

MCHB/DHSPS October 25, 2006 Webcast

Orientation to the Domestic Violence Technical Assistance Process for Healthy Start Grantees

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BONITA BAKER: Good afternoon and welcome to the "Orientation to the Domestic Violence Technical Assistance Process for Healthy Start Grantees" Webcast. I'm Bonita Baker and a project officer within perinatal department. Today's presenter is Jose Rivera, CEO of Rivera, Sierra & company incorporated. This company was chosen by us and the project director for the project.

Before we begin I would like to review some technical comments. Slides will appear in the central window and should advance automatically. The slide changes are synchronized with the speaker's presentation. You do not need to do anything to advance the slides. You may need to adjust the timing of the slide changes to match the audio by using the slide delay control at the top of the messaging window. We encourage you to ask the speaker questions at any time during the presentation. Simply type your question in the white message window on the right of the interface, select question for speaker from the dropdown menu, and hit send. Please include your state or organization in your message so that we know where you are participating from. The questions will be relayed onto the speaker periodically throughout the broadcast. If we don't have the opportunity to respond to your questions during the broadcast, we will email you afterwards. Again, we encourage you to submit questions at any time during the broadcast.

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JOSE RIVERA: Good afternoon and welcome to this orientation session. I'm hoping that this will be useful to all of you grantees and those of you who are participating in the webcast. What I'm going to do now is just work you through the agenda that we're going to be using as part of this broadcast. The agenda consists of three components. First, I will be doing an overview of the entire project. Second, there will be a space at the end of the program for questions and answers but as the federal project officer said, we're looking for this program to be interactive and we invite you to participate with your questions at any time following the instructions that she gave you. And then we will have a closing that will then end our broadcast for the day.

Moving to the next slide, the first really big question as we started looking at this project, is why provide domestic violence technical assistance to Healthy Start grantees? There are many reasons but there are three that really stand out. The first one is that the science now tells us that there is a direct correlation between domestic violence and perinatal

health and postpartum well-being. The American journal of obstetrics and gynecology tells us, as well as the Center for substance abuse prevention tells us that domestic violence is known to produce poor weight for children coming out, the need for emergency care and generally poor health in the early years. So this is certainly one of the top reasons. We also know that within the Healthy Start population, there is a significant likelihood of domestic violence-related issues existing within the population. And these issues range from poverty, lack of education, lack of opportunity and other factors that tend to be found within the Healthy Start population. Another factor -- this is one that is of very recent vintage in terms of the science and understanding is that domestic violence is often a sign of other co-existing issues. There can be substance abuse, post traumatic stress disorder. Trauma that may come from child abuse or intergenerational trauma. Those factors often co-exist with domestic violence issues. We also find in recent publications on this issue, that women with domestic violence issues often self-medicate. That is to say they'll use alcohol and other addictive substances as a way of relieving the tension and other symptoms associated with domestic violence.

Moving to the next slide, if you will. There are certain goals that we have both within the division and the bureau and for our project for this particular technical assistance project. One -- and I'm actually going to start if you look at the slide down at the bottom, because in some respects this should be the first item. To enhance the safety and well-being of Healthy Start clients and reduce infant mortality. We know and the science tells us that domestic violence appears very directly related to an increase in infant mortality. So a real

goal of this project is to reduce infant mortality by providing technical assistance to the grantees, which leads us to the first three bullets.

First, we seek to enhance the knowledge of the Healthy Start grantees with respect to the biopsychosocial impacts. Now, this is something that is relatively new but what it is, it's a very fundamental understanding that domestic violence has many impacts on our community. So we seek secondly to assist our grantees to better assess their activities and their readiness to address the issues. The purpose of this TA program is to work with you and for you in order to help you better address the issue of domestic violence. And finally, what this project will do is bring to you what we hope to be the best practices across the country that you can use in your project, but use them in a way that addresses the needs of your community. So with that, the technical assistance has certain philosophical principles I would like to outline for you. One of the philosophical principles is simply this. That domestic violence often is involved in a complex interaction within families, within individuals and even within communities. And so we bring this knowledge to you as part of this process of technical assistance.

The second one -- this is -- this we acknowledge is a touchy area, even in the best of staff, we know that there are staff members who have issues that they bring to work with them. Some of those issues may be, in fact, domestic violence. May be issues that would impact upon their ability to effectively communicate. So one of the purposes and one of the concepts that we bring to this is helping the staff members differentiate between the issues that they have, that they bring to the table and those issues that, perhaps, need to

be addressed in a more therapeutic manner. And finally, what we understand is that helping a client to address violence, domestic violence, partner violence, intimate partner violence, can actually be the beginning of a very healthy and therapeutic process that will allow not only the mother but even the entire family to move forward and address the stressors that are impacting upon the family and that family community. We have a vision. We have a vision for this program and I want to share a couple of elements of that vision with you. The first one is the development of an individualized plan for technical assistance. And I say this and will say this again. This is not a cookie cutter program. What we will be doing is looking to develop a plan that works for your program, your agency, within your community. And to do that, we will be looking to provide technical assistance that flows from a needs assessment process that we will be conducting for you and we will be explaining a little bit further down the road today.

And finally, there is another element of this, these two are related to the grantees, but the third element is that HRSA itself wants to understand and evaluate what lessons are to be learned from this process of understanding domestic violence within the Healthy Start communities and how can they improve the process that they have for assisting the grantees in the future. Which leads us to the issue of cultural competence. This is a very important point that needs to be made. If we're going to do this, we need to do this for you and with you with an understanding that cultural competence is important. Why? Well, first and foremost a significant segment of the Healthy Start population come from communities of color. And as a result, it's important to understand the culture and the background of the community of service. What we've seen throughout the years of doing

focus groups is that one of the things that communities of color tell us is that the lack of cultural competence is a barrier to communication. How does that barrier manifest itself? It may be in a reluctance to share, talk and engage a counselor who otherwise may be trying to do good work. What we know from the science is that cultural competence leads to better diagnoses and overall better healthcare.

One of the policies of the Department of Health and Human Services is eliminating and ending racial and ethnic disparities and there is proof now that cultural competence is critical to ending racial and ethnic disparities in healthcare and thus cultural competence becomes a very important issue in terms of addressing domestic violence in our Healthy Start community. So the next step in this process is the needs assessment process.

We've developed a series of discrete stages for doing what we want to do as a project and what the division needs done in this project. And the first step of that is a needs assessment process. What we have done is that project staff, working with the division, have developed an overall template or approach for conducting a needs assessment.

When we talk about needs assessment we aren't just talking about the negatives, what you don't have, we're also talking about what you do have as a community of grantees.

From that, we create an assessment document, and that document ultimately will be given to each of you grantees as part of the assessment process. From that, one of our consultants will be providing an interview with all of you, and the purpose of the interview is to assess your needs and also to assess your strengths in terms of moving forward to address domestic violence in your community. And if you see me move from time to time in one direction or the other, it may be because we have a question that is coming on

board and I'm looking over on one side for the question. So let's move to the technical assistance plan. Part of our project is developing a cadre of experts, which we have identified from throughout the country, who are going to serve as technical assistance providers.

The initials TAP. One of the things we do is work with our technical assistance provider to create a TAP, technical assistance plan for each of the grantees. This plan is individualized for each of the grantees. We then review that plan with our federal project officer Bonita Baker, who you met earlier, and then coordinate logistics in terms of moving forward with the plan. In the context of this process we're doing today, very soon after today we're going to start the series of phone calls that will be part of the needs assessment process that will then lead to the technical assistance plan.

So assuming we have the plan in place, we then move to the next slide, the on-site technical assistance. With the plan in hand, which, by the way, flows directly from the needs assessment process, a technical assistance provider will communicate with you to establish the date when the actual technical assistance will take place. We are concerned enough about this process that in order to provide quality assurance, I will be on-site with some of the technical assistance providers during the first visit in order to ensure that there is the kind of quality that you're getting what you need as part of this technical assistance process. When the on-site visit is done, a two-day process, when the on-site visit is done a report is produced. That report comes to me as project director and ultimately to our federal project officer for review and approval.

Next slide, if you will. We've said time and again that the on-site TA will be individualized and geared directly towards the needs of each grantee. Having said that, what we do know is that the on-site TA will cover certain sort of predictable issues. Amongst these issues are prevalence data, meaning that we will be looking to you as a partner in a sense to provide us with the data of what is the prevalence of domestic violence in your surrounding community? How many clients are reporting domestic violence that you have within your census? How is domestic violence treated in your community in terms of resources? We will look to the second bullet, domestic violence process and processing meaning that we will ask you, how do you process domestic violence? Assuming someone volunteers or you screen somebody for domestic violence, what is the process that you engage in? We will look to you to determine and share with us what staff training you provide on a regular basis for domestic violence, intimate partner violence and the like? We're going to look to issues of corporate culture and cultural competence.

When we say corporate culture we're looking at how does your agency address the issue of violence in the workplace? How does your agency address the needs of a staff member who has or might report domestic violence? That tells us something about the issue of corporate culture. We will look to the issue of cultural competence. Does your workforce reflect an understanding of the culture of the community which you're attempting to serve. These are some of the things that we will be looking at. Amongst the others we're looking at protocols and procedures that you have in place for screening, assessment, intervention, safety planning, follow-up and the like. We will look at collaboration and

referrals, meaning what kinds of collaborations do you have? What kinds of referrals do you presently engage in? We'll look to the issue of confidentiality? How do you treat the information that is conveyed to you regarding domestic violence? And how do you interact with any mandatory reporting requirements that may exist within your state? We appreciate that there are certain states that have significant mandatory reporting requirements and others that don't. We have that information and we will work with you in terms of helping you develop a mechanism for addressing how this information is dealt with within your community.

Having said that these are some of the elements that we will be providing, one of the things that you have to understand is that there is no real way for us to predict beforehand what are the issues that we will be addressing with one grantee versus another grantee. In fact, that's the very purpose of the needs assessment process. When we do the needs assessment, we may determine, for example, that one grantee has a need for infrastructure development, another grantee may have a need for developing collaborations and MOUs, another grantee may have the need for developing best practices or understanding some of the issues that are out there in the community. We're hopefully going to be able to provide you with that kind of information. It may be that some of you don't have some of the data that is critical and necessary to address the issue for purposes of staff training. When we go on-site our experts that we have will be making assessments and some of these assessments may tell us that staff is inadequately trained or needs further training, or that you may have assets that you're underutilizing with respect to domestic violence.

We have found that in some grantees, there are assets and strengths that you have that you may not be applying to the domestic violence issue. And so that's one of the things that we look to in terms of the program that we will try to put together. In some respects, we will be doing a curriculum, meaning a two-day plan, and some of that plan will probably be what we call baseline information. We want to make sure that all of the grantees have at least some critical baseline set of information relative to domestic violence that is critical for moving forward. And that baseline information is going to be very important and will probably be somewhat similar across the whole team of grantees that we will be working with. Once we get past that baseline information we'll be working specifically with the differences between, for example, some of the grantees that come from Indian countries, some of the grantees that come from rural areas, some of the grantees that come from urban areas, and of course there are differences between government grantees and community-based grantees. So those are some of the issues that we're going to be looking at as we move forward with this process.

Let me move to the next slide and talk about what I call expectations. We have expectations of each of the grantees in terms of your participation in this process and those expectations are really three-fold. One, to put together the kinds of documents that are critical and necessary for us to examine as part of the assessment process and as part of the process of developing a good TA plan for you. Two, bringing together the right people to participate in the process. And three, participating in the process yourself in a vigorous and excited manner, because frankly, we're excited about doing this with you. So

let me go over these bullet points by moving to the concept of preparing documents.

When we talk about preparing documents, and we understand that some of this is going to require some effort on your part, when we talk about preparing documents we're talking about a series of various documents, some of which may be easily at your disposal and that you can provide to us by email or otherwise.

The first one is prevalence data. Information about domestic violence in your community, information about domestic violence in your census. Information about domestic violence generally as it relates to your agency supposing that your agency deals with more than just Healthy Start. Second, any local studies on domestic violence that you have accumulated that would be helpful to us in understanding your community. Third, documents in the form of protocols for screening, assessing, referring or addressing any domestic violence-related issues. Fourth, agency policies, and that could be policies and procedures internally or at the board level within your agency that addresses either domestic violence or violence in the workplace. We have found that agency policies often tell us a lot about the corporate culture and how you address the issue of domestic violence generally. Issues relating to training materials, domestic violence or cultural competence training materials either that you have received or that you have used, because these documents may be helpful in terms of us providing technical assistance.

One of the things that we don't want to do is come into your agency and tell you, this is a way you should be proceeding, only to be faced with well, this is the way we were just told six months ago to proceed. We want to do everything contextually and individualized to

the needs of your agency. We're looking for any safety assessment or safety planning protocols, meaning that if a person reveals or admits or you determine that there may be safety-related issues, what are the immediate emergency or triage steps that you take to assure the safety of that person? These are important indicators for us as to how you address the issue of domestic violence in the Healthy Start community. And finally, any materials that you have given to clients. One of the things we find from materials given to clients is that we learn a lot about whether you're using stock materials, whether the materials are culturally competent, whether they're bilingual and other factors that might be helpful to us in understanding how you address. I should say that all of these materials are materials that we're looking to have on the front side so that we can help develop a plan for you that will be, again, individualized and focus upon the needs of your agency in a very specific community-based way.

Let's move to bringing people together. We are seeking to assist your agency, whether you be a government agency or a community-based agency, or a tribally-based agency, we're looking to bring the right people around the table. And one of these things is that you have to help us decide who are the best people to have around the table? When you look at your board and you look at your staff, you need to figure out, do you have a social worker, do you have a counselor, do you have an intake person that ought to be at the table when we conduct our technical assistance? Should there be someone more than just the executive director at the table when we conduct our assessment interview? What we're looking for is to ensure that when we do our assessment telephone call -- by the way, that will be a telephone call. You may want to have two or three or four people

around the table that are critical stakeholders for you in terms of giving us the kind of information that is critical for a fair and honest assessment.

When we go on-site it maybe critical for you to have certain stakeholders. People from the community or within your organization who are stakeholders? It may be the domestic violence coalition in your community is an appropriate stakeholder. It may be that an organization that is a funding source may be a stakeholder. We don't make those determinations for you. What we ask you to do is think about the issue of domestic violence really in the context of who are your partners? Who are the players? Who are the people that impact upon domestic violence in your community? And we ask you to engage them in this process. That's why the next bullet refers to your domestic violence partners. Who are the people that you associate with? If you do a referral to a hospital as your normal referral for domestic violence, then maybe the person on the other side at the hospital who may be a social worker or someone like that may be a person who should be at the table. If you work with your local domestic violence coalition or some other partner, then that person may be an appropriate person to be at the table. And don't forget, the last bullet, the clients themselves and client advocates.

One of the things that we're not going to have the luxury of doing is conducting a classic focus group of clients themselves. That's not part of this TA project. So therefore you may want to consider bringing clients or client advocates. Obviously you need to be careful here because you're bringing in clients who may have issues themselves. But you may want to consider that there may be a client or a client advocate who may be appropriate to

bring to the table in terms of the people who need to be interfacing with our TA provider as we move forward. So the last issue is the one of participation. We ask you three things. We ask you to work with us in terms of making this process not only the assessment, but the TA visit itself, as individualized as possible. We want to understand your program. We want to understand what you're doing. This is not an audit. This is not a criticism. This is really an opportunity to work with you and for you to work with national experts who can assist you in addressing the issue of domestic violence in the best way possible.

Understanding that there are legal requirements and other kinds of requirements that may be relevant to this process. We ask you to participate by giving us two days to work with you and your staff and for you and your staff to work with us. Those two days are going to be an important process. We are not coming to you with a cookie cutter agenda. We will have some concepts, we will have some tools, we will have some issues that we think are important and relevant to you. And we want to make sure that these issues come to you in the kind of way that will be most helpful to you and to your staff.

Now, this third bullet is very important. We are asking each of you in each of the TA visits that we engage in, to participate in the TA program itself by teaching us. In other words, in each of the two-day site visits that we're doing, we are going to be allocating a block of time when we will be silent and you will be speaking to us, engaging us and telling us what are the kinds of things that you are doing? Many of you I've heard of the concept known as a swat test where you engage in analysis of strengths, weaknesses, opportunities and threats. That SWOT test may be a good way for each of you grantees to look at yourselves and present yourselves to us so that we can help understand from your

perspective what are the strengths that you see within your organization for addressing the issue of domestic violence? What are the weaknesses within your organization? Understand when you do a SWOT analysis the concept of strength and weaknesses are really an internal analysis.

The concept of opportunities and threats is what we call an external analysis. So when we ask you to engage in the thinking process, we're asking you to look at your internal strengths and honestly look at your internal weaknesses in terms of addressing domestic violence, in terms of addressing issues from a culturally competent manner or in terms of your corporate culture with respect to the issue of violence within the workforce or otherwise. Then we ask you to look at opportunities and threats, meaning what are the opportunities as you look within your community? What are the opportunities that perhaps you haven't exhausted yet to enter into new kinds of relationships? Do you, in fact, have a memorandum of understanding with your domestic violence coalition? Have you worked out a protocol with the emergency room? Have you worked with some of the social workers within your community? These represent external opportunities that we want to hear from you that you have either identified or may seek to identify.

Well, the concept of the last concept known as threats, that's the last component of SWOT. Strength, weaknesses, opportunities and threats. The word threats are really best translated into the word barriers. What are the barriers that you see presently in terms of addressing domestic violence either generally within your community or within your Healthy Start population? Some of these barriers may be things like well, in our rural

community, we simply do not have the kinds of resources. Or there may be one really good resource but they are overtaxed. In our community the police department has been significantly involved in the issue of domestic violence. That may be a good thing or bad thing depending on how you see it within your community. So I share that with you in order to help you understand that critical, critical to our work is this presentation that we are expecting you to make as part of our on-site technical assistance process.

I think this is a good time to look to you as members of our audience as to whether there are any questions regarding any of the slides that we have done so far. We're going to just hold for a moment as -- to see if some of you click in with any questions. But as you are starting to think about what those questions may be, I want to just sort of highlight a couple of issues that I think are important. When this TA project was formulated, it was formulated for a very specific reason. It became clear to the division that this issue of domestic violence is a very important issue that we were hearing time and again that domestic violence had a correlation to infant mortality, underweight and other issues. So therefore this project is really focused on Healthy Start for new moms, and for children. It really is a public health issue. What we're also looking for is to help you to develop relationships. Relationships with providers, relationships with resources, when our TA providers come out they may trigger something during the two-day process for you to think I didn't think of it and it's an opportunity to engage in a new relationship. We're looking for those opportunities to share information with you. In our faculty, I should say to you that we have domestic violence providers themselves.

Our deputy project director is Dr. Patricia McManus who comes from the black health coalition in Wisconsin and who is a Healthy Start grantee herself. We have members of the institute on domestic violence in the African-American community who are critical members of our faculty. We have people from the academic side who have done some serious study about the issue of domestic violence, in short, we have more than a dozen faculty members who will be assigned individually to work with you in terms of developing your program. What we're going to be doing is assigning our faculty and our consultants to your agency based upon what we hear in the assessment, what we see in the documents, and then based upon that, a judgment as to which faculty member might be the best one for addressing the needs of your particular agency.

So again, I ask you to feel free to jump in with any questions. We're here to answer them, whether it be on the issue of who the faculty are or any of the elements of the TA project. We do ask you to complete the evaluation at the end of the webcast and visit the website in the future because it will be archived and you can look at it again. Or you can have staff members look at it again so that they will understand what we will be doing as part of this project. So with that said I'll ask one more time whether you have any questions. We have our federal project officer here to answer questions with me if there are any questions for her as well. And we'll just wait a couple of seconds to see if there are any questions come in. If not, then we'll wrap up the webcast and we shouldn't wrap it up without saying to each of you grantees who have participated, we thank you for taking the time to listen to the webcast and we thank you for your forthcoming participation in moving forward. We understand that there were some grantees that had some trouble logging on and for those

grantees that had that problem, we do apologize. We ask you to visit the website and pull the archive and you will be able to fully see the entire broadcast from beginning to end. So with that apology and again another thank you to all of you for participating in the webcast, we will be signing off from this webcast.