to identify at least one male victim of female perpetrated domestic violence. Far from being "just one more thing" on providers' already full plate, domestic violence trained MayView staff saw their role as instrumental to the holistic health and wellbeing of their patients and a culture of advocacy developed. One trained MayView staff even went above and beyond the required services outlined in MayView's protocol and accompanied a victim to file a police report.

Challenges: Although both organizations have a history of client centered service and a strong commitment to their communities, the two organizations are distinct and approach their work in very different ways, and so it would not be surprising that they encountered challenges along the way. NDS maintains much of its grass roots activist work culture where MayView has a hierarchal structure commonly found in healthcare organizations. This meant that MayView had more steps to approve new processes and communication issues were noted by both partners.

Staff turnover was a challenge for both parties, during the course of the project MayView had

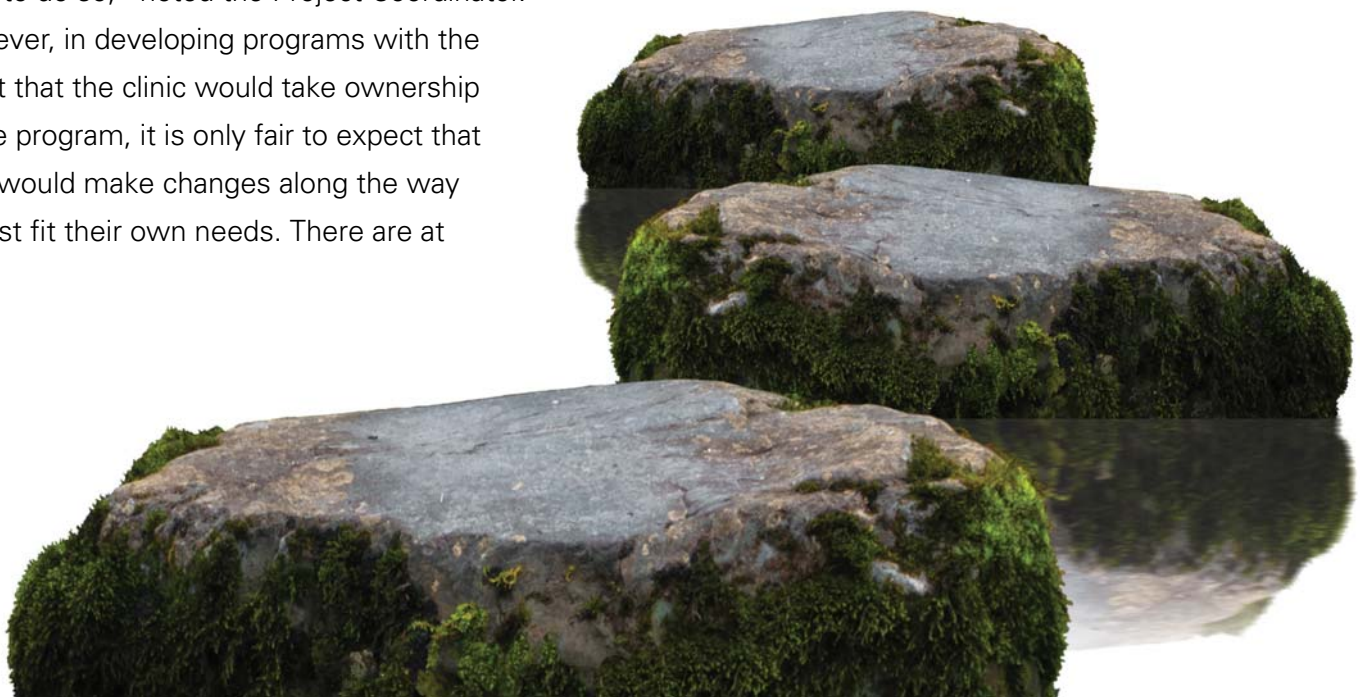
three executive transitions, and while all of the executives voiced support for the project, the change created a minor slow down while new staff would get up to speed.

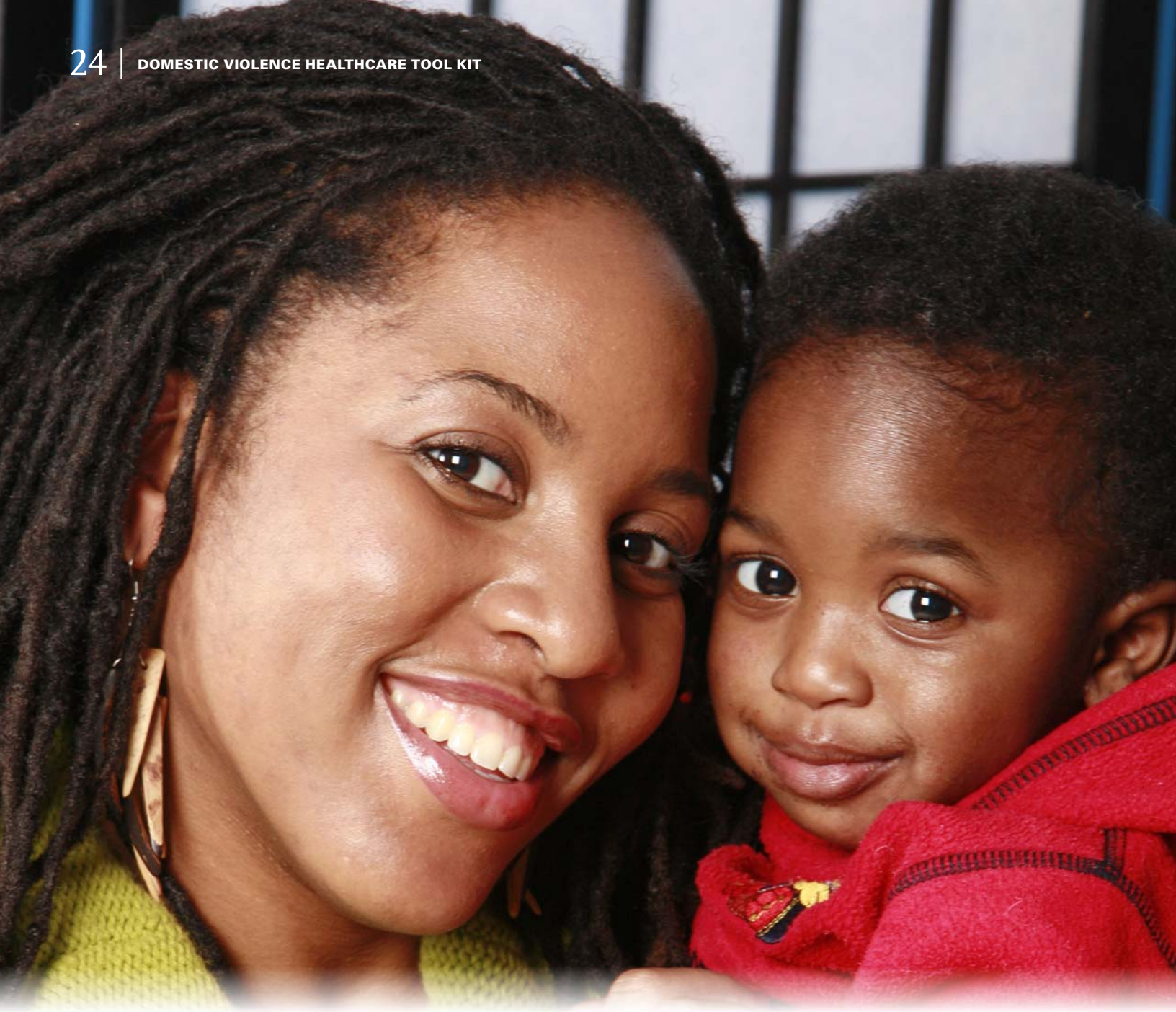
Patient participation, both in the needs assessment and the screening itself was a challenge. The needs assessment was long and difficult for patients to complete while they were waiting for their appointment. The survey itself was only printed in English and Spanish while MayView has a growing population of patients who speak Asian or Middle Eastern languages. Another challenge was lack of participation due to literacy issues; it is common for patients to have limited or no literacy and without staff availability to review the survey with them verbally there was virtually no way to solicit feedback from them.

Balancing the needs of the clinic and their work flow with best practices in the field was a challenge. "We spent so much time training staff to understand why it was important to screen patients verbally and to equip them with the tools to do so," noted the Project Coordinator. However, in developing programs with the intent that the clinic would take ownership of the program, it is only fair to expect that they would make changes along the way to best fit their own needs. There are at least four basic screenings that take place during a routine clinic visit, with appointments scheduled every 20 minutes. Providers must balance the need to meet these screening mandates and respond appropriately while also addressing the patient complaint that brought them to the clinic.

Surprises: Perhaps the biggest surprise was the number of MayView staff who came forward as having experienced domestic violence and/or child abuse. This created two issues—first it put NDS in the position of providing direct service to MayView staff and second, it brought to light the lack of formal in-house policies for MayView to support staff who may be victims. At the time this tool kit was written, MayView staff had already drafted a policy which is waiting formal review and adoption.

Looking ahead both organizations are planning to continue their partnership and expand their capacity for training and increasing their advocacy for victims and survivors.





Acknowledgements

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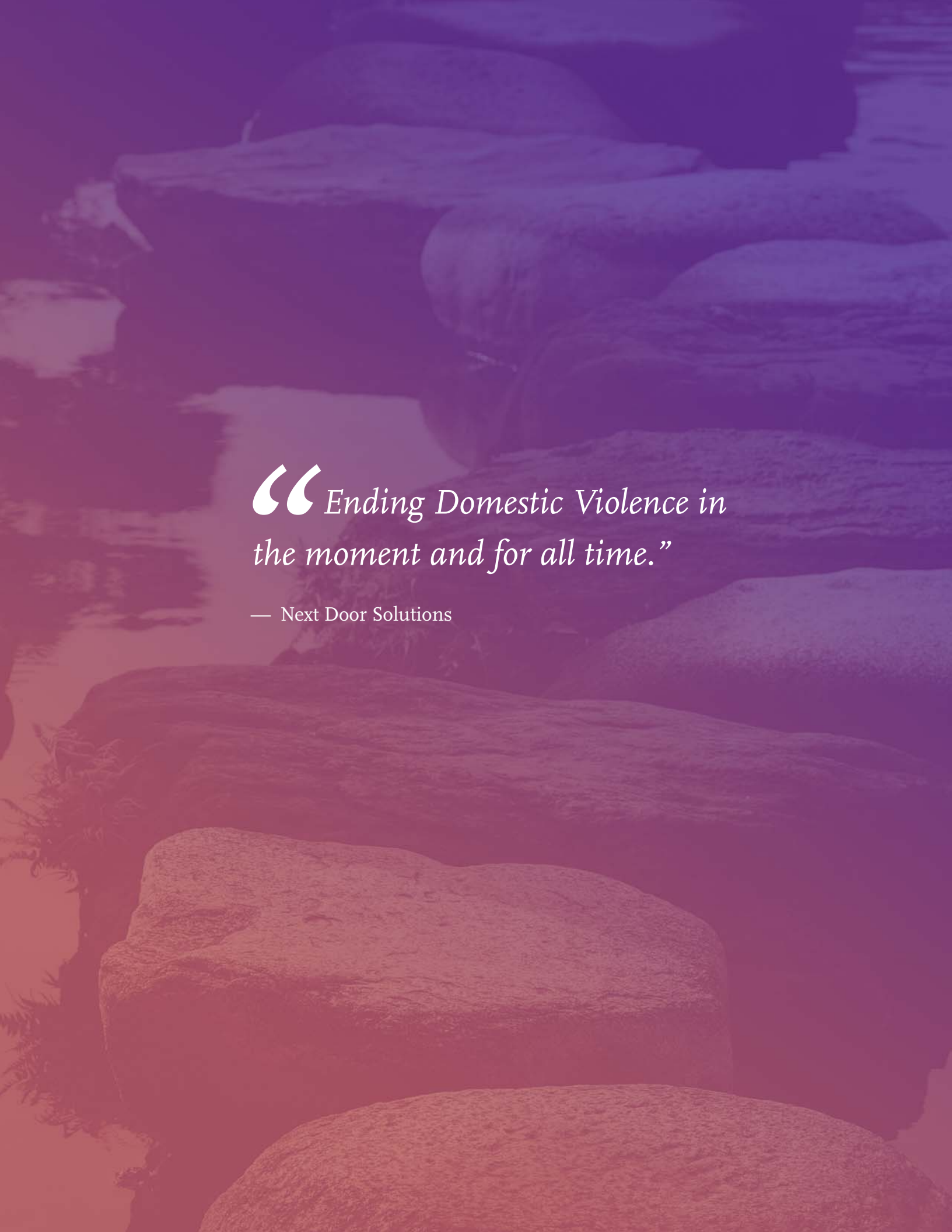
FUTURES WITHOUT VIOLENCE

MayView COMMUNITY HEALTH CENTER
A culture of health, the language of caring

NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE



“Ending Domestic Violence in the moment and for all time.”

— Next Door Solutions

234 E. Gish Road, Suite 200
San Jose, CA 95112
(408) 501-7550
nextdoor.org

A culture of health, the language of caring

270 Grant Avenue
Palo Alto, CA 94306
650-327-1223
mayview.org