

Massachusetts Home Visiting Initiative: Identifying and Responding to Intimate Partner Violence

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National Conference on Health and Domestic Violence
Futures Without Violence
San Francisco, California - March 2012



Presentation Objectives

- Provide an overview of federal Home Visiting Program (MIECHV) and MA activities
- Review how MA is addressing the federal domestic violence benchmark – as defined by the federal program and following funding specifications
- Discuss the strengths and challenges of the MA program, to date
- Discuss ideas, questions, advice for Massachusetts



Massachusetts Demographics:

* 6,547,629 people in Massachusetts
14.5% are foreign born

* 839 people per square mile
within only 7,800 square miles
compared to U.S. which has 87

Boston is our largest city: 617,594 people
Gosnold is our smallest town: 85 people

 Boston

 Gosnold

July 24, 2011: Alessa Castellon, 21, of Roslindale was allegedly shot to death by her boyfriend, Junior Fernandes, 22 of Dorchester. She was found dead in front of her friend's home from multiple gunshot wounds. Fernandes was arrested, charged with murder and firearm offenses. He has been held without bail. Castellon leaves behind a three year old son.

**18 intimate partners
murdered in 2011**

**27 homicides attributed to
domestic violence in 2011**

August 16, 2011: Nazish Noorani, 27, of East Boston & New Jersey, was murdered by her husband, Kashif Parvaiz, 26, and Antoinette Stephen, 26. Noorani was walking to a relative's house in NJ with her husband and 3 year old son. She was shot, her husband wounded, and child uninjured. Her husband told police that he and his wife were attacked by a group of men shouting ethnic slurs and calling them terrorists. Inconsistencies in the account raised suspicions and Parvaiz later admitted that he played a role in the death of his wife.

MA Home Visiting Initiative - Overview

As part of Patient Protection and Affordable Care Act, funding provided to create the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)

- Maternal, Infant, and Early Childhood Home Visiting Program is now a new provision of Title V of the Social Security Act, the Maternal Child Health block grant
- The three major goals of the federal Home Visiting Program are:
 - Strengthen and improve the programs /activities delivered by State Title V Agencies
 - Identify and provide comprehensive evidence-based home visiting services and improve coordination of services for families in high need communities, from prenatal through age 8
 - Build and enhance a statewide system of care for families and young children

MA Home Visiting Initiative - Overview

- **Name:** Federal Home Visiting Program in MA is called the MA Home Visiting Initiative
- **Lead:** In MA the designated lead agency is the Department of Public Health (Title V Agency)
- **Teamwork:** DPH not only works with multiple state agencies to implement this project but has built upon previous collaborations and relationships within the Dept to strengthen program components
 - Example: Div of Violence & Div of Perinatal and Early Childhood
- **Fiscal Support:** MA will receive approximately \$9.05 million - \$10.66 million annually for 5 years (combination of formula funds and competitive funds)

MA Home Visiting Work Group

(oversees implementation)

Department
of Public
Health

Lead

Department of
Children and
Families

Department of
Early Education
and Care / Head
Start Collab.

Children's
Trust Fund
(Title
II/CAPTA)

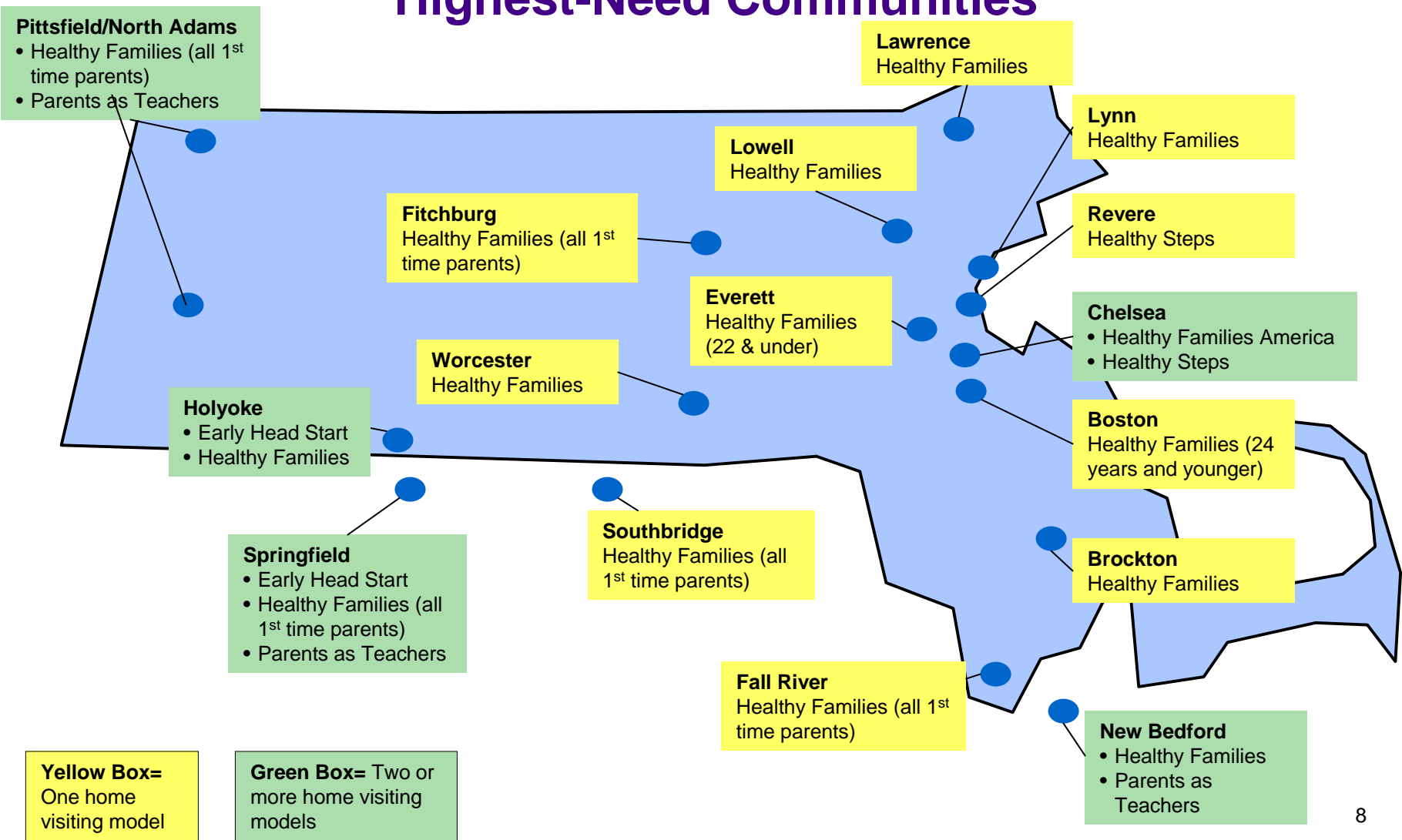
Evaluators:
Harvard Catalyst
University of MA
Tufts University

17
Community
Partners

National Home
Visiting Models

- Early Head Start
- Healthy Families
- Healthy Steps
- Parents as Teachers

Model Expansion in 17 Identified Highest-Need Communities





Community Collaborations with Domestic Violence Agencies

- **13 of the 17** funded communities (lead agencies) are connected to their local DV/ victim service program
- **9 of 17** have MOUs/or subcontract with a local DV program
 - 2 have DV programs internally in their agency.
 - 2 have subcontracts of 15 K each with their local program
- **1** agency is hiring a DV specialist to serve as a resource for their home visiting agencies/ participants
- **4** communities need to strengthen their knowledge and connection to their local DV program

MA Home Visiting Initiative - DV Training

- **MA will provide DV training for all four home visiting models**
 - Content training on Domestic Violence from the Futures without Violence curriculum
 - Training on the SBIRT tool, screening and assessment
- **Training Objectives**
 - Have all home visiting staff hear same consistent message
 - Learning screening/ assessment protocol, i.e. don't screen in front of children, dad/males
 - Provide practice at trainings to enable home visitors to hone their skills
 - Emphasize building a relationship with their local DV programs/agencies
- **Challenge**
 - Home visitors across 4 models have varying levels of expertise, professional degrees, experience and own existing current practice/protocols

MA Home Visiting Initiative - Data

Federal Benchmark 4: Reductions in Domestic Violence

| FEDERAL DV CONSTRUCTS | MA DATA MEASURES |
|---|--|
| 1. Screening for domestic violence (DV) in the home | % of women screened for DV within two months of enrollment |
| 2. Referrals for domestic violence in the home | % of women identified past/present for DV who receive a brief intervention |
| 3. Of families identified for the presence of DV, number of families for which a safety plan was completed | % of participants who completed a referral to a DV agency (proxy for safety plan) |

MA Home Visiting Initiative - Data

Data Collection: SBIRT Tool

SBIRT – Originally a SAMHSA national risk assessment protocol to identify people at risk for and/or experiencing substance use and connect them to appropriate resources and referrals.

Many **SBIRT** iterations have been developed to include tobacco, mental health, and domestic violence.

- **S**creening: identification of risk
- **B**rief **I**ntervention/ Treatment: provide to identified patients
- **R**eferral to **T**reatment



SBIRT

Date: _____

5 P'S Health and Safety Screening

Substance Use Preamble: *Your health can be affected by alcohol, tobacco, other drug use, and unsafe relationships. Your health is also affected when those same problems are present in people close to you. By alcohol, we mean beer, wine, wine coolers, or liquor. Drugs include marijuana and prescription medications taken for non-medical reasons.*

| | | | | | |
|----------------|--|------------------------------|-----------------------------|-----------------------------------|------------------------------|
| Smoking | Have you smoked any cigarettes in the past three months? | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> declined | <input type="checkbox"/> n/a |
| Parents | Do/did any of your parents have a problem with alcohol or other drug use? | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> declined | <input type="checkbox"/> n/a |
| Peers | Do any of your friends have a problem with alcohol or other drug use? | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> declined | <input type="checkbox"/> n/a |
| Partner | Does your partner have a problem with alcohol or other drug use? | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> declined | <input type="checkbox"/> n/a |
| Past | In the past, have you had difficulties in your life due to alcohol or illegal drugs? | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> declined | <input type="checkbox"/> n/a |
| Present | In the past month, have you drunk any alcohol or used an illegal drug? How often did you have 4 or more drinks per day in the last month? ____ On average, how many days a week do you drink? ____ How many drinks on any given day? ____ | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> declined | <input type="checkbox"/> n/a |

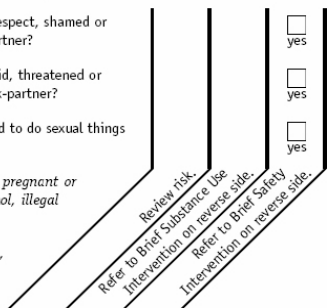
Safety in Relationships

Safety Preamble: *Your health can also be affected by how you are treated by people close to you. So many participants tell us they struggle in their relationships that we now ask everyone about this.*

- Have you been treated with disrespect, shamed or humiliated by a partner or ex-partner? yes no declined n/a
- Have you been made to feel afraid, threatened or physically hurt by a partner or ex-partner? yes no declined n/a
- Have you been pressured or forced to do sexual things you didn't want to do? yes no declined n/a

We strongly recommend that women who are pregnant or planning to become pregnant do not use alcohol, illegal drugs or tobacco.

Health can be affected by the use of tobacco, alcohol and illegal drugs. Risky drinking for women is more than 3 drinks/day AND more than 7 drinks/week. Risky drinking for men is more than 4 drinks a day AND more than 14 drinks a week.



Brief Substance Use Intervention

- Did you state your health concern? yes no
- Did you advise to abstain or reduce use? yes no n/a
- Did you check participant's reaction? yes no n/a

Brief Safety Intervention

If response is no to all safety questions:

"I'm glad you feel safe in your relationship. Since this is such a common problem, may I leave these materials with you to share with anyone you know who might be able to use them?"

If response is yes to any of the three questions:

"I'm glad you told me. It's not your fault, even if your partner tells you it is. I'm concerned about your safety and your children's safety. I hope our program can help in some way."

! If there is any immediate safety risk for participant, home visitor, or anyone in the home, follow your agency's safety protocol. Remember, you can do something for participants who are being abused, but you are not expected to do everything. Do your part: no more and no less.

"I'd like to review this pamphlet from Futures without Violence. Is it safe for you to keep this card here at home? Do you have a place to keep it where your partner won't find it?"

"I can help you contact a local program while I am here today if you would like."

! Programs need to speak directly with the person seeking help. Provide encouragement and support while participant makes the call. If participant is not interested in calling today, leave them with the name and phone number of their local DV program for future reference. Also provide Mass. statewide 24 hour emergency hotline, SAFELINK: 800-722-7233.

Brief Intervention Activities

| | Substance Use | | | Safety in Relationships | | |
|--|---|-----------------------------------|------------------------------|-----------------------------------|-----------------------------------|------------------------------|
| Discussion | <input type="checkbox"/> accepted | <input type="checkbox"/> declined | <input type="checkbox"/> n/a | <input type="checkbox"/> accepted | <input type="checkbox"/> declined | <input type="checkbox"/> n/a |
| Brochure/Resource handout | <input type="checkbox"/> accepted | <input type="checkbox"/> declined | <input type="checkbox"/> n/a | <input type="checkbox"/> accepted | <input type="checkbox"/> declined | <input type="checkbox"/> n/a |
| Hotline (gave them the number or called with them) | <input type="checkbox"/> accepted | <input type="checkbox"/> declined | <input type="checkbox"/> n/a | <input type="checkbox"/> accepted | <input type="checkbox"/> declined | <input type="checkbox"/> n/a |
| Referral (agency) | <input type="checkbox"/> accepted | <input type="checkbox"/> declined | <input type="checkbox"/> n/a | <input type="checkbox"/> accepted | <input type="checkbox"/> declined | <input type="checkbox"/> n/a |
| Referral (medical service) | <input type="checkbox"/> accepted | <input type="checkbox"/> declined | <input type="checkbox"/> n/a | <input type="checkbox"/> accepted | <input type="checkbox"/> declined | <input type="checkbox"/> n/a |
| Emergency: Followed agency protocol | <input type="checkbox"/> accepted | <input type="checkbox"/> declined | <input type="checkbox"/> n/a | <input type="checkbox"/> accepted | <input type="checkbox"/> declined | <input type="checkbox"/> n/a |
| Other (specify): | Please describe other activities, and participant's response: | | | | | |

SBIRT Tool - 7 Questions

Date: _____

5 P'S Health and Safety Screening

Substance Use Preamble: *Your health can be affected by alcohol, tobacco, other drug use, and unsafe relationships. Your health is also affected when those same problems are present in people close to you. By alcohol, we mean beer, wine, wine coolers, or liquor. Drugs include marijuana and prescription medications taken for non-medical reasons.*

| | | | | | |
|----------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Smoking | Have you smoked any cigarettes in the past three months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | yes | no | declined | n/a |
| Parents | Do/did any of your parents have a problem with alcohol or other drug use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | yes | no | declined | n/a |
| Peers | Do any of your friends have a problem with alcohol or other drug use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | yes | no | declined | n/a |
| Partner | Does your partner have a problem with alcohol or other drug use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | yes | no | declined | n/a |
| Past | In the past, have you had difficulties in your life due to alcohol or illegal drugs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | yes | no | declined | n/a |
| Present | In the past month, have you drunk any alcohol or used an illegal drug? How often did you have 4 or more drinks per day in the last month? _____ On average, how many days a week do you drink? _____ How many drinks on any given day? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | yes | no | declined | n/a |

Safety in Relationships

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| | | | | | |
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| <input type="checkbox"/> | Have you been treated with disrespect, shamed or humiliated by a partner or ex-partner? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | yes | no | declined | n/a |
| <input type="checkbox"/> | Have you been made to feel afraid, threatened or physically hurt by a partner or ex-partner? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | yes | no | declined | n/a |
| <input type="checkbox"/> | Have you been pressured or forced to do sexual things you didn't want to do? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | yes | no | declined | n/a |

We strongly recommend that women who are pregnant or planning to become pregnant do not use alcohol, illegal drugs or tobacco.

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Review risk.
Refer to Brief Substance Use Intervention on reverse side.
Refer to Brief Safety Intervention on reverse side.

Institute for Health and Recovery, 2012

1: Smoking

2-4: Parents, Peers, or Partner Problem Substance Use

5-6: Past or Present/Pregnancy Substance Use

7: Violence

① Have you been treated with disrespect, shamed or humiliated by a partner or ex-partner?

② Have you been made to feel afraid, threatened or physically hurt by a partner or ex-partner?

③ Have you been pressured or forced to do sexual things you didn't want to do?

SBIRT- Brief Intervention Substance Use

Brief Substance Use Intervention

- 1 Did you state your health concern? yes no
- 2 Did you advise to abstain or reduce use? yes no n/a
- 3 Did you check participant's reaction? yes no n/a

Brief Safety Intervention

If response is no to all safety questions:

"I'm glad you feel safe in your relationship. Since this is such a common problem, may I leave these materials with you to share with anyone you know who might be able to use them?"

If response is yes to any of the three questions:

"I'm glad you told me. It's not your fault, even if your partner tells you it is. I'm concerned about your safety and your children's safety. I hope our program can help in some way."

1 If there is any immediate safety risk for participant, home visitor, or anyone in the home, follow your agency's safety protocol. Remember, you can do something for participants who are being abused, but you are not expected to do everything. Do your part: no more and no less.

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| Other (specify): | Please describe other activities, and participant's response: | | | | | |

SBIRT- Brief Intervention Safety

If response is yes to any of the three questions:

- Thank then for telling you and validate that the abuse is not their fault.
- Ask how the program can help- including supporting them while they call a hotline
- If immediate safety risk, follow agency safety protocol
- *The role of the home visitor is to help but know that they are not domestic violence specialists and acknowledge that they cannot do everything. They need to do their part, no more, no less.*

Enhancing Domestic Violence Prevention Activities through Home Visiting Programs

- **Successes**

- Strong evidence base for some issues - other issues developing
- Using an integrated tool – short/efficient

- **Challenges**

- Adapting the SBIRT for home visiting programs
 - Balance of relationship building, screening. When is too soon to screen?
 - Encourage co-parenting and male involvement/ difficult to screen for DV
- Aligning SBIRT with domestic violence federal benchmarks
- Working with the federal constructs, defining appropriate DV measures
- Federal timeline
- 17 participating agencies: aligning their current domestic violence protocol with those of this program

MA Home Visiting Initiative

Discussion & Questions

- Reactions?
- Thoughts?
- Advice?



MA Home Visiting Initiative - Contacts

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Division of Violence and Injury Prevention

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Division of Perinatal, Early Childhood and Special Health Needs

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Extra Slides

Extra Information

Massachusetts Demographics

Cities with largest Hispanic/Latino populations:

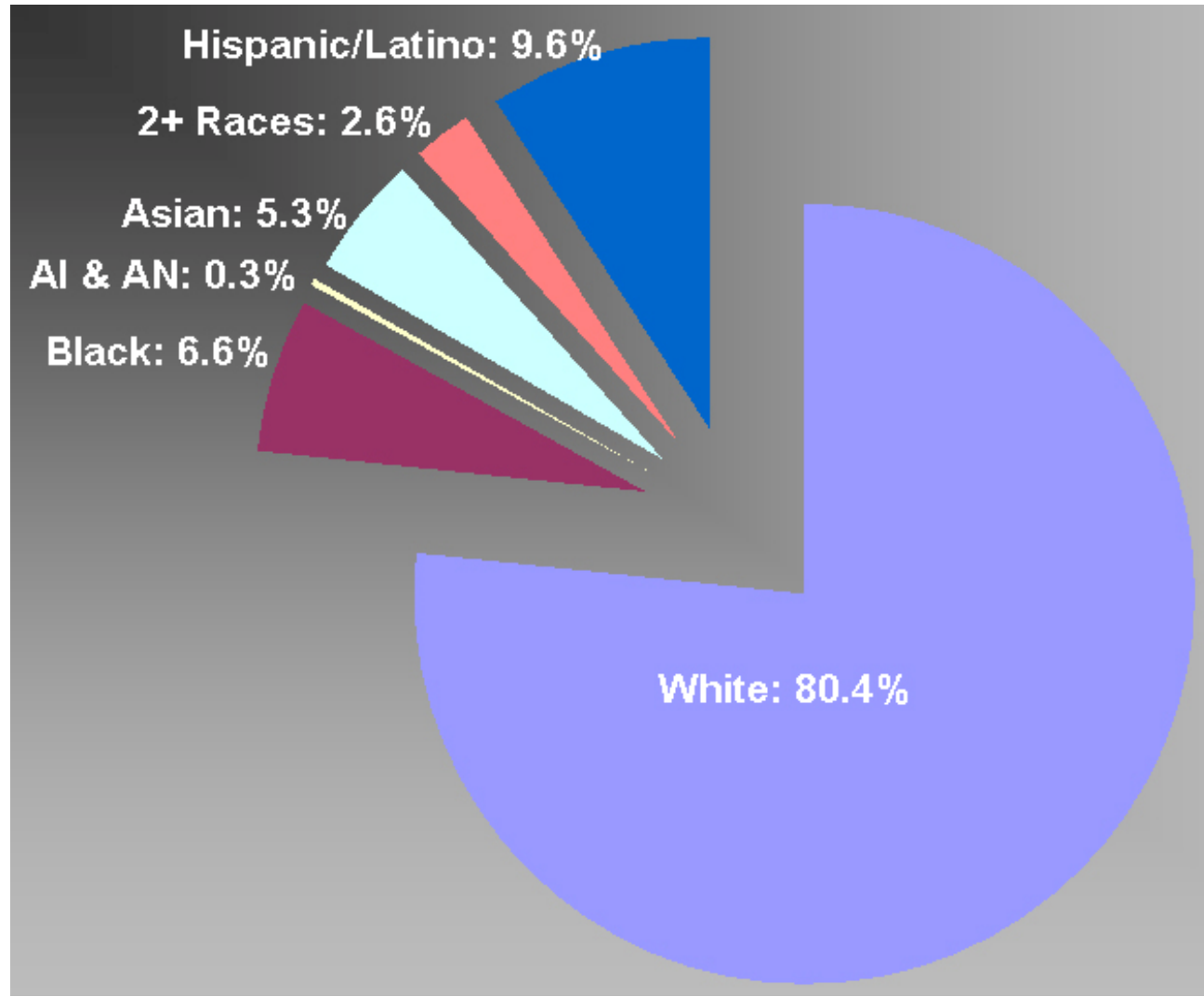
- Chelsea: 62.15%
- Holyoke: 48.45%
- Springfield: 38.8%

Cities with largest Black populations:

- Brockton: 31.2%
- Boston: 24.4%
- Springfield: 22.3%

Cities with largest Asian populations:

- Quincy: 24%
- Cambridge: 15.1%
- Randolph: 12.5%



Note: Only Quincy, Cambridge and Randolph are not MHVI communities.



Massachusetts Home Visiting Initiative

A Department of Public Health led state-agency collaborative

Goals of SBIRT:

- Universal & routine
- Normalizes the conversation
- Assesses **risk**, not dependence
- Provides opportunity for participant education
- Can instill hope
- Beneficial if referral resources in place

