



## SECTION 4: INCREASING HEALTHCARE ACCESS THROUGH PARTNERSHIP

Strategic partnerships between DSV advocacy programs and healthcare providers will promote access and wellbeing for survivors, many of whom have been restricted from accessing care due to the violence.

### Building Partnerships

Establishing partnerships with healthcare settings is crucial to ensure that survivors are getting access to the care and services they need. Healthcare partnerships offer:

- **The ability to rely on the expertise of your partners** – Advocates are able to get survivors in for needed healthcare services, and healthcare staff are able to rely on their advocate partners to support patients who are experiencing or have experienced DSV.
- **Opportunities to adopt trauma-informed, health equity strategies** – Healthcare and DSV programs have the ability to establish environments that address the intersections of health and DSV across agencies.
- **Support for staff wellness and healing** – Being connected through partnership offers the opportunity for staff to address their own personal trauma and health.

*Key Resources:*

- » [National Domestic Violence Hotline Survivor Health Connection Project](#)
- » [Building Sustainable and Fruitful Partnerships between Community Health Centers and Domestic Violence Advocacy Organizations](#)
- » [Centering Community Self-Assessment Tool](#)

## Choosing a Healthcare Partner

Choosing the right partners is a first step to successful partnerships and service integration. DSV programs often partner with a variety of healthcare settings in order to ensure that survivors are getting the specific kinds of care they need. Work with your statewide coalition to get further support on enhancing state-level partnerships and building system-wide protocols.

### *Community Health Centers: Crucial Partners for DSV Advocacy Programs*

Community Health Centers (sometimes called Federally Qualified Health Centers or FQHCs) are community-based and patient-directed organizations that deliver free or low cost comprehensive primary health care services in all 50 U.S. states and territories. There are about 1,400 health centers with over 15,000 clinical sites, serving 30 million patients. In addition to primary care across the lifespan, health centers integrate access to pharmacy, mental health, prenatal care, reproductive and sexual health, HIV testing and care, substance dependency, oral health - as well as many enabling health services such as transportation in areas where economic, geographic, or cultural barriers limit access to affordable healthcare. Some community health centers are designed to serve a specific community, such as a LGBTQ-specific health center, and may have enhanced culturally relevant and specific healthcare services. By federal statute, health centers must provide services to Medically Underserved Areas (MUA) or Medically Underserved Populations (MUP) including migrant farmworkers, public housing residents, and those who are houseless or unsheltered.

Find a health center in your area: <https://findahealthcenter.hrsa.gov/>

Key resources:

- » [Building Partnerships with Community Health Centers](#)
- » [Building Collaborative Responses with Healthcare for Domestic Violence and Sexual Assault Task Forces and Multidisciplinary Teams Addressing Human Trafficking](#)
- » [Health Partners on IPV + Exploitation](#) offers free training and education on building and expanding health center partnerships.

## How Community Health Center “Enabling Services” Can Help Survivors:

- Transportation (such as shuttles, or taxi vouchers)
- Interpretation and translation
- Eligibility and healthcare enrollment support
- Partnerships with community organizations including with DSV programs
- Medical-Legal Partnerships with civil legal aid agencies
- Case management and assistance with navigation of social services and justice processes
- Health education

## *Hospitals, Emergency Departments, and EMS*

Many DSV programs have robust partnerships with local hospitals, including onsite and co-located advocates, on-call advocates, and more. Some DSV program funding sources require partnership with a local hospital to be able to provide 24-hr responses to survivors who are being treated in the emergency department, emergency medical services (EMS), and other areas of the hospital. Some hospitals may have hospital based victim services that community based DSV programs can work closely with. Partnering with hospitals and EMS are especially important so that DSV advocates can provide immediate response, help prepare survivors for discharge, help them safety plan and get connected to services for after they leave the hospital.

## Hospital Based DSV Advocates

Passageway, a program founded in 1997 at Brigham and Women's Hospital, works to improve the health, wellbeing, and safety of those experiencing abuse from an intimate partner. The program offers free and confidential advocacy services, safety planning, individual and group counseling and support, information about the health effects of domestic violence, medical advocacy, and warm referrals and connections to community resources. The program also has a medico-legal partnership called the Passageway Harvard Legal Collaborative, offering legal consultation and services for clients on matters of family law, abuse prevention and child welfare. All Passageway services are voluntary, flexible, and designed to create safe access in whatever form is most helpful. The program supports an individual's choices and rights, and a person does not need to leave a relationship to use Passageway's services. Additionally, the program offers extensive consultation for multidisciplinary providers within the Brigham and Women's Hospital system and larger community. Trainings include but are not limited to screening and intervention, documentation, risk assessment and intervention in high risk cases, strangulation identification, and the clinical and systemic intersections of intentional violence and marginalization and oppression. The Passageway program centers all of its advocacy and macro level work in an intersectional, justice-based trauma-informed approach.

Hospital-based DSV advocacy programs have the added benefit of being able to partner across different forms of violence with [hospital-based violence intervention programs](#).

## *Community Health Worker and Promotora Programs*

Community health workers and promotoras are frontline peer health advocates that work with communities to offer education about common health concerns, such as asthma, address social determinants of health, and offer healthcare navigation. They serve as a liaison between health and social services and the community to facilitate access to care and to improve the quality and better ensure culturally responsive service delivery. Some Promotora programs are organized within DSV organizations and may have specialized training or focus on prevention and supporting survivors of violence.

» [Community Health Worker Programs and Associations by State](#)

## Advocacy Program-Based Promotora Programs

Instituto de Promotora has been organized by community-based leaders for more than 10 years at East Los Angeles Women's Center, an anti-violence advocacy organization. Understanding that survivors and their families in their community were needing culturally relevant healthcare information and navigation support, this DSV agency created the opportunity for community members to address their own needs around health and wellbeing. Promotoras at East LA Women's Center are not only trusted messengers in their community about health and wellbeing, but also on abuse prevention, how to get help, and how to support a friend. This on-the-ground model allows intersecting needs of the community to be addressed in a way that is culturally specific.

## Mental Health and Substance Use Support Providers

DSV programs often have partnerships with behavioral health providers to ensure that survivors are getting their mental health needs met. These partnerships may be with county mental health services, a mental health provider training program where the DSV program offers practicum placements, a local medication assisted treatment provider, substance use harm reduction program, or in-house mental health provider. The National Center for Domestic Violence, Trauma, and Mental Health has developed a suite of resources to help advocates take steps towards partnerships with mental health providers and assess the quality, ease of accessibility, and DSV competency of the providers:

- » [Locating Mental Health Resources](#)
- » [Collaborating with Mental Health Resources](#)
- » [Locating Substance Use Resources](#)
- » [Collaborating with Substance Use Resources](#)

## ***Birth Workers***

Community midwives, doulas, and other birth workers provide specialized and culturally relevant care to pregnant people throughout the birthing process. Midwives and doulas are also narrowing the gap in the Black maternal mortality crisis. Doulas can support birthing and pregnant survivors through partnership with DSV programs and may also be able to offer consulting to DSV programs on how to make their programs and environments more accessible to pregnant and birthing survivors. Community midwives are an underutilized resource for pregnant and birthing survivors. Access to an out of hospital midwife can mitigate things like transportation or childcare barriers, as they can and often meet at the location the person is living, the midwives model of care also echoes the survivor centered / trauma informed approach that DV advocates strive for and offers a wrap around whole person care model.

- » [Birth Doula's and Shelter Advocates Creating Partnerships and Building Capacity](#)
- » [National Association of Certified Professional Midwives](#)
- » [Black Midwives Alliance](#)
- » [IrthApp](#): prenatal, birthing, postpartum and pediatric reviews of care from other Black and brown parents.

## ***Community-Based and Culturally-Specific Healers***

Many survivors would benefit from connection to healers that specialize in culturally-specific and holistic healing practices that focus their care not only on the trauma of surviving DSV, but also on historical trauma that has impacted the whole community.

- » [Holistic Healing Services for Survivors](#)
- » [Tribal TTA Center Healing-informed Care](#)
- » [Healing Collective Trauma](#)



## Whole Person Healthcare

[Casa de Salud](#) in Albuquerque, NM offers ancestral, Indigenous healing practices together with western medicine and community healing opportunities. Community members can seek all kinds of health and wellbeing care at this clinic including acupuncture, reiki, substance use support, care after experiencing violence, and more as a part of their primary care.

## *Home Visitation and Public Health Nursing*

Home visitors are state funded outreach workers that come to the homes of new parents to share the skills, information, and resources needed in order to take care of infants. It is important to form strong partnerships with home visitors as they are perfectly situated to offer education about where in the community people can get help for DSV and offer support if a survivor discloses abuse.

- » [How can domestic violence \(DV\) programs partner with home visiting programs to better support survivors and their children?](#)

## *Campus, School-Based Health Centers, and School Nurses*

A school and campus-based health centers are student-focused clinics located on or near a school campus that provide age-appropriate, clinical health care services on-site. These health centers may provide primary medical care, behavioral health services, or dental care services on-site or through mobile or telehealth. Staff vary in size, and typically include nurse practitioners, nurses, mental health providers, as well as part-time physicians and medical students. School-based health centers at k-12 schools offer services at no or low cost. No one is refused service for inability to pay. These health centers can be great partners in prevention efforts.

- » [Intervention in School Health Centers is Effective](#)
- » [School Based Health Alliance](#)
- » [American College Health Association](#)
- » [National Association of School Nurses](#)

## ***Local Public Health Departments***

Health departments at the city and county level work to promote and ensure food safety, emergency preparedness, infectious disease prevention, and much more. In addition to information and resources during public health crises, they are natural partners in violence prevention efforts.

- » [Local Health Departments Impact Our Lives Every Day](#)
- » [NACCHO Directory of Local Health Departments](#)

## ***Medical Evidentiary Examiners***

Some survivors may be interested in receiving a forensic exam to collect evidence for use in legal systems. Trained providers collect forensic evidence during exams and provide victims with immediate healthcare services such as STI prophylaxis, emergency contraception, and more. Forensic examiners provide testimony in civil and criminal proceedings. Forensic examiners may be accessible through emergency departments, law enforcement, coordinated community response teams, and other settings.

- » [International Association of Forensic Nurses](#)

## **Partnership Elements and Structure**

Across the country, DSV programs and healthcare partnerships are developing creative and innovative models that have pushed their collaborative efforts even farther. Partnerships with healthcare can be structured in many different ways. It is important to evaluate your program's mission, capacity, and expertise to determine which models make sense. Explore with your partner ways in which you can enhance your shared goals and vision.

- Get to know each other:** Host meet and greets where staff visit each other's locations to learn about services so everyone can be able to describe what the other agency can offer patients/clients.
- Partner in Prevention:** Establishing a partnership with campus and school based health centers and public health programs can result in fruitful opportunities for prevention and community education.



- c. **Establish streamlined referrals:** Develop a procedure for bi-directional warm referrals between your DSV program and healthcare partner. How can survivors referred from the DSV program to the healthcare partner get access –a “golden ticket”- to next day appointments for immediate health needs such as emergency contraception? Ensure agency releases are up-to-date, inclusive, and compliant with confidentiality & privilege laws, FVPSA, and HIPAA.

### Warm Connections to Healthcare

When advocates are able to provide a warm connection to healthcare providers, survivors will have more information and resources to overcome barriers that exist. This can include:

- Supported connection to a trusted community health center or medical home where you know staff have received training in trauma informed care.
- Accompanying survivors to health visits that they might need a support person for.
- Offering information about how to prepare for health visits and creating a safety plan for potential triggers that can happen during visits.

» [Healthcare Guide For \(And By\) Survivors of Domestic and Sexual Violence](#)

- d. **Coordinated Care:** As you refine your referral procedures through experience, you may find that it would be helpful to bring each other into certain patient’s care plans. How will you communicate with each other and work together to support the health and safety of individual patients/clients and staff? Community-focused referral apps may be a useful tool in streamlining coordinated care.
- e. **Telehealth and Teleadvocacy:** DSV - Healthcare partnerships have set up telehealth/tele-advocacy systems to be able to offer immediate advocacy and healthcare for patients and survivors.
- f. **Offer Training:** Healthcare partners often need to hire or contract with a DSV organization to offer regular trainings to their staff on addressing domestic and sexual violence and human trafficking in healthcare settings. Community outreach

and training specialists at DSV organizations can utilize the extensive training tools to train healthcare providers on CUES, a universal education, evidence-based approach for IPV and other forms of intimate violence. For more on this approach and training tools visit our online toolkit, [IPVHealth.org](http://IPVHealth.org).

## CUES Intervention Training

DSV advocates are often called upon to offer training for healthcare providers on how healthcare providers can address violence. Training providers on how to share information about your advocacy program with all patients ensures that even when patients are not comfortable answering screening questions, they still will know how to get help for themselves or a friend. This evidence based intervention for DSV is called CUES:

- Confidentiality
- Universal Education + Empowerment
- Support

The CUES intervention is supported by the use of a patient education tool called Safety Cards. Safety cards are available for different health and advocacy settings and in different languages on FUTURES' online store.

- » [CUES Intervention Training Resources](#)
- » [Provider Training Videos](#)
- » [FUTURES Health Initiatives Store](#)



FUTURES Safety Cards

- g. **Visiting Health Enrollment Specialist:** Can the health center send a health enrollment specialist or health educator to visit the advocacy organization (in-person or virtually) monthly to provide health education and facilitate enrollment for clients (and any children)?
- h. **Mobile and Advocacy-based Health Services:** DSV advocacy organizations can partner with a healthcare partner to offer health services, such as behavioral health, vaccinations, sexual health education, HIV/STI testing, doula services, and more.
- i. **Ongoing Collaboration and Guidance:** DSV programs can support health settings in refining their policies and protocols around violence; health settings can offer guidance around public health crises. DSV and health programs can participate in community events with each other or have a table at each others' events.

### DV-Based Healthcare Clinics

DSV programs like [House of Ruth Maryland in Baltimore, MD](#) and [Tundra Women's Coalition in Bethel, AL](#) have onsite health and wellness clinics on site at their shelters where a visiting healthcare provider from the local hospital system provides care to clients several times a week. Survivors and their families are able to address immediate health concerns without having to leave the shelter.

- j. **Co-Located Advocate:** Is there a way where you can structure your healthcare partner with a provider's space and budget to be able to have an advocate from your partner advocacy organization come and provide services to survivors at the healthcare partner's site on a weekly basis? Key Resource: [Case Study: Integrating Intimate Partner Violence Advocacy in Health Care Services and Benefits - A model for Co-Located Advocates](#)
- k. **Sustaining DSV Health Promotion and Partnership Efforts:** It is also possible to develop an innovative partnership that builds the costs of DSV services into a provider's delivery model or becomes self-sustaining funding for the provider and DSV program.

## Sustaining Partnerships and Advocacy Reimbursement

Through partnership and program development, DSV advocacy programs have the opportunity to financially sustain advocacy services through Medicaid and health insurance reimbursement. Not only is screening and brief counseling for IPV a required benefit under federal law, but Medicaid is being used to cover many services that address the social determinants of health including housing, food access, and transportation.

- » [FVPSA Health Care Services Payment or Reimbursement Information Memorandum and accompanying Guidance Memo](#)
- » [Getting to Know your State's Medicaid Department](#)
- » [DV Advocates Guide To Partnering with Healthcare: Models for Collaboration and Reimbursement](#)
- » [Reimbursement for DV Health Partnerships Webinar](#)
- » [Leveraging Medicaid Managed Care Contracts to Address IPV](#)

## Building the Partnership

The culture and foundation of the partnership set forth from the beginning is central to the long-term success and sustainability of the partnership. It will be useful to have a formalized partnership when challenges arise or participating organizations take on new projects. This can look like:

1. **Identifying the champions** within the health setting and the DSV programs, and key roles - who from each organization is participating? Who needs to be at the table? Who is especially passionate about leading this work within their organization?
2. **Assessing the needs** of each partner organization and the community. Engaging survivors and patients in this process can help guide next steps and priorities.  
Key Resource: [Meaningful Engagement of People with Lived Experience | National Survivor Network Conducting a Thoughtful Needs Assessment: A Comprehensive Approach to Program Design Community Assessment Setting the Stage for Effective Programs](#)

3. **Defining the partnership** by collectively coming to an agreement on how the working relationship will be carried out. This could include: the roles of each partner, the timeline for partnership roll out, process for decision making and communication, schedule for regular meetings, evaluation strategies, and sustainability. These agreements and processes can be outlined in a Memorandum of Understanding. Key Resource: [Sample Memorandum of Understanding](#)
4. **Promoting Privacy and Confidentiality:** Robust partnerships between healthcare and DSV programs do not have to compromise survivor privacy and confidentiality in order to effectively work together. There are steps that programs can take to ensure survivors' information is protected. Key Resources:
  - » [Privacy Principles for Protecting Survivors of Intimate Partner Violence, Exploitation and Human Trafficking in Healthcare Settings](#)
  - » [Privacy, Domestic Violence, and HIV: A Guide for Advocates](#)
  - » [Confidentiality for Survivors Across Services | NCDVTMH](#)
  - » [Protecting Survivor Confidentiality: Best Practices in Documentation | NCDVTMH](#)
5. **Tracking Your Successes:** How can you document warm referrals from the health center? How can you track how many clients/patients actually utilize the services? This data can be immensely important to demonstrate the impact of the partnership, program development, and even state policy. Data collection is always a challenge but it's so important to help tell the stories of survivors and programs! Key Resource: [Sample Quality Assessment and Improvement Tools Case Study: The Oregon Guide to Health Care Partnerships](#)
6. **Addressing Partnership Challenges:** Integrating and expanding new services may bring up challenges for staff. In the development phase, take time to explore barriers, biases, and resistance that come up for staff, such as time constraints, discomfort with stigmatized health issues and surviving violence, or lack of training. They are being asked to take on a whole new service model or modify an existing one - and their leadership and buy-in to the process is vital to the success and sustainability

of the work. Trepidation and resistance can be addressed, explored, and reframed through transparency and involvement, training, adequate compensation, and professional development.

### Support from Your State Coalition

State DSV Coalitions are natural partners in health advocacy work. In addition to primary prevention, many state coalitions are engaged in health equity and access efforts. Some examples include:

- [Offer training on addressing DSV for health care](#) staff, home visitors, and other providers, like the Maryland Healthcare Coalition Against Domestic Violence.
- [Capacity building](#) for advocates to address survivor health and wellbeing, like the Ohio Domestic Violence Network.
- Engaging in policy advocacy to ensure survivor health access, such as [reforming medical mandated reporting requirements](#), like Violence Free Colorado.
- Leading efforts to [promote sustainable care coordination](#) between healthcare and advocacy programs, like the North Carolina Coalition Against Domestic Violence.
- [Fighting for reproductive justice and health](#) through culture change and policy efforts, like VALOR.

