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PREVENTING IPV THROUGH PARTNERSHIPS BETWEEN HOME VISITING PROGRAMS AND IPV AGENCIES

Intimate partner violence (IPV) is a pervasive public health issue worldwide. In the United States, *estimates show* around 41% of women and 26% of men report an experience of physical, sexual or emotional abuse by a romantic partner in their lifetime. *Preliminary data* also points toward a *recent surge* in domestic violence cases co-occurring with the COVID-19 pandemic.

The prevalence and severity of IPV is known to *intensify during pregnancy* and carries with it a unique set of intergenerational consequences for the expectant family. Pregnant and parenting IPV survivors often suffer a wide range of physical and psychological problems that extend far beyond the physical injuries and emotional distress directly caused by IPV. Maternal exposure to IPV is associated with *depression, chronic pain, gastrointestinal problems* and *pregnancy complications* (e.g., preterm birth, low birth weight). Furthermore, exposure to IPV during infancy and early childhood compromises the safety, well-being and development of children during a critically important time in their lives. Families experiencing IPV may require both acute and long-term services to address the health, social and economic repercussions they experience.

Effectively addressing a multifaceted issue such as IPV requires a *comprehensive approach* that includes efforts to prevent IPV before it occurs ("**primary prevention**"), appropriate response strategies for people in relationships in which IPV has already occurred to facilitate connection to care and prevent the recurrence of harmful behavior ("**secondary prevention**") and treatment to lessen the long-term

Spotlight on Terminology

Intimate partner violence (IPV) is defined as a pattern of aggression or abuse that one partner uses to gain power and control over the other person in a romantic relationship, both former and current. IPV can occur in many different forms, including physical or sexual violence, stalking and psychological aggression. In some instances, the term domestic violence (DV) is also used to describe this violence; however, DV can also include abuse between a parent and child, siblings, or even roommates, whereas IPV is exclusively between romantic partners.

This brief will focus on IPV, and services provided to survivors of IPV through community-based agencies ("IPV agencies").

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consequences of IPV ("**tertiary prevention**"). Additionally, effective prevention strategies acknowledge that IPV occurrence is influenced by ***individual, interpersonal, community and social/structural factors***.

Examples of primary prevention may include strategies to cultivate ***safe and healthy relationships in adolescence and young adulthood*** (e.g., ***school-based social emotional programming***, ***healthy relationship programs for couples***), in addition to structural interventions to strengthen economic supports such as ***paid leave policies*** and ***safety net benefits***. A key secondary prevention strategy includes implementation of trauma-informed, patient-centered ***IPV screening and counseling protocols*** in health care settings alongside robust training to equip providers with the skills and resources to respond appropriately. Other approaches that span the secondary and tertiary levels of prevention include access to mental health services and supportive treatments for people who have acted harmfully toward their partner.

While the ***evidence for multiple prevention approaches is clear***, it is often not realistic or logical for single organizations to implement multilayered strategies. **Cross-sector partnerships between organizations with expertise that span the prevention continuum are a promising approach to reduce the toll of IPV on families and communities.**

With expertise spanning research and policy, IPV and early childhood services, and local systems change, **experts from PolicyLab**, ***Maternity Care Coalition***, **and** ***The Office of Domestic Violence Strategies for the City of Philadelphia*** **co-created this issue brief to elevate the need for a public health approach to IPV prevention and examine how early childhood home visiting programs and IPV services can partner in such prevention efforts**. The described work is grounded in a project organized by a community–academic research team that includes the aforementioned organizations, in addition to several other home visiting programs, IPV agencies, and lived-experience experts, which seeks to refine and strengthen the local service infrastructure in Philadelphia for home visited families.

In this brief, we draw from our project experience and other relevant PolicyLab research, published literature, and a scan of relevant policies and regulations, as well as examples of innovation from across the U.S. We reflect on key themes that facilitate or challenge IPV and home visiting programs in partnering, discuss opportunities learned from existing collaborative models, and put forward a set of recommendations for policymakers, payers and service providers in advancing a systems-level strategy to IPV prevention.

Cross-sector partnerships between organizations with expertise that span the prevention continuum are a promising approach to reduce the toll of IPV on families and communities.

THE ROLE OF IPV AGENCIES AND EARLY CHILDHOOD HOME VISITATION IN IPV PREVENTION

Collaboration between IPV agencies and community-based, family support programs such as early childhood home visiting ("home visiting") is one example of a promising cross-sector partnership that can advance IPV prevention. Below, we describe the services provided by IPV agencies and home visiting programs and define each sector's role in preventing IPV in families with infants and young children.

Intimate Partner Violence Agencies

IPV agencies provide services along a continuum of care for IPV survivors—from crisis counseling and emergency shelter to legal advocacy to ongoing counseling and ***long-term housing placement***. Because the services and resources offered by IPV agencies are importantly prioritized for individuals who have already experienced abuse, these agency efforts are considered secondary and tertiary prevention.

IPV agency resources to date are primarily crisis oriented and directed towards supporting survivors' immediate needs. While primary prevention approaches (e.g., teen dating violence prevention) are offered by some IPV agencies, these activities are not well-funded or seen as a core agency function. By partnering with organizations delivering primary prevention strategies, IPV programs can play a key role in prevention efforts while not detracting from their mission. This may include offering content expertise, supporting accountability and helping to streamline referral pathways.

Early Childhood Home Visitation

Home visiting services can broadly be defined as voluntary, in-home, supportive, educational services provided to women and others who are pregnant and families with young children. Home visitors—the term used for the nurse, social worker or paraprofessional delivering services—also help families access

A Research-Informed Project Aims to Facilitate Local Partnerships

Defining and strengthening the local service infrastructure for home visited families is an *emerging priority* and the focus of a *recent research project* undertaken by a community–academic partnership that includes PolicyLab, several IPV agencies and community-based home visiting programs, and Philadelphia City leadership. As part of this work, the project team used a multi-method approach to understand the existing scope of available services for home visited families experiencing IPV and identify staff priorities on client needs that could be addressed through improved interagency collaboration.

The project's survey findings revealed considerable variability in the number and type of interagency collaborations happening locally. Focus group participants from both IPV and home visiting agencies reaffirmed and gave context to these findings. While they identified some shared priorities (e.g., addressing families' concrete needs) and acknowledged working frequently with other systems to address these needs, they also described interactions with other systems as far from seamless. Perceived challenges to service coordination included a lack of role clarity and inconsistency in how policies are carried out.

It is clear that distinct silos exist at the local level and a focus on improving the way systems work together is needed. While the project team did not examine barriers and facilitators specific to collaboration between home visiting and IPV agencies, the insights highlighted here reflect issues that may be widely applied and indicative of systemic shortcomings.

local resources outside the scope of their work. ***Home visitors take a family-centered and strengths-based approach*** with regards to IPV and have a role in both primary prevention (e.g., education on positive parenting, healthy relationships, referrals and coordination into needed physical and mental health care services, material resource supports) and secondary prevention (e.g., screening and responding).

IPV screening and referral practices vary widely depending on program model and funder requirements. For example, programs funded by the federal ***Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program*** are ***required to report*** on rates of IPV screening and referrals. This federal benchmark does not, however, specify the use of an evidence-based screening tool. There is a resulting lack of standardization of practice, as training and screening/referral practices vary across programs.

Even less is known on the screening practices for programs ***implementing home visiting models*** that do not receive MIECHV funding. Overall, the ***evidence continuously points to IPV*** as a challenging area for home visitors to meaningfully address even under circumstances where robust training and clear screening protocols have been established. Therefore, ***strengthening connections between home visiting and IPV agencies*** for a partnered response for families experiencing IPV is a promising approach; yet, few examples of these ***organized partnerships exist***.

Community-based IPV-focused services and home visiting programs offer complementary approaches to deliver comprehensive, sustainable IPV prevention.

An ideal systems-level response would pair IPV agencies with organizations skilled in providing primary prevention, such as home visiting, to maintain an equal focus on creating safe environments and responding to IPV crises in real-time. The following sections detail the current barriers for achieving this vision and steps that can be taken to address them.

KEY CONSIDERATIONS FOR IPV-HOME VISITING PARTNERSHIPS TO ADVANCE PREVENTION

To work towards any systems-level strategy, it is necessary to understand both the relevant aspects of the local systems and the broader policy mechanisms, regulatory frameworks and funding pathways at play. As a starting place, our team compiled lessons learned from our research findings and a scan of the relevant policy and regulatory landscapes.

1. Lack of Streamlined Processes for Referrals Hinders Receipt of Services

The pathway from referral to enrollment in services represents an important time in an individual's decision to seek support. Increased attention in recent years has focused on enhanced referral processes, such as ***the "warm hand-off,"*** to improve the likelihood that an individual will receive services. Information exchange beyond the initial referral—including formal and informal communication strategies to align case plans—is an equally important feature of well-coordinated care.

In research focus groups, home visiting and IPV professionals made clear that while the referral itself may be straightforward, it is missing needed components to promote successful linkage to care. Participants expressed a need to create a system for appropriately sharing information across agencies to have a sense of understanding and meeting client needs. From referral to intake, systems often feel "faceless" and inadvertently require duplication of client information.

"When we get referrals from systems like child welfare or the courts or whatever, it typically comes with very very little information... We're essentially often times asked to sort of build the case record from scratch with nothing."

—IPV program supervisor

2. Privacy and Confidentiality Regulations Make Data Sharing a Challenge

Data sharing is a common element of ***enhanced service coordination***, and yet systems must consider privacy/confidentiality requirements in designing strategies that appropriately share client information.

Due to the sensitive nature of IPV cases, strict data and confidentiality protocols and laws under the ***Violence Against Women Act (VAWA)*** have been established to protect victims and survivors of abuse. IPV survivors have the right to share their personal information with any individual or agency they choose. However, IPV organizations are ***mandated by federal*** and ***state law*** to abide by confidentiality policies that clearly define privacy, who has privilege regarding protected information and confidentiality rights for survivors. Confidentiality, referring to the rules prohibiting the disclosure of personal information, is critical in maintaining the client's physical and emotional safety and empowerment.

As a result, IPV agencies require a ***"release of information"*** to share client information or to contact the client directly. A valid release of information must be informed, written, reasonably time-limited and signed by the client. In the context of a home visit, this process precludes client-related communication between the IPV agency and home visitor—such as to confirm connection to services—until a survivor has provided written consent to the IPV agency. This process also prevents the home visitor from requesting that the IPV agency contact their client directly before the client has signed the release of information. While these provisions are critical for patient safety and empowerment, they limit the opportunity for timely information exchange between organizations supporting a client experiencing or at risk of IPV.

3. Fragmented and Inadequate Funding Prevents Cross-System Collaboration

Funding for both home visiting and IPV services comes from a combination of federal, state and local grant programs. Federal funding for home visiting mainly comes from the ***MIECHV Program***, administered through the Health Resources and Services Administration (HRSA). The bulk of federal funding for agencies addressing IPV comes from funding streams established by the VAWA and other Department of Justice programs. Both home visiting and IPV agencies additionally leverage funding streams that include ***Medicaid***, the ***Title V Maternal and Child Health Block Grant Program***, the ***Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) Impact program***, the ***Family First Prevention Services Act (FFPSA)*** and ***Temporary Assistance for Needy Families***.

Home visiting and IPV professionals who participated in the research project's focus group shared frustrations around the current funding environment. They noted that there is an overall dearth of funding for needed IPV services and that fragmented funding streams prevent cross-system collaboration. They also stated a willingness to partner with other social service providers to increase funding and garner political will to better target and utilize resources.

"So, the ability for frontline workers to advocate with elected officials for fully funding emergency shelter, transitional housing and emergency funds that families can apply to. All of those things, we have the money to do it. We have a lack of political will. So, I think really just working together, agencies can work really well together to advocate for increased funding for these systems."

—Home visiting program supervisor

Collaborative Prevention Efforts: What Can We Learn from Other Systems?

While there are limited examples of innovation around aligning home visiting and IPV services to bolster prevention efforts, it is beneficial to examine how other systems have approached collaboration for populations with a high need for services and addressed similar barriers. At present, sustainable funding for many of these initiatives remains a challenge and may hinder their scalability.

Justice System Engagement

Interagency approaches between IPV advocates, law enforcement and local courts have historically been actioned at the local level through *coordinated community responses (CCR)*. Building on this foundational work, recent federal investments in collective impact strategies grounded in CCR principles have re-established prevention as a priority. For example, the *Center for Court Innovation's Domestic Violence Resource for Increasing Safety and Connection*, informed by a survivor advisory board, provides community readiness tools, training, and technical assistance to both courts and communities. Similarly, the *Family Justice Center Alliance* serves as the clearinghouse and technical assistance hub for domestic violence service providers.

Drug Overdose Warm Handoffs

Substance use services face a high level of oversight and regulation related to *patient confidentiality*. These regulations are in place to reduce barriers to addiction treatment, including stigma around addiction or employment ramifications of seeking treatment. Given this, some care teams have focused on *"warm handoffs,"* a referral method to transition clients between different providers, coordinating a flow of information through joint meetings or phone calls to maintain continuity of care. For example, the Pennsylvania Department of Drug and Alcohol Programs updated their *Overdose Response Policy* to include a warm handoff system for drug overdose survivors, including a warm handoff care *flow chart*, in the emergency department to receive counseling and treatment referrals.

Coordinated Entry System

Family Solutions Collaborative (FSC), a program in Orange County, Calif., is attempting to better meet the housing needs of families experiencing abuse through improved coordination across systems. FSC collaborates with domestic violence service providers and Family Access Points, the term used for the point(s) of entry for services, to integrate IPV services into a single *coordinated entry system*. The use of a coordinated entry policy functions as a best practice to provide all families experiencing a housing crisis with fair, coordinated, timely housing support. FSC also uses a warm handoff system to transition cases to domestic violence service providers. The emphasis on creating safety protocols through the coordinated entry point process is a direct solution to the issue of privacy violations within referral processes.

RECOMMENDATIONS FOR ALIGNING IPV PREVENTION APPROACHES

Both home visiting and IPV programs implement various strategies to prevent IPV in expectant and parenting families. Aligning these efforts will allow for a more effective prevention infrastructure that can target multiple risk and protective factors, leading to sustainable impact. We offer the following recommendations to stakeholders that through joint and aligned action could collectively help to support more robust prevention of IPV.

Federal, State, and Local Policymakers and Funding Agencies

→ Incentivize cross-sector partnership and broaden the reach of IPV prevention strategies through greater alignment and flexibility of funding

Cross-agency collaboration between IPV and home visiting programs may require combining funds from different funding sources. This common practice is often fraught with administrative obstacles that prevent program grantees from coordinating funds efficiently, even when technically possible. Policymakers can draw from ***several strategies and case examples of braiding and blending funding*** to support collaboration across sectors. As a starting point, federal agencies can clarify guidance to state and local jurisdictions on flexibility within funding streams. Policymakers may also modify grant or program requirements to permit flexible financing, even if funding sources remain separate.

At the state level, leveraging existing interagency planning groups is one opportunity to coordinate funding for shared goals across different agencies. Governmental bodies such as ***children's cabinets*** and interagency homeless councils can employ strategies known as ***"fiscal mapping"*** to identify areas of funding alignment.

To help underscore the value of cross-sector partnerships, funders should also ensure grantees are adequately resourced to work collaboratively. Funding for IPV-home visiting partnerships should, therefore, include resources to fund building the partnership, such as through a ***third-party convener*** (e.g., public health agency). This may also include dedicated funding for a program coordinator to manage the administrative aspects of interagency partnerships that would otherwise add to the responsibilities of existing staff.

"And it feels often like to work differently and collaborate more that there's more time, there's more work, there's more effort and that contributes to burnout and other things. So yeah, just something along the lines of maybe not adding on meetings or ways that are difficult to fit into our schedule because we are engaging in very tough work."

—IPV program counselor

→ Establish a flexible pool of prevention funding to be utilized by home visiting programs

Flexible financial assistance is an emerging practice that aims to promote survivors' long-term safety and stability by offsetting the cost of immediate needs. The flexible component of this model is key and aligns with a survivor-driven, trauma-informed model of advocacy that acknowledges the unique needs of individuals experiencing IPV. Early evidence from pilot projects in ***Washington*** and ***California*** shows the promise of using flexible funds to promote housing stability, safety, and overall well-being for IPV survivors and their children. Payments supported survivors in paying for needs ranging from rental assistance to safety measures (e.g., post office box, mail forwarding service) to concrete needs such as food and furniture.

"I want home visitors to be able to have access to prevention funding and emergency funding… I want frontline people who identify stuff in the pipeline before it's a crisis to be able to help people to get small amounts of money to assist them in meeting their goals. And then also, I think all of us together, all of the home visiting programs across Philadelphia, all of the work organizations that regularly engage with people who experience IPV, could do a better job of advocating at the state level for full funding."

—Home visiting program supervisor

State Medicaid and Managed Care Partners

→ Leverage delivery system reform efforts to pursue population-health approaches that prevent and address IPV and expand coverage for IPV-related treatment and prevention services in community-based settings

These strategies are consistent with the ***Centers for Medicare & Medicaid Services' effort*** to improve health outcomes for high-need populations by tackling social determinants of health, such as exposure to violence and trauma. States such as ***California*** and ***North Carolina*** have recently utilized Medicaid 1115 waivers to fund demonstration projects that cover nonmedical, evidence-backed services for high-need populations such as individuals who have experienced IPV. Pilot funds are used to facilitate partnerships between Medicaid managed care plans, county health agencies, and human service providers, who in turn are reimbursed for providing services including housing support, case management for IPV survivors, violence intervention services for people who use violence, parenting programs and financial services.

→ Identify opportunities to use aggregated data on IPV screening and service utilization

State Medicaid agencies and their managed care partners should also explore how to better use aggregated IPV data in their analyses of social determinants of health and health-related social needs. At a minimum, ***states that address IPV in their Managed Care Organization (MCO) contracts*** should routinely review data collected to support program improvement. Moreover, MCOs should responsibly use aggregated data from IPV screenings and service utilization to more accurately reflect the size and scope of cross-system service engagement, and to ensure state budgetary allocations are responsive to needs of families and the ways they access complementary services.

IPV and Home Visiting Service Providers

→ Utilize flexible funding streams to build prevention partnerships

While funding pathways for home visiting and IPV remain largely separate, there are opportunities to allow for greater alignment. Though increased funding flexibility is needed (see page 6), blending and braiding funding, including from private sector sources, can support cross-sector partnerships and ensure that differing prevention strategies are mutually supportive.

Some federal funding streams allow grantees to tailor how funding is used based on locally identified needs and priorities. For example, the ***Title V Maternal and Child Health Block Grant Program*** gives states flexibility in meeting the needs of caregivers and children. State health departments can direct Title V funds to home visiting and IPV agencies to facilitate partnership building, cover prevention education and enhance service coordination. MIECHV has also been used to ***fund state initiatives*** to build relationships between home visiting programs and IPV services, with the goal of improving screening and referral processes.

→ Explore opportunities to formalize relationships and work toward a coordinated prevention approach

A coordinated approach to IPV prevention requires buy-in from core partners to create a shared vision and inspire action toward common goals. Strong leadership is also necessary to ensure a commitment to overcoming challenges, such as the ones detailed in this brief. IPV agency and home visiting program leadership alike should acknowledge the importance of working in tandem to meet the unique needs of expectant and parenting families. There are various steps that IPV and home visiting organizations may take depending on their current level of connectedness.

Home visiting sites aiming to increase awareness of IPV systems might consider reviewing lessons learned from leaders in the field such as ***Florida MIECHV***, who implemented a learning collaborative to improve connections to care between home visiting sites and IPV agencies. The recently completed national learning collaborative on IPV through the ***Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN)*** also offers tools and resources for home visiting sites.

Relationship building is critical for home visiting and IPV programs exploring opportunities to formalize partnerships and streamline workflows. State-level coalitions may lead the way by facilitating relationship building and action planning. Local agencies can consider formalizing their partnership through a Memorandum of Understanding that outlines policies and procedures for enhanced service coordination, such as a warm handoff model.

"I also think having more of a one-on-one contact when it comes to referring or sending clients over for situations of kids or another type of situation that you're trying to connect them to a different agency, having that sort of 'in person' to say, this is where you should go to have a better softer referral process for that."

—IPV program counselor

LOOKING AHEAD

Achieving a systems-level response to IPV prevention requires a transformative shift in the way systems work together. Partnerships between IPV agencies and home visiting organizations are well-positioned to move this vision forward, though many challenges to effective collaboration remain. Collective action by federal, state and local leaders is needed to address the issues outlined in this brief.

As part of this work, funded by Vanguard and the William Penn Foundation, project partners will continue to identify opportunities to strengthen partnerships between IPV agencies and home visiting programs and advance the recommendations shared in this brief. We look forward to continuing the conversation on what is needed to work toward meaningful systems change and comprehensively address the needs of families experiencing IPV.

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Maternity Care Coalition

Since 1980, Maternity Care Coalition (MCC) has partnered with more than 150,000 families throughout Southeastern Pennsylvania and Delaware to improve the health and well-being of pregnant women and parenting families and enhance school readiness for children 0–3. We achieve this through direct service, advocacy, and research, in collaboration with individuals, families, providers, and communities; and we envision a future where parents impacted by racial and social inequities can birth with dignity, parent with autonomy, and raise babies who are healthy, growing, and thriving.

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The Office of Domestic Violence Strategies (ODVS) is the only City office in Philadelphia solely dedicated to intimate partner violence and other types of gender-based violence. The office aims to support the City's Health and Human Services (HHS) agencies improve their response to intimate partner violence through developing policies to support families affected by domestic violence, providing education and technical assistance about the needs of people experiencing domestic violence, and by working with City and community agencies to ensure access to inclusive services.

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