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*LAC-DHS  
Intimate Partner  
Violence Prevention  
Strategic Plan  
2006-2010*

Intimate Partner Violence  
Prevention Strategic Planning  
Coalition &  
Injury and Violence Prevention  
Program



Los Angeles County Department of Health Services

*Los Angeles County  
Department of Health Services*

*IPV Prevention Five-Year  
Strategic Plan*

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## Abbreviations Key

- ◆ **AHO:** Area Health Officer
- ◆ **CDC:** Center for Disease Control and Prevention
- ◆ **CEO:** Chief Executive Officer
- ◆ **EAG:** External Advisory Group
- ◆ **EPIC:** Epidemiology and Prevention for Injury Control
- ◆ **IPV:** Intimate Partner Violence
- ◆ **IVPP:** Injury and Violence Prevention Program
- ◆ **IWG:** Internal Working Group
- ◆ **JCAHO:** Joint Commission on Accreditation of Healthcare Organizations
- ◆ **LAC-DHS:** Los Angeles County Department of Health Services
- ◆ **LCSW:** Licensed Clinical Social Worker
- ◆ **MSW:** Masters in Social Work
- ◆ **MyPHD:** My Portal Healthcare Data
- ◆ **NCVS:** The National Crime Victimization Survey
- ◆ **NVAWS:** The National Violence Against Women Survey
- ◆ **OB/GYN:** Obstetric and Gynecology
- ◆ **PHI:** Public Health Investigator
- ◆ **PHN:** Public Health Nurse
- ◆ **SPA:** Service Planning Area
- ◆ **STD:** Sexually Transmitted Disease

## Executive Summary

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Intimate partner violence (IPV) is a substantial public health problem for Americans that has reached epidemic proportions. Los Angeles is no exception, with thousands of adults and children impacted by IPV each year. The Los Angeles Police Department alone reported a total of 26,747 domestic violence crimes and the Los Angeles Sheriff Department added a total of 10,132 domestic violence incidents in 2002. According to the California Department of Justice, a total of 181 IPV criminal homicides were committed in California in 2002. Of those 31.5% (N=57) occurred in Los Angeles County, which is higher than the 30% of the state population that resides in the county.

IPV remains largely undetected in the health care setting. Although battered women frequently seek health care, fewer than one in 20 are correctly identified by health care professionals.

To facilitate physicians' intervention on behalf of abused patients, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO-1992) required that all accredited hospitals implement policies and procedures in their emergency departments and ambulatory care facilities for identifying, treating, and referring victims of abuse. While most states have improved the legal remedies available to IPV victims, California is one of six states – including Colorado, Kentucky, New Hampshire, New Mexico, and Rhode Island- with specific laws for health care providers on reporting suspected cases of IPV. California Penal Code, section 11160 requires that health care professionals report cases for patients whom they suspect are suffering from an IPV-related injury to law enforcement officials, with or without the patient's consent.

The Los Angeles County Department of Health Services (DHS), Injury and Violence Prevention Program (IVPP) was awarded a grant from the State Department of Health Services Epidemiology and Prevention for Injury Control (EPIC) Branch to develop a five year strategic plan to address IPV within Los Angeles County DHS.

To facilitate the strategic planning process, the IVPP convened the IPV Prevention Strategic Planning Coalition, which consisted of a broad array of service providers, DHS administrators, DHS staff, public health programs, SPAs (service planning areas), community leaders, researchers (UCLA) and community based agencies. The mission of the Intimate Partner Violence (IPV) Prevention Strategic Planning Coalition is to prevent and reduce IPV in Los Angeles County through development of IPV policies, procedures, and protocols for LAC DHS in collaboration with the community agencies of Los Angeles County. Our vision is that all patients within the DHS system are screened, identified, treated, referred and reported for IPV, leading to a safe and healthy environment in Los Angeles County, where all people can live without risk of IPV.



The strategic planning process was initiated in June 2003, and proceeded over the course of eighteen months. The main goal of the strategic planning process was to formulate a five-year comprehensive plan to implement standardized IPV policies and protocols within DHS clinics, health centers and hospitals, including a strategy to assure compliance with mandatory IPV reporting laws. We conducted a survey to assess the DHS healthcare facilities' environment related to IPV practices and policies. Information was collected from 823 staff and 104 administrators and managers.

Based upon the results of the surveys, the IPV Prevention Strategic Planning Coalition assessed internal strengths and weaknesses, as well as external opportunities and threats. These data guided us in identifying the eight key strategic areas that would be focused upon in the five-year comprehensive strategic plan to effectively address IPV within DHS healthcare facilities. The eight key strategic areas are:

- ▶ DHS Policy on Intimate Partner Violence
- ▶ IPV Policy Implementation and Systems Improvement Strategies
- ▶ Screening and Identification
- ▶ Intervention and Treatment
- ▶ Resources and Referrals
- ▶ Reporting and Law Enforcement
- ▶ Collaboration and Data Collection
- ▶ Training

As we are ready to move forward with this plan, we sincerely hope that everyone will support efforts to implement the IPV Prevention Strategic Plan, while actively engaging in on-going violence prevention efforts to make our community a better and a safer place to live.

Table 1 on the following pages provides a summary of the specific priority issues, goals, objectives, and timeframes outlined in the strategic plan.

Table 1:  
Implementation Plan: Goals and Objectives

Key strategic area	#1 DHS Policy on Intimate Partner Violence (IPV)	#2 IPV policy implementation & systems improvement strategies		
Goals	To develop standardized policies, procedures and protocols to address IPV within DHS healthcare facilities	To ensure that DHS facilities have the infrastructure and guidelines necessary to implement the IPV policy		
Implementation activities	Develop standardized IPV policies	2.1. IPV policy implementation	2.2. Develop an internal promotional campaign	2.3. MyPHD & DHS web-pages
Objectives	<p>1) By 2006, IVPP will formulate an IPV policy development team comprised of Internal Working Group members to create standardized IPV policies for DHS healthcare facilities</p> <p>2) By 2006, IVPP and the IPV policy development team will develop standardized IPV policies for DHS healthcare facilities, by revising and adapting current policies from selected DHS healthcare facilities.</p> <p>3) By 2007, standardized IPV policies will be approved by appropriate DHS command channels and be distributed to DHS healthcare facilities.</p>	<p>1) By 2006, IVPP will hire two staff members to assist with the IPV implementation activities</p> <p>2) By 2006, IVPP and the IPV policy development team will create guidelines for monitoring and evaluating IPV policy implementation</p> <p>3) By 2006, IVPP and the IPV policy development team will create guidelines to ensure that clinics and community-based organizations in partnership with DHS are in compliance with IPV laws</p> <p>4) By 2008, 100% of DHS healthcare facilities will develop their own IPV implementation plans</p> <p>5) By 2008, 100% of DHS healthcare facilities will create IPV Response Teams or designate an IPV staff member(s) to facilitate IPV policy implementation</p> <p>6) By 2010, IVPP will coordinate a process and outcome evaluation of the overall IPV program within DHS</p>	<p>1) By 2007, IVPP will develop an internal promotional campaign to inform staff on standardized IPV policies and procedures</p> <p>2) By 2008, an internal promotional campaign will be disseminated to 100% of DHS healthcare facilities to inform DHS staff on standardized IPV policies and procedures</p>	<p>1) By 2007, an IPV MyPHD and the DHS websites will be completed.</p> <p>2) By 2008, initiate on-going maintenance and perform periodic updates of IPV information on the DHS and MyPHD websites</p>

**Intimate Partner Violence Prevention Strategic Planning  
Implementation Plan: Goals and Objectives**

Key strategic area	#2. IPV policy implementation & systems improvement strategies	#3 Screening & Identification	#4 Intervention & Treatment
<b>Goals</b>	To ensure that DHS facilities have the infrastructure and guidelines necessary to implement the IPV policy	To ensure that all patients seen at DHS healthcare facilities are screened by a culturally competent healthcare provider, who is trained to identify IPV	To ensure that all patients who screen positive for IPV will receive appropriate intervention and treatment
<b>Implementation activities</b>	2.4. Advanced technology	IPV screening practices	4.1. Educational materials
<b>Objectives</b>	1) By 2006, IVPP will investigate new advanced technologies for screening, referrals, reporting, and data collection 2) By 2007, IVPP will assess the feasibility of utilizing new technologies within DHS 3) By 2010, IVPP will re-evaluate technology for screening, referrals, reporting and data collection	1) By 2006, IPV standardized policy will include a recommended IPV screening instrument to be used across DHS healthcare facilities 2) By 2010, 100% of DHS healthcare facilities will routinely provide IPV screening to patients ages 13 and older	4.2. IPV intervention and treatment practices 1) By 2010, 90% of DHS patients who screened positive for IPV will have lethality assessed and documented, injuries recorded in a body map, and have a safety plan discussed 2) By 2010, 90% of DHS patients who screen positive for IPV will be provided with resources and referred to appropriate agencies for follow-up.

**Intimate Partner Violence Prevention Strategic Planning  
LAC-DHS Injury and Violence Prevention Program (IVPP)  
Implementation Plan: Goals and Objectives**

<b>Key strategic area</b>		<b>#7 Collaboration &amp; Data Collection</b>	
<b>Goals</b>	<b>#5 Resources and Referrals</b> To ensure that IPV resources are available to all DHS healthcare providers to assist with referral of patients to appropriate resources	<b>#6 Reporting and Law Enforcement</b> To ensure that all DHS healthcare providers comply with IPV reporting laws and collaborate with local law enforcement agencies to improve safety outcomes for patients identified with suspected or known IPV	To ensure prevention of IPV through the collection of data and collaboration with internal and external agencies
<b>Implementation activities</b>	IPV resources and referrals	IPV Reporting and law enforcement	7.2. IPV data collection
<b>Objectives</b>	<p>1) By 2006, IVPP will identify and update culturally and linguistically appropriate resources and referral lists</p> <p>2) By 2008, 100% of DHS healthcare facilities will have culturally and linguistically appropriate resources, referral lists, and IPV prevention and intervention literature easily accessible to all DHS patients</p> <p>3) By 2009, 100% of IPV Response Team (or designated IPV staff) will initiate contact and develop a working relationship with community agencies serving IPV</p>	<p>1) By 2006, IVPP will identify contacts within law enforcement agencies in LAC to address IPV</p> <p>2) By 2009, 100% of DHS healthcare facilities will have established contact with identified law enforcement personnel in their jurisdiction by the IPV Response Team or IPV designated staff</p> <p>3) By 2010, 90% of known or suspected IPV cases within DHS healthcare facilities will be reported to local law enforcement as mandated by State law, using a standardized form</p>	<p>7.1. Collaboration</p> <p>1) By 2007, IVPP will develop a collaborative plan with DHS internal program staff and community partners on training, funding, sharing of resources and data collection</p>
			<p>1) By 2008, IVPP will develop a data collection system to collect IPV data in DHS healthcare facilities</p> <p>2) By 2008, each DHS healthcare facility will appoint an IPV records keeper to submit regular quarterly reports to IVPP</p> <p>3) By 2008, IVPP will train IPV records keepers to submit quarterly IPV reports beginning in 2009 of implementation</p> <p>4) By 2010, 100% of DHS healthcare facilities and IVPP will implement the protocols and procedures for data collection as specified in the IPV policy</p> <p>5) By 2010, IVPP will investigate the feasibility of establishing a countywide IPV data collection system, among DHS healthcare facilities, non-DHS healthcare facilities, and other community agencies.</p>

**Intimate Partner Violence Prevention Strategic Planning  
LAC-DHS Injury and Violence Prevention Program (IVPP)  
Implementation Plan: Goals and Objectives**

<b>Key strategic area</b>	<b># 8 Training</b>
<b>Goals</b>	To provide IPV and sexual violence training to DHS staff to increase staff knowledge and skills in order to address and reduce the impact of IPV in Los Angeles County
<b>Implementation activities</b>	IPV Training
<b>Objectives</b>	<p>1) By 2007, IVPP will provide a training curriculum and an evaluation tool to be implemented within DHS</p> <p>2) By 2008, 90% of administrators/managers in each DHS healthcare facility who are mandated in the IPV policy will have participated in the IPV and sexual violence training.</p> <p>3) By 2010, 90% of DHS staff with direct patient care in each healthcare facility will participate in IPV and sexual violence training offered through DHS.</p> <p>4) By 2009, 90% of all new DHS staff will participate in IPV and sexual violence training within one year of hire.</p> <p>5) BY 2008, IVPP will evaluate initial IPV trainings and make adjustments accordingly for future training.</p> <p>6) By 2010, 90% of DHS staff who provides direct patient care, and who completed initial IPV training by 2008, will attend on-going IPV and sexual violence training.</p>