



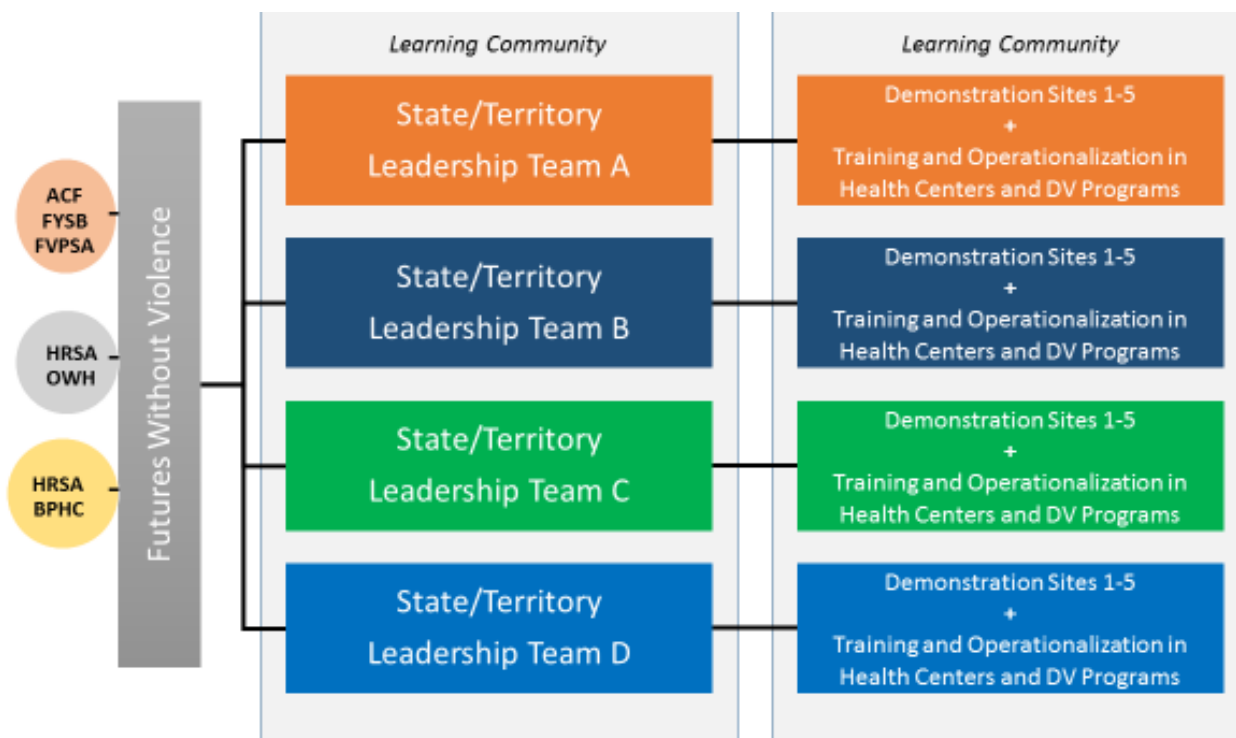
Funding Announcement:

Improving Health through Violence Prevention: Fostering Sustainable State/Territory and Systems-Level Transformation for Community Health Centers and Domestic Violence Programs

Futures Without Violence (FUTURES) is soliciting applications for Phase III of a project focused on fostering intimate partner violence (IPV) and health leadership and collaboration at the state or territory level to improve the health and safety outcomes for survivors of IPV and to promote prevention. This project is supported through a collaboration of U.S. Department of Health and Human Services partners, including the Administration for Children and Families' (ACF) Family and Youth Services Bureau, the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care, and the HRSA Office of Women's Health. Technical assistance and training will be provided by FUTURES. Since 1996, FUTURES has been ACF's funded National Health Resource Center on Domestic Violence (HRC) and in that role promotes model health responses to IPV as well as patient and provider education tools.

Four state/territory leadership teams (consisting of one state's/territory's: [Primary Care Association \(PCA\)](#), [Department of Health \(DH\)](#) and [Domestic Violence Coalition \(DVC\)](#)) will be selected to work closely with FUTURES and with each other to promote state/territory level policy and systems changes that support an integrated and improved response to IPV in community health centers and to other needed services in domestic violence programs. As part of that effort, a minimum of five community health centers and five domestic violence advocacy programs (in each state/territory) will partner with one another on trauma-informed practice transformation. This includes a vision and strategy to promote policies and practices that support ongoing integration of the IPV and human trafficking response into health care delivery state/territory-wide, and significant inroads into implementation of an action plan to train and engage at least 50% of the HRSA-funded health centers in their state/territory by the end of the project period. Leadership Teams will conduct outreach to the 50% of health centers they plan to engage through the action plan, and will share information on the model developed by FUTURES (via webinar, newsletter, listserv announcement, etc.) to ensure that health centers are aware of the availability of technical assistance and training to implement the model within their community.

Investing in meaningful training and technical assistance (T/TA) partnerships is critical to supporting the individuals and families that are accessing health care through [HRSA-funded health centers](#) and [FVPSA-funded domestic violence/sexual assault programs](#). See an illustration of the learning community engagement on the following page.



We encourage that applicants demonstrate meaningful state/territory-wide partnerships for training, problem solving service barriers, implementation of domestic violence and human trafficking assessment and intervention at community health centers, establishing referral protocols with local domestic violence programs, and featuring domestic violence and health discussions at upcoming conferences, webinars, workshops and other in-person events and through distance learning.

See Appendix A: Applicant Resources for more information related to [HRSA-funded health centers](#) and [FVPSA-funded domestic violence/sexual assault programs](#); state/territory [primary care associations](#), [departments of health](#), and [domestic violence coalitions](#); national hotlines and other T/TA resources.

Highlights of Funding Opportunity

The period of funding is from December 1, 2017 through September 30, 2018. FUTURES will provide selected Leadership Teams a total of \$75,000 per state/territory, in addition to hosting one Kick-off Meeting in San Francisco (January 23-24, 2018), one in-person state/territory Training of Trainers (TOT) (including continuing medical education credits for MDs/DOs) and one in-person administrative meeting, as well as online trainings, free patient and provider tools, and participation in a learning community to share challenges and successes, and technical assistance as needed.

In each participating state/territory, FUTURES will work closely with leaders from the state/territory leadership teams (comprised of staff from the Primary Care Association (PCA), Department of Health (DH) and Domestic Violence Coalition (DVC) and any other key partners) to develop sustainable health care and domestic violence advocacy responses to IPV across each participating state/territory.

Selected leadership teams will be geographically diverse and must be able to demonstrate:

- Establishment of an effective leadership team including diverse decision makers from the PCA, DVC and DH with one clearly designated lead staff person to help oversee and implement statewide work.
- History of collaboration between the PCA, DVC and DH.
- Commitment that at least one leader from each of the Leadership Team partners (PCA, DVC and DH) will attend the January 23-24, 2018 Kick-Off Meeting in San Francisco, CA.
- Identification of faculty to be trained that will then conduct training statewide.
- Capacity and interest in pursuing a statewide program that is focused on the integration of domestic violence and human trafficking assessment and response at community health centers, in partnership with community based advocates, and systems changes to ensure that response is sustainable.
- Demonstrated commitment to equity and creating culturally appropriate programming.
- Demonstrated ability to quickly convene local trainings between at least five community health centers and five DV programs (as demonstrated by MOUs from these five combined partnerships).
- Ability to convene clinical staff from the 5 participating health centers (for at least one 3.5 hour training in each health setting) and 5 DV/social service program trainings.
- Capacity and willingness to participate in evaluation of the initiative, including an identified staff person who will partner with the project evaluator to collect pre and post training assessments and other informal assessments as needed; training assessments will be quantified by the evaluator.
- Innovative vision for scaling up training and sustaining the program in the state.
- Opportunity and vision for IPV and human trafficking integration into existing practice change initiative (i.e., alternate payment plans, social determinants of health initiatives, behavioral health integration into primary care, etc.).

Please note:

- We encourage engaging local health centers that are PCMH recognized.
- In support of the [National HIV/AIDS Strategy 2020](#), which includes a focus on the intersection of violence and HIV for women, we encourage engaging dually funded health centers with Section 330 and Ryan White HIV/AIDS Program funding.

FUTURES has developed a step by step online toolkit (www.IPVHealthpartners.org) and other comprehensive training curricula, health care provider resources, and patient education materials to be used in the selected health settings and domestic violence programs and will oversee the evaluation of the project. In addition, quality improvement tools have been developed that can guide the systems changes necessary to institutionalize policies to assess for IPV, as well as resources to facilitate productive partnerships between the demonstration sites (health centers and domestic violence programs). Selected Leadership Teams will be part of a learning community comprised of leaders dedicated to this issue and will have the opportunity to share experiences and strategies with other participating Leadership Teams.

See attached application.

Applications are due: Tuesday, November 14, 2017 by 5:00pm PST/6:00pm Mountain/7:00pm Central/8:00pm Eastern and should be emailed to Anna Marjavi at amarjavi@futureswithoutviolence.org.

A one hour webinar for interested applicants to learn more about the project and ask any questions about the funding announcement will be held: **Thursday, Nov. 2, 2017 (11am PST/12pm Mountain/1pm Central/2pm Eastern)**

To register, please visit the following link:

<https://futureswithoutviolencewebinars.adobeconnect.com/etklqi30fnd4/event/registration.html>

If you have questions about the initiative or application, contact:

Anna Marjavi, Program Director, Health at FUTURES amarjavi@futureswithoutviolence.org.



Application

Improving Health through Violence Prevention: Fostering Sustainable State and Systems-Level Transformation for Community Health Centers and Domestic Violence Programs

Overview:

FUTURES, (with support from the Administration of Children and Families (ACF), the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care, and the HRSA Office of Women's Health) is soliciting applications for Phase III of a project focused on fostering intimate partner violence (IPV) and health leadership and collaboration at the state level to improve the health and safety outcomes for survivors of IPV and to promote prevention. We invite a state/territory leadership team (consisting of one state's/territory's: Primary Care Association (PCA), State Department of Health (DH) and State Domestic Violence Coalition (DVC)) to submit one joint application to take part in this project.

How to Apply:

Please review the enclosed information about the project prior to completing the application. Submit an application that addresses each area listed under **"Application Questions"** (*described on page 15*).

Email completed applications to: Anna Marjavi at amarjavi@futureswithoutviolence.org

Subject Line: Phase III Leadership Team Application

Include the following information in the email:

- ✓ Contact information for yourself and key collaborators including: Name, Title, Organization, Address, Phone, and Email Address
- ✓ Six Memoranda of Understandings (*see below*)

Applications are due: Tuesday, November 14, 2017 by 5:00pm PST/6:00pm Mountain/7:00pm Central/8:00pm Eastern

Your application should be no more than 15 pages (does not include the MOUs), 1.5 spaced and single-sided. If you have any questions, contact Anna Marjavi, Program Director, Health at FUTURES amarjavi@futureswithoutviolence.org.

Program Overview:

The Centers for Disease Control and Prevention's *National Intimate Partner and Sexual Violence Survey* (2010 Summary Report) found that men and women who experienced rape or stalking by any perpetrator or physical violence by an intimate partner in their lifetime were more likely to report frequent headaches, chronic pain, difficulty with sleeping, activity limitations, poor physical health and

poor mental health than men and women who did not experience these forms of violence.¹ Women who had experienced these forms of violence were also more likely to report having asthma, irritable bowel syndrome, and diabetes than women who did not experience these forms of violence.² Other research shows significant impacts on reproductive and sexual health.³ Women experiencing physical abuse by an intimate partner are 3 times more likely to have an STI, while women disclosing psychological abuse have nearly double the risk for an STI compared to non-abused women.⁴ A survey conducted by The National Domestic Violence Hotline found that 25% of women said that their partner or ex-partner had tried to force or pressure them to become pregnant.⁵ The health system and domestic violence fields must find ways to work together to implement health interventions that achieve better health outcomes for victims of domestic violence.

The U.S. Preventive Service Task Force issued a “B” recommendation in favor of screening and interventions for women of childbearing age, and the Affordable Care Act includes screening for domestic and interpersonal violence and brief counseling as a covered benefit for this same population. Health care providers, however, have received limited guidance or training on how to provide these services and many are unaware of the extent of services available from their local domestic violence programs. Resources and evidence-based practices exist to help providers meet any challenges, and a network of domestic violence programs can offer critical partnership. Providing training and technical assistance (T/TA) to health centers on how to implement practice changes at multiple levels and create stronger, more formal relationships between health and domestic violence programs is critical to implementing the new Affordable Care Act guidelines and meeting Task Force recommendations, thereby improving long term health outcomes for women.

National Health Resource Center on Domestic Violence (HRC):

Since 1996, FUTURES has been home to the National Health Resource Center on Domestic Violence with support from the Administration for Children and Families, and U.S. Department of Health and Human Services. The National Health Resource Center on Domestic Violence has supported health care practitioners, administrators and systems, domestic violence experts, survivors, and policy makers at all levels as they improve health care’s response to domestic violence.

¹ <http://www.cdc.gov/violenceprevention/nisvs/> and http://www.cdc.gov/violenceprevention/pdf/nisvs_executive_summary-a.pdf The Centers for Disease Control and Prevention’s *National Intimate Partner and Sexual Violence Survey* (2010 Summary Report).

² Op. Cit. The Centers for Disease Control and Prevention’s *National Intimate Partner and Sexual Violence Survey* (2010 Summary Report).

³ Chamberlain LB, PhD, MPH and Levenson, R, MA; Addressing Intimate Partner Violence, Reproductive and Sexual Coercion: A Guide for Obstetric, Gynecologic and Reproductive Health Care, A Guide for Obstetric, Gynecologic, Reproductive Health Care Settings (Third Edition), produced by Futures Without Violence. 2013. <http://www.healthcaresaboutipv.org/wp-content/blogs.dir/3/files/2013/04/Reproductive-Health-Guidelines.pdf>

⁴ Coker AL, Smith PH, Bethea L, King MR, McKeown RE. Physical Health Consequences of Physical and Psychological Intimate Partner Violence. *Archives of Family Medicine*. 2000;9:451-457.

⁵ National Domestic Violence Hotline. Focus Survey Summary: Reproductive Coercion Reports by Callers to NDVH. 2010. <http://www.thehotline.org/2011/02/1-in-4-callers-to-the-national-domestic-violence-hotline-report-birth-control-sabotage-and-pregnancy-coercion/>

[The National Health Resource Center on Domestic Violence](#) offers:

- Personalized, expert [technical assistance](#) via email, fax, phone, internet, postal mail and face-to-face at professional conferences and meetings around the nation.
- Free, downloadable health care information folios focusing on various specialties, populations and key issues. These include [fact sheets](#), model programs and strategies, bibliographies and protocols.
- [Educational and clinical tools for providers and patients](#). These include: clinical practice recommendations for adult and child health settings; papers on health privacy principles that protect victims, coding and documentation strategies, and more; screening and response training videos; comprehensive resource and training manuals; clinical reference tools; and patient education materials.
- A Health [E-Bulletin](#) highlighting innovative and emerging practices in addition to well-documented and rigorously evaluated interventions.
- Models for local, state and national health care and domestic violence policy making.
- A [webinar series](#) with expert presenters, and cutting edge topics.
- Tools, strategies and personalized assistance to help health care professionals and advocates join the annual [Health Cares About Domestic Violence Day](#), which is dedicated to raising awareness about abuse among health care professionals.
- A biennial [National Conference on Health and Domestic Violence](#) – a scientific meeting at which health, medical and domestic violence experts and leaders explore the latest health research and programmatic responses to domestic violence.
- A [virtual toolkit](#) for health care providers and DV advocates to prepare a clinical practice to address domestic and sexual violence, including screening instruments, sample scripts for providers, patient and provider educational resources; and for community health centers and partnering domestic violence programs: www.ipvhealthpartners.org.

We are inviting proposals to select four state/territory leadership teams to work with us on this exciting initiative. The period of funding is December 1, 2017 through September 30, 2018. FUTURES will provide each selected state a total of \$75,000.

Program History:

Given their enormous reach and overarching goals to promote health and safety, health centers are uniquely positioned to be leaders in violence prevention across the U.S. in partnership with domestic and sexual violence (DV/SA) programs that offer support, safety planning and coaching to address social determinants of health and promote wellness. Between 2014-2016 FUTURES provided training and workflow redesign support to 10 health centers and 10 DV/SA programs across the U.S. as part of the [Improving Health Outcomes Through Violence Prevention Pilot Project](#). Identifying promising ways to promote the health and safety of patients, health centers and partnering DV/SA programs tested all steps to address and respond to domestic violence. Key findings are distilled into an actionable virtual toolkit www.ipvhealthpartners.org for other health care providers, administrators, DV/SA advocates, and community partners to easily adapt for their own settings.

The progress made in Phase I and Phase II pilots of the community health center project was significant. The next step is to now demonstrate these important interventions statewide; to expand the response to include human trafficking more fully; and to develop replicable models of shared leadership between domestic violence coalitions, primary care associations and state departments of health. Together, this will foster sustainable systems level transformation for health centers to partner with domestic violence programs to promote health and safety outcomes for their patients and offer communities a model to effectively address a key social determinant of health.

Background:

Intimate Partner Violence: (also called domestic violence) is a pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive isolation, stalking, deprivation, intimidation, and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent and are aimed at establishing control by one partner over the other. Sexual violence is any sexual act that is perpetrated against someone's will. It encompasses a range of acts, including a completed nonconsensual sex act (i.e., rape), an attempted nonconsensual sex act, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal harassment).

Values:

- The success of this project depends upon the cooperation and collaboration between the Leadership Team members (PCA, DH and DVC) and the local collaboration and engagement of health care and domestic and/or sexual violence experts. All partners bring unique and important experience and perspectives.
- In all planning and implementation of programs or policies, input from communities of color, immigrants, lesbian/gay/bisexual and transgender, rural populations, migrant, Tribal, and other underserved communities must be considered. Leadership teams should reflect the diversity of their communities.
- All programs will promote the safety, autonomy and confidentiality of victims of IPV and human trafficking.

Selected Leadership Teams will work closely together to develop and implement a comprehensive and complimentary action plan to create sustainable changes to PCA, DVC and DH program related to IPV and human trafficking.

Roles and Responsibilities:

State/Territory Leadership Team membership, roles and responsibilities:

From its inception, the program will foster leadership and collaboration at the state level by bringing key stakeholders together to create systems changes. At a minimum, the Leadership Team shall consist of leaders from their state's/territory's Primary Care Association (PCA), Domestic Violence Coalition (DVC) and Health Department (HD). Additional members may include representatives from local human trafficking programs, local health centers and/or local domestic violence programs or other health system leaders, etc. Each Leadership Team will receive \$75,000 to participate in the program and will propose how to allocate those funds to support the project most effectively in their state/territory.

The Leadership Teams will work at multiple levels to develop policy and clinical responses to IPV and human trafficking including to:

- Convene a diverse Leadership Team (professions and organizations represented, as well ethnic and cultural diversity) to develop and implement a comprehensive action plan to create sustainable changes to the health center response to IPV and DV program change.
- Develop and implement a comprehensive action to create sustainable changes within PCA, DVC and DH programs related to IPV and human trafficking. This includes:
 - embedding responses to IPV in existing programs, program announcements, evaluation and monitoring efforts and practice regulations (i.e., alternate payment plans, social determinants of health initiatives, behavioral health integration into primary care, etc.);
 - providing training and technical assistance to a minimum of five community health centers and five domestic violence advocacy programs (in each participating state/territory) that are poised to partner with one another on trauma-informed practice transformation;
 - a plan to begin to engage at least 50% of the health centers in your state/territory within the project performance period. This 50% engagement may be done via webinars, workshops, in-person conference/meeting presentations, and other distance learning to promote universal education on IPV and human trafficking in clinical settings and how to build DV advocacy partnerships, disseminating patient education materials on how IPV affects health, and identifying policies that advance systems change.
- Establish formal partnerships between a minimum of 5 community health centers and 5 DV/social service programs to train and implement the trauma-informed IPV intervention model (using sample MOU provided).
- Participate in a learning community including: one staff from each PCA/DVC/DH attend one Kick-off Meeting in San Francisco (January 23-24, 2018), attend one (2-day) in-person state Training of Trainers (TOT) (including continuing medical education credits for MDs/DOs), and one in-person administrative meeting, as well as monthly Leadership Team webinars (starting December 2017) and monthly Leadership Team/demonstration site webinars (starting April 2018).
- Identify faculty to be trained on the intervention and technical assistance tools.
- Build on the policy strategies and approaches of other initiatives such as [Project Connect](#).
- Refer to evidence-informed practices to address human trafficking such as [SOAR](#), those offered by [HEAL Trafficking](#), [FUTURES](#), etc.
- Promote the use of www.IPVHealthPartners.org as a primary resource.
- Participate in the evaluation.
- On behalf of the Leadership Team, PCAs will report findings and lessons learned to the HRC in support of their learning community and evaluation efforts. Through the gathering of lessons learned, PCAs will offer support for the implementation and refinement, as needed, to the online toolkit or other materials to support comprehensive, culturally competent responses to intimate partner violence and human trafficking.

Each entity in the Leadership Team will designate one to three representatives to oversee their respective contributions related to: training and technical assistance; operationalization; and evaluation. The designated roles and responsibilities vary as described below.

State/Territory Domestic Violence Coalitions (DVCs) Roles and Responsibilities:

- Participate in a learning community including: attend one Kick-off Meeting in San Francisco (January 23-24, 2018), attend one (2-day) in-person state Training of Trainers (TOT), and one in-person administrative meeting, as well as monthly Leadership Team webinars (starting December 2017) and monthly Leadership Team/demonstration site webinars (starting April 2018).
- Provide expertise to serve as trainers on the HRC evidence-based curriculum and online toolkit for health centers and domestic violence program partners.
- Provide support to the engaged DV/social service programs to respond to training requests and referrals from health centers to address health issues of their clients and to facilitate bi-directional referrals.
- Facilitate the establishment of MOUs (see sample provided) between health centers and social service organizations working to implement the intervention as well as other prep work for the health centers prior to conducting trainings.

Primary Care Associations Roles and Responsibilities:

- Participate in a learning community including: attend one Kick-off Meeting in San Francisco (January 23-24, 2018), attend one (2-day) in-person state Training of Trainers (TOT), and one in-person administrative meeting, as well as monthly Leadership Team webinars (starting December 2017) and monthly Leadership Team/demonstration site webinars (starting April 2018).
- Gain awareness on how to effectively operationalize the curricula in health centers, with the option to be co-trainers with the DVC, PCAs will observe and engage in the state TOT.
- Identify opportunities to align this project with existing and emergent health center priorities.
- Offer a variety of methods to support the DVC in convening health centers for trainings such as (but not limited to) offering incentives support for travel to trainings, prioritizing and allocating time to address the topic in annual state/territory based meetings.
- For all trained entities, facilitate the establishment of MOUs (see sample provided) between health centers and social service organizations working to implement the intervention as well as other prep work for the health centers prior to conducting trainings.
- Serve as a key resource, along with the HRC, to support the operationalization of the health center [toolkit](#) and other materials to support the integration of response to IPV and human trafficking into standard practice in 5 designated community health centers and to 50% of health centers across the state.
 - Training of 50% of health centers may be done via webinars, workshops, in-person conference/meeting presentations, and other distance learning, and must begin within the project performance period.
 - Operationalization should promote universal education on IPV and human trafficking in clinical settings, how to build DV advocacy partnerships, disseminate patient education materials on how IPV affects health, and identification of policies that advance systems change.
 - PCAs should also identify staff to participate in regular Technical Assistance (TA) calls with the HRC and participating health clinics, and through check-in calls with appropriate staff of each clinic as needed.
 - TA may include activities such as advance consultation on how to prepare the practice, web-based and in-person training, guidance on protocol development and

implementation, problem solving, quality improvement measures, warm referrals, collaborative behavior supports, and follow-up services. The HRC will provide tools and TA to support the PCA's effort.

- Refer demonstration sites to evidence-informed practices to address human trafficking such as [SOAR](#), those offered by [HEAL Trafficking](#), [FUTURES](#), etc.

State Departments of Health Roles and Responsibilities:

- Participate in a learning community including: attend one Kick-off Meeting in San Francisco (January 23-24, 2018), attend one (2-day) in-person state Training of Trainers (TOT), and one in-person administrative meeting, as well as monthly Leadership Team webinars (starting December 2017) and monthly Leadership Team/demonstration site webinars (starting April 2018).
- Gain awareness on how to effectively operationalize the curricula in health centers, with the option to be co-trainers with the DVC, DHs will observe and engage in the DVCs train-the-trainer sessions with the HRC.
- Promote community coordination by connecting local health jurisdiction IPV efforts to health centers and DV/social service programs implementing systems changes.
- Identify related state/territory and local efforts (IPV and human trafficking) for the LEADERSHIP TEAM to align best practices during the project and align with broader state public health related policies and priorities (e.g., State Human Trafficking Task Force).
- Identify strategies and training opportunities to integrate and align IPV and human trafficking responses into state/territory level health initiatives (i.e., maternal and child health initiatives, statewide initiatives to address social determinants of health, health in all policy initiatives etc.).
- Support sustainability of the integration of violence and trauma-informed systems of care by briefing state and local stakeholders on initiative outcomes.

Participating in the Learning Community and Kick-off Meeting:

Once state/territory partners are selected, FUTURES will launch a learning community with an orientation webinar (December 2017) followed by monthly Leadership Team webinars. An orientation packet of materials will be disseminated via U.S. Mail to every Leadership Team member along with logistics for the in-person Kick-off Meeting in San Francisco (January 23-24, 2018). Leadership Teams will use their funds to send participants to the convening (including covering the costs of travel, lodging and per diem for at least 3 participants: one from the PCA, DH, and DVC).

Convening teams in person provides a critical opportunity to give Leadership Teams the background on the program as a whole, the intervention model that will be used for scale up, roles and responsibilities of partners, strategies for policy and practice change, and tools and TA available through the HRC. Most importantly, the kick-off provides an opportunity to foster peer-to-peer learning and cross-fertilization of ideas, programmatic, and policy solutions.

In addition to monthly Leadership Team group webinars, an additional monthly webinar will be held (starting April 2018-September 2018) for the Leadership Teams and their 20 demonstration sites (each of the four states engages a minimum of 5 community health centers and 5 domestic violence programs) to offer topical TA support from HRC staff directly to the sites (complimenting other T/TA that their respective leadership team offers).

Each Leadership Team will actively contribute to the learning community, including attendance at the in-person Kick-off Meeting in San Francisco (January 23-24, 2018) and their state's TOT (2-day), participation in monthly webinars, sharing of tools and resources, and acting as partners to their cohort, which will inform national efforts undertaken by FUTURES and other partners.

About the Training of Trainers (TOT):

The TOT will focus on:

- **Promoting education for patients** about the connection between IPV and their health. FUTURES has an evidence-based approach that utilizes a brochure-based intervention to discuss limits of confidentiality to assess for IPV, offer harm reduction strategies, and supported referral to community-based domestic violence programs when victims are identified.
- **Institutionalizing program policy** to support assessment of and coordinated responses to victims of abuse. Participating sites are expected to implement policies requiring partnership between health center and domestic and/or sexual violence programs, including changing clinic protocol to support provider trainings, routine assessment and brief interventions for IPV.
- **Educating providers** on the impact of IPV on health outcomes, how to assess and respond in collaboration with local DV partners, and how to report when required. FUTURES has a standard training program, including in-person training, written guidelines, and distance learning activities.
- **Educating domestic and/or sexual violence advocates** on the connection between violence and coercion on health, and how to integrate basic health assessment into victim service programs. FUTURES has a standard training curriculum to be used at each domestic violence program and community health center. In each participating community health center, there is an opportunity to implement systems changes that support sustainable responses to violence and improve health.

Pre training preparation, health center trainings and training of trainers (TOT):

In order to create a cadre of independent skilled trainers (from the DVC, PCA, DH agencies) who are prepared to train and provide TA statewide to CHC and DV programs, HRC staff will conduct a Training of Trainers (TOT) program in each of the four selected states/territories. FUTURES will schedule this TOT in advance with each Leadership Team and provide a flyer template to help recruit statewide CHC/DV programs attendance (including offering MD/DO CEUs). This TOT is an excellent opportunity to involve at least one representative from each of the 5 participating health centers and 5 DV programs (those with signed MOUs) so they can preview the training each of them will later receive (by the Leadership Team) for their broader staff.

The most successful approach is for FUTURES staff to first model the training for Leadership Team members along with their health center and DV program partners (day 1) and follow up with a day of faculty training development and an administrative meeting (day 2). It is encouraged that Leadership Teams invite CHCs and DV programs (demonstration sites) to attend day 1 of this TOT to maximize early engagement and understanding and adoption of the screening and intervention model. Additionally, engaging CHC staff in this TOT will strengthen Leadership Teams ability to later provide their own in-depth (3.5 hour) trainings at the designated demonstration CHCs. Faculty trained in the TOT (Day 1 and Day 2) would then be responsible for training demonstration sites and/or beginning additional field trainings to other health centers.

Participation as a “demonstration site” requires in-depth preparation prior to the training including: establishing an MOU indicating a formal partnership between the community health center and DV program (model provided), filling out QA/QI tools that prompt program analysis of existing policy practice and protocols (models provided), allocating sufficient time for clinical training, and releasing appropriate staff to participate in the training to promote a team based approach to IPV and becoming familiar with www.IPVHealthPartners.org. Health centers participating in earlier project phases found that training all staff from the front desk to physicians promotes team based care and was a key part of their success in sustaining a comprehensive response to IPV. Additionally, working to address staff’s own current or past exposure to violence and trauma or vicarious trauma is an important element of prep work the demonstration sites can embark upon.

After the training is complete, community health center and DV program champions must work to change systems that support sustainable practice change including embedding training requirements on IPV for all new staff (to account for turn over), monitoring implementation of intervention through huddles, case consultation, documentation, benchmarking and reflective supervision, maintaining environmental supports to providers (i.e., sufficient patient and provider education tools in stock). It will also be critical that champions work to integrate prompts and resources into the EHR and monitor health IT systems to ensure privacy protections are being enforced to keep patient data safe and secure. Each participating state/territory will involve a minimum of 5 health centers and 5 DV programs to participate in this comprehensive response – trained either by HRC staff at the TOT or trained by Leadership Team faculty.

Training 50% of health centers in the state/territory: In addition to the five community health centers participating in the comprehensive training and TA, Leadership Teams will develop and begin a plan to reach 50% of health centers in the state/territory with training and technical assistance, through online education and/or a plan to conduct in-person training for each health center in the state/territory. Leadership Teams must share information on the model developed by FUTURES with the 50% of health centers they plan to engage in the action plan. This could take place via webinar, newsletter, listserv announcement, at annual PCA meetings, utilizing web based training tools, or be conducted in person over time, etc. Testing the impact of online, or shorter training only vs. comprehensive training and systems change TA will provide meaningful insight into efforts to take the intervention to scale nationally.

Sharing Lessons Learned for National Dissemination:

All tools, resources and lessons learned about best practices for training programs statewide will inform the national tools developed and disseminated through the virtual toolkit, www.IPVHealthPartners.org and the National Health Resource Center on Domestic Violence.

Length of the Program:

This project covers the period from December 1, 2017-September 30, 2018.

Funding:

FUTURES will provide selected state/territory applicants a total of \$75,000. FUTURES will offer one Kick-off Meeting in San Francisco (January 23-24, 2018) for Leadership Teams, provide (one) 2-day in-person training in each selected state/territory, and provide the technical assistance and materials for providers and patients, convene meetings via webinar, oversee program evaluation, and develop policy guidance to support the work of the Leadership Teams.

Selection Criteria:**Selected Leadership Teams will be geographically diverse and must be able to demonstrate:**

- Establishment of an effective leadership team including diverse decision makers from the PCA, DVC and DH with one clearly designated lead staff person to help oversee and implement statewide work.
- History of collaboration between the PCA, DVC and DH.
- Commitment that at least one leader from each of the Leadership Team partners (PCA, DVC and DH) will attend the Kick-off Meeting (January 23-24, 2018) in San Francisco, CA and state TOT.
- Identification of faculty to be trained at state TOT that will then conduct ongoing training statewide.
- Capacity and interest in pursuing a statewide program that is focused on the integration of domestic violence assessment and response to domestic violence at community health centers, in partnership with community based advocates and systems changes to ensure that response is sustainable.
- Demonstrated commitment to equity and creating culturally appropriate programming.
- Demonstrated ability to quickly convene local trainings between at least 5 community health centers (minimum 3.5 hour training) and 5 DV programs (as demonstrated by MOUs from these five combined partnerships).
- Capacity and willingness to participate in evaluation of the initiative, including an identified staff person who will partner with the project evaluator to collect pre and post training assessments and other informal assessments as needed; training assessments will be quantified by the evaluator.
- Innovative vision for scaling up training and sustaining the program in the state/territory.
- Opportunity and vision for IPV and trafficking integration into existing practice change initiative (i.e., alternate payment plans, social determinants of health initiatives, behavioral health integration into primary care, etc.).

Eligible Applicants:

All U.S. states and territories are eligible to apply.

Please note:

- We encourage engaging local health centers that are PCMH recognized.
- In support of [the National HIV/AIDS Strategy 2020](#), which includes a focus on the intersection of violence and HIV for women, we encourage engaging dually funded health centers with Section 330 and Ryan White HIV/AIDS Program funding.

Futures Without Violence will perform the following tasks:

- **Provide guidance to Leadership Teams** by working with each team's leaders to share strategies, tools, and resources to guide the development of an action plan that each state works on to guide training and policy and practice reform activities. This includes providing initial training and TA to the Leadership Team on the clinical intervention and training approach, to PCA's on strategies to support sustainable systems level changes at the health center level, and to DH's on policies that support state level IPV and human trafficking response efforts and coordination with DH programs.

- **Convene face-to-face learning community kick off meeting:** At the meeting in San Francisco (January 23-24, 2018), HRC staff will provide background on the program, on the intervention and tools available for implementation, on roles and responsibilities of the Leadership Teams, and will coordinate the team action planning for statewide reforms.
- **Conduct site visits and training in-state:** HRC staff will conduct a two-day onsite TOT with each Leadership Team and other CHC and DV partners identified by the grantees. This will include one clinical training (including engaging the five community health centers and five partnering DV organizations) designed to model training for health center staff on the intervention followed by a TOT for faculty who will continue to train other community health centers and DV programs statewide. The site visit will conclude with an administrative and systems change strategy session with Leadership Team leaders on action plan and program implementation.
- **Provide technical assistance** and other forms of professional and logistical support including helping to plan the TOT, offering tools and TA on prep work for health center and DV staff prior to training, introduction and ongoing TA on quality improvement tools for clinic and DV programs, and support to PCAs, DH, and DVCs on policy and practice changes at the state level.
- **Promote policies that support the health partnerships** through our work at the national level to promote federal, state and tribal policy initiatives that further support the work of health and DV partnerships.
- **Disseminate educational materials** for use by sites, and adapt existing resources in response to needs in the field, as identified.
- **Convene leadership team virtually to support communication between leadership teams** by providing a forum for exchanging ideas and strategies, including monthly webinars and online forums.
- **Facilitate and monitor all grantee activities**, including soliciting one final progress report on activities in participating states/territories, administering the funding to teams for program implementation, and working with federal partners to monitor implementation and evaluation.
- **Evaluation:** Working with the evaluation team to measure the impact of the initiative, measure state level change to policy and clinical practice in the DH programs, PCA's, and participating domestic violence programs, as well as measurement of outcomes of clinical intervention at the local level.
- **Create a final report and national action plan** that will offer strategies and tools for scaling response statewide, for national dissemination through the National Health Resource Center on Domestic Violence.

It is through these shared responsibilities that project partners work successfully and effectively to improve the health care response to victims of violence seeking care through health centers and DV programs. Each project's outcomes, experiences and lessons learned will be shared with peers nationwide as part of the technical assistance and dissemination FUTURES conducts through the National Health Resource Center on Domestic Violence. This has proven to be a very successful strategy in many multi-state initiatives that build state capacity and leadership that informs national efforts on IPV and health.

Application Questions:

Please note: Each leadership team should submit one application and all partners and demonstration sites should be from the same U.S. state or territory.

1. **STATEMENT OF NEED:** Highlight your state/territory's readiness, interest and capacity to pursue this project to integrate IPV screening and brief intervention into a minimum of 5 community health centers and 5 partnering DV programs across the state/territory, and how you plan to engage 50% of community health centers with information and resources, including plans to conduct outreach regarding availability of training and technical assistance to implement FUTURES' model. Briefly describe why you want to join this project.
2. **SUSTAINABILITY:** What is your vision for statewide systems change? How will you change your state level infrastructure to ensure that your efforts are sustainable beyond the grant period? Provide a short statement concerning your Leadership Team's capacity to reach that goal.
3. **COLLABORATION/EXPERIENCE:** Briefly describe your state/territory's history of work on IPV and health care highlighting previous efforts and collaborations among and between the PCA, DVC, and DH.
4. **DEMONSTRATION SITES:** Please identify the names of the 5 community health centers and 5 partnering domestic violence programs you will closely work with, describe any previous collaborative efforts between your Leadership Team agencies and those programs, and include an MOU for each partnering community group (5 total, see MOU sample).
5. **COMMUNITY SERVED:** Please briefly describe your state/territory's population, how you plan to identify and integrate the needs of that population in your initiative. Consider race/ethnicity/tribal affiliation, income levels, language, housing status, sexual orientation, population density (rural, urban, frontier, etc.), and other demographic variables. Please include at least one relevant example of how your Leadership Team agencies have worked successfully with underserved communities.
6. **LEADERSHIP TEAM:** Describe the composition (expertise, organization represented, diversity, etc.) of the Leadership Team and why they are best positioned to guide this initiative. Each Leadership Team MUST include a PCA, DVC, and DH (include a signed state/territory partners MOU, see sample).
7. **LEAD STAFF PERSON:** Identify the role that each agency (PCA, DVC, and DH) will play and which agency and staff member(s) will lead the Leadership Team, including who will be the fiscal/administrative lead. Please demonstrate your ability to begin this initiative immediately upon notification of an award.
8. **EVALUATION:** Please describe your team's capacity to support the evaluation, including previous experience conducting process evaluations.
9. **ADDITIONAL RESOURCES:** Please describe any additional resources or contributions you bring to the initiative or any other information you feel might be relevant to the project.
10. **BUDGET:** Please include a draft budget that designates how funds will be distributed to Leadership Team members (and to any participating health centers/DV programs), as well as allocation for training and sustainability efforts. Please include covering the costs of travel, lodging and per diem for a minimum of 3 participants (one person from

the PCA, DH, and DVC) to attend the mandatory Kick-off Meeting in San Francisco (January 23-24, 2018). We recommend that each main partner—DVC, PCA, and DH—receive some share of the funds. Demonstrate fair compensation for leadership team partners carrying out training and engagement of the 5 CHC and 5 DV programs. Additionally, consider obligating funds for the 5 CHC and 5 DV Programs to attend your state/territory TOT.

Memorandum of Understanding (MOU):

Collaboration is the cornerstone of this work—leadership, commitment, and action from all Leadership Team partners, as well as the participating community health centers and domestic and/or sexual violence programs are keys to improving the public health response to violence against women.

- **The application must include 6 MOUs (*see samples provided*):** one between only the Leadership Team agencies; and another five from the demonstration sites (5 community health centers and 5 partnering DV programs) your state/territory will closely work with; and
- Resources that the organization can bring to the initiative such as additional staff time, materials, or key contacts, etc.

Applications without six MOUs will be considered incomplete.

Timeline for Selection:

Applications are due Tuesday, November 14, 2017 by 5:00pm PST/6:00pm Mountain/7:00pm Central/8:00pm Eastern.

Completed applications should be emailed to Anna Marjavi at amarjavi@futureswithoutviolence.org. Your application should be no more than 15 pages (does not include the six MOUs), 1.5 spaced and single sided. If you have any questions, contact Anna Marjavi at amarjavi@futureswithoutviolence.org.

All applicants will be notified by email no later than Wednesday, November 22, 2017 and state/territory Leadership Teams selected for funding will also be notified by phone by Wednesday, November 22, 2017.

Sample Memorandum of Agreement (MOU)

Between (LOCAL DOMESTIC VIOLENCE PROGRAM) and (COMMUNITY HEALTH CENTER)

This agreement is by and between (LOCAL DOMESTIC VIOLENCE PROGRAM) and (COMMUNITY HEALTH CENTER) to enhance the response to individuals and families experiencing intimate partner violence (IPV) and human trafficking.

The parties listed above and whose designated agents have signed this document agree that:

- 1) (LOCAL DOMESTIC VIOLENCE PROGRAM) and (COMMUNITY HEALTH CENTER) will demonstrate support and engagement from their respective decision makers.
- 2) Representatives of (COMMUNITY HEALTH CENTER) and (LOCAL DOMESTIC VIOLENCE PROGRAM) will meet with each other at least once to understand the services currently provided by their respective programs and review referral policies between agencies.
- 3) Representatives of (COMMUNITY HEALTH CENTER) and (LOCAL DOMESTIC VIOLENCE PROGRAM) will participate in a one day Training of Trainer's provided by FUTURES in a location/date TBD (in their state/territory).
- 4) Representatives of (COMMUNITY HEALTH CENTER) and (LOCAL DOMESTIC VIOLENCE PROGRAM) will participate in one technical assistance and training site visit delivered by faculty from their Leadership Team (a minimum of 3.5 hour training for CHCs) and will identify one representative to participate in at least six learning community webinars (monthly April 2018 - September 2018).
- 5) (COMMUNITY HEALTH CENTER) will develop and implement a policy to assess for IPV with all adult female patients, offer health education and harm reduction strategies on site, and make referrals to (LOCAL DOMESTIC VIOLENCE PROGRAM), or other appropriate domestic violence program when necessary.
- 6) (LOCAL DOMESTIC VIOLENCE PROGRAM) will receive referrals from (COMMUNITY HEALTH CENTER), and will develop and implement a policy to ask clients about their health needs, and make referrals to (COMMUNITY HEALTH CENTER) as appropriate.
- 7) (LOCAL DOMESTIC VIOLENCE PROGRAM and COMMUNITY HEALTH CENTER) staff will participate in ongoing technical assistance with their Leadership Team on identifying and responding to IPV.
- 8) (COMMUNITY HEALTH CENTER) agrees to use the model intervention identified by FUTURES for assessment and response to IPV, and to participate in evaluation activities and quality improvement activities.
- 9) (LOCAL DOMESTIC VIOLENCE PROGRAM) agrees to provide every individual seeking services as a result of a referral from (COMMUNITY HEALTH CENTER) with appropriate safety planning and support services to address IPV.

We, the undersigned, approve and agree to the terms and conditions as outlined in this MOU.

(NAME, Title and name of DV program here)

(NAME, Title and Name of CHC here)

Date

Date

State/Territory Leadership Team Memorandum of Agreement (MOU)

Between one state or territory's: Primary Care Association (PCA), Department of Health (DH) and Domestic Violence Coalition (DVC)

This agreement is by and between (NAME OF STATE or TERRITORY)'s (name of PCA) (name of DH) and (name of DVC) to enhance the response to individuals and families experiencing intimate partner violence (IPV) and human trafficking.

The parties listed above and whose designated agents have signed this document agree that:

- 1) (PCA), (DH), and (DVC) will demonstrate support, commitment, and engagement from their respective decision makers.
- 2) (PCA), (DH), and (DVC) will facilitate the establishment of MOUs (see sample provided) between health centers and social service organizations working to implement the intervention as well as other prep work for the health centers prior to conducting trainings.
- 3) Representatives of (PCA), (DH), and (DVC) will meet with each other at least once in November, 2017 or December, 2017 to understand the programs/services/policies currently provided by their respective programs and to review next steps for collaborating on the project, *Improving Health through Violence Prevention: Fostering Sustainable State and Systems-Level Transformation for Community Health Centers and Domestic Violence Programs* and at regular intervals (suggestion: monthly group calls and at least 3 in-person meetings held in the ten month project window).
- 4) At least one representative of (PCA), (DH), and (DVC) will participate in the following: attend the Kick-off Meeting in San Francisco (January 23-24, 2018); attend a two-day Training of Trainer's provided by FUTURES in a location/date TBD (in their state/territory); participate in ten monthly Leadership Team webinars convened by FUTURES (December 2017-September 2018); and participate in six monthly webinars between Leadership teams/demonstration sites/FUTURES (April-September, 2018).
- 5) Representatives of (PCA) will identify opportunities to align this project with existing and emergent health center priorities; offer a variety of methods to support the DVC in convening health centers for trainings; and serve as a key resource along with the HRC to support the operationalization of the health center [toolkit](#) and other materials to support the integration of response to IPV and human trafficking into standard practice in 5 designated community health centers and to 50% of health centers across the state/territory.
- 6) Representatives of (DH) will promote community coordination by connecting local health jurisdiction IPV efforts to health centers and DV/social service programs implementing systems changes; identify related state/territory and local efforts (IPV and human trafficking) to align best practices during the project to align with broader state public health related policies and priorities (e.g., State Human Trafficking Task Force); identify strategies and training opportunities to integrate and align IPV and human trafficking responses into state/territory level health initiatives (i.e., maternal and child health initiatives, statewide initiatives to address social determinants of health, health in all policy initiatives); and support sustainability of the integration of violence and trauma-informed systems of care by briefing state and local stakeholders on initiative outcomes.

- 7) Representatives of (DVC) will provide expertise to serve as trainers on the HRC evidence-based curriculum and online toolkit for health centers and domestic violence program partners; and provide support to the engaged social service organizations to respond to training requests and referrals from health centers to address health issues of their clients and to facilitate bi-directional referrals.
- 8) Representatives of (PCA), (DH), and (DVC) will provide expertise for technical assistance and/or training on IPV and human trafficking to the demonstration sites to address health issues of their clients and facilitate bi-directional referrals (a minimum of 3.5 hour training for community health centers).
- 9) Representatives of (PCA), (DH), and (DVC) agree to use the model intervention identified by FUTURES for assessment and response to IPV and human trafficking, and to participate in evaluation activities and quality improvement activities.

We, the undersigned, approve and agree to the terms and conditions as outlined in this MOU.

(NAME, Title and name of PCA here)

Date

(NAME, Title and Name of DH)

Date

(NAME, Title and name of DVC here)

Date

Appendix A: Applicant Resources

For millions of Americans, including some of the most vulnerable individuals and families, health centers are essential patient-centered medical homes that promote health, and diagnose and treat chronic disease and disability. One in 13 people nationwide rely on a HRSA-funded health center for their health care needs. Given their enormous reach and overarching goals to promote health and safety, health centers are uniquely positioned to be leaders in violence prevention across the U.S. in partnership with domestic violence/sexual assault services or programs.

The ACF Family Violence Prevention and Services (FVPSA) program supports a network of intimate partner violence (IPV) services agencies within local communities that provide a comprehensive range of services including crisis counseling, information and referrals, legal and other advocacy, shelter and additional support services. Community health centers' partnerships with these community based programs is a critical component to a comprehensive response to IPV.

Social service organizations include domestic violence programs, local domestic violence shelter programs, tribal domestic violence programs, and other culturally specific community based organizations are an integral part of any coordinated health care and social service response to domestic violence.

Each State, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Commonwealth of the Northern Mariana Islands and American Samoa, has a FVPSA funded [Domestic Violence Coalition](#). These coalitions are connected to more than 2,000 local domestic violence programs receiving FVPSA funding across this country. Every Coalition provides comprehensive training and technical assistance (T/TA) on a multitude of social, legal, and economic issues that affect victims' safety and well-being. Coalitions partner with government, private industry, non-profit and faith-based communities, and other stakeholders to effectively coordinate and improve the safety-net of services available to victims and their dependents.

For more information about HRSA-funded health centers see:
<https://bphc.hrsa.gov/about/healthcenterprogram/index.html> and visit
<https://findahealthcenter.hrsa.gov/> to locate health centers across your state.

For more information about FVPSA's programs see
<http://www.acf.hhs.gov/programs/fysb/programs/family-violence-prevention-services/>.

Primary Care Associations (PCAs) are state or regional nonprofit organizations that provide T/TA to safety net providers, [click here](#) to learn more.

Every U.S. state and territory operates a state level Health Department, [click here](#) to learn more.

For more information about FUTURES and the National Health Resource Center on Domestic Violence see www.futureswithoutviolence.org/health and the online toolkit developed by and for community health centers in partnership with domestic violence programs: www.ipvhealthpartners.org

For more information on evidence-informed practices to address human trafficking see the HHS [SOAR](https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training) training program: <https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training> (administered by OTIP in partnership with the HHS Office on Women's Health, through the National Human Trafficking Training and Technical Assistance Center); Heal Trafficking <https://healtrafficking.org/>; and Futures Without Violence <https://www.futureswithoutviolence.org/human-trafficking/>.

National Hotlines

Free and confidential help is available for victims of domestic violence 24 hours a day. These hotlines can help victims of domestic violence and sexual violence find support and assistance in their communities:

- [National Domestic Violence Hotline](#) - 1-800-799-7233; 1-800-787-3224(TTY) or 1-855-812-1001 (Video Phone)
- [StrongHearts Native Helpline](#) - 1-844-7NATIVE (1-844-762-8483) Mon-Fri, from 9:00am- 5:30pm CST, a culturally appropriate, confidential service for Native Americans affected by domestic violence and dating violence.
- [National Dating Abuse Helpline](#) - 1-866-331-9474
- [National Sexual Assault Hotline \(RAINN\)](#) - 1-800-656-4673

HRSA National Cooperative Agreements (NCAs) for Technical Assistance

HRSA maintains [national cooperative agreements \(NCAs\)](#) with national organizations that provide free training and technical assistance to support health centers in a manner that increases patient safety and health outcomes, effectively serves diverse special, vulnerable, and underserved rural, frontier, and urban populations. This T/TA often takes the form of learning collaboratives, state/regional/national trainings, webinars, newsletters, toolkits, and fact sheets.

The NCAs provide T/TA that address the following special/vulnerable populations and topics.

- Asian American, Native Hawaiian, and other Pacific Islander Communities
- Capital Financing
- Health Information Technology
- Individuals or Families Experiencing Homelessness
- Lesbian, Gay, Bisexual, and Transgender (LGBT) People
- Medical-Legal Partnership
- Migratory and Seasonal Agricultural Workers
- Older Adults
- Oral Health
- Residents of Public Housing
- School-Aged Children
- All Underserved Populations
- Workforce

For more information see:

<https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/ncapca/natlagreement.html>