DV HC

Leadership Council for
Domestic Violence & Health Care

Domestic Violence + Health Care Partnerships

Impact, findings and lessons learned

Domestic Violence Council Meeting

June 18, 2019

DV + Health

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DV + Health

- Public health issue
- Social determinant of health
- Many chronic and acute health impacts
- Strains the healthcare system + costs

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DVHCP Project

- Funded by Blue Shield of CA Foundation
- 19 partnership across CA
  - 6 based in LA County
- Strengthen the safety net for survivors through collaboration
- Improve early identification and response

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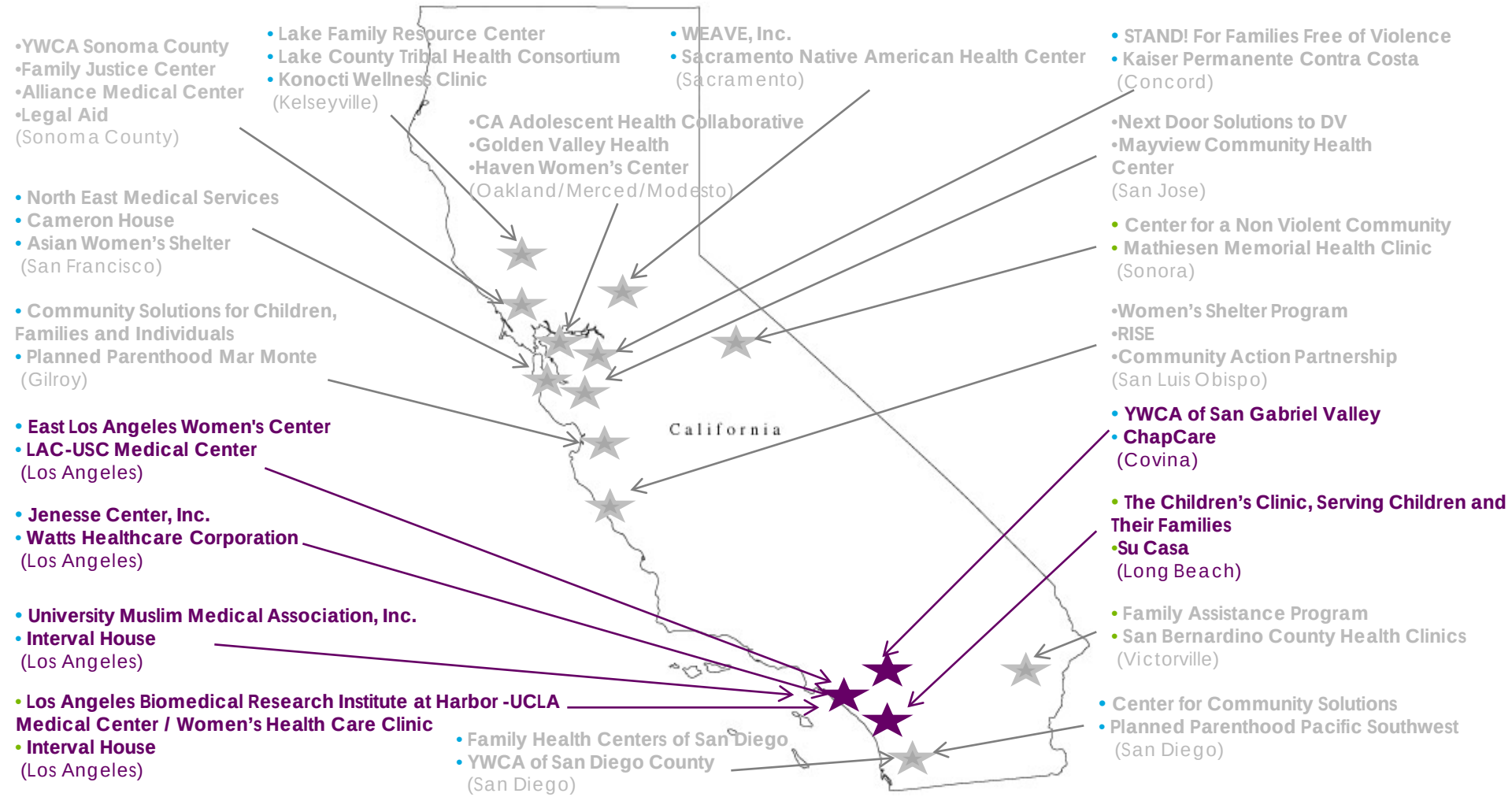
DVHCP Partners



DVHCP Strategies

- Intentional, formalized partnerships
- Ongoing staff training
- Universal education, assessment and trauma-informed response
- Bidirectional warm referrals
- Practice and policy change
- Innovative approaches

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Key Findings

1. Health care providers are twice as likely to screen for domestic violence
2. Patients are more likely to report domestic violence
3. DV clients are more likely to focus on health needs

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Key Findings

4. DV advocates and health care providers are more likely to make referrals
5. Health care providers are more likely to discuss domestic violence with their patients
6. There is strong leadership support for collaboration

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Key Findings

- Training resulted in a **twofold increase in confidence levels**
  - responding to DV and survivor health issues
  - making warm referrals to partner organizations

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Health Care Providers

- 94% now integrate education on healthy relationships in clinical visits
- 72% of health partners implemented trauma-informed policies
  - Seen alone policies
  - Workplace/staff response

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Advocates

- 95% educate survivors on the health impacts of DV
- Over 75% participate in annual trainings on addressing survivor health
- Almost half now have scripts to respond when medical concerns are disclosed

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Other Key Findings

Over 90% of partners agree they have what it takes to make a partnership work:

- Expertise and innovation to work with underserved communities
- Clear process for ongoing communication and joint decision making
- Ability to adapt to changing conditions and staff turnover

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Lessons Learned

- Confidence and trust is foundational to practice and policy change
- High reports of health care staff experiencing DV
- Formal agreements and written protocols are critical to cross referral systems
  - DV assessment, response, and referrals in health care settings
  - Health assessment, response and referrals in DV settings

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Lessons Learned

- Training must be ongoing and accessible for all staff
- This work is impactful and viable
  - Initial investment, little to no cost once established
  - Leveraging funds
  - Exploration of payment models

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DVHCP Data Pilot

- 3 years after the DVHCP project
- 6 Southern CA sites
- Measure DVHCP impact on systems of care and survivor health access

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Data Pilot Measures

- DV assessment + response in health setting
- Health assessment + response in advocacy setting
- Bi-directional referrals
- Impact of coordinated care on:
  - Accessed care and healthcare utilization
  - Ongoing partnership communication on referral outcomes
  - Sexually transmitted infections screening, treatment and follow-up

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Key Lesson

- DV programs are powerful conduits
  - Driving cross sector collaboration
  - Improving survivor health access
- Practice change in health care is harder and takes more time
- Impact on survivor health outcomes

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Other Lessons Learned

- Data collection is vital and challenging
  - Confidential data sharing is possible
  - EHR = other challenges
  - Need collaboration and clearly identified roles
- Survivors face real barriers in accessing care
- Ongoing training is vital
  - Universal education, assessment and response

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Pilot Findings

REFERRAL DATA	ACCESSED SERVICES + HEALTHCARE UTILIZATION
152 Health assessments completed in DSV programs **84%** (128) Referrals for health services from assessment • 62% (79) were non-urgent referrals • 1.5% (2) were urgent referrals (within 72 hours) • 5.5% (7) were referrals for children • 29% (37) had no indication for referral • 10% (14) of referrals declined by survivor • 15.5% (20) ineligible referrals at partner site 85% of which received an outside referral	**63%** (81) of referrals led to a scheduled appointment **80%** (65) of scheduled appointments led to a completed health visit • 68% (44) for general medical care (including emergency & dental) • 21% (14) for reproductive health • 11% (7) for mental health and/or substance abuse • Referrals for children: outcomes not tracked **12%** of survivors received follow-up/ongoing care
HEALTH OUTCOMES	**53%** no-show rate (failed appointments)
Sexually Transmitted Infections (STI) • 22% screened, 56% not indicated for screening • 11% of those screened tested positive for an STI, 100% of which were treated • 100% of those treated for an STI scheduled their 3-month follow up visit • 100% of those scheduled for a 3-month follow up visits completed this visit	Self sufficiency in appointment scheduling: • 30% survivor scheduled • 70% advocate scheduled DV and health partners communicated on referral outcomes **62%** of the time

Pilot Findings

QUALITATIVE DATA	
Reported reasons for failed referrals/utilization: • Exiting DSV program prior to health visit • Survivor ineligibility for health services (type of insurance or out-of-network) • Survivor lost to follow-up • Location and transportation issues • Legal issues (police custody, arrests)	**Reported reasons survivors declined referrals:** • Seeking care elsewhere • Desire to self-refer • No identified health issues by advocate • Survivors feel they are in good health • Convenience and timing concerns • Location or near "danger zone" (close proximity to abuse)
Reported health concerns on health assessments: • Depression/Anxiety • Insomnia • Chronic PTSD • Dermatological issues, dry skin • Asthma	• Overweight/obesity • Irritable bowl syndrome • Migraines • High STI risk • Pregnancy and post-partum • Access to medications

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Innovations

- Dana Knoll, Watts Health Care Corporation
- Ana, YWCA of San Gabriel Valley
- Rebeca, East LA Women's Center

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County of Los Angeles Public Health

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Save the date

BEYOND SILOS: DOMESTIC VIOLENCE AND HEALTH CARE PARTNERSHIPS

THE CALIFORNIA ENDOWMENT

OCTOBER 29, 2019

visit www.dvhcla.org for more info

Hosted by the DVHC Leadership Council and the Los Angeles County Department of Public Health, Office of Women's Health and Domestic Violence Council

Sponsored by Blue Shield of California Foundation

Symposium Objectives

1. Identify DV as a public health issue and SDOH;
2. Understand the health impacts of violence;
3. Promote cross-sector collaboration between DV and health care organizations;
4. Improve early identification, DV response and survivor health within healthcare and DV program settings;
5. Foster networking opportunities between health care and DV service providers in Los Angeles.

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Symposium Info

- Sponsored by BSCF
- Free registration!
- All day event
- CEs available
- Looking for additional sponsors

- Want to join the planning Committee?

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Thank you!

Questions or more info?

info@dvhcp.org