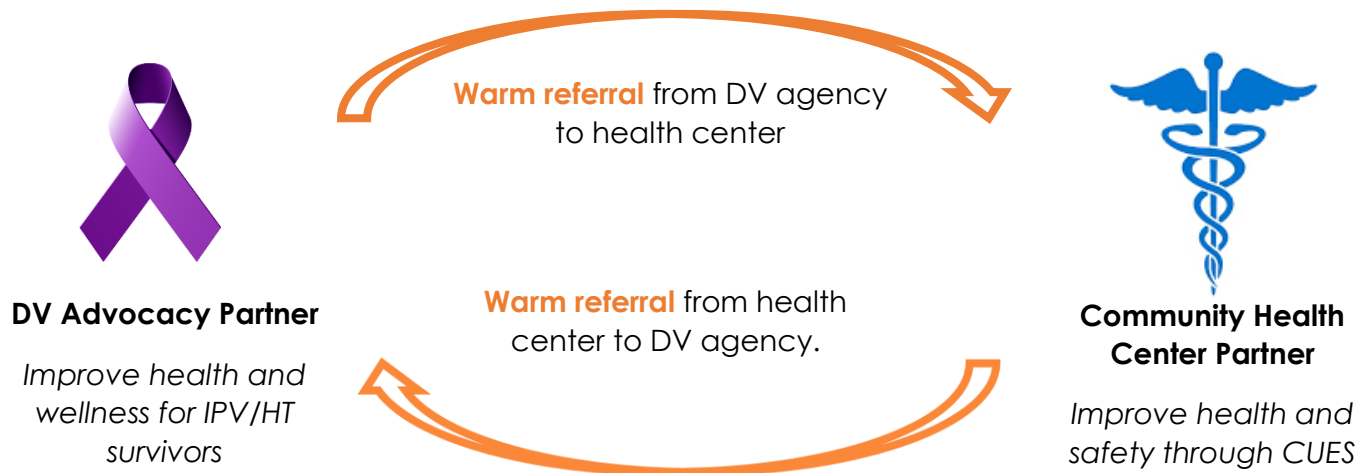


Building Sustainable and Fruitful Partnerships between Community Health Centers and Domestic Violence Advocacy Organizations

Community health centers and advocacy programs are natural partners given their shared mission to improve the health, wellness, and safety of their clients and to prevent violence before it begins. Including each other as part of your multidisciplinary care teams is a crucial step in supporting both staff as well as intimate partner violence (IPV) and human trafficking survivors in your community.

Partnerships can help promote bi-directional warm referrals for clients/patients:



What is a domestic and/or sexual violence advocacy organization?

Domestic/sexual violence advocacy organizations work with communities to support survivors of domestic and sexual violence and human trafficking in times of crisis and need. More than just emergency shelters and 24 hour hotlines, advocates work with survivors and their families to promote safety and heal from violence in many different ways. Looking to identify a DV program in your area? Call the National Domestic Violence Hotline at **800-799-SAFE (7233)**.

What is a community health center?

Community health centers are community-based and patient-directed organizations that deliver free or low cost comprehensive primary health care services. Health centers also often integrate access to pharmacy, mental health, substance abuse, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care services. Looking to identify a community health center in your area? Visit findahealthcenter.hrsa.gov

This tool was developed by the National Health Resource Center on Domestic Violence, a project of Futures Without Violence. For more information, visit: www.IPVhealthpartners.org



How can this partnership benefit community health center staff and patients?

Establishing formal partnerships is crucial to providing trauma-informed care.

- **Supporting staff wellness and healing** – being connected through partnership offers the opportunity for staff to address their own personal trauma and health.
- **Rely on the expertise of your partners** – For health center staff, know that advocates are experts in the specific needs of survivors for safety and self-determination and can support you in supporting survivors.
- **Improve health outcomes** – For people who are surviving an abusive relationship or living with trauma from previous abuse, the sooner they are connected to health and advocacy support services, the sooner they will be able to address underlying reasons for their health issues.
- **Adopt a trauma informed care approaches** – working with your partner organization/health center will promote trauma informed care systems within your own health center.

Just as you will be able to rely on your partners, they will get a lot of value from being connected to you!

How do we start to partner? Meet with the leadership of your partner DV agency/health center (see accompanying guiding worksheet)

1. Determine shared values of the partnership: Why are we doing this? What collaborative efforts have been initiated before (if anything) and what was the outcome?
2. Share information about each other's services: What services do you provide to your patients/clients?
3. How will your two agencies be able to support each other's staff and patients/clients?
4. Decide on shared goals for creating a strong partnership: What do you want to build together?

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Partnership Building Worksheet

Use this tool to initiate discussions between community health center and DV advocacy staff.

What services does the DV advocacy partner provide to survivors?

- | | |
|--|--|
| <input type="checkbox"/> Drop in support and safety planning | <input type="checkbox"/> Health/wellness promotion |
| <input type="checkbox"/> Emergency and short term shelter | <input type="checkbox"/> Case management |
| <input type="checkbox"/> Advocacy for longer term housing | <input type="checkbox"/> Police/criminal justice advocacy |
| <input type="checkbox"/> 24-hour hotlines for crisis safety planning | <input type="checkbox"/> Financial/economic advocacy and support |
| <input type="checkbox"/> Legal support or representation | <input type="checkbox"/> Other service: _____ |
| <input type="checkbox"/> Court accompaniment | <input type="checkbox"/> Other service: _____ |
| <input type="checkbox"/> Support groups and access to mental health services | <input type="checkbox"/> Other service: _____ |

Beginning questions for health center staff to ask their advocate partner:

- What can survivors expect when they connect with an advocate at the DV advocacy agency?
- What is the best way for the community health center to make a warm referral to an advocate?
- When are advocates available to speak to community health center patients over the phone?
- Are advocates available to meet survivors in person at the health center?
- Do they serve survivors of human trafficking?
- What languages are spoken by staff?
- Have we worked together before? What did that look like?

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What services does the community health center partner provide?

- | | |
|---|---|
| <input type="checkbox"/> Primary care and wellness services for the whole family | <input type="checkbox"/> Provide health services regardless of patients' ability to pay and charge for services on a sliding fee scale. |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Health care enrollment specialists |
| <input type="checkbox"/> Reproductive and sexual health options: birth control, emergency contraception, pregnancy options counseling | <input type="checkbox"/> Operate under the direction of patient-majority governing boards of autonomous community-based organizations. |
| <input type="checkbox"/> HIV and STI testing, treatment and care | <input type="checkbox"/> Extended urgent care hours |
| <input type="checkbox"/> Perinatal and post-partum care | <input type="checkbox"/> Transportation for patients |
| <input type="checkbox"/> Substance dependency support | |
| <input type="checkbox"/> Mental and behavioral health services | |

Other questions for community health center partner:

- Do they focus on any specific communities or populations?
- What languages are spoken by onsite staff?
- Who on staff will primarily be referring survivors to the DV advocacy partner? (All staff, medical assistants, social worker, etc.)
- Have we worked together before? What did that look like?

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Across the country, domestic violence agency - health care partnerships are developing creative and innovative models that have pushed their collaborative efforts even farther. Explore with your advocacy partner ways in which you can enhance your shared goals and vision! **In partnership, what do you want to build together to support survivor health?**

- ☐ Host **cross-trainings** 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.
- ☐ Develop a **procedure for bi-directional warm referrals** to between your health center and your advocacy partner.
 - Is there a way to ensure that survivors referred from the advocacy organization to the health center get access –a “golden ticket”- to next day appointments for immediate health needs such as emergency contraception?
- ☐ Revisit or develop your **Memorandum of Understanding** with the advocacy organization leadership and update it based on determined goals, referral procedures and any new elements of your partnership.
- ☐ **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?
- ☐ **Visiting Health Provider and Eligibility Specialist:** Can the health center send a health provider or health educator to visit the advocacy organization every two weeks to enroll them as a health center patient and provide basic health care or health education to survivors using their services?
- ☐ **Advocacy-Based Health Services:** Can your advocacy organization work to offer health services on site? What would it take to have advocates specially trained in substance dependency, HIV testing, or sexual health education?
- ☐ **Mobile Health and Advocacy:** Many health centers and advocacy organizations offer mobile services. How can you coordinate and utilize your partner's mobile services?
- ☐ **Co-Located Advocate:** Is there a way where you can structure your health center space and budget to be able to have an advocate from your partner advocacy organization come and provide services to survivors at the health center on a weekly basis?
- ☐ **Track Your Successes:** Is there a way that you can document how many warm referrals the health center's providers are offering to survivors? Is there a way to track how many of them actually utilize the advocacy partner's services? What about referrals from the advocacy partner to the health center? This data can be immensely important when needing to demonstrate the use of the partnership, program development, and even state policy.

For support in accomplishing these partnership strategies connect with the National Health Resource Center on Domestic Violence:

Email: health@futureswithoutviolence.org

Phone: (415) 678-5500 | TTY: (866) 678-8901 | M-F 9am-5pm Pacific Standard Time

www.ipvhealthpartners.org

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