



# **Enhancing Team-Based Workflows to Support Comprehensive Responses to Intimate Partner Violence in Community Health Centers**

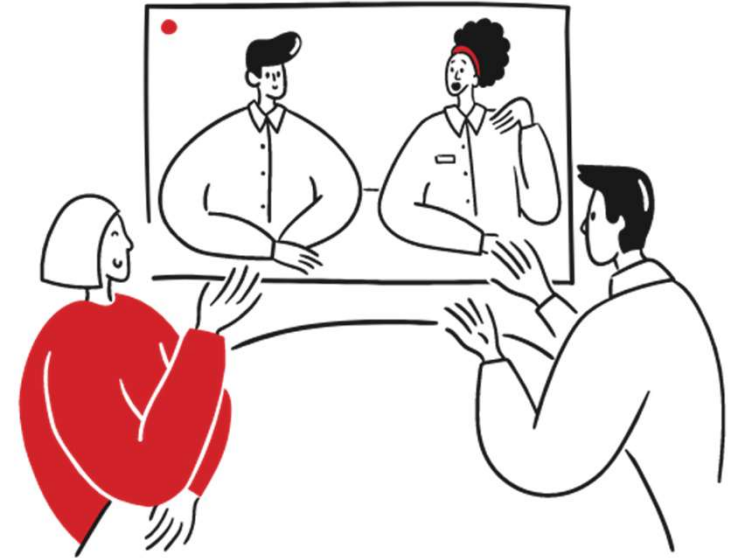
Date: 6/23/2025

Time: 12-1 PM and 1:30-2:30 PM

*Portions of this initiative are supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award to CHCANYS' New York State Primary Care Association (NYS-PCA) totaling \$1,932,890. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov)*

# Housekeeping

- Welcome!
- Let's get to know each other - Take a moment to introduce yourself in the chat!
- **Please change your name to your full First and Last Name**
- **Please add your Health Center/Organization Name next to your name!**



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# Enhancing Team-Based Workflows

to Support Comprehensive Responses to Intimate Partner  
Violence in Community Health Centers

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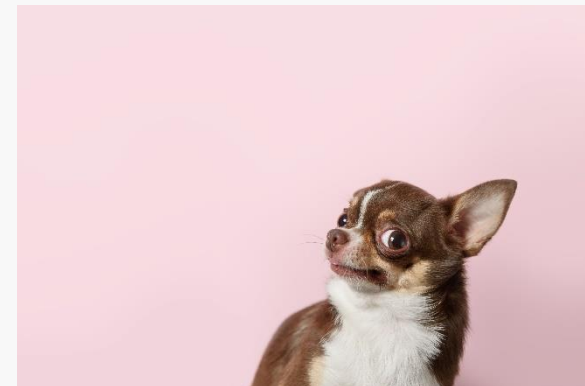


# Chat Icebreaker!

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In the chat, please share:

- Your name, role, clinic, pronouns (if comfortable)
- If you could be any animal for a day, which animal would you be?





# Learning Objectives



1. Analyze how multi-disciplinary care teams—including clinical and non-clinical staff—can collaboratively **identify, document, and respond to IPV risk** across patient populations using structured workflows tailored to integrated care settings.
2. Describe team-based steps for integrating clinical and enabling services **data** into comprehensive workflows that support coordinated responses to the needs of patients experiencing IPV.
3. Discuss **examples of effective workflows that promote timely and appropriate handoffs** between care team members to ensure referral to behavioral health, care management, and community-based services.
4. Apply **case-based scenarios to test and refine** team workflows designed to increase patient engagement and disclosure, strengthen documentation practices, and improve service delivery in real-time clinical environments.
5. Facilitate team-based discussion **on implementation barriers, practical challenges, and facilitators** identified by health centers, including complexities associated with engaging patients in active IPV situations or supporting patients seeking help for family members.

# This session will be interactive

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- **Please turn your cameras on.** This will help us to connect better with one another. Please keep your mics off when not speaking to help reduce background noise.
- **Step up / Step Back.** It would be great if we hear from everyone at least once today!
- **Take care of yourself.** This webinar will discuss domestic violence. Please be aware that the content may be triggering for some participants. If you are struggling or feel that you need to take a break, please do so. You are welcome to leave and return at any time.

# Poll 1!

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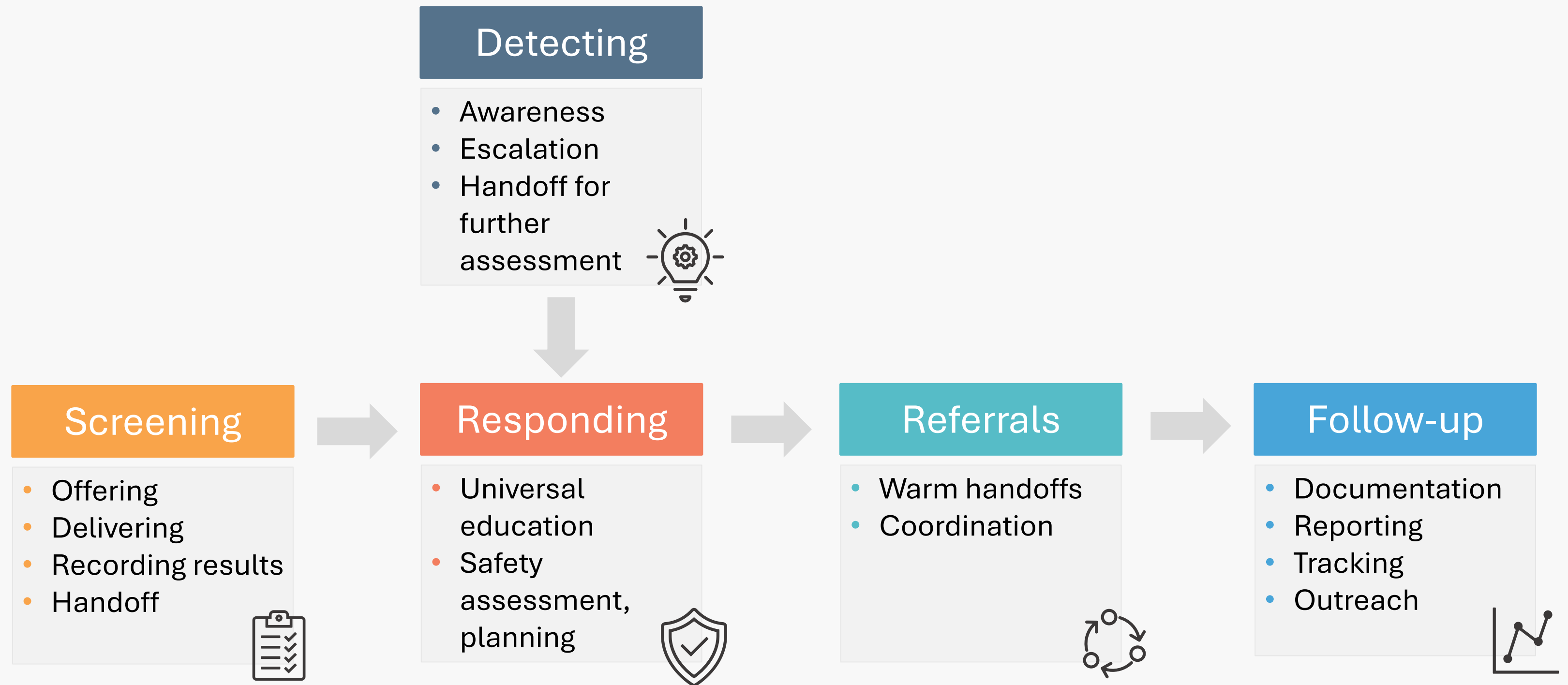
What workflows around IPV currently exist at your site? (choose all that apply)

- Screening
- Response to in-clinic disclosures
- Referral to BHC
- Referral to community partner
- Tracking and follow-up after referral
- None – only individual clinician handles on case-by-case basis



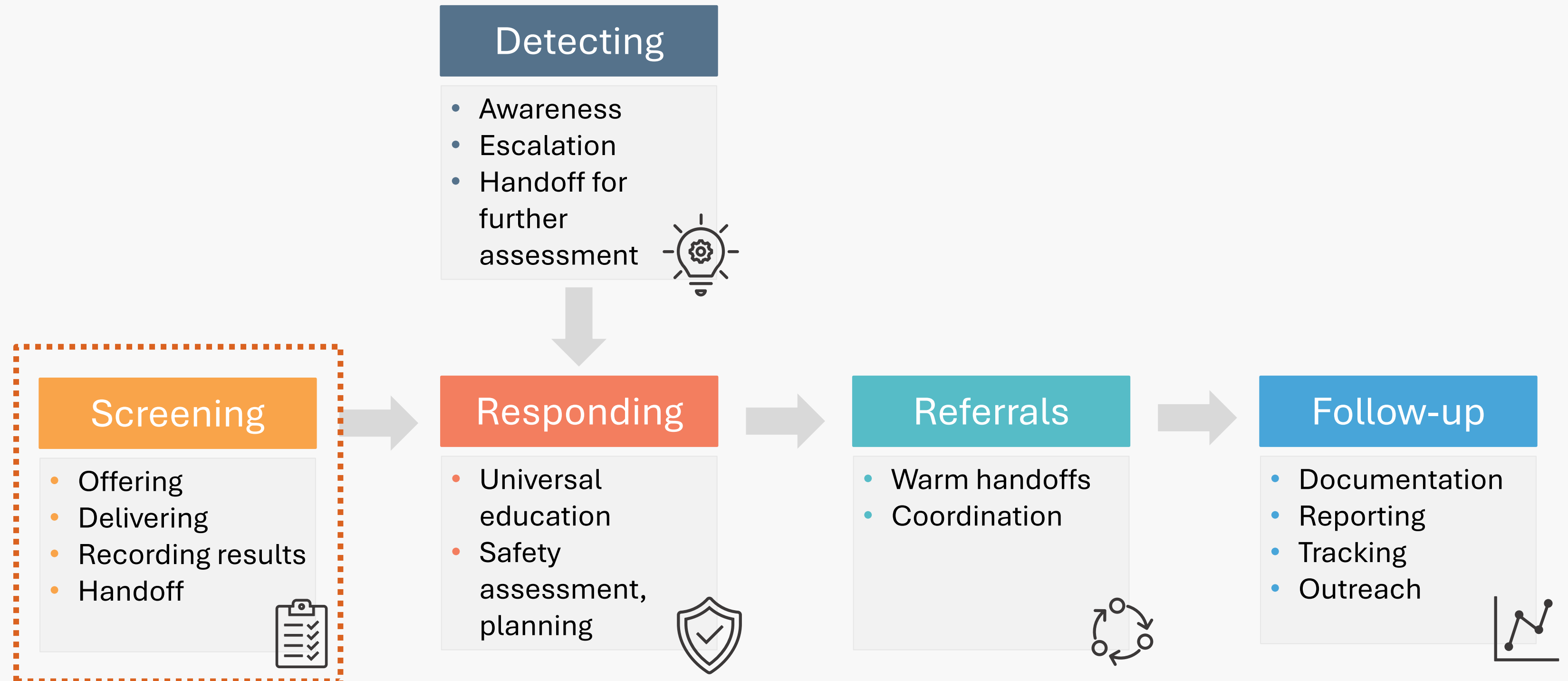
# Map: IPV Clinic Processes

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# Map: IPV Clinic Processes: Screening



# Poll 2!

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Which team members are currently involved in screening for IPV at your clinic? (choose all that apply)

- Front desk/clerical staff
- MA/nursing assistants
- RNs
- Primary care clinicians
- Behavioral health clinicians
- Care coordinators
- Community health workers
- Other (enter in chat)



# Poll 3!

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Which team members COULD be involved in screening for IPV at your clinic?

- Front desk/clerical staff
- MA/nursing assistants
- RNs
- Primary care clinicians
- Behavioral health clinicians
- Care coordinators
- Community health workers
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# Bright Spot: Behavioral Health Vital Signs, San Francisco Health Network

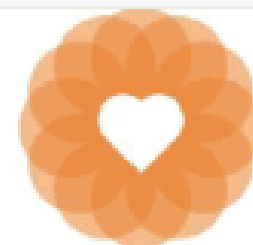
**Screening:** All primary care patients for IPV across the lifespan, integrating with depression, alcohol, and substance use screening

- Quality benchmark and improvement incentives exist for depression and substance use but not IPV exposure – aligned for comprehensive behavioral health conditions

## **BHVS Screening Tool 6 Question Patient Questionnaire**

- Created BHVS performance metric and quality improvement priority
- Given annually during rooming for primary care visit
- Given on paper, with verbal assistance from MEA, recorded into EHR template
- Warm handoff to BH or IPV Advocate – BH treatment, referrals/resources, consultation
- EHR flag when BHVS screen due

# Behavioral Health Vital Signs



San Francisco Health Network  
Primary Care

Label
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## Behavioral Health Vital Signs

Your relationships and experiences affect your health and well-being.  
Please tell us whether you are experiencing any of these challenges.  
We are here to support and help you!

1. <u>In the last 2 weeks</u> , have you been bothered by:			
Little interest or pleasure in doing things?	Yes	No	Skip
Feeling down, depressed, or hopeless?	Yes	No	Skip
2. Alcohol use (a drink is a 12-ounce beer, 5-ounce wine, or 1.5-ounce hard liquor)			
How many times <u>in the past year</u> have you had (Men 5 or more; Women 4 or more) drinks in a day?	1 or more	None	Skip
3. How many times <u>in the past year</u> have you used a recreational drug or used a prescription medication for non-medical reasons?	1 or more	None	Skip
4. <u>In the past year</u> , has your partner or someone else hurt, hit, threatened you, or made you feel afraid?	Yes	No	Skip
5. Has your partner or someone else <u>ever</u> hurt, hit, threatened you, or made you feel afraid?	Yes	No	Skip

Please check the boxes below for any that you have tried in the past 30 days as a way to cope or feel better:

- ☐ Spending time with supportive friends and family
- ☐ Helping others
- ☐ Thinking about what you feel grateful for
- ☐ Prayer
- ☐ Exercise
- ☐ Listening to music
- ☐ Counseling



# BVHS Standard Workflow for All Primary Care Clinics

## BHVS introduction and data entry

- MEA or Clerical staff set EHR "global alert" for patients due for BHVS
- MEA or clerical staff provide patient with paper or verbal administration of BHVS
- Patient completes BHVS (may skip questions)
- MEA enters patient responses in BHVS template in EHR

PHQ2 positive

MEA gives patient PHQ9 and enters results in EHR patient visit note

PCP facilitates "warm hand off" to PCBH (PHQ9 results guide response by PCP and BHC's)

Alcohol or substance use question positive

MEA pulls 10-item DAST and/or AUDIT-C template(s) into EHR patient visit note

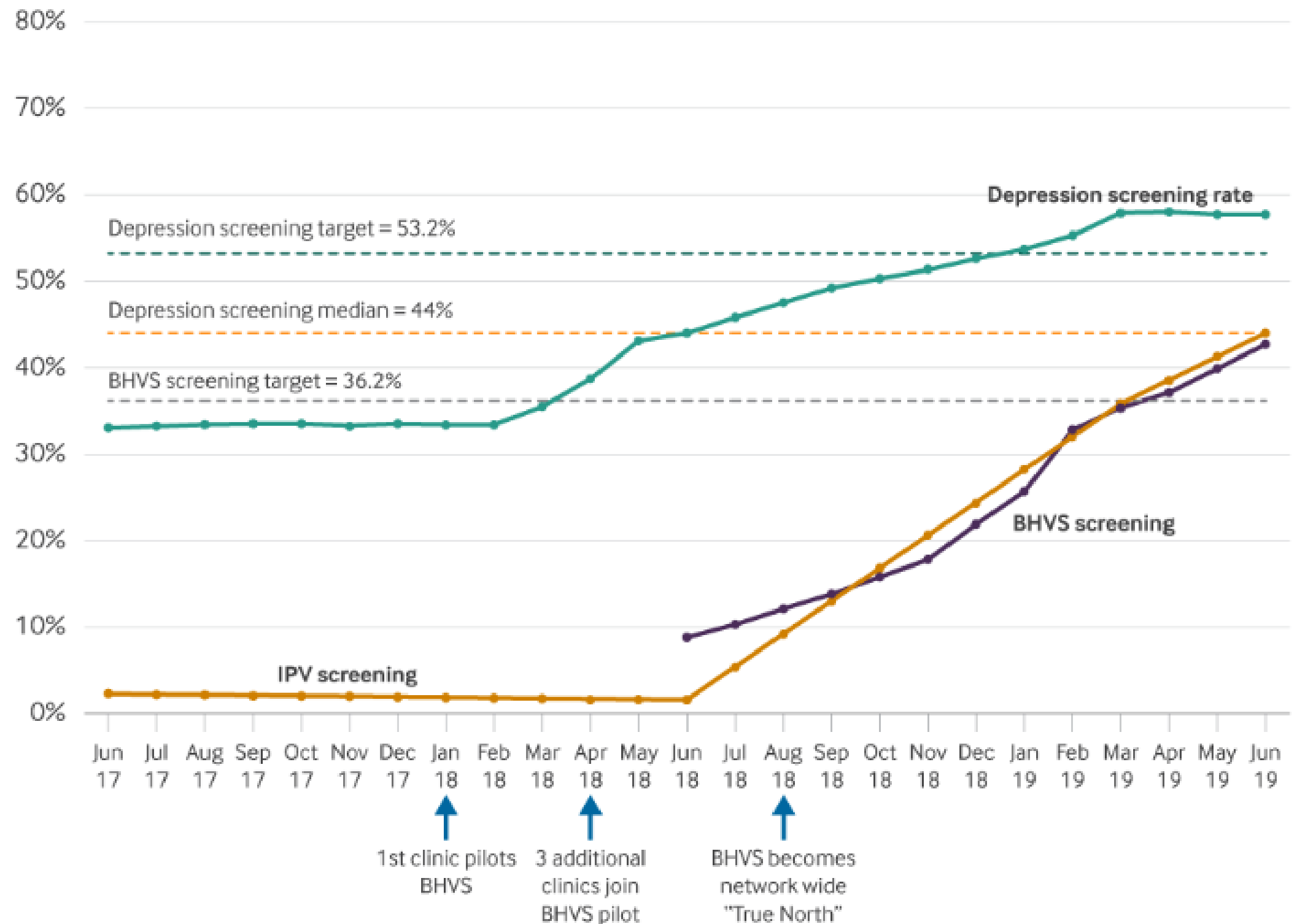
PCP facilitates "warm hand off" to PCBH

IPV question(s) positive

MEA pulls more detailed IPV template into EHR patient visit note

PCP facilitates "warm hand off" to PCBH and/or ARISE IPV Advocate

## Percent of Active Primary Care Patients $\geq 12$ Years Old Screened in the Last 12 Months (June 2017 to June 2019)



Glossary:  
 BHVS= Behavioral vital signs  
 IPV= Interpersonal violence

Source: San Francisco Health Network

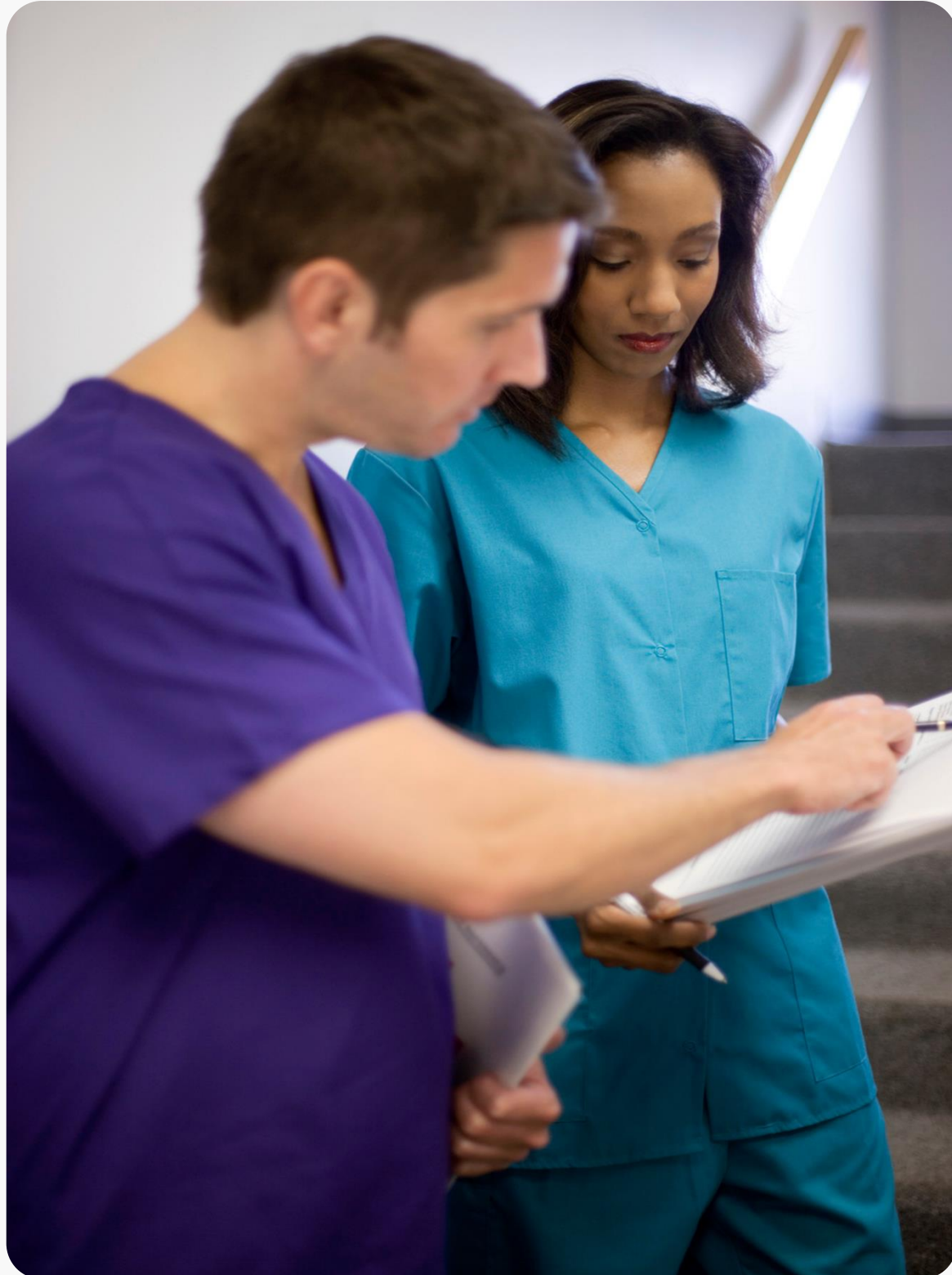
NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

# Percent of Patients Screened



# Scenario 1

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You introduce the idea of a screening workflow at your clinic's team meeting. An MA says, "I just don't think I should be the person to ask about IPV. That's really personal."

- What might be factors in the MA's discomfort?
- How might we respond?

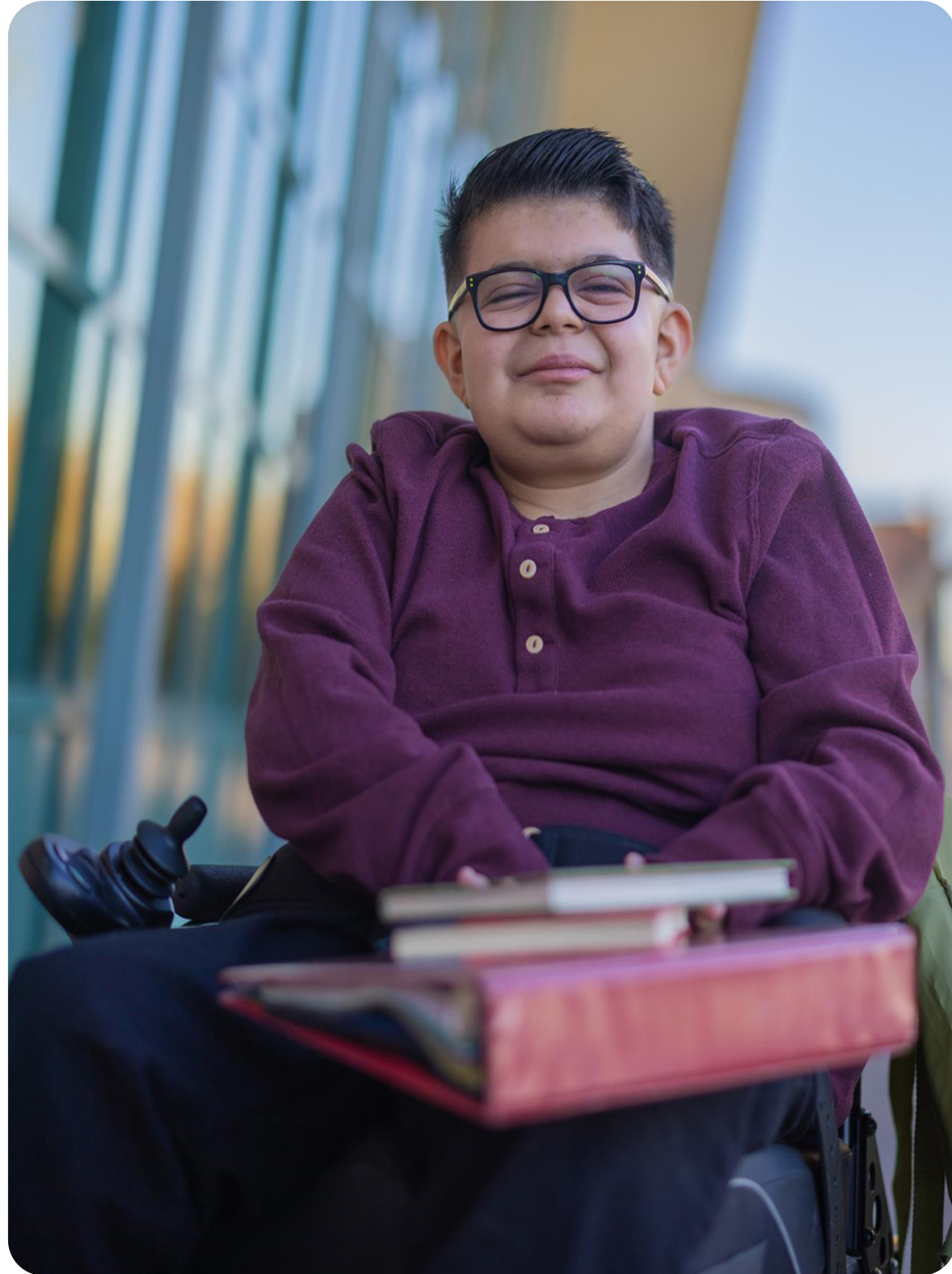
# Staff empowerment



- **Establishing culture of screening/responding as an important factor to health**
  - Posters, safety cards
- **Clear protocols & scripts**
  - “We ask all our patients these questions every year to help us take better care of you. Stress in relationships can have a big effect on health.”
  - Interdisciplinary input
  - Roles and responsibilities in clear protocol
- **Training & roleplays**
  - Helpful for folks to have a few phrases on how to respond to a positive screen.

# Scenario 2

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An MA is trying to room a patient. The clinic's policy is to conduct the screening alone and then invite the family member to join. The patient's partner or family member insists on going with them into the room.

- What might be going on?
- What should the MA do?

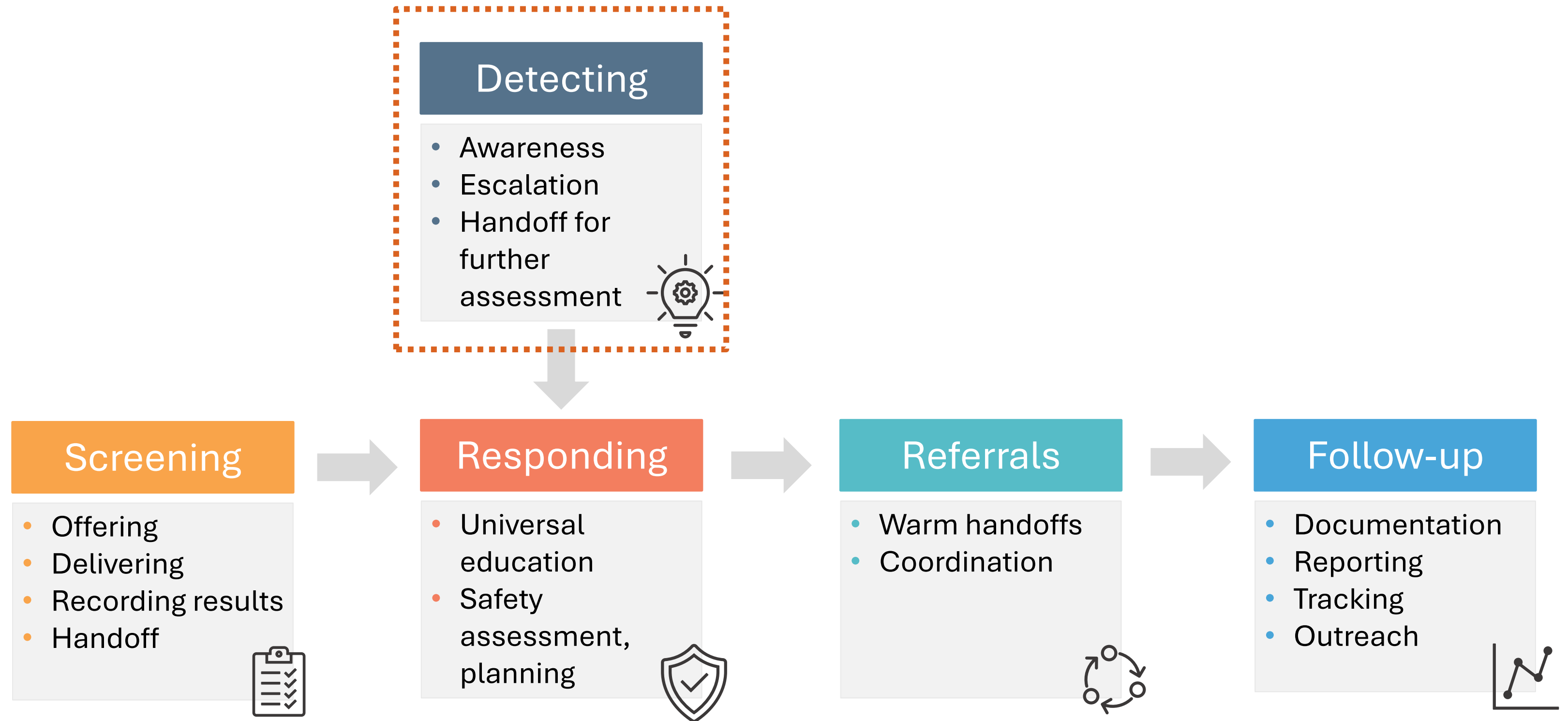


# Privacy measures



- Policy/consistent messaging/script around rooming alone
- Awareness of patient language/cultural considerations, need for accompaniment by caregivers
- Communication between MA and provider about patient-specific concerns
- When someone objects, the MA might explain. If the family member insists, the MA can alert the provider, who will explain further and ask the family member to step out during the physical exam.

# Map: IPV Clinic Processes: Detection



# Poll 4!

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Which team members are currently involved in **monitoring for signs of IPV** at your clinic?

- Front desk/clerical staff
- MA/nursing assistants
- RNs
- Primary care clinicians
- Behavioral health clinicians
- Care coordinators
- Community health workers
- Other (enter in chat)



# Discuss

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Which team members COULD be involved in monitoring for signs of IPV at your clinic?

- Front desk/clerical staff
- MA/nursing assistants
- RNs
- Primary care clinicians
- Behavioral health clinicians
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# Scenario 3

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The front desk registering a patient notices a visible bruise on the patient's arm; when asking the patient questions, the patient is quiet and looks at the ground and the partner answers for her.

- What do you think might be going on?
- What other warning signs do you want staff to be aware of?
- What would you want a MA to do next?



# Escalation and communication



- **Clear protocols for staff to know who to contact, when, and how**
  - Ex, privately and immediately notify PCP/clinician seeing patient
  - If not seeing a clinician that day (ex, patient in for lab draw), notify head nurse of BH
- **Empowerment to share concerns**
  - Ex, staff may be hesitant to bother providers
  - Scripts/key phrases: “I’m concerned about this patient’s safety.”

# 30-minute break



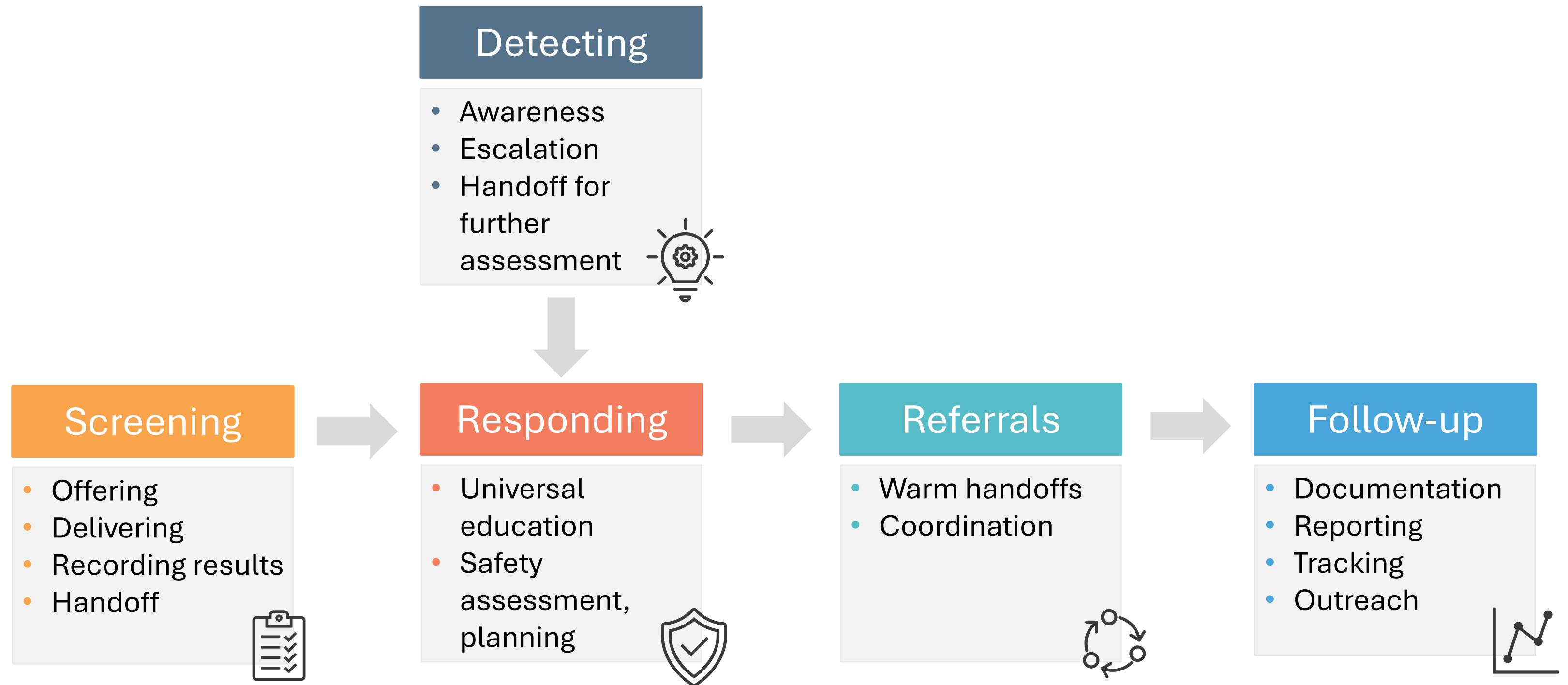
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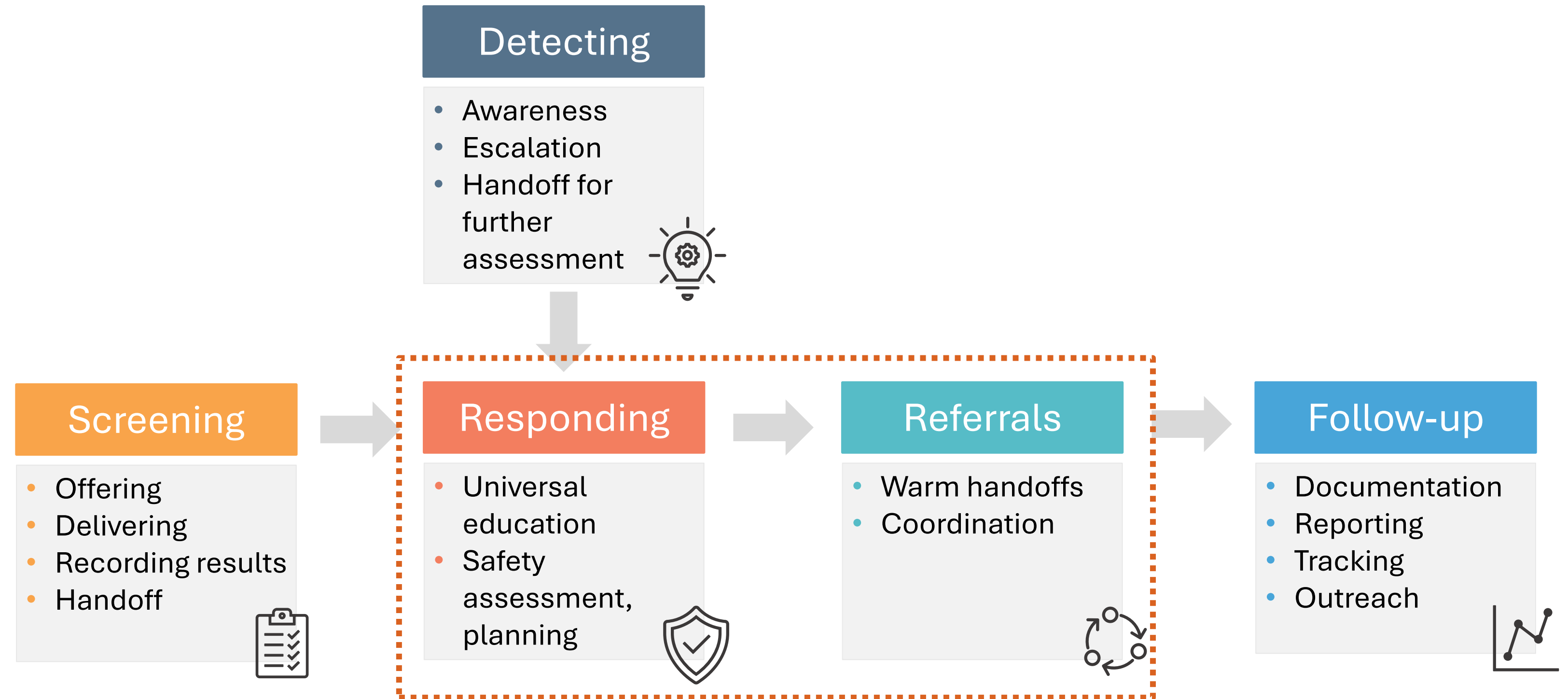
# Map: IPV Clinic Processes

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# Map: IPV Clinic Processes: Responding & Referrals

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# Scenario 4

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A patient screens positive for IPV, but your behavioral health provider is out until next Thursday.

- What do you do?
-

# Behavioral health support protocol



- **Escalation procedures** should include order of who should be called, when, and how
- **Handoff process** and communication
- Consider standardized ways to **communicate level of urgency**
- Ideally **have redundancy in coverage** so that there are layers of backup
- **Contingency plans for absences**, unexpected coverage gaps
- **Communicate staffing** at huddles

# Scenario 5

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A patient screens positive for IPV. You give them the number of a shelter / program to call, but they say that the program says they have a waitlist.

- What can your team do?

# Referral protocols



- Ideal to have close IPV advocacy partner to set up warm handoff process
- Much higher likelihood of connecting
- Offer crisis phone call to IPV agency during visit along with phone numbers to call later
- Know your community resources, have different options



# Scenario 6



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An Advanced Practice nurse does an exceptional job of handling a situation with a patient screening positive for IPV.

Later, you find them crying in the breakroom. “I’m sorry I’m a mess!” they say. “This one just hit close to home. The patient reminded me of my mom.”

- How do you respond?

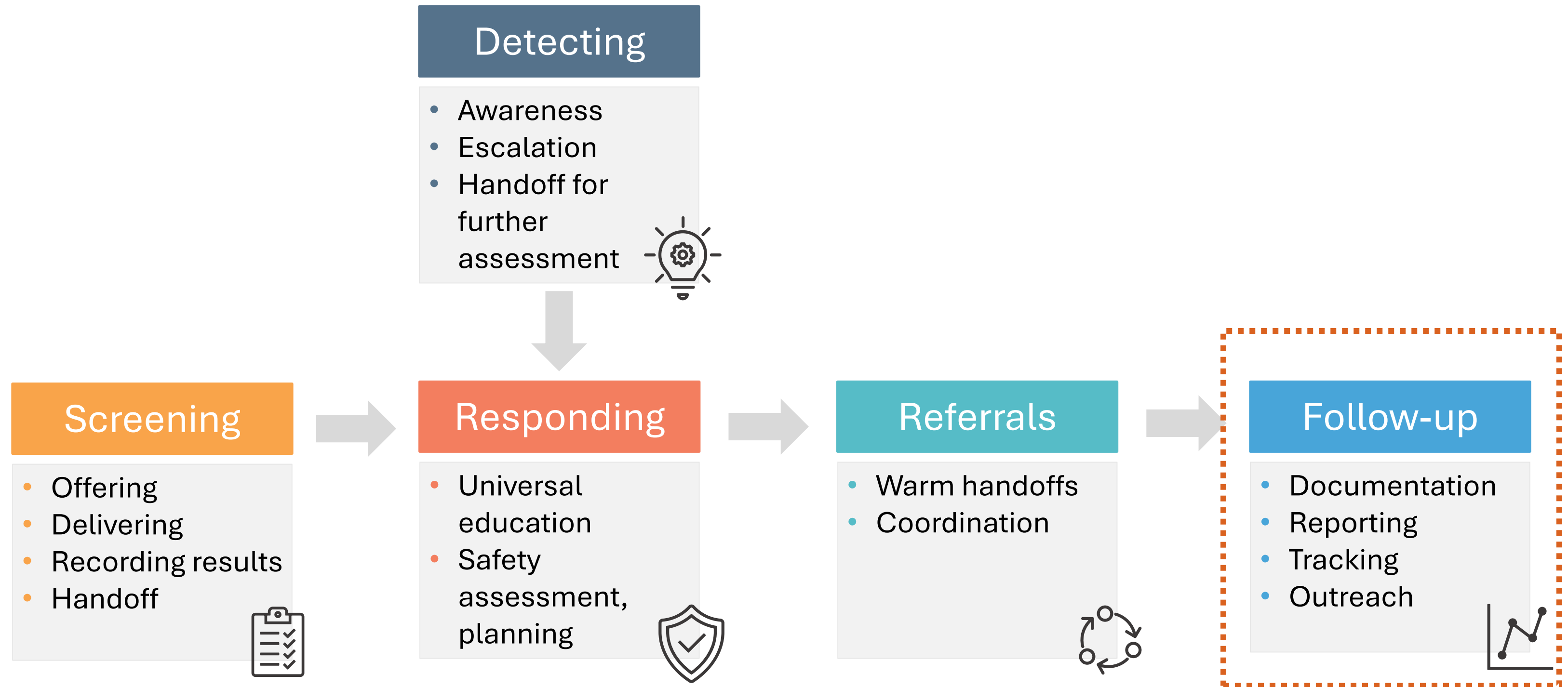


# Supporting team members



- Acknowledge impact of this work on staff members
- Develop menu of options for supporting staff members after difficult situations
- Create and communicate clear protocol to build space to check-in and offer support options

# Map: IPV Clinic Processes: Follow-up



# Poll 5!

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Which team members are currently involved in **following up positive IPV screens / concerns** at your clinic?

- Front desk/clerical staff
- MA/nursing assistants
- RNs
- Primary care clinicians
- Behavioral health clinicians
- Care coordinators
- Community health workers
- Other (enter in chat)



# Discuss

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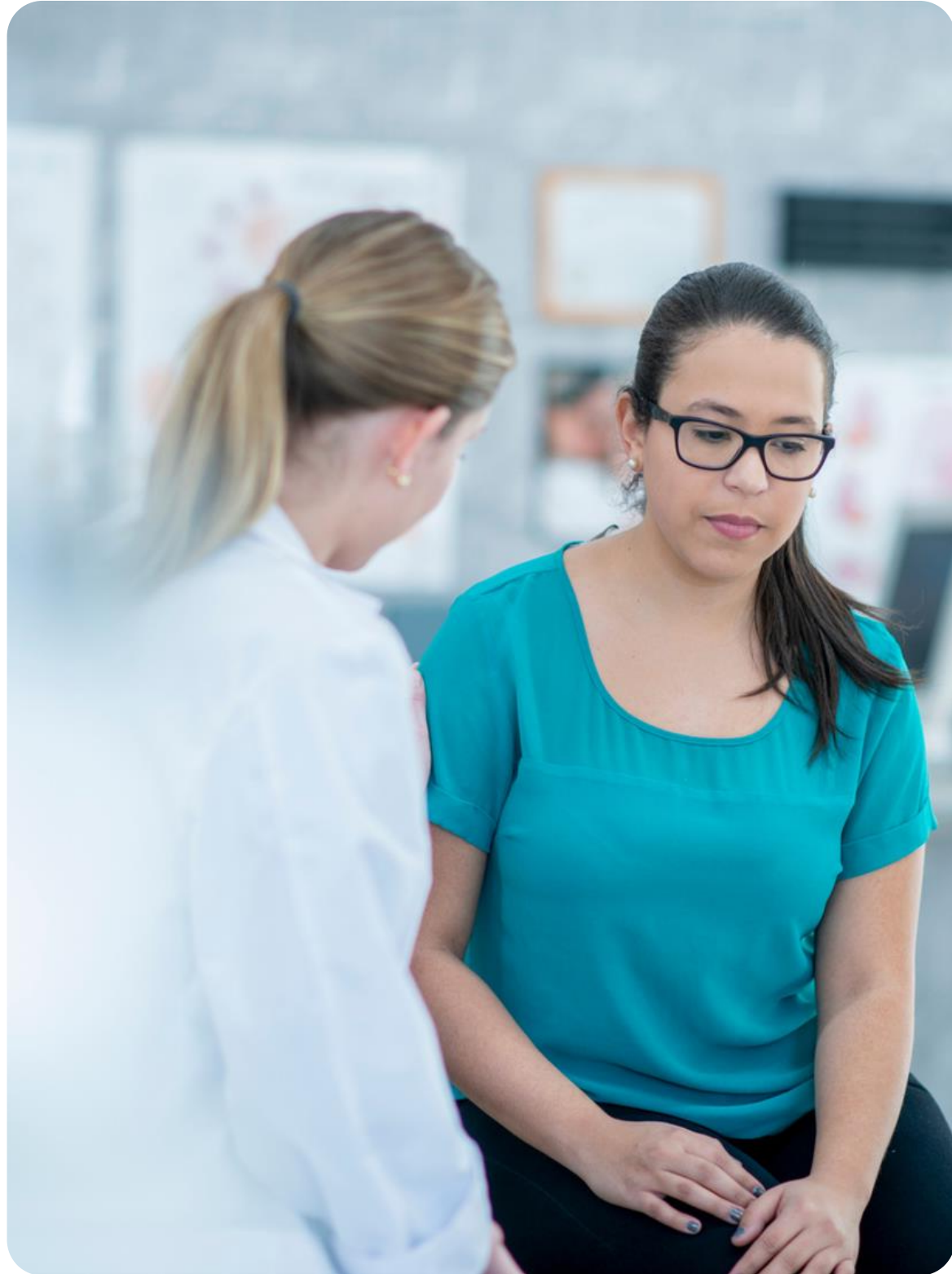
Which team members COULD be involved in following up positive IPV screens / concerns at your clinic?

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- RNs
- Primary care clinicians
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- Other (enter in chat)



# Scenario 7

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Patient screens positive for IPV. You need to have a BH provider call them back next week to follow up, but the patient shares, “I don’t want my partner knowing that I was talking to someone. If someone from the clinic calls, they are going to be suspicious.”

- What options are there to follow up with the patient?



# Follow-up planning



- Discuss safest way to contact patient
- Arrange follow-up visits
- Flag safety issues for communication in chart

# Open Discussion



# Please fill out our survey!

Find the survey link in the chat and again at the close of the webinar.

Completing your survey helps us to provide relevant and helpful information. Thank you in advance!



A faint, light pink outline of a heart shape is centered in the background of the slide.

# Thank you!

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