Florida MIECHV Driver Diagram: Intimate Partner Violence (IPV)

SMART AIMS

1. By May 31, 2016, at least 90% of women enrolled at least six months will have been screened for IPV.

2. By May 31, 2016, at least 85% of women will have had a safety plan initiated within 30 days of screening positive for IPV or disclosing IPV.

3. By May 31, 2016, at least 85% of women will have been referred to a certified DV center or other appropriate IPV service within 7 days of screening positive for IPV or disclosing IPV (if not already receiving appropriate services).

Primary Drivers	Secondary Drivers
PD1: Standardize process for timely, high quality IPV screening and response to safety concerns	SD1: IPV screening occurs within the required timeframes and as needed
	SD2: Staff receive timely and appropriate training on IPV screening
	SD3: Staff share safety concerns with participants and support survivors based on their needs/concerns
PD2: Build capacity and support of HVs and supervisors to appropriately address IPV concerns	SD4: Initial and ongoing training and TA for HVs and supervisors
	SD5: Reflective supervision and case conferences
	SD6: System supports (data, admin)
	SD7: Relationship-based HV practices
PD3: Standardize procedures for timely and appropriate IPV referrals and follow-up	SD8: Develop formal relationships (MOUs) with certified DV center(s) and other support services, including a protocol for making referrals and exchanging information (with written consent)
	SD9: Develop policy for making IPV referrals that includes identifying and responding to participant needs, timeliness of referrals and process for referral follow-up

Primary Drivers	Secondary Drivers	Change Concepts (Ideas to Test)
PD1: Standardize process for timely, high quality IPV screening and response to safety concerns	**SD1: IPV screening occurs within the required timeframes and as needed**	**CC1:** The *home visiting agency* develops a policy regarding when to screen for IPV that includes model and MIECHV requirements, as well as screening when there are concerns. **CC2:** The *home visiting agency* establishes a tickler system for screening within the required timeframes.
	SD2: Staff receive timely and comprehensive training on IPV screening and appropriate use of the screening tool	**CC3:** The *home visiting agency* trains or provides access to training for all home visitors and home visiting supervisors in IPV screening (using the tool selected), prior to conducting any screens, to raise confidence and skills with the tool (e.g., concerns about discussing IPV or screening results, etc.). Training includes role play and/or scripting. **CC4:** The *home visitor* has opportunities beyond initial training to observe others, in a mock setting, conduct IPV screening and to be observed. **CC5:** The *home visiting agency* provides access to ongoing refresher training on systematic standards of screening and response. **CC6:** The *home visiting agency* develops a protocol/tool and regularly assesses participants' satisfaction with screening process.
	SD3: Staff share safety concerns with participants and support survivors based on their needs/concerns	**CC7:** The *home visiting agency* establishes a protocol for home visitors to use when sharing safety concerns as a result of IPV screening and providing support, information, and resources to survivors. **CC8:** The *home visiting agency* has a process in place for development and implementation of a participant-specific safety plan by trained HVs **CC9:** The *home visitor*, after appropriate training, utilizes safety cards, when the participant indicates it is safe to do so. **CC10:** The *home visitor* uses the *Teach-Back* model, after appropriate training, for supporting survivors during the safety planning process.
PD2: Build capacity and support of HVs and supervisors to appropriately address IPV concerns	**SD4: Initial and ongoing high-quality training and technical assistance for HVs and supervisors**	**CC11:** The *home visiting agency* provides access to orientation and in-depth quality, comprehensive IPV training, within a specified timeframe, for home visitors and supervisors. Note: Training is available from Florida MIECHV Initiative, certified DV centers, and Futures Without Violence (a train-the-trainer option is available). **CC12:** The *home visiting agency* establishes a partnership with the local certified DV center for providing technical assistance.
	SD5: Reflective supervision and support to HVs	**CC13:** The *home visiting agency* ensures home visitors have access to regular group and/or one-one reflective supervision by a qualified provider (i.e. based on national model standards) that incorporates specific mechanisms for identifying and addressing concerns related to IPV. **CC14:** The *home visiting supervisor* provides consistent support to home visitors as they respond to the needs of participants experiencing IPV.

	SD6: System supports (data, admin)	**CC15:** The *home visiting supervisor* provides home visitors with regular access to and support with using their own data for quality improvement. **CC16:** The *home visiting agency* has policies to support the staff with current or past IPV. **CC17:** The *home visiting agency* has a policy and procedures to support staff safety.
	SD7: Relationship between HV and participant	**CC18:** *The home visiting agency* provides training to home visitors on relationship-based practice and/or trauma informed services to build increased sensitivity to survivors' varying openness to engage around IPV concerns. This should include, but not be limited to, survivors' considerations for safety when they decide what and how much information to share with home visitors. **CC19:** The *home visiting agency* provides access to training for staff on culturally and linguistically competent practices as it relates to IPV screening and support to survivors.
PD3: Standardize procedures for timely and appropriate IPV referrals and follow-up	**SD8: Develop formal relationships (MOUs) with certified DV center(s) and other support services, including a protocol for making referrals and exchanging information (with written consent)**	**CC20:** The *home visiting agency* establishes and maintains relationships with entities in their community that specialize in IPV services including, but not limited to, certified DV centers. Infrastructure is established to facilitate smooth referrals, ensure successful linkage with service providers, and sustained support necessary for safety. **CC21:** The *home visiting agency,* in conjunction with the certified DV center, creates a list of appropriate referrals for IPV that could be made in addition to a referral to the certified DV center. **CC22:** The *home visiting agency* standardizes the process for home visitors to refer participants who screen positive or disclose IPV to services; clarifies and articulates relationship between home visitor and IPV service provider.
	SD9: Develop policy for making IPV referrals that includes responding to participant needs, timeliness of referrals and process for referral follow-up	**CC23:** The *home visitor* uses a tickler system for making timely referrals and following up on referrals made. **CC24:** The *home visitor* provides IPV information/resources and supports the survivors' decisions using the Empowerment Model. **CC25:** The *home visitor* regularly communicates with IPV service provider (with written consent) and otherwise supports link between participant and provider. **CC26:** The *home visitor* regularly follows-up with the participant on safety status and supports to facilitate additional referrals or safety planning, as needed.

Citations/Resources
Primary Driver 1: American Public Health Association. Position paper 9211 (PP): domestic violence. Washington, DC: APHA Public Policy Statements American Public Health Association; 1992 Saltzman LE, Green YT, Marks JS, Thacker SB. Violence against women as a public health issue. *Am J Prev Med*. 2000;19(4):325-329 American Medical Association. H-515.965. Family and intimate partner violence. American Medical Association. https://www.ama-assn.org/ssl3/ecomm/PolicyFinderForm.pl?site=www.ama-assn.org&uri=%2fresources%2fhtml%2fPolicyFinder%2fpolicyfiles%2fHnE%2fH-515.965.HTM Committee on Preventive Services for Women, Institute of Medicine. *Clinical Preventive Services for Women: Closing the Gaps.* Washington, DC: National Academy of Sciences; 2011:102-107 US Preventive Services Task Force. *Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults: Screening, January 2013* This article was first published in *Annals of Internal Medicine* (*Ann Intern Med* 2013; 22 Jan). http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening#consider http://www.vdh.state.va.us/ofhs/Prevention/dsvp/projectradarva/documents/older/pdf/intpartvio_roadmap.pdf Willems, A. et al. DV Protocol for Home Visiting Programs. Project Connect Texas and Texas Council on Family Violence. http://www.tcfv.org/wp-content/uploads/2012/09/Domestic_Violence_Protocol_for_Home_Visiting_Programs.pdf Davies J, Lyon E, Monti-Catania D. *Safety Planning with Battered Women: Complex Lives/Difficult Choices*. Thousand Oaks, CA: Sage, 1998.
Primary Driver 2: Florida Coalition Against Domestic Violence Safety Cards Fisher D, Lang KS, Wheaton J. Training Professionals in the Primary Prevention of Sexual and Intimate Partner Violence: A Planning Guide. Atlanta (GA): Centers for Disease Control and Prevention; 2. Ref Sup: Beam, R. J., O'Brien, R. a, & Neal, M. (2010). Reflective practice enhances public health nurse implementation of Nurse-Family Partnership. *Public Health Nursing (Boston, Mass.)*, *27*(2), 131–9.

Michigan Association for Infant Mental Health Reflective Supervision Guidelines.
http://mi-aimh.org/wp-content/uploads/2015/04/BestPractice_ReflectiveSupervision_2015.pdf

Transforming the Health Care Response to Domestic Violence: http://www.kpihp.org/kaiser-permanente-policy-stories-v1-no-10

Willems, A. et al. DV Protocol for Home Visiting Programs. Project Connect Texas and Texas Council on Family Violence.
http://www.tcfv.org/wp-content/uploads/2012/09/Domestic_Violence_Protocol_for_Home_Visiting_Programs.pdf

Brotherson, M. J., Summers, J. a., Naig, L. a., Kyzar, K., Friend, a., Epley, P., Turnbull, a. P. (2010). Partnership Patterns: Addressing Emotional Needs in Early Intervention. *Topics in Early Childhood Special Education*, *30*(1), 32–45.

http://www.fcadv.org/domestic-violence-workplace

U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *A Comprehensive Approach for Community-Based Programs to Address Intimate Partner Violence and Perinatal Depression*. Rockville, Maryland: U.S. Department of Health and Human Services, 2013.

Primary Driver 3:

Memorandum of Understanding Instruction Guidance
http://www.ngoconnect.net/documents/592341/749044/MEMORANDUM+OF+UNDERSTANDING+INSTRUCTION+GUIDANCE

Futures without Violence Sample Memorandum of Understanding
http://www.futureswithoutviolence.org/sample-memorandum-of-understanding-mou-between-home-visitation/

Willems, A. et al. DV Protocol for Home Visiting Programs. Project Connect Texas and Texas Council on Family Violence.
http://www.tcfv.org/wp-content/uploads/2012/09/Domestic_Violence_Protocol_for_Home_Visiting_Programs.pdf

Kasturirangan, A. Empowerment and Programs Designed to Address Domestic Violence. (2008) *Violence Against Women* Volume 14(12), 1465-1475.