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ANTIOCH

STAND!
For Families Free of Violence

Addressing Domestic Violence in a Healthcare Setting: An Integrated Approach

2017 Community Report and Replication Plan

This project was made possible with funding from the Blue Shield of California Foundation.

Dear Community,

Health systems provide unique opportunities for identification, intervention, and prevention of violence. As an integrated health care organization serving a community of 4 million patients, Kaiser Permanente Northern California (KPNC) has developed and implemented innovative approaches to addressing and preventing intimate partner violence (IPV) since 1998. An essential part of this mission is partnering with advocacy organizations such as STAND! For Families Free of Violence (STAND!) to provide the crucial community resources for people experiencing violence and abuse.

When STAND! leadership approached us with the opportunity to prototype embedding a family violence advocate in a medical facility, as part of a grant from the Blue Shield of California Foundation, the proposal fit with our vision of increasing identification, intervention and linkage to referrals, ultimately leading to healthier long-term outcomes for individuals and families impacted by family violence, and ultimately the entire community.

In this report, you will see how our initial vision is becoming a reality. It highlights our learnings about partnering between two very different organizations, how we improved over time, and the benefits our KPNC members have experienced because of having an full-time advocate in the Kaiser Permanente Antioch medical facility.

The joint leadership team, with the strong support of physicians, nurses, and staff, has been deeply committed to improving integrated care for patients who have been victims of family violence. Both organizations came together to co-design a referral process that met the needs of both organizations. Schedules were coordinated to educate all clinic shifts about the program, and the leadership team was persistent in finding solutions to any issues to make the program a success. The increase in referrals and visibility of the advocate also contributed to increased enthusiasm and dedication of medical center clinicians and staff. Participation in the Antioch facility's Domestic Violence Awareness and Prevention (DVAP) committee grew from 6 to 26 participants.

We are proud to share with you the efforts that we have made and the results we have seen. We hope to continue testing new improvements and validating them with measurable quantitative outcomes, and through shared stories. While this effort serves our own county; we believe that we can provide lessons applicable to other health and community organizations as this practice of integrated care spreads.

This new model of care makes it easy for doctors and other staff to connect patients to immediate face-to-face services provided by the domestic violence advocate. And because it helps clinicians to know that their efforts make a difference in the lives of their patients, we provided them with success stories, which in turn led to more referrals to the advocate, which meant a dramatic increase in access to advocacy services for patients experiencing domestic violence. And preliminary results showing changes in health care utilization, are promising, as you can read in the report.

Thank you to the visionary leaders at the Blue Shield of California Foundation who initiated this innovation fund, our partners at STAND!, who have devoted countless hours to make the partnership program succeed, the onsite DV advocate herself, who through continual outreach has become a known and trusted member of our community, and the many KPNC physicians, nurses, staff members, department managers, security officers, and others who have supported this effort.

We believe that this is just the beginning.

Brigid McCaw, MD, MPH, MS
Family Violence Prevention Program
Kaiser Permanente
Northern California, Oakland

The Opportunity: Integrated Impact

Kaiser Permanente's Antioch Medical Center is in a region of Contra Costa County that experiences some of the county's highest levels of domestic violence. The percentages are even higher for incidents involving firearms and other weapons. Almost a fifth of crisis lines calls to STAND! For Families Free of Violence come from this region. Evidence indicates that domestic violence may double long-term risks of chronic disorders, triple mental health conditions, and increase by 6 times drug and alcohol dependencies.*

In late 2013, knowing that most of the steps a survivor needs to take for long-term healing occur outside the health care setting, the hospital's leadership decided to join STAND! in applying for the Domestic Violence Health Care Partnership (DVHCP) project, sponsored by the Blue Shield of California Foundation.

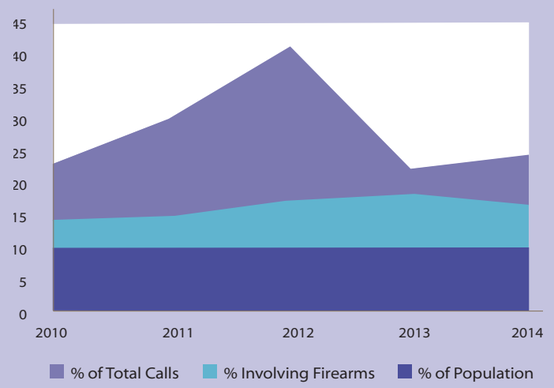
The Foundation's vision is to prototype and develop innovative ways to enhance health care's response to domestic violence through collaborative partnerships. The program was conceived because of the growing evidence that family violence has a far-reaching impact on chronic conditions such as depression, obesity, diabetes, and pregnancy complications, and on community health in general. The domestic

* "The Impact of Domestic Violence on Health." John Snow, Inc., JSI Research & Training Institute, Inc. 2016.

violence provision in the Affordable Care Act created the opportunity for the Foundation to sponsor collaborations between health care and family violence advocacy programs, which were recognized as playing a unique and equally important role in achieving positive health outcomes.

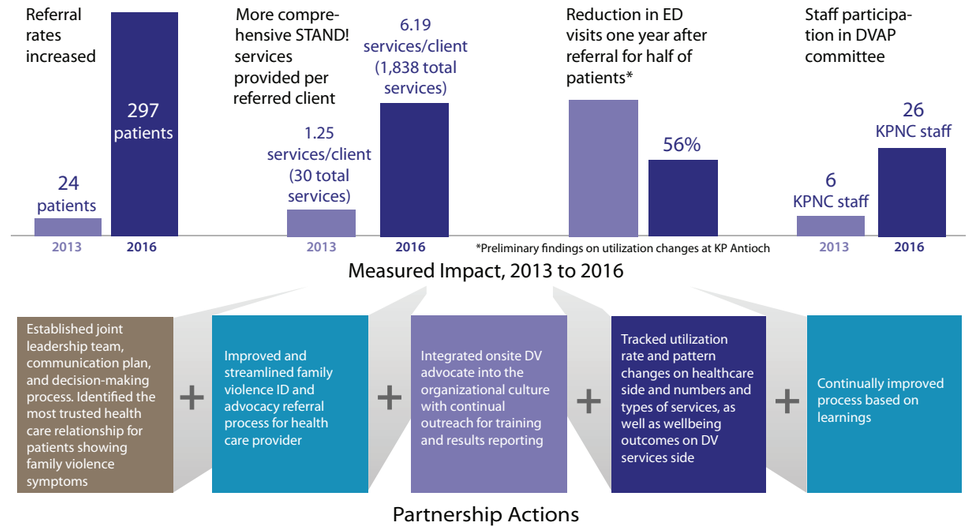
STAND! For Families Free of Violence is the only comprehensive family violence agency in Contra Costa County and has a forty-year record of improving the lives of victims and survivors. Kaiser Permanente recognized the value that a partnership with STAND! could bring to the health care setting, both from its reputation and from existing collaborations. The two organizations proposed establishing a partnership to locate a DV advocate onsite at the Kaiser Permanente Medical Center in Antioch. They were awarded the DVHCP grant by the Blue Shield of California Foundation and began to strategize at the very top on how to make the partnership succeed.

DV-Related Calls for Assistance in Antioch As % of Contra Costa County



Data source: Criminal Justice Statistics Center (CJSC), California Department of Justice https://oag.ca.gov/crime

Action-Impact Breakdown



The goal in the partnership is to create a replicable partnership model to improve health care systems' response to domestic violence. For STAND!, this means innovating a blueprint for successful partnering for themselves and other family violence agencies, to amplify the effects of their services. For Kaiser Permanente, it means increasing the numbers of family violence victims identified, improving outcomes for survivors, shifting care to more appropriate patterns to support long-term health, and creating value and a supportive environment for physicians and nurses.

The partnership began with an open mind to innovate and learn. Enabling factors included:

An existing relationship between STAND! and Kaiser Permanente Medical Centers in the Diablo Service Area

- Previous experience on STAND!'s side with a variety of health care agencies in Contra Costa County
- A well-established, multi-approach initiative in Kaiser Permanente Northern California (KPNC) to integrate support for family violence into patient care
- A mutual goal of enhanced and improved care for patients/clients served, with an openness to accepting the outcomes and learnings of the current project.

STAND! Services Offered at Kaiser Permanente Include:

- Immediate family violence assessment, peer counseling, and safety planning
- Court advocacy
- Emergency shelter placement
- Community services referrals and advocacy
- English- and Spanish-speaking support/wellness groups
- Group and individual education on family violence for Kaiser Permanente employees
- Links to other STAND! services

The team had no idea of the complexity of the challenges they would face when partnering between significantly different organizations. Nor did the team imagine the potential for better outcomes for more survivors and the increased participation among medical staff that they would realize through their persistent efforts in overcoming those challenges.

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Kaiser Permanente's Antioch Medical Center is a hospital and medical services facility providing more than 400,000 visits annually for members and nonmembers in the Diablo region of Contra Costa County. With a strong commitment to supporting improved outcomes for domestic violence victims and enhancing the wellbeing of the community, the Antioch facility has had a Domestic Violence Awareness and Prevention (DVAP) committee since its opening in 2003, and has programs in place to train clinicians on appropriate care approaches.

STAND! For Families Free of Violence

STAND! For Families Free of Violence (STAND!) is a family violence services agency that serves more than 10,000 members of the Contra Costa County community per year. With a mission to save lives, rebuild families, and change the future, it provides services from crisis line and emergency shelters to counseling, support groups, transitional housing, and prevention education. STAND! has partnered in the community with many complementary organizations to provide life-saving and healing services, and has focused particularly on the emerging opportunity to partner with health care.

Leadership Team

STAND!	Kaiser Permanente
Gloria Sandoval Chief Executive Officer STAND! For Families Free of Violence	**Donna McGee** Site Director Kaiser Permanente Antioch Medical Center Administration
Reina Sandoval-Beverly Director of Client Services STAND! For Families Free of Violence	**Matt Kiyoi, RN** Service Line Director, Emergency Department, DSA Kaiser Permanente Antioch Group Medical Center
Carolyn Graham Intervention Community Services Manager STAND! For Families Free of Violence	**Dr. Carey Watson, MD Obstetrics and Gynecology** Site Physician Lead, Family Violence Prevention Team Kaiser Permanente Antioch Group Medical Center
Belkis Delgadillo Onsite Domestic Violence Advocate STAND! For Families Free of Violence	**Marsha Reese** Assistant Group Medical Administrator Kaiser Permanente Antioch Group Medical Center
Caseworkers and Volunteers Crisis Line Advocates STAND! For Families Free of Violence	**Dr. Krista Kotz, PhD, MPH** Family Violence Prevention Program Kaiser Permanente Northern California
Carie Green Crisis Line Supervisor STAND! For Families Free of Violence	**Dr. Brigid McCaw, MD, MPH, MS** Family Violence Prevention Program Kaiser Permanente Northern California
Contractor Database Administrator STAND! For Families Free of Violence	

Both organizations entered the partnership with a respect for the other's distinct area of expertise and a desire to learn from each other to create new processes and models for collaboration.

By the second year of the partnership, the leadership team had adjusted the process based on learnings and increased the assigned onsite DV advocate to full-time.

Referrals began to rise steadily. Promising data is now emerging on the positive impact this is having on care patterns and long-term outcomes.

Not only have referrals alone risen, but also matches, tracked in the Emergency Department (ED), between domestic violence diagnoses and referrals, indicating an increasingly integrated process.

Reina Sandoval-Beverly

Donna McGee

Carolyn Graham

Belkis Delgadillo

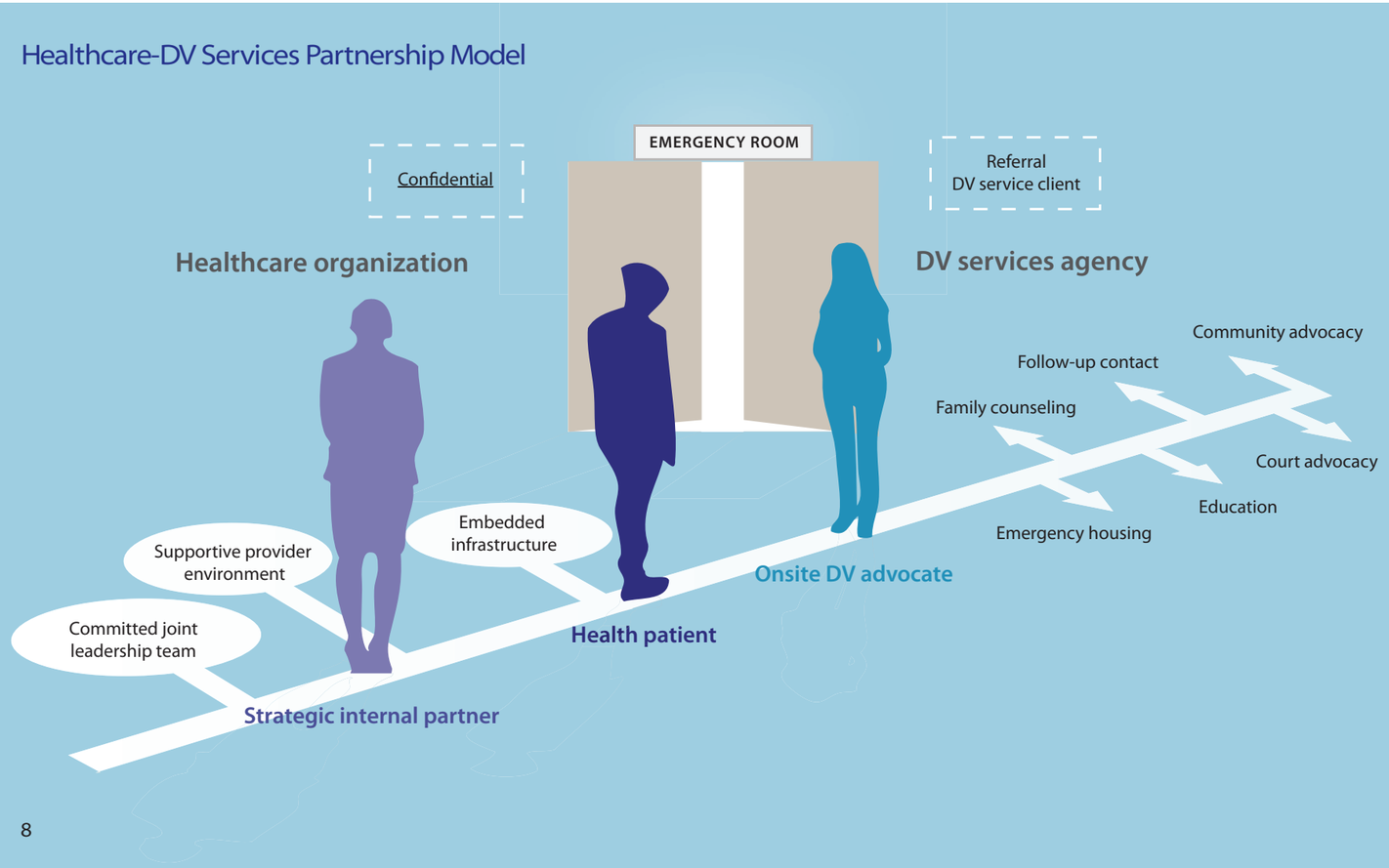
Staff and onsite photos: Jan Stürmann

A Replicable Model: People, Process, Place

This project has been an exploration of one way of carrying patient care into the community for more comprehensive and integrated outcomes of wellbeing. It's an example of building a relationship between the people in a medical center, who are providing health care, and their partners in the community, who can help with all the next steps. Having expert family violence services onsite in the clinical setting allows for on-the-spot consultation, direct contact with identified patients, and even family violence services available to employees. It creates a richer environment in the healthcare setting.

An integrated model provides a growth opportunity for the health care partner, giving them a broader and deeper understanding of issues relating to family violence, and allows the onsite DV advocate to bring back into the family violence advocacy organizations issues related to health and wellbeing. STAND!, for instance, has used the DVHCP relationship to innovate new services for women who are in transitional housing, and for training

Healthcare-DV Services Partnership Model



advocates on how to be more comfortable counseling about birth control and other health-related issues.

Other benefits of this model are cross-fertilization and the building of a deeper and stronger relationship between the two organizations, as has been the case with STAND! and Kaiser Permanente. The model holds great potential for many organizations hoping to integrate services.

Elements of the Model

The partnership model presented here has evolved between Kaiser Permanente and STAND! over the course of three years. Many of these elements can serve as starting points for other partnerships. The model is particularly relevant for collaboratives in which the community partner is embedding an onsite DV advocate full-time. Above all else, an open mindset and goodwill between the partners are critical for success.

The people, process, and place components of this model are described below.

Committed Joint Leadership Team

The leadership team is the lynchpin of the model. It handles all strategic planning, onsite DV advocate supervision and support, and oversees all decisions. The team should include the following roles:

Strategic Advisors

- Champions at the top of both organizations, for instance, the executive director of the family violence services partner and a physician leader within the health care organization who is influential at the regional or national level

- Strategic advisors on the integration of services and mission alignment for both sides, including relevant directors from the family violence services partner and hospital administrators/directors in the health care partner who are influential at the hospital level

Leadership Team Directors

- Services managers from the family violence services partner who can align programming decisions
- Physicians from the relevant health care departments who can make tactical decisions day-to-day, design outcome evaluations, advise the team on approaches, and onsite DV advocate with peers and other staff
- Supervisor and mentor for the onsite DV advocate, from the family violence services partner
- Grant applicant and manager, if relevant

Core Team Members

- Onsite onsite DV advocate for family violence services, who is bilingual, if needed for the given population
- Administrative or facilities manager from the health care partner to serve as the strategic internal partner and enabler for the partner agency staff

Supporting Staff

- Administrative leader from the health care organization to guide policy and administrative decisions
- Data analysts and database administrators from both partners to track and report patient/client-level outcomes
- Other family violence advocates and supervisors, such as crisis line advocates, to receive client referrals after hours and provide services and referrals to other programs and partners

All team members and involved staff should approach the partnership with a positive vision, an innovation mindset, and a results orientation.

Supportive Health Care Environment

To succeed, the partnership needs an environment that supports both the onsite DV advocate and doctors, nurses,

and other staff asked to participate. Attributes of a supportive environment include:

- Education and buy-in on benefits of the services integration
- Wider family violence program in place, as is the case with Kaiser Permanente
- Lethality assessment and other identification processes and policies
- Strong commitment to improve outcomes
- Collaborative, iterative approach

Key Physician Champions

Physician championss may or may not be part of the core team, but are critical to the program's success in winning participation from doctors, nurses, and other staff. The partnership should enlist supporters at both the local and regional levels who are trusted experts, experienced in family violence.

Embedded Infrastructure for the Onsite DV Advocate

Ideally, the onsite DV advocate should be a fully on-boarded participant in the health care organization, so as to become a trusted and known insider. This includes:

- Approved internal referral system
- Attendance at relevant internal meetings
- Outreach to health care staff
- Attendance at relevant trainings and conferences
- Access to email and other internal IT services
- Office with locked door
- Confidential drop box

Strategic Internal Partner

Assigning an internal partner to enable the onsite DV advocate's work is critical. The medical center Site Director, working closely with the ED Service Line Director, served this role in the STAND!-Kaiser Permanente partnership. Through their joint efforts, the onsite DV advocate was able to navigate the health care setting, win trust much faster, and achieve greater impact. Some attributes of an effective internal partner are:

- Trusted and well-connected insider
- Respected by both administration and line staff
- Connector, making introductions
- Senior or mid-level manager
- Passionate promoter of the mission

Onsite DV Advocate Adept at Managing Both Cultures

The STAND!-Kaiser Permanente team learned in the first year of their partnership that a part-time presence was not enough for the advocate to make a significant impact. Though this might be adjusted in other health care settings, in this case, she/he needed to be available onsite full-time and well-versed in both the health care and the family violence services' cultures and processes. In addition to the attributes normally required for a family violence services advocate, a DV advocate onsite in the health care setting should

- Be comfortable working in a health care setting
- Continually reach out to all levels of the health care organization
- Have a flexible schedule to meet staff on all shifts
- Give priority to face-to-face contact with clients
- Be vetted during hiring by the health care leadership team, as well as the family violence services leaders

Accepted Referral Process

Because confidentiality requirements are rigorous, and different, for both health care and family violence organizations, the leadership team should focus early on a referral process that satisfies the policies and missions of both partners. In addition to satisfying policy requirements, the process requires time and customized design for the specific setting to be understood and followed by doctors, nurses, and other staff.

Data Monitoring Process

The STAND! and Kaiser Permanente leaders learned quickly that their organizations had different approaches to data tracking and reporting. Also, the data that needs tracking is probably not explicitly being tracked by either side before the partnership is established. The partners should make explicit early on what their approaches and constraints are, and plan accordingly.

Looking Forward

This project belongs in the larger context of what both family violence and health care organizations nationwide are trying to figure out. The work is challenging, and multiple approaches are needed. For Kaiser Permanente, the project is a valuable way to develop one approach to partnering with a community services organization, and vice versa for STAND!. Both partners feel there are general learnings that will speak to similar family advocacy-health care partnerships. Looking at the future of this project through that lens, it becomes especially critical to be able to collect information that shows that the integration of services is, in fact, a benefit to patients.

The partnership believes that this project is still just beginning, and that to measure real outcomes will require another two to five years. In addition to gathering better data in a longer term longitudinal study, the leadership team would like to develop a more robust model, showing sustainability and scalability. More time is needed to explore, for instance, ways to manage turnover resiliently, collect and analyze data, and create a sense of onsite availability during all hours of service. This section describes some of the ideas the leadership team would like to pursue to amplify and evolve the partnership.

Locate DV Advocates in Outpatient Facilities

The leadership team initially predicted that most referrals would come from the ED, but they are discovering that many now come from outpatient providers. Disclosing family

violence is frightening. In disclosing, survivors are opening themselves up to decisions that, while empowering, could bring about major changes in their family lives and financial situations, as well as putting them at risk. While disclosure does happen in the ED, the less intense environment of outpatient services is more often where a survivor chooses to speak.

This DVHCP project focused on the ED, as a department where a single onsite DV advocate could have the greatest impact in supporting victims in crisis. The team would like to expand the program by locating a DV advocate within a key outpatient facility, such as Women's Health or Primary Care, to look at how this might affect outcomes in the longer-term care setting.

Innovate for Onsite Availability

The team also realizes that locating an onsite DV advocate in every outpatient facility is probably not a feasible goal. However, they would like to experiment with designing innovative ways for onsite DV advocates to be more present in outpatient settings. For instance, on-call video may be effective, as it still provides the impact of seeing the onsite DV advocate's face, hearing tone of voice, and seeing body language. A combination of onsite and on-call video advocacy is another experiment to try.

Even now, the ED has grown dependent on these services and feels the need for more onsite availability during the night, when often two to three family violence diagnoses occur. The impact of adding on-call in-person or video services in addition to the embedded presence during the day could have far-reaching impact.

Create Sustainability

The program has seen great success in these three years, and this has been dependent on the passion and dedication of both agencies, as well as the committed funding from and partnership with the Blue Shield of California Foundation. The success of the pilot stems from the planning, coordination, monitoring, and innovative thinking of the leadership team. The leaders have been open to applying expert knowledge from the other partner and to trying out ideas for developing a new integrated model. Top leaders on both sides have been willing to shift resources from existing programs. No one person can make this happen. The leaders have joined each others' meetings, trainings, and conferences, have met regularly to discuss ways to improve the partnership, and have made changes when they learned from each other. The experience of both management/administrative teams working together to design, problem solve, and create an environment for the program to flourish comes from having the same goal: successfully providing integrated services to patients/victims/survivors of family violence.

This has taken tremendous commitment from the leadership team and has been important in the first phase of establishing value, but the integration is still vulnerable. The team has already begun prototyping ideas for creating a more sustainable model, and all require further study to test and improve.

One key to sustainability will be amplifying the efforts to integrate data collection for studying what happens to people over time after referrals. This has been one of the areas the partnership has struggled with. STAND! must continue to follow the amount and types of services people receive and what improvements they experience in their lives. This then must be tied back to care patterns within Kaiser Permanente. An ongoing analysis is needed to understand the best set of data to combine to measure the real impact on clients' lives.

One way to enhance the partnership is to increase collaboration on other fronts. For instance,

- STAND! currently facilitates two support groups on the Kaiser site, one in English and one in Spanish, both for Kaiser patients and community members.
- STAND!'s Intervention Team makes presentations to other Kaiser Permanente medical centers and other health care organizations in the county.
- STAND!'s Crisis Line Manager is a member of the (DVAP) committee at the Kaiser Walnut Creek facility.

> *"The majority of the steps that a person needs to take to end or change a family violence situation occur outside of the healthcare setting. The ones that are probably most important in regards to safety and to long-term healing and recovery are the kinds of resources that STAND! provides."*
>
> – Dr. Brigid McCaw

Longitudinal Data: Early Signs of Improved Outcomes

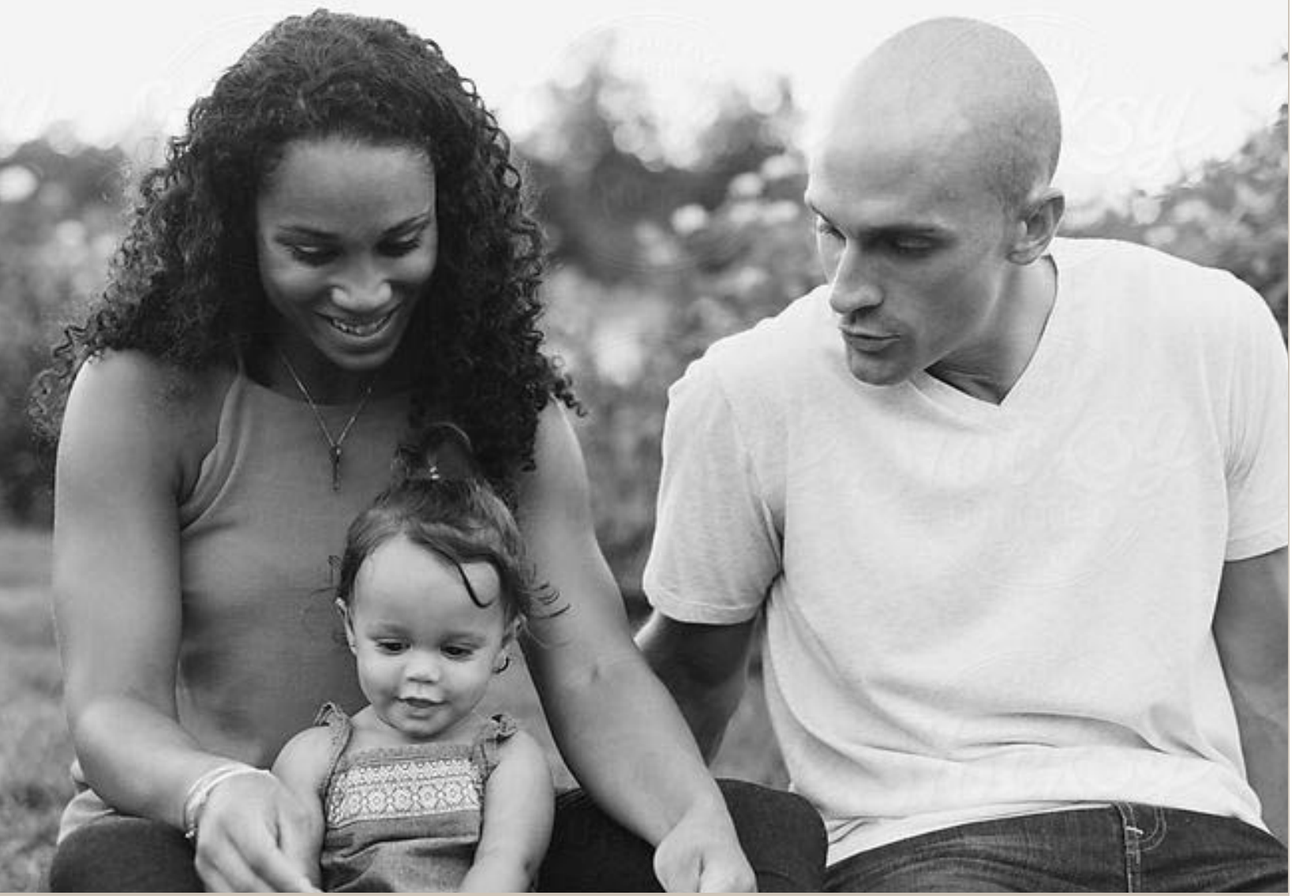
One of the main learnings from this project has been to define metrics and start collecting data from the very beginning. While the partners track metrics for their own organizations, it took time for the team to understand what data would be meaningful for the partnership and how to collect it. Utilization data has been complicated to integrate, but is critical for measuring both health outcomes for patient/clients and financial impact for the health care organization.

Says one of the Kaiser Permanente leadership team members, "If we had predicted the potential outcomes of this work and had imagined that it could create a significant change in utilization and impact health all the way across the board, we would have harvested data around it much sooner, establishing a control group and projecting out a specific time period."

The team has worked diligently to develop meaningful metrics to measure the impact of the partnership, both in health and social outcomes. While interesting positive patterns are emerging, the results are preliminary and require a much longer term study to validate.

Measurable achievements the program has seen so far:

- **Identification rate:** increased by 50%, from 1.4% to 2.8%, for ED patients.
- **Referral rate**: STAND! clients served by referrals or onsite presence increased from 24 in the initial year to over 200 in year three of the project.



- **Match rate:** In 2016, the monthly number of seamless connections between DV diagnosis in the ED and referrals to the STAND! onsite DV advocate more than doubled.
- **Referred client participation in STAND! services:** Services received per referred patient increased from 1.25 to 6.19 during the three-year period.
- **Changes in utilization**: Emergency Department (ED) visits decreased by 50% for half of patients diagnosed with family violence and referred (preliminary analysis).
- **Staff participation in the DV Awareness and Prevention Committee:** Participation in the Antioch Medical Center increased from 6 to 26 members during the three-year project.
- **Medical staff inquiries regarding STAND! services and request for trainings**: Due to the success of the pilot program at Kaiser Permanente Antioch, requests for presentations at other Kaiser Permanente medical centers in the area increased.
- **Crisis line calls and referrals from other Kaiser Permanente medical centers in the area:** Increased significantly.

The following sections describe these results in more detail.

Identification Rate

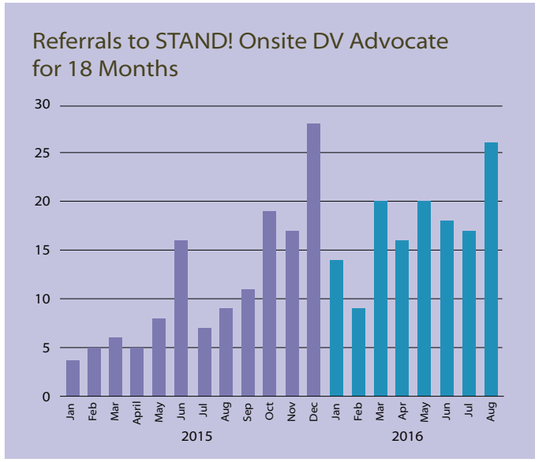
Identifying patients experiencing family violence is the first critical step in connecting victims to services. However, identification rates are considerably below rates of family violence in the community, so increasing this metric is a key goal in the health care setting.

Achievement: Between 2014 and 2016, identification for ED patients increased by 50%, from 1.4% to 2.8%.

Referral Rate

Measuring the referral rate, the number of people who are referred to the onsite DV advocate by the health care organization, is a key indicator of the success of the integrated process.

Achievement: During the project, the annual rate rose from 24 in 2013, the initial year, to over 200 in 2016. It is expected to be even higher in 2017.



Source: Kaiser Permanente STAND! Advocate Business Case, Antioch Medical Center

Referred Client Participation in STAND! Services

STAND! also tracks the number and types of services that referred clients receive, as richer access to services correlate with longer term, positive outcomes.

Achievement: Between 2013 and 2015, the number of services provided to clients referred through the Antioch Medical Center program rose from 30 (1.25/client) to 1,326 (5.3/client). As of September 1, the 2016 number was 1,225 (6.19/client).

Changes in Utilization

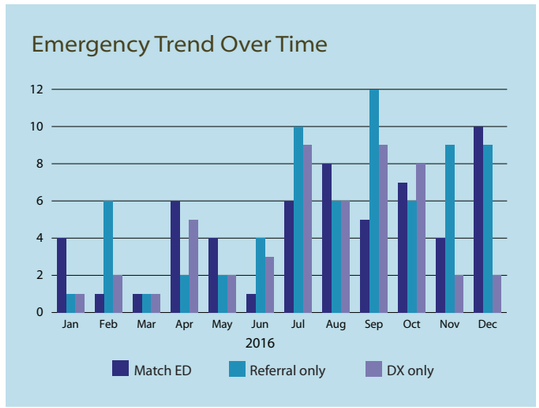
This metric looks at the type of health care services patients utilize over time, comparing patterns before and after referral to the onsite DV advocate. Utilization comes the closest to direct correlation with improved health outcomes, as well as indicating financial impact for the health care organization, and so has become the focus for the team's shared data efforts. It is a complex metric, however, requiring integration of data from both partners and multi-year studies. The team hypothesizes that after receiving supportive services, ED visits might decline and care shift in the short term to supportive health services, such as Mental Health, and in the longer term to preventative services, such as annual primary care visits. Dr. McCaw, a well-known domestic violence healthcare champion, estimates that the minimum time required to show meaningful

Match Rate

Not only have referrals alone risen, but also matches, tracked in the ED, between domestic violence diagnoses by a Kaiser Permanente doctor and referrals to Stand!'s onsite DV advocate.

In the chart *Emergency Trend Over Time*, "Match ED" indicates the number of cases that the partnership reviewers match as having a DV diagnosis linked to a referral to the STAND! advocate for services. Some patients received a DV diagnosis but were not referred to the onsite DV advocate for services ("DX" in the chart). Others had a referral only with no documented diagnosis ("referral only" in the chart). In both cases, no match was identified. This is a new metric unique to the partnership, and the growing number of matches reflects an increasingly seamless service.

Achievement: As shown in the chart, the matches in the ED in 2016 grew from 4 in January to 10 in December. Because this metric is new, more tracking is needed to more fully measure impact.



Source: Data recorded by Kaiser Permanente Antioch Medical Center

outcomes is five to ten years, but the preliminary results from the three-year program are promising.

Achievement: Preliminary results looking at one year before and after referral show a 50% reduction in ED visits (average five fewer visits per years) for half of the 80 patients whose data the team analyzed.

In ongoing studies, the team would like to make a deeper analysis of the groups with significant ED visit reduction, those who stayed the same, at either high or low levels, and those who showed an increase. In addition, they plan to look at more comprehensive care patterns, including, for instance, neurology visits linked to chronic headaches, and gastroenterology visits linked to stress-induced GI tract symptoms. These utilization patterns might shift after patients gain access to advocacy services. Based on the early results, Kaiser Permanente has committed resources for a deeper, systematic analysis.

Increased Participation in Domestic Violence Awareness and Prevention (DVAP) Committee

Every Kaiser Permanente facility has a DVAP committee, and the committee at the Antioch Medical Center has been active since the campus was started in 2003. Participation rates are used to measure awareness of and commitment in the provider community to improving care for family violence victims. The onsite DV advocate and STAND! leadership members joined the committee early in the project and have used it as a platform for educating providers on communication approaches, STAND! services, and outcomes for clients. The committee has been an important vehicle for spreading the word of STAND!'s presence and services on the campus.

Achievement: Membership grew from 6 to 26 DVAP Committee members in the last 2.5 years since the beginning of the grant, and it continues to grow, both in numbers and in departments involved, including the ED, Women's Health, Pediatrics, Adult Medicine, Small Injury Clinic, and others.

Lessons Learned: The Power of Being There

It's 6 pm in the Kaiser Permanente Antioch ED. Doctors, nurses, and other staff members are nearing the end of their shift. One patient has come in with a broken arm that needs immediate attention. Another is experiencing signs of a cardiac arrest, and different staff members rush to support him. The cry of an ambulance signals another crisis to be prepared for. At this moment, the doors to the ED open, and in walk two women holding two young children by the hand. The women are quiet, and appear tense, but otherwise they show no signs of their reason for being in the ED. The women take turns sitting with the children and going to the counter to check in. "Sylvia" complains of an extreme headache. (Sylvia is not her real name, and she and others quoted here generously allowed the partnership to share their stories.)

In the hectic triage of an ED, it would be easy to have Sylvia wait for hours while more critical patients were cared for, and then to care efficiently for her immediate symptoms and send her home, recommending that she come back to medical offices during normal business hours. No one would discover that the real reason she is there is that she is terrified to go home. Her sister, visiting from out of state, has helped her come.

Her husband has been physically abusing her, controlling her paycheck, and threatening to expose to the school where she has been teaching for ten years that she originally lied about her credentials to get the job. She is afraid for her life, her children's safety, her livelihood, and her ability to support her children. The real reason she is in the ED is to find refuge.

> *"When the advocate is here, there are absolutely many more services provided, more information given. If the advocate isn't here, and she just gets a referral form, trying to even contact that person later is a challenge. When she's here, she can interview the patient/client right away. When she's not, she may make up to 10 calls to try to connect. She keeps trying, but eventu - ally she also has to move on to other survivors."*
>
> – Kaiser Permanente lead team member

But Sylvia isn't sent home with a prescription and a doctor's appointment. Instead, the staff members recognize the signs of domestic abuse, setting in motion a protocol that has evolved over the past three years of the facility's pilot collaboration with STAND! For Families Free of Violence. When a physician is able to see Sylvia, she is ready with the right questions to ask. The doctor has a protocol in place that adds no time to her examination. If Sylvia answers "yes" and identifies as a victim of domestic violence, the doctor knows how to initiate a referral through the nursing staff, connecting Sylvia to advocacy services right down the hall.

The onsite DV advocate is a domestic violence specialist employed by STAND! to provide services at the Kaiser Permanente Medical Center. In her three years in the role, she has provided services to many clients referred by physi-

cians and other staff in the ED, as well as in outpatient clinics, as information regarding the integrated program's reputation has spread. More recently, requests for presentations and referrals have begun coming from other hospitals.

The collaboration between STAND! and the Kaiser Permanente Antioch Medical Center began with a set of principles crafted by the leadership team:

- DV advocates should be located onsite, with a dedicated office and confidential setting, and 20 hours a week (later increased to 40 hours).
- The onsite DV advocate should provide ongoing training and education to medical staff, in addition to providing onsite advocacy services and linkage to other STAND! and community partner services.
- The onsite DV advocate would be located within the ED, where the team believed she/he could achieve the greatest impact in the initial three-year experimental program, though she/he would accept referrals from the entire facility and community.
- The leadership team needed to establish both regular and ad hoc systems of communication and agree on a decision-making process.
- The leadership team needed to establish meaningful ways to measure outcomes.
- Both partners would commit to learning about the other partner's sector in general, as well as the specific organization, and to maintain a "yes" mindset.

The program has achieved trust and participation through persistent dedication to learning and process refinement on both sides. STAND! has provided family violence training and technical assistance to physicians, nurses, and staff throughout the campus, as well as suggesting improvements to the system of diagnosing family violence. On its side, Kaiser Permanente has ushered the program in effectively, finding the right people to connect to, and guiding the STAND! advocate on best practices for approaching health care providers and staff.

At a more tactical level, the value of a close partnership between key staff from STAND! and Kaiser Permanente, in this case, the agency's onsite DV advocate and the designated health care organization's project lead, cannot be underestimated. Any partnership program should ensure that these two roles are filled by people skilled in outreach, bridging work site cultures, and working collaboratively.

Sylvia is only one of many who have benefited from the partnership between STAND! and Kaiser Permanente. The team has identified some of the learnings from this partnership and offers them in the replicable model described above as a potential blueprint for other agencies entering similar domestic violence and health care collaborations.

Key learnings for the partnership have resulted from jointly creating a referral process, learning about and adjusting to differently scaled organizations, and adapting to new cultural norms. The sections below provide an overview of these key learnings.

> *"I was taught about the cycle of domestic violence. Everything on that circle pertained to me. The domestic violence advocate supported me through this process, even coming to court to support my daughter and me. The weekly group meetings keep me grounded. STAND! is saving abused women, families, and men, one at a time, through education and support."*
>
> **- J.A.,** Kaiser Permanente patient and STAND! client

Ask-Refer-Connect

Creating a Referral Process That Works

The partnership's learnings have resulted first from establishing and continually improving an Ask-Refer-Connect process to increase referrals and provider trust and save providers time. "Ask" is Kaiser Permanente's process of initial diagnosis. "Refer" is the referral process the partnership developed together. "Connect" is STAND!'s process of connecting victims and survivors to supportive services. The problems that every partnership needs to address in creating a referral process might not be the same as those faced by the STAND!-Kaiser Permanente partnership, but their story includes important lessons for integrating services.

Agree on a Referral Form

Simply co-locating a DV advocate in the health care setting will not trigger more referrals, as the partnership quickly learned. Start by co-designing a referral form and process, making sure that it works culturally and legally for both organizations.

Educate, Educate, Educate

Physicians, nurses, and other staff are busy and do not change their processes easily. The partnership team, particularly the onsite DV advocate, needs to win trust and acceptance and encourage groups to change through continual outreach.

Reflect Results to Providers

Health care staff want to know that their efforts for patients make a difference. The leadership team learned that reflecting the value of the process back to the referrers, with stories and data, was key to continued support for the process.

Make Disclosing Easy and Safe

Patients have many incentives not to disclose, so it's important that the process creates the safest, easiest path for victims and survivors to disclose. Two strategies the leadership team found to work were rooming alone during screening and providing a confidential drop box outside the onsite DV advocate's office door to accept referrals.

Experiment to Find the Right Person to Ask the Question

It's most effective in the health care setting for the person with the most trusted relationship with the patient to ask about family violence. This may be the doctor in an outpatient setting, and is often a nurse in the ED. However, since assigning an individual isn't always feasible, it's important to train all staff working directly in patient care on the rooming alone process.

Pave Many Paths to the DV Advocate

Make the referral process as streamlined as possible for physicians, nurses, and other health care staff, while providing a variety of other ways to receive referrals. The onsite DV advocate must ensure that it's possible to submit referrals by paper form, email, voice mail, or fax.

Create a Supportive Environment for the Physician

Without a supportive referral system for family violence victims, making a positive diagnosis can significantly disrupt a physician's day. Ensure that the referral process is designed to support the physician and other health care staff in asking patients about family violence.

Anyone Can Refer

STAND!'s advocacy services are available to anyone in the community, and it's important to educate everyone in the system on how to make a referral appropriately. Create a system in which anyone can access services and anyone can refer. The onsite DV advocate reinforces this process by reaching out to all members of the organizations, to security guards and staff as well as nurses, physicians, and executives.

Allow Time

Allow time for the process to be integrated and trusted by both the health care organizations and the patients. Measuring outcomes of this integrated process may require looking at extended time spans. Three to five years may be needed to capture meaningful results.

Structural Integration

Adjusting to a Different Scale

Second, learnings have arisen from creatively integrating two very differently scaled organizations with immensely different resourcing structures and policies. This DVHCP project demonstrated in multiple ways that a large health care organization and a small nonprofit advocacy agency are not just large and small versions of the same structure. They are fundamentally different in the way that resources are allocated and tracked, results measured, and priorities determined. The project uncovered several key lessons on successfully integrating structurally.

Manage Turnover

Turnover is a critical issue for a program striving for sustainability and to demonstrate reliable measurement of outcomes. The STAND!-Kaiser Permanente partnership faced a challenge early in the project, when the first onsite DV advocate resigned. For Kaiser Permanente, as a larger organization, it was initially difficult to understand that STAND! did not have the resources for a rapid replacement, and that bilingual family violence advocates qualified to fill this role are scarce. STAND! brought the Kaiser Permanente leadership team into the hiring process, making sure that the Kaiser lead could be at every interview. This allowed the leadership team to hire someone who not only met STAND!'s advocate qualifications but also could fit into Kaiser Permanente's culture and understand the health care setting.

Through communication, understanding, and a commitment by all leadership team members to make the program work, they turned this situation into a learning opportunity. Turnover in a partnership between two such differently-scaled organizations remains a challenge. Ideally, leadership from both organizations should be involved in hiring or assigning the onsite DV advocate and other key team members. This helps ensure that these members have the needed skillsets and fit for the cultures of both organizations. However, this is only the first step in managing turnover in an integrated model, and more study is needed.

Get Needed Data

The partnership leaders all agree on the critical need to define data requirements up front. It's important to plan early on how the data will be obtained from both organizations and integrated into a single data set, in a way that works with the scale and systems of each organization. A small advocacy organization might need to create new systems for analysis, and a large health care organization might need to be creative in identifying the departments tracking the needed data.

Make a Thoughtful Tradeoff Between Sharing and Protecting Data

Partnering organizations must find a way to share data legally and ethically that also demonstrates outcomes meaningfully. The STAND!-Kaiser Permanente team evolved a system to do this manually and in person, putting nothing in writing. More work is needed to develop effective ways to do it sustainably at scale.

Engage in Ongoing Conversations and Adjustments

Communication protocols should be designed into the partnership leadership team processes. The STAND!-Kaiser Permanente team set up monthly meetings as well as being open to ad hoc communications, as needed. The importance of this is particularly evident when a surprise happens or an assumption leads to disappointed expectations.

With a trusted system of communication in place, the partnership has the tools to start again. Additionally, both agencies made efforts to engage in family violence-related activities and projects mutually beneficial to each other's agencies. They attended conferences, trainings, and other community activities and projects referencing family violence education, prevention, and intervention services. These efforts by the leadership team enhanced their effectiveness in administering the project.

Cultural Integration

Adapting to New Norms

Finally, learnings have come through the team's process of learning to open-mindedly accept different cultural norms inherent in the two sectors to effectively provide the diverse services required for family violence victims and survivors.

Provide Full-Time, Embedded Availability

Maximizing in-person connections with clinicians and staff is critical to winning trust and understanding, which leads to more referrals received. Equally critical is maximizing in-person connections with referred patients to increase trust and a sense of safety, which leads to more access to services. The STAND! leadership team realized that for their partnership, this meant co-locating their DV advocate onsite full time.

Hire the Right DV Advocate

Both organizations agree that one of the most important components of this partnership is having the right person as the onsite DV advocate. She/he needs to fit into both agencies' work cultures. In addition, she/he must be an ambassador for family violence within the health care setting. Whereas conventionally, advocates in a family violence agency would maintain strict confidentiality about their identity, for their own and their clients' protection, in this situation, to win acceptance from physicians and other health care staff and increase referrals, the onsite DV advocate must market her/himself and be as visible as possible. For instance, the onsite DV advocate and other STAND! leadership members also joined the Domestic Violence Awareness and Prevention (DVAP) Committee, taking time at each meeting to share stories (with permission) of referred patients who were provided services.

> *"When I was asked if I was feeling safe at home. I said no! I was connected to STAND!, and they helped me file a police report. I was so scared and confused, but a STAND! advocate was with me every step of the way. I am thankful to the DV advocate, STAND!, and Kaiser Permanente for their support and for helping me break the cycle of abuse."*
>
> – **M.D.,** Kaiser Permanente patient and STAND! client

The STAND! team's role was to ensure the right DV advocate be placed on the assignment, have the requisite training, maintain the service standards, and be kept abreast of services and activities in the agency and the community. When making presentations to staff at Kaiser Permanente, the onsite DV advocate must know and represent STAND! effectively, or Kaiser Permanente might dismiss her/his work as only an intervention. As the only family violence agency in Contra Costa County, STAND! was able to fulfill these responsibilities, and Kaiser Permanente trusted in their expertise.

Some of the characteristics the partners have identified as important for the onsite DV advocate role are:

- Outgoing
- Persistent
- Visible
- Confident
- Articulate
- Non-judgmental
- Inspiring storyteller
- Insightful and knowledgeable about family violence

Assign a Passionate Connector for the DV Advocate

The onsite DV advocate needs a well-connected, influential point person in the health care organization who is willing to jump in to connect, problem solve, and pave the way for a successful partnership. The success of this partnership has depended on consistent support from the lead from Kaiser Permanente, the Antioch Medical Center Site Director. The Site Director oversees the facility, and staff members trust her. She is passionate about improving family violence outcomes. She knows who to connect to and can introduce the DV advocate and STAND! leaders at meetings and events, ushering their work into the organization.

Some of the characteristics important for this role are:

- Influential in the health care organization
- Passionate
- Committed to the partnership
- Well-connected
- Willing to innovate
- Collaborative
- Creative problem solver

Continually Reach Out to Win Trust and Participation

Winning cultural acceptance for cross-departmental integrated services such as this partnership, or even being remembered, requires continual outreach. This outreach has the added benefit of educating the onsite DV advocate on health care options available for survivors.

One day in 2015, the onsite DV advocate introduced her services and role at the hospital to a newly hired security guard, leaving her card with him. Just a few hours later, she received a phone call from him, saying there was a patient who needed her services.

The patient had come to the ED earlier in the day for asthma-related symptoms. She was discharged and picked up by her husband, who then started an argument with her and ordered her out of the car. He drove away and left her in the parking lot with a dead cell phone and no money. The security guard was called because someone noticed her sitting in the parking lot for an extended time. She told the security guard her circumstances, and then said that her husband had hit her the night before. She had called the police, but they hadn't responded. The security guard knew what to do. He called the onsite DV advocate who had introduced herself to him, and whose card was still in his pocket.

STAND!'s onsite DV advocate was able to connect immediately with the patient, who is now a STAND! client. She provided the client with snacks, active listening and reflection of feelings, legal advocacy such as temporary restraining order information, and information about the support group she leads. She safety planned with the client and educated her about family violence. She also linked the client to other services. This incident made the team feel that the program had come into its own. Even the hospital security guards were now part of the referral team.

The DVHCP project has made great strides in three years. All team members agree, however, that one of the most needed resources for developing a successful, sustainable process is time. This includes time for health care staff to trust a new partner and learn a new process. It also includes time for patients to trust the integrated services.

> *"Overall the advocate gave me the tools for strength, and she showed me that I could achieve a place of peace inside myself, despite my circumstance. I was given courage to move forward in my life and to forgive. I believe she is very important in the lives of those who have experienced abuse of any type because she gives hope, and with hope comes courage, and with courage comes progress. I am so thankful that Kaiser adopted the STAND! program and I pray that they will continue to keep it in order to help save the hopeless."*
>
> – **O.Q.,** Kaiser Permanente patient and STAND! client

In Conclusion

An innovative program like this collaboration requires time and commitment. At what point will providers become confident to do something as simple as coming to the onsite DV advocate when they have a question and want advice? Perhaps the question seems simple, and the asker needs to trust that she/he won't seem dumb by asking it. Or perhaps the question is so sophisticated that the asker needs to trust that the DV advocate can help in untangling the problem. It takes years of repeated good experiences to build that kind of trust and mutual understanding. This three-year project has established a baseline of value. It will be in the next two to five years that reliable, evidence-based qualitative and quantitative results emerge to show the benefit of the approach.

At the same time, the team feels that the benefits already shown are enough to establish the value of continued integration. Referrals to STAND! services have increased significantly and are still rising. Early data on changes in utilization rate are more encouraging than the team could have imagined. Staff participation in domestic violence-related initiatives have risen remarkably, including in commitment to executing the referral process. This success is a proud testament to the dedication of the leadership team in fully integrating their services, and to the vision of the Blue Shield of California Foundation in supporting innovative approaches.

As a result of clinician referrals and the subsequent services STAND! provided, client Sylvia kept her children safe and won her life and her job back. Client Melissa is free from life-threatening attacks. Client S.H. only works one job and has reduced the sleep medication she was taking. Many client/patients like these have shared similar stories.

The partnership invites you to visit the Antioch Medical Center's DVAP website to hear more stories of survivors whose lives have been changed for the better by this program. You can also learn more about the ongoing activities and research of the leadership team.

We hope that this report can show the value of this program in its first three years, and the promise of greater benefits if continued and expanded. We also believe that it can serve as a blueprint for this type of partnership. Both STAND! and Kaiser Permanente believe strongly in the need to partner for the wellbeing of the community. This program can become a model for other health care organizations, family violence services agencies, and other community services partnerships.

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