

Project Connect | Texas

A Public Health Collaboration to Prevent Family and Sexual Violence

Creating Cultures of Wellness in Family Violence
Programs: Experiences from Texas

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Introduction

- Build capacity within domestic and sexual violence programs to respond to the healthcare needs of their clients
 - this process can take many paths, from partnering and collaborating with local community healthcare providers, to establishing basic on-site health services.
- The desired outcomes were:
 - Improve client access to health services
 - Establish a plan for collaboration between shelter programs and healthcare providers
 - Compile and develop healthcare resources for staff and clients
 - Develop sustainability plans
- 3 Pilot Sites were selected to implement this program.
 - Center Against Family Violence, in El Paso, TX
 - Women's Center of East Texas, in Longview, TX
 - Family Abuse Center, in Waco, TX

El Paso

Center Against Family Violence (CAFV)

Profile of Program:

- Emergency shelter - 103 person capacity
- Non-resident domestic violence program for 1,500 - 1,700 people per year
- Offer youth services
- Shelter is in the process of building capacity to provide sexual assault services

First Steps

- CAFV initially convened a group, to begin searching for collaborative opportunities and to share ideas and suggestions for partnerships.
- Members of this committee included:
 - Representatives from UTEP School of Nursing
 - Representative from El Paso Community College School of Nursing
 - University Medical Center (county hospital)
 - Texas Tech Medical School
 - Community health clinics
- This committee was led by Dr. Geralde, a member of CAFV's Board of Directors.
- From this collaborative effort, the committee identified key entities who would be leading the project's efforts.

Program Status



- The clinic was made fully functional through a combination of a leader committed to talking about the vision with all partners and some very good luck.



Program Status

- Began providing services on October 1, 2011
- Official inauguration on October 22, 2011.
- Children's clinic provides health services from 9 AM-1 PM on Saturdays
- UTEP School of Nursing students and community college students are providing intake and registration services.
- On Saturdays UTEP will also provide health education classes, on topics such as nutrition and diabetes.



Program Status

- Staffed by seven UTEP faculty and staff, along with 9 UTEP nursing students.
- A local church held a book and diaper drive, and provided snacks for the inauguration.
- 32 children have been evaluated, with 6 found to have medical issues requiring referral.
- Flu vaccines provided
- Family Resource Center
- Future plans include expanding to provide immunizations; bringing in a 0.5 FTE nurse practitioner to provide women's health services; increasing volunteer pool and involvement of community health care professionals.



Longview

Women's Center of East Texas

Profile of Shelter:

- Residential and non-residential programs
- Emergency shelter
- Sexual assault services
- Children's programs
- Bilingual advocates
- Parenting programs

First Steps

- Making connection with local providers that had fundamental ideological and programmatic differences with the Women's Center
 - General perceptions that domestic violence does not affect their clients, and where necessary, anger management courses were the main referral.
- Sought the support of other kinds of providers
 - Especially identifying “quiet but solid partners” – folks they had been working with all along!
- The shelter determined they had a space in the shelter to conduct screenings, but were unsure if the space would allow for an on-site clinic.

Program Status

- The Women's Center focused on developing a rich web of referrals rather than trying to set up an onsite clinic.
 - Longview and neighboring towns had many options they had never explored before.
- The clincher: Good Shepherd Medical Center - Care Direct which attempts to:
 - guide patients out of the emergency room and into primary care centers and community clinics,
 - promote sustainable health outcomes and avoid patients using the ER as their sole source for healthcare.
 - use a simple matrix referral system, to streamline the referral process and maintain efficiency.

Program Status

- Collaborating with a liaison at Good Shepherd, the Women's Center coordinated with the Longview Regional Health System to use resources to connect clients with Care Direct healthcare systems.
- The shelter obtains consents to release information, and clients also receive an appointment pass they can bring with them to clinics, streamlining the paperwork and intake process.

Longview Area Referral Guide

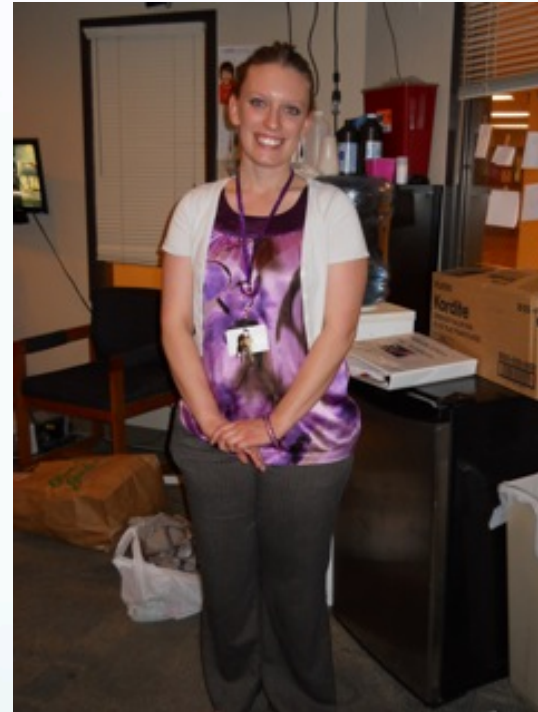
Clinic / Location	Adults	Pediatrics	Medicaid	Walk In / Appointment	Extended Hours	Week ends	Distance from WC Office
Alpine Compassion Clinic Longview Community Ministries 405 N. 5th St Longview (903)753-3561	✓	✓		Appt			4.6 miles
Ancor Health Center 818 N 4th St Longview (903)236-8600	✓	✓	✓	Appt			3.6 miles
Clinic for Children 906 6th St Longview (903)753-2246		✓	✓	Appt			4.3 miles
Family Health Center 2010 Bill Owens Pkwy Longview (903)247-3400	✓	✓		Both	✓		3.9 miles
Family Health Center 302 S Central Hallsville (903)668-3400	✓	✓	✓	Both	✓		11.2 miles
Healthcare Express 1509 W Loop 281 Longview (903)759-9355	✓	✓		Both	✓	✓	3.5 miles
Dr. April Gatson 801 N 4th St Longview (903)668-2515	✓			Appt			4.3 miles
Good Shepherd Family Health 2131 S Mobberly Longview (903)758-3551	✓	✓	✓	Both		✓	6.9 miles
Premier Pediatrics 705 E Marshall #1001 Longview (903)247-7700		✓	✓	Appt			4.3 miles
Dr. Ellen Remenchik 425 N Fredonia Ste 100B Longview (903)758-0295	✓		✓	Appt			4.9 miles
Taylor Medical Center 1761 NW Loop 281 Longview (903)297-1733	✓	✓		Both	✓	✓	3.7 miles
Wellness Pointe Clinic 1107 E Marshall Longview (903)758-261	✓	✓	✓	Appt		✓	4.0 miles
Diagnostic Clinic – Pediatrics 707 Hollybrook Longview (903)757-2790		✓	✓	Both			1.5 miles

Waco

Family Abuse Center

Profile of Shelter:

- 55 bed facility
- Life skills classes
- Case management services
- Youth services

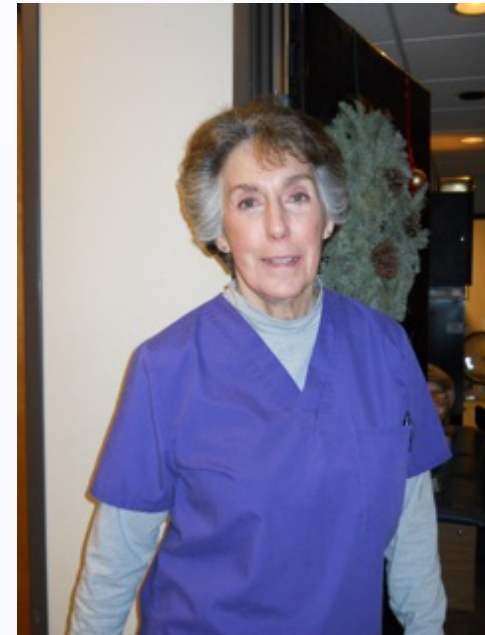


First Steps

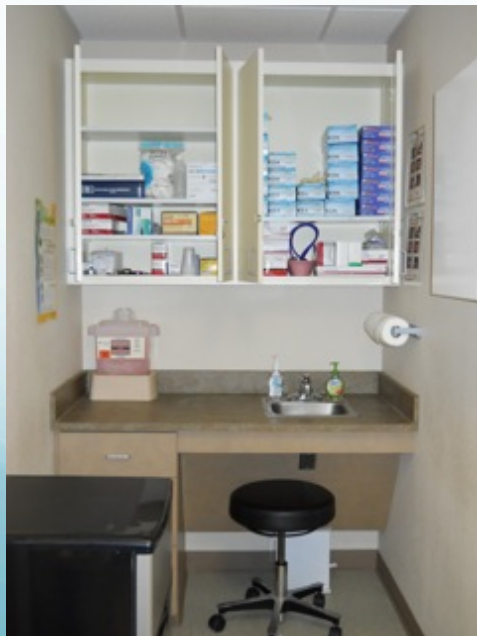
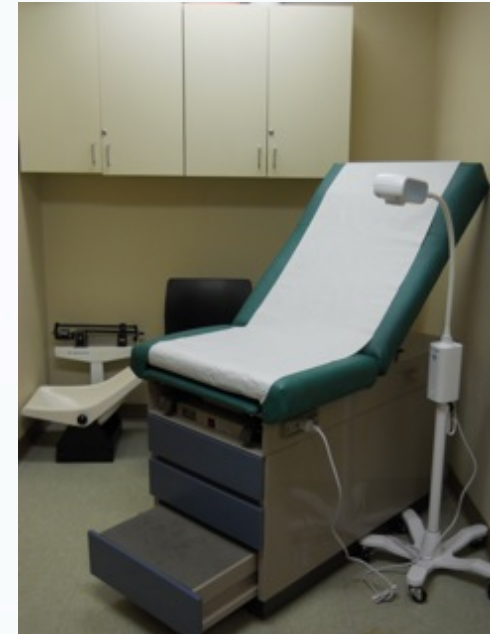
- Built collaboration with the Family Practice Training Program at Baylor university, which operates 16 clinics and provides affordable healthcare
 - Establish Family Abuse Center their clients in this system, and prevent them from using the ER as primary care.
- Conducted a needs assessment of the healthcare needs of clients. The survey revealed:
 - Most women take their children to doctors, but never go themselves
 - Gynecological exams and prenatal care are the greatest needs
 - Women rely on the emergency room for their own care

Program Status

- Paperwork was identified as a barrier for shelter clients getting care through the Family Practice Program
 - streamlined the process by providing the intake forms at the shelter, and the shelter provides transport to the health clinics.
- Shelter case managers facilitate healthcare navigation for their clients, and incorporate health into the shelter's education program.
 - goal is to inform clients about their healthcare options and connect them with healthcare providers to establish medical homes



- The Family Abuse Center already had an on-site clinic space, and was equipped with a few medical supplies as well.
- The local FQHC, lost substantial funding and did not have available personnel to run the Center's clinic.
- Volunteer clinicians were recruited to staff an urgent care clinic on Tuesdays and Thursdays.
- Have the ability to fast-track clients in the FQHC system.



- Seven clinics held, with 22 patients / 32 visits
- Age range = 1 year old to 56 years old
- Flu shots, prescriptions, referrals to FQHC

Some Lessons Learned

- **Push past preconceived notions and assumptions** of possible partnerships—invite any and all possible resources to the table.
- **Draw on universities** and other educational institutions for partnerships or collaboration—Nursing schools and Medical schools can offer staff training opportunities, and can provide direct medical services as part of a rotation, volunteering, or community engagement requirement.
- It is helpful to **start small** when first getting entities together to brainstorm. After some initial ideas are generated, bring in more resources.
- Modest efforts can have significant impact.

Some Lessons Learned

- Consider getting healthcare-oriented or health-informed **board members** involved to lead the effort and provide authority within the medical community.
- Build on resources and relationships already established—consider **current partnerships** and collaborations within a new context.
- **Expand advocacy** services the shelter already provides to include accessing healthcare systems and providing supported referrals.
- **Train staff** in non-medical procedures to build capacity within the shelter to respond to health needs (i.e., blood pressure measurement, pregnancy screening, STD screening).