DOMESTIC VIOLENCE & HEALTH COLLECTIVE

ORANGE COUNTY

EXECUTIVE SUMMARY

Evaluation of an Innovative Approach to Integrating Healthcare and Domestic Violence Systems County-Wide

Background

This Executive Summary concerns the evaluation of the Domestic Violence & Health Collective – Orange County (DVHC-OC or DVHC), a groundbreaking, multi-year initiative designed to strengthen the local health care sector's response to domestic violence (DV) and improve linkages between the health care sector and the shelter, social, and legal services that support DV survivors and their families in Orange County, California. Generously funded by the Blue Shield of California Foundation (BSCF), and led by the Orange County Women's Health Project (OCWHP), the DVHC engaged dozens of health care and social service providers, nonprofits, universities, and county agencies in a variety of strategic activities and countywide data collection.

Under the DVHC, the OCWHP awarded sub-grants to four key partners (sub-grantees) to implement a set of three strategies: (1) development and delivery of **Cross-Disciplinary Training (CDT)** for health care and social service providers about the health impacts of DV and how to screen, counsel, and refer for DV; (2) implementation of a **Central Clearinghouse (CC)** for information and referrals for DV services; and (3) development and dissemination of a **Public Health Campaign (PHC)** with the message that DV affects your health and you can get help from a health care provider. During this time period, the OCWHP coordinated these three strategies and led work on a fourth strategy: **Mental Health and Substance Abuse Needs Assessment (MH/SA)** of DV Survivors.[1]

A multi-year evaluation plan[2] monitored the process and outcomes of the initiative, measuring the effectiveness of (a) training health care providers to change their screening practices and share available referral resources, (b) expanding information and improving linkages to resources (e.g. 2-1-1), (c) a campaign that attempted to create a different norm about discussing DV and reduce stigma associated with DV, and (d) having a backbone organization to help facilitate these efforts at various levels in the community to build a more cohesive system to address the needs of DV survivors. The following report details the individual strategy-level and system-level efforts and outcomes to promote awareness that DV is a health issue and to change behavior around screening for DV and learning about and accessing services for DV survivors in Orange County.

Prepared by The Olin Group, Inc. and the Orange County Women's Health Project – May 2019

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Health and Domestic Violence Training and its Effects on Health Care and Social Service Provider Screening Practices

The Cross-Disciplinary Training (CDT) strategy focused on providing training to health care and social service providers about the health impacts of DV and how to screen, counsel and refer for DV with the intention of impacting their screening practices. Health care and Social Service providers who attended the CDT completed a pre- and post-training survey, and they were invited to complete a follow-up survey 3-6 months after the training.[3] Respondents identified that DV screening is an important tool for connecting DV survivors with the help they need. Particularly, among those that received the CDT and completed a survey 3-6 months after the training (the matched surveys N=134), statistically significant change was reported for providers feeling comfortable with their role in screening for domestic violence, for not being worried about offending a patient/client if they screened for DV, and for feeling that patients/clients would be more likely to disclose abuse in their relationships if they were asked. Among trainees immediately following the CDT, 99% (N=474) said the CDT **increased their knowledge about DV and health**; 92% (N=468) said the CDT helped them **feel more prepared to screen/counsel for DV**; and 96% (N=468) said the CDT **improved their understanding of how to refer to DV resources in the community.**

Among all pre-test trainees, nearly 80% of respondents indicated they believe it is their role to screen for DV. Social/behavioral professionals had the highest level of comfort with asking patients about DV (84% were comfortable), followed closely by medical professionals (81%). Among medical professionals, at pre-test, a nurse was the most likely person in the office to ask about DV (37%), followed by the doctor (33%). There was an overall increase in the percentage of respondents who said their office or practice had written policies or protocols for screening, counseling, and referring for DV following the CDT. After training, the percentage of matched respondents who said they know the DV mandatory reporting law and how it applies to them also increased from 57% to 78%, which is a significant improvement ($p<.01$). At the time of the follow-up survey, only 4% of respondents said they never screen patients for DV, compared to 10% at the pre-training survey ($p<.05$). The percentage who said they screen at every appointment rose from 23% at the pre-training survey to 32% at follow-up ($p<.2$).

Supporting the need for the CDT, the health care provider focus group participants expressed that more medical providers need training on screening for DV, particularly when not in a hospital-based setting with ready access to onsite social workers. They highly valued and promoted collaboration between health care and DV service providers. To reflect on any changes in the community as a result of the CDT trainings, clients reported (self-report) an increase in referrals to services from pre-CDT period to post-CDT period (40% to 48%). Providers shared:

> ***"The DV training completely changed the way I view DV and my role as someone who can help."***
>
> ***"I have more standardized screening for patients. I provide more resources and referrals than I had before."***
>
> ***"I now feel more comfortable asking about DV and less scared of offending the patient given what I now know about how important it is to screen."***

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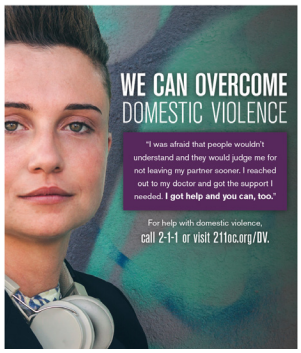
Connecting Domestic Violence Survivors to Information and Services

A key goal underlying all the strategy efforts of the DVHC is to ensure that DV survivors are able to receive and access information and services as needed. To this end, a Public Health Campaign (PHC) was developed to raise awareness and a Central Clearinghouse (CC) was established to ensure DV survivors could easily get access to information and receive referrals to services, as well as warm handoffs if deemed necessary.

The CC includes a comprehensive online database for DV resources/services, a dedicated portal (website) at 211OC.org/dv with DV-related content (safety plan, articles, videos, etc.), a guided search function for DV resources, and a 24/7 Multi-Lingual Helpline (dial 2-1-1) which offers "warm transfers" that connects callers with certain DV concerns to DV shelter hotlines.[4] Clients were more likely to report that they found out about DV services from calling 2-1-1 Orange County after the launch of the PHC, which promoted 2-1-1 Orange County.

The PHC, which ran from July 2015 through October 2018, provided six ads targeting four populations (general, low-income, LGBTQ, and perinatal women). The PHC included ads on buses, a bus shelter campaign, billboards, laundromat ads, social media (Facebook, Twitter, and Instagram), Pandora radio, Vietnamese radio, a press release in the OC Register, and an advertisement in Parenting OC Magazine. Posters and additional collateral materials were developed in English, Spanish, and Vietnamese. There were **39,847,300 impressions** of PHC materials throughout Orange County and **4,862 people** who saw or heard the PHC on social media clicked through to the CC.

Starting in February 2016, when the new "warm transfer" protocol was introduced, through



October 2018, 2-1-1- Orange County, the CC, received 2,978 DV related calls, of which 1,898 (64%) were offered a warm transfer (when 2-1-1 offers to stay on the line and connect callers with a DV concern directly with a DV shelter). When compared with the quarter before the new warm transfer protocol was implemented, the number of warm transfer offers more than **tripled** and the completion rate more than **quintupled**. Most respondents to the Client Survey who said they had called 2-1-1 Orange County found the service helpful at some level, with most saying it was extremely helpful with a statistically significant increase from the pre-CDT value (94%) to the late CDT value (100%) ($p<.05$). Nearly 80% of the Client Survey respondents (N=1,011) who saw the PHC said it contributed at least a little bit to their decision to seek help; **14% said it was the deciding factor**. In addition to the information and direct resources made available in Orange County, 2-1-1 Orange County is also taking the lessons learned from the CC and sharing it with other 2-1-1s throughout California. These results will help 2-1-1 make the case for funding to support shared learnings, as well as to sustain and continue making broader impacts through replication of the model.

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Stigma and Domestic Violence Awareness

In addition to increasing awareness about the impacts of DV on our health, and encouraging help seeking behavior through health care providers, the PHC also sought to address stigma associated with DV. Of those who said they saw the PHC, **83% said it helped them understand that DV can affect a person's health**. Nevertheless, the stigma around DV persisted among the diverse population in Orange County, as the following racial/ethnic groups reported feeling ashamed to talk about violence in their relationship - Asians 79%; Blacks 83%; Latinos 72%; White 81%; and those of more than one race 85%. From the provider perspective, nearly 85% of respondents to the Health and DV Provider Survey, felt that deportation concerns are "very important" in terms of their impact on stigma and/or influence on whether DV survivors feel encouraged to seek DV support services. The second most important factor identified by these respondents was training health care providers to screen for DV and to make referrals. Once again, as noted prior, screening was identified as an opportunity to open the dialogue about DV and to provide potential support and referrals to DV survivors.

Among health care and DV providers, nearly 72% of survey respondents (N=39) agreed that the **DVHC has raised awareness among health care providers that DV is a health issue**. Nearly 70% of these respondents agreed that the DVHC raised the awareness among the public that DV affects their health. And just fewer than 70% agreed that the **DVHC raised the awareness among the public that they can get help for DV concerns from a health care provider**.

System Integration

While targeted strategies were necessary to move change at the individual and community level; the ultimate goal of the DVHC initiative was to create system change, especially building interconnectivity between the health and DV systems in Orange County. Collaboration between health care and DV service providers is highly valued by both sectors, with nearly 82% (N=38) of respondents to the Health and DV Provider Survey agreeing with the statement:

> ***"In Orange County, there is a more coordinated service delivery system for DV survivors than there was 2 years ago."***

About 79% (N=38) of respondents agreed with the statement:

> ***"I have seen improvement in the connection between health care providers and domestic violence service providers throughout Orange County."***

While systems change across an entire county takes time, the DVHC created the necessary foundation and built the momentum to advance a different norm about DV, and to better connect and coordinate efforts among health and social service providers to help improve care and service delivery to DV survivors.

Multi-Strategy Initiatives with a Coordinating Entity

By way of background, the vision for the DVHC emerged from an intensive six-month planning process the OCWHP led in 2013-2014, thanks to a generous planning grant from Blue Shield of California Foundation. During this planning process, the OCWHP worked collaboratively with over 20 diverse members of the Orange County Health and Domestic Violence Task Force to

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identify and engage additional key stakeholders, assess the needs and gaps between sectors, review the literature and best practices, and evaluate and ultimately recommend a set of coordinated strategies for establishing a countywide, integrated and collaborative HDV System in Orange County. Subsequently, in December 2014, Blue Shield of California Foundation awarded over $1.9 million to the OCWHP to oversee, coordinate and evaluate a Health & Domestic Violence System in Orange County, now known as the DVHC.

The DVHC was administered by the OCWHP and gained strategic and operational support from participating Orange County organizations including Human Options, Laura's House, Women's Transitional Living Center Inc., University of California Irvine, 2-1-1 OC, and Waymakers (formerly known as Community Service Programs (CSP)).

Styled as a "Collective Impact" model, the OCWHP served as the backbone organization for the effort, working to ensure that the strategies would be implemented not as a set of parallel activities, but rather in a coordinated manner that supported the integration of Health & DV systems and services in Orange County. The OCWHP facilitated the convenings of the sub-grantees on a monthly basis; coordinated communications and branding of the DVHC; and established a comprehensive evaluation plan, particularly in ensuring inclusive and complete data collection and evaluation efforts. Key roles included phasing the implementation of the various activities, promoting collaboration, and documenting all processes and key decisions; supporting the dissemination of key findings and facilitating the sustainability planning efforts.

DVHC partners shared that the time and resource commitments required by the activities of the DVHC were underestimated, however, a strong theme among all respondents was their appreciation for the opportunity to participate in this project and the skilled leadership provided by the OCWHP. Having a centralized coordinating agency was deemed important and a key component of the success of the Initiative. The backbone agency facilitated ongoing communication throughout the project, which helped to ensure continued progress forward. Other structural components, such as developing policies and procedures, helped clarify expectations and accountability, and sharing files through Dropbox allowed for streamlined communication. The work of the DVHC-OC was made possible through generous funding by Blue Shield of California Foundation.

Reflections on the Overall Project

The DVHC was an innovative project designed to address a much under-discussed public health issue, DV, in Orange County. The partners that came to the table to work collectively had known of each other and were aware, partially, of services offered, but the groups had never formally worked together in a coordinated fashion. The DVHC thus created a unique network of DV advocates and champions for DV survivors. As the funding support from Blue Shield of California Foundation sunsets, the participants had the opportunity to reflect on their collaborative journey.

A strong theme among all sub-grantee and key informant interviews was appreciation of the skilled leadership provided by the OCWHP, which contributed to an effective collaborative structure and the overall successes achieved by the project.

> ***"We all worked well together, but having a centralized place and this leadership for the organization of the work made it possible."***

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The most deeply appreciated benefits of participating in the project, from an organizational perspective, were the ability to work with nontraditional partners that sub-grantees said they would not have otherwise worked with, and the development of strong relationships that will last beyond this phase of the work. Among the project partners, sub-grantees commented that there was deep passion and commitment to reach the project goals and a shared sense of respect and collaboration. And while work remains, progress has been "*phenomenal*" resulting in better referrals, relationships, and sharing of information.

Key achievements from the work are:

- Forming a community-academic partnership to develop a cross-disciplinary training for health care providers. It was a unique and unprecedented accomplishment that was a powerful and effective model.
- The collaborations among the different partners overall were a big achievement, because it altered the way these organizations will work together in the future.
- The PHC was extremely professional and effective, which was key because it served as the face of the project.
- The improved training and tremendous increase in warm handoffs at 2-1-1 led to demonstrable gains in the accessibility of DV supports and services in Orange County.

While systems level change is hard and sometimes even harder to measure, reflections demonstrated that the project was effective at better connecting health care providers with DV service providers, reducing stigma, and reducing barriers to accessing DV services, consistently considering the project a success in these areas, particularly among sub-grantees.

Recommendations

The following are key recommendations that were derived from the DVHC evaluation findings:

- Provide training and support for staff to screen for DV and make referrals to DV services;
    - Making this a part of a health care visit helps to reduce stigma and changes the norm about discussing DV;
- In developing training materials, consider different starting places with regard to trainees' knowledge, attitudes, and beliefs about screening for DV;
- Ensure consistent messaging about DV, which is important to de-stigmatize the issue;
- When developing educational and awareness tools, include linkages to direct services (e.g. make a direct link on the PHC (media campaign) materials to the CC (direct resources), leading people with identified need to available resources;
- Many aspects must be considered to reduce barriers to services, such as deportation fears and other concerns that may impede help seeking behaviors; and
- Having a strong coordinating/backbone organization is important to supporting a multi-strategy initiative.
- Participating in a coordinated, multi-strategy, multi-year initiative requires dedicated funding for administrative staff at each participating organization.

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Conclusion

The DVHC was successful in meeting the goals of each strategy – developing and implementing the CDT, CC, and PHC. The multi-strategy approach generated the desired knowledge, attitudes, and behaviors/practice changes. However, stigma among DV survivors remains high and shows the need for persistent messaging to reduce stigma and to encourage help-seeking behaviors. Data about the DVHC hinted at progress on systemic change in improving the connection between the health and DV sectors, but also acknowledges that system change takes a long time and is difficult to see and measure. Continual and concurrent efforts at multiple levels are important to help reframe the norm around discussing DV, improve referrals and linkages to user-friendly resources/ services, and ensure that those ready and willing to seek services have access to available services in a timely manner.

To request the full Evaluation Report, please contact info@ocwomenshealth.org.

End Notes

1 The Margaret E. Oser Fund for Women at the Orange County Community Foundation provided additional funding for the OCWHP's work on the 4th strategy - understanding and addressing the mental health and substance abuse needs of DV Survivors in Orange County.

2 The DVHC was originally conceived as a four-year initiative (October 2014 through September 2018), but after receiving a "Sunset Grant" from BSCF, the OCWHP extended the initiative to five years (October 2014 through September 2019). Inside the DVHC is the three-year "Strategy Implementation Period," which ran from May/June 2015 through April 2018, and then was extended via the Sunset Grant through March 2019. Notably, the "Evaluation Period" (the subject of this Report) is more limited – for Strategy 1 (CDT) it ran from July 2015 through August 2018, and for Strategies 2 (CC) and 3 (PHC), it ran from July 2015 through October 2018. The Evaluation Period is the period when each strategy's activities were in full implementation mode, as opposed to planning or sunset mode.

3 CDT Survey Respondents: Pre-Training Survey (N=631); Post-Training Questionnaire (N=642); 3-6 Month Follow-Up Survey (N=175); and Matched Surveys (Pre-Training and 3-6 Month Follow-Up Surveys: N=134)

4 2-1-1's warm transfer protocol for DV callers changed as a result of the DVHC. Before the DVHC, 2-1-1 only offered warm transfers to callers who were at imminent risk of being harmed due to DV; after the DVHC started, 2-1-1 offered warm transfers to callers who were at imminent risk of being harmed, as well as callers at imminent risk of becoming homeless or displaced, due to DV. This change, coupled with regular coaching for 2-1-1 staff, produced a significant increase in the number of warm transfers both offered to and completed by DV callers.

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DVHC Partners

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