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DV-HC
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MOVING BEYOND SILOS TOWARD COLLABORATIVE TRANSFORMATION

ADVANCING AN INTEGRATED CARE NETWORK FOR SURVIVORS OF DOMESTIC VIOLENCE IN LOS ANGELES COUNTY

Prepared by
The Leadership Council for Domestic Violence and Health Care

Jenesse Center, Inc.
DOMESTIC VIOLENCE INTERVENTION PROGRAM

East Los Angeles
WOMEN'S CENTER
WHERE YOUR *Silence* IS *Heard*

Community
Legal Aid SoCal
Advocates for Justice in Orange and Los Angeles Counties

eliminating racism
empowering women
ywca
San Gabriel Valley

INTRODUCTION

In Los Angeles County (LAC), high percentages of women have experienced physical and/or sexual violence by an intimate partner in their lifetime. Yet, national statistics reveal that only 25% of domestic violence (DV) cases are reported to law enforcement. Although many cases often go unreported, many survivors disclose these incidents to their health care providers when asked about their relationships. In fact, a recent study found that 70% of patients want their health care providers to ask about their relationships and intimate partner violence.

Domestic violence is a major public health issue and an important, often overlooked, social determinant of health, impacting 1 in 4 women and 1 in 7 men in the United States. DV contributes to injuries, chronic health issues, high-risk health behaviors, and creates significant strains on the healthcare system.[1] In 2014, in response to the high prevalence of DV and the profound health impacts of violence, Blue Shield of California Foundation pioneered the Domestic Violence and Health Care Partnership[2](DVHCP) project—a multi-year statewide initiative. Nineteen partnerships across California were funded with the intent of improving DV response through practice, policy and systems change in both health care and advocacy program settings. Through intentional partnerships, sites advanced innovations and integrated systems of care to promote prevention and better address and respond to DV and the health impacts of violence.

Of the nineteen sites, four in particular based in LAC committed to changing systems within their own organizations and then leveraging those lessons learned to promote systems change in the County—Jenesse Center, Inc., YWCA of San Gabriel Valley, East Los Angeles Women's Center, and Community Legal Aid SoCal.[3] This cohort self-organized in 2017 to continue this body of work, disseminate best practices, and promote DV and health care partnerships countywide, developing the Leadership Council for Domestic Violence and Health Care.[4]

In 2019 the Leadership Council formally partnered with the Los Angeles County Department of Public Health (DPH) to build upon and scale best practices and learnings in order to improve sustainable systems that address the intersections of DV and health care in Los Angeles. This new partnership positioned the team to begin moving beyond silos within the County toward a collaborative framework for service provision specifically addressing vulnerable communities. Working through new and existing community-based and public health models, this partnership is determined to advance integrated care for DV survivors; share policy-change recommendations; foster opportunities for capacity building and cultural responsiveness; and promote transformational change in intersectional approaches for marginalized communities impacted by violence.

This brief highlights successful partnership models and outlines strategies for scaling organization-level systems change within a public health framework that fosters widespread cross-sector collaboration to promote prevention; strengthen sustainable support services for marginalized survivors; and address and respond to trauma and the health impacts of violence.

LESSONS FROM THE FIELD

New opportunities for collaboration between the advocacy and health care fields became ripe after the Affordable Care Act set new standards of care for addressing, and billing for, DV in clinical visits. This shift created space for the two sectors to work together, strategize and lean into new solutions, and leverage expertise and resources. Through this process, sites learned that silos are primitive and perpetuate disjointed provision of services, as well as unequipped providers who lack confidence in responding to DV and health issues.

Since 2014 specifically, partners have pioneered promising practices and innovative models for collaboration and coordinated response. They have demonstrated countless measurable outcomes, as well as long-term sustainability, and are well-positioned to advance broader systems-level change needed countywide. Through training, assessment, trauma-informed response, warm referrals and organizational policy change, intentional partnerships provided comprehensive coordinated care. They supported survivor health and prevented violence in a way that was unprecedented. Here are some of their key lessons.

Ongoing staff training on assessment, response and universal education[5] **must be prioritized.** Change in practice, policy and systems is simply not possible if staff are not adequately trained, comfortable implementing new interventions, and confident in their abilities and referral procedures. One-time trainings are not sufficient. Training must be ongoing and accessible for all staff and integrated into the orientation process for new staff. As a result of training approaches taken,

Jenesse Center, Inc. leveraged and strengthened an existing and long-standing partnership with Watts Health Care Corporation (WHCC) to close the gap between DV and health care in South Los Angeles. Together they implemented an innovative community initiative focused on improving the health care response to violence and strengthening the way health and DV service providers interface to address the health impacts of violence in support of survivor health. Through their partnership, they were able to make lasting changes in their practice, policies and systems to improve the provision of quality care; streamline cross-referrals that expedite access to needed medical and advocacy services; enhance confidentiality policies that support a feedback loop to track referral outcomes; and strengthen overall organizational approaches to meeting the unique health and safety needs of survivors in their community.

Jenesse conducted ongoing trainings to over 300 health care and DV staff members, directly linked over 750 DV clients to medical services at WHCC, and promoted best practices in partnership development to over 200 people in the field. Since, Jenesse has engaged several new partners to expand services and position themselves for new funding opportunities.

Jenesse faced many challenges, one of which was navigating staff discomfort and lack of confidence in talking about DV and health, and doing routine DV assessment in the clinical setting. They learned that while staff welcomed new screening practices, when it came down to actually implementing interventions, their lack of confidence stemmed from various cultural barriers, unfamiliarity with new terminology, and feelings of being overwhelmed by the heightened workload and limited time. Jenesse was able to troubleshoot these barriers by embedding a train-the-trainers model, allowing designated champions at each site to contribute to training additional staff.

Community Legal Aid SoCal—formerly Legal Aid Foundation of Los Angeles (LAFLA)—collaborated with The Children's Clinic (TCC) and Su Casa - Ending Domestic Violence (Su Casa) to implement a partnership that delivered trauma-informed care, advocacy, and legal services to DV survivors in the Long Beach area. The three partners had a history of collaborating together, both in formal and informal ways. In addition to expanding direct service delivery, their primary objective was to fundamentally change the way they interacted with survivors by no longer working in silos. Through this project, the partners were able to make system-wide improvements that integrated routine DV and health assessments, streamlined cross-referral systems, and directly linked clients to access partner services.

This partnership engaged a multi-directional approach to training staff at all three sites. They developed new assessment practices and a universal DV screening tool for the clinical setting. They hired two community health workers/promotoras who were co-located at the partner sites to support onsite response, and developed written protocols and formal workflows clearly outlining referral policies and procedures. Their comprehensive training model is now routine for all new hires, while some staff receives additional in-depth training; i.e. 40-hour DV, promotora and legal issues training. As a result of their partnership, over 18,000 patients were assessed for DV, and over 2,500 (who disclosed abuse) received a warm referral and accessed support resources, an intervention care plan and/or legal advocacy services.

there was a twofold increase in provider and DV advocate confidence in responding to DV and survivor health issues and making warm referrals to their partner organization.

Exploring barriers is important to overcoming them. Taking time to explore and understand the many barriers that will surface is essential. For example, health care providers are commonly reluctant to talk about DV with patients because they lack confidence and knowledge on the subject, are uncertain in how to respond or where to refer, time constraints and cultural barriers. Patients often do not disclose abuse out of fear of judgment and repercussions. Advocates don't ask survivors about their health because they are not aware of the health impacts of violence and don't feel adequately educated to discuss the medical needs of clients. By understanding the barriers hindering progress, partners were able to strategize creative solutions, adjust staff training needs, and improve approaches to help eliminate or reduce them.

Staff turnover is prevalent; preparedness and adaptability is vital. Turnover is pervasive and requires a clear protocol to ensure staff is properly trained and equipped with the knowledge, skills and tools to continually provide quality care and cross-referrals. Partners were able to navigate this challenge by putting new systems in place—developing champions, scheduling staff training opportunities, embedding new practices into fluid staff roles, and writing new policies and procedures. Program capacity for adaptability expands over time as new systems become institutionalized and staff is truly enrolled in the deep impact they are having.

The experience of violence is prevalent and impacts professionals in both the DV and health care sectors. One of the most unanticipated lessons was the incidence of staff seeking services who were personally impacted by violence in their own lives. In fact, all partners reported that at least some staff from their health partner self-reported and accessed DV services. As a result, partners quickly learned how critical it was to develop a workplace response to violence within their new protocols; 72% of health partners implemented trauma-informed workplace policies for staff exposed to DV and procedures to link professionals to advocacy support, counseling and whole person care.

Partnerships are viable and can be sustainable. Partners learned that sustainability must always be at the forefront of their strategic planning. Having a long-term vision for integrated services and taking an innovative approach to leveraging new

and existing resources have been imperative to changing systems that can withstand the test of time with minimal or decreasing funding streams. Partners learned that initial costs of partnership development—both time and financial—tend to be highest at the start and over time as new systems and practices are embedded into organizational programming, financial demands become more manageable. By scaling learned best practices and demonstrating impact and outcomes, partners have identified sustainable funding streams to support their model programs, while expanding their partner network across sectors.

Partnerships take time to cultivate and champions ensure their growth. DV programs are well positioned to move the needle for change toward prevention, health advocacy and better survivor health outcomes. This work takes time, and partners have learned that successful change over time is highly attributed to identifying organizational champions. Champions drive partnership development, promote buy in from leadership, support direct service staff and ensure that new practices and policies are implemented and embedded into ongoing programming. Without champions, partnership efforts are likely to stall or hault.

YWCA of San Gabriel Valley became very familiar with their health partner's organizational culture and operations. It was helpful for them to understand their process of patient flow and how DV services were incorporated in their clinical framework. They found that patience and diligence was key to moving forward as a team and strategizing solutions for effective, efficient practice change. They were able to help build capacity for the health care staff and equip them with the tools needed to implement an integrated DV assessment and intervention program within the clinical sites as part of a continuum of care.

Working alongside their health partner, the YWCA gained a deeper understanding of the interconnectedness between abuse and long-term health outcomes and how to better work at the intersection of health and DV. They designed a health advocacy[6] model to educate survivors on how violence affects their health. The model included integrating a routine health assessment into shelter intake, which was pivotal to linking survivors to needed medical services through a warm referral process. They also provided shelter-based health education workshops to normalize the conversation of health and support individual medical needs. Cross-training staff was essential to embedding their new assessment tool, response protocol and referral practices.

KEY OUTCOMES

- **Health care providers doubled their rate of DV assessment** during clinical visits, and 2 out of 3 patients reported having their provider talk to them about healthy and unhealthy relationships.
- **Patients are more likely to report DV**. Among patients with prior exposure to unhealthy relationships, more than 1 in 3 reported that they shared this with their health care provider (compared with normal rates of fewer than 1 in 10).
- **DV survivors are more likely to focus on health needs** and were uniformly supportive of being asked about and receiving health related services within the shelter setting. In fact, 82% of clients reported an increased understanding of the effects of DV on personal health as a result.
- **DV advocates and health care providers are more likely to make referrals** and reported over a 28% increase in their confidence referring to each other's organizations.
- **Access to care was significantly improved as a result of the coordinated systems of care developed** and 100% of survivors who tested positive for sexually transmitted infections were treated and completed their follow-up visit three months post screening.

RECOMMENDATIONS

With the recent move of the Domestic Violence Council[7] (DVC) under the Los Angeles County Department of Public Health, there is strong leadership support for collaboration and the time is ripe for change. Both the health and DV advocacy fields are well positioned to come together to inform and activate lasting change in countywide systems and practice, while promoting change in health policy. Here are some key recommendations to contribute to this movement of creating systemic change within Los Angeles County.

- **Forge your own local partnerships and identify staff champions to drive partnership development**. Lean on existing relationships to build formalized partnerships across sectors. Developing intentional partnerships takes time and requires a clear and meaningful process in which integrated services and coordinated response can be implemented and strengthened over time. Mutual trust, respect and transparency are vital to partnership health. Communicate regularly, share in mutual goals, and have clear protocols in place for working together. Explore different partnership models and evaluate which are most feasible while posing minimal challenges. Identify key staff to champion this work. Champions drive partnership success; they are essential to cultivating a new culture of collaboration, formalizing new policies, and monitoring implemented systems; i.e. cross-training, bi-directional referrals, tracking referral outcomes, evaluating success, and resolving challenges.

- **Provide and promote ongoing staff training at the program and community level**. Embed into

East Los Angeles Women's Center (ELAWC) has unprecedented access to the medical community at LAC + USC, The Wellness Center and the Keck School of Medicine. Their partnership fostered an important collaboration on campus to better promote prevention and address the health and safety needs of survivors. By integrating a coordinated system of care on campus, they succeeded in strengthening the medical center's response to DV, while helping providers understand and navigate the unique safety, health and confidentiality concerns brought by DV.

ELAWC provided training to over 3,800 medical professionals, administrators and medical students on campus. They also developed sustainable approaches to ongoing training, as well as new resources to help streamline intra-department referrals and normalize the conversation of health and DV. As awareness on campus grew, the demand for advocacy services increased, which was a strong indicator of change in provider capacity and confidence. In order to meet the ever-increasing demand, ELAWC ensured continual training and capacity building to advocates, while supporting the health care providers through challenges in DV assessment due to competing priorities, time constraints and staff shortages.

ELAWC developed the LAC+USC Domestic Violence Task Force—a multidisciplinary team of leaders working together to better address DV as a health issue and improve access and quality of care for those impacted by DV. Through the Task Force, ELAWC identified key champions who have aided in continuing and expanding this work on campus. In 2018, ELAWC opened The Hope & Heart Project, the first-of-its kind hospital-based emergency shelter which provides an innovative solution to the immediate displacement of those impacted by violence.

programming strategies a blueprint for implementing ongoing cross-training for all partnership staff—DV staff trains health care providers, health care staff trains advocates. Promote training initiatives countywide and share data to demonstrate that this work provides solutions for service providers working to address DV as a public health issue. Identify external champions in public health and regionally to help promote broader capacity building outside of your program. Disseminate new training models to anchor expanded awareness on the connection between health and DV within the advocacy and health care fields. Explore collaborative approaches to staff training to increase and enhance training opportunities for under-resourced communities and organizations; i.e. virtual learning platforms; fee-for-service trainings; job shadowing programs; sharing policy and procedure manuals and other resources; and co-hosting skill-building in-services and conferences.

- **Champion this work locally and regionally by sharing best practices, innovative models, measurable outcomes and strategies for sustainability**. Scaling and spreading this work requires a team of champions. It is important that the work is happening both on the ground at the program level, and more broadly as key players share new frameworks for integrated service delivery models. Network with new organizations and affiliations to collectively identify opportunities to disseminate the value of DV and health care partnerships. Stay abreast of upcoming events, conferences, roundtables and new initiatives within the County, and invite key stakeholders to participate—elected officials, thought leaders, policymakers, funders. Document evidence of success by developing metrics to evaluate and quantify outcomes while also building a story bank to track impact on survivors, staff, and programs. For example, many partnerships share stories on how coordinated response caused a survivor to get access to life-saving medical attention, while others can demonstrate a cost savings in service delivery as a result of cross-training and cross-referral systems.

- **Identify a group of committed leaders working to improve DV response and better address DV as a public health issue, such as a recognized council, task force or committee**. Identify opportunities to work with an established leadership group to promote partnerships and share promising practices in DV and health. Given the sheer size of LAC, explore opportunities in jurisdictions close to your community. There is strength in numbers; a dedicated group of champions is better poised to move the needle and inform transformational change. For example, the Leadership Council is promoting sustainable systems change within LAC through their partnership with DPH. Specifically, they advocated to reinstate the Health Committee[8] of the Domestic Violence Council, under DPH, to ensure a home for this work at the close of grant funding. Together this team coordinated the inaugural symposium *Beyond Silos: Domestic Violence and Health Care Partnerships* in 2019; they are coordinating new opportunities to promote staff training and have partnered on abstract submissions for national conferences.

- **Make the case for partnerships countywide by aligning with current public health priorities**. Given the vastness of the public health system, policy and institutional change can seem impossible. However, as organization and community level partnerships emerge, incremental system improvements are possible. Ideally, the two sectors can approach their work together as one interconnected health and safety network for identified and unidentified survivors. DV champions tend to drive and advocate for this vision. In order to create buy in, align fiscal, operational and administrative outcomes with current health care system priorities to help make the case for partnerships across the public health landscape. For example, demonstrate the impact partnerships have on key performance measures; survivor health outcomes; time and cost savings; new fund development; strengthened compliance; and value-based care. Build an evidentiary foundation that partnerships provide invaluable business solutions to programs, staff, survivors and underserved communities.

- **Educate stakeholders on policy barriers and solutions to advance DV and health care integration at the local, regional and national level**. Buy in and support from leadership is

imperative. Community-level executives, public health management, local elected officials, and statewide coalitions can be instrumental in driving change in health policy. For example, the Leadership Council enlisted support from the Los Angeles County Board of Supervisors, and plans to invite their participation in upcoming committee meetings to ensure their awareness of this body of work happening in their districts. Consider ways to educate and engage decision and policymakers across the County and beyond on the connection between DV and health, the impact and outcomes of partnerships, and the current barriers impeding advancements in health policy that support this work; i.e. sustainable payment and reimbursement models; expansion of funding requirements; immigration and medical coverage concerns; barriers to access; and institutionalized training requirements.

FORWARD VISION

Continual change in state and federal health care priorities, as well as prevailing funding challenges, yield limitless opportunities to move beyond silos toward collaborative transformation. This brief is intended to spark inspired action by disseminating promising practices, making policy change recommendations, promoting expanded training opportunities for service providers, and engaging key players to help breakdown silos to promote systemic change and intersectional approaches in Los Angeles County. The Leadership Council for Domestic Violence and Health Care is building upon the many positive outcomes and valuable lessons learned through partnerships to advance an integrated care network for survivors of violence. Aiming to provide reliable, cost-effective solutions for those in the trenches of service delivery, they are leading the charge to ensure a multidisciplinary approach to the health and safety net for survivors. With systems change being a slow and arduous process, there is still much work to be done and open space for pioneering new champions, ideas and innovations.

1. Health care utilization costs for DV survivors are 20% higher than for those not impacted. The medical cost-burden in the US from domestic violence in the year after victimization is as much as $7 billion.
2. Visit **http://www.dvhealthpartnerships.org** for more information, data reports and resources.
3. Visit **https://jenesse.org**; **http://ywcasgv.xyz**; **https://www.elawc.org**; **https://www.communitylegalsocal.org**.
4. The Leadership Council for Domestic Violence and Health Care is funded by Blue Shield of California Foundation. Visit **www.dvhcla.org** for more information.
5. Universal education is an evidence-based, trauma-informed intervention that helps healthcare and DV service providers talk to patients and clients about safe and healthy relationships. It promotes prevention for those not exposed to violence, and is an effective intervention for those currently experiencing violence. Universal education is most effective when implemented with routine assessment, direct inquiry and response. It provides an opportunity for support for those who don't or won't disclose abuse. It can also be implemented within DV advocacy programs to address the health impacts of violence and help to identify health concerns and medical needs of survivors. For more information, visit Futures Without Violence at **www.futureswithoutviolence.org**.
6. Health advocacy addresses and responds to survivor health needs within DV programs. For more information, visit **http://bit.ly/healthadvocacy**.
7. The Los Angeles County Domestic Violence Council (DVC), under the Department of Public Health and established by the County Board of Supervisors, is comprised of leaders in public, private and nonprofit organizations committed to ending domestic violence in the County. Members of the DVC seek to prevent, serve, provide services to, and support survivors of domestic violence.
8. The Health Committee provides an opportunity for service providers to promote cross-sector collaboration, improve response, and advance transformational policy and systems change in intersectional approaches to communities impacted by violence within the County. The Health Committee meets every other month. For more information, visit **http://ph.lacounty.gov/dvcouncil/**.