Goals, Objectives and Strategies

The IPV Prevention Strategic Planning Coalition developed strategies, goals and objectives, which are essential to effectively addressing IPV within DHS healthcare facilities. The goals, objectives and strategies address our key strategic issues, and were developed in response to the data and information collected from the surveys and policy review. These data provided us with an explicit understanding of current IPV policies and procedures within DHS facilities, allowing the IPV Prevention Strategic Planning Coalition to mobilize DHS' strengths when developing this strategic plan. In order to develop the goals, objectives and strategies, the Internal Working Group accomplished the following:

- Discussed each critical strategic issue that had been previously identified, and using gaps analysis, developed the final key strategic areas that will be addressed in the DHS' five-year strategic plan. 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
- Discussed the relationship between DHS' strengths and weaknesses and the external opportunities and threats, and determined how that interplay affects the critical strategic issues.
- Developed and assessed the various possible strategic approaches to each critical issue.
- Narrowed down the options to arrive at the primary strategies related to program, management and operational priorities.
- Developed goals and objectives to assist in implementation of IPV policies and protocols within DHS healthcare facilities and to provide a measure by which to evaluate the progress and outcomes of the IPV Prevention Strategic Plan.

Key Strategic Area #1: DHS Policy On Intimate Partner Violence

Goal:

To develop standardized policies, procedures and protocols to address IPV within DHS healthcare facilities.

Objectives:

1) By 2006, the Injury and Violence Prevention Program (IVPP) will formulate an IPV policy development team, comprised of interested Internal Working Group members, to create standardized IPV policies for DHS healthcare facilities.

2) By 2006, the IVPP and the IPV policy development team will develop standardized IPV policies for DHS healthcare facilities, by revising and adapting current IPV policies from selected DHS healthcare facilities.

3) By 2007, standardized IPV policies will be approved by appropriate DHS command channels and be distributed to DHS healthcare facilities.

Recommended Strategies:

1) Create a standardized DHS Policy and Procedure on IPV that includes, at a minimum, the following elements:

   a) Purpose

   b) Definition, background and impact of IPV

   c) Roles and Responsibilities of DHS health care providers

   d) Guidelines for implementation

   e) Standardized procedures for:

      i) Screening
      ii) Assessment and intervention
      iii) Documentation
      iv) Lethality assessment and safety plan
      v) Reporting

   f) Training:

i) IPV training is mandated for all staff with patient/client contact and recommended for all staff.
ii) IPV training will be included in new employee orientation.
iii) IPV policy will be included in annual Performance Evaluation reviews and signed by employees to indicate knowledge of their responsibility.

g) Compliance Guidelines for Policy Monitoring and Evaluation:

h) Data Collection

i) Cultural and Linguistic Sensitivity

j) Inter-agency and intra-agency collaboration

k) Timeline for implementation

Key Strategic Area #2: IPV Policy Implementation And Systems Improvement Strategies

Goal:

To ensure that DHS facilities have the infrastructure and guidelines necessary to implement the IPV policy.

Objectives:

1) By 2006, the Injury and Violence Prevention Program (IVPP) will hire two staff members to assist with the coordination and implementation of IPV activities throughout DHS, which include staff training, resource and referral management, and evaluation.

2) By 2006, the IVPP and the IPV policy development team will create guidelines for monitoring and evaluating IPV policy implementation.

3) By 2006, the 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.

4) By 2006, the IVPP will investigate and document new advanced technologies for screening, referrals, reporting, and data collection.

5) By 2007, IVPP will develop an internal promotional campaign to inform staff on new standardized IPV policies and procedures.

6) By 2007, an IPV web-page for MyPHD and the DHS websites will be completed. The DHS IPV policies, reporting forms, and other community resources will be available to all DHS staff through these websites.

7) By 2007, the IVPP will assess the feasibility of utilizing new technologies within DHS healthcare facilities.

8) By 2008, 100 % of DHS healthcare facilities will develop their own IPV implementation plans based on guidelines specified by DHS IPV policy.

9) By 2008, 100 % of DHS healthcare facilities will create IPV Response Teams or designate an IPV staff member(s) to facilitate IPV policy implementation and systems improvement.

10) 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.

11)By 2008, initiate on-going maintenance and perform periodic updates of IPV information (i.e. policies, laws, and community resources) on the DHS and MyPHD websites.

12)By 2010, the IVPP will re-evaluate technology for screening, referrals, reporting, and data collection.

13)By 2010, IVPP will coordinate a process and outcome evaluation of the overall IPV program within DHS healthcare facilities.

Recommended Strategies:

1) Identify funding sources and submit proposals to potential funders to assure adequate financial resources to implement the overall strategic plan and IPV policy.

2) Create IPV Response Teams, with special training in IPV, who respond, during all hours of operation, when staff identify suspected IPV. The IPV Response Team members interview the patient, complete the paperwork, give referrals, and report to local law enforcement.

   a) Each CEO/Clinic Manager/Area Health Officer will identify members of the IPV Response Team (including social workers [MSWs or LCSWs] or public health nurses) and release them for training and assisting suspected IPV victims. The composition of the IPV Response Teams will be site specific for comprehensive health centers, Public Health and Personal Health clinics and county hospitals.

   b) Social workers (MSWs or LCSWs) will be included in IPV Response Team in hospitals and will attend regular meetings with IPV Response Teams in clinics without on-site social workers.

   c) Each CEO/Clinic Manager/Area Health Officer will be accountable for assuring a working IPV Response Team and for establishing linkages with local law enforcement and IPV service providers.

   d) IPV Response Teams will meet at least quarterly for training and/or systems improvement.

3) Each facility will develop its own IPV implementation plan based on guidelines specified by DHS IPV policy.

4) At each facility, the CEO/Clinic Manager/Area Health Officer will be accountable for implementing IPV policies, procedures and protocols.

5) The DHS Injury and Violence Prevention Program (IVPP) will develop guidelines for IPV policy implementation, monitoring, and evaluation, which may be incorporated

into the Management Appraisal and Performance Plan (MAPP) or existing Quality Management (QM) activities within each facility.

6) IVPP will develop guidelines to incorporate compliance with IPV laws into contracts with clinics and community-based organizations in partnership with DHS.

7) Create an IPV page for MyPHD and the DHS websites to make screening policies, procedures, protocols and reporting forms available to all. The websites will contain links to other services and have search capabilities (i.e. capacity to search specifically for services for same sex couples, teen dating violence etc)

8) Investigate new technologies for screening, referrals, reporting, and data collection. (e.g. use of handheld computer technology and/or feasibility of tapping into existing SCARS-Suspected Child Abuse Reporting System).

9) Develop an internal promotional campaign focused on:

    i) Reminding staff to screen, treat, refer, and report suspected and known IPV cases.
    ii) Informing staff of new IPV policies.

Key Strategic Area #3: Screening & Identification

Goal:

To ensure that all patients ages 13 and older seen at DHS healthcare facilities are screened by a culturally competent healthcare provider, who is trained to identify IPV.

Objectives:

1) By 2006, the 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 years and older, with the screening documentation as part of the permanent medical record.

   a) By 2008, 25% of DHS healthcare facilities will routinely provide IPV screening to patients, ages 13 years and older, with the screening documentation as part of the permanent medical record.

   b) By 2009, 75% of DHS healthcare facilities will routinely provide IPV screening to patients, ages 13 years and older, with the screening documentation as part of the permanent medical record.

Recommended Strategies:

1) Develop a protocol for routine screening of IPV, which complies with state laws and shall become part of the permanent medical record.

2) Assess existing IPV screening instruments used in clinical settings and adapt as needed to include linguistically and culturally appropriate questions.

3) Secure funding for IPV screening translation services available in target languages and sign language

4) Flag all DHS patient/client charts in which there is a suspected IPV victim or perpetrator to ensure safety and to provide timely intervention.

Key Strategic Area #4: Intervention & Treatment

Goal:

To ensure that all patients, ages 13 and older, who screen positive for IPV will receive appropriate intervention and treatment.

Objectives:

1) By 2006, IVPP will evaluate, update and distribute existing IPV educational materials.

2) 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.

   a) By 2008, 50% 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.

   b) By 2009, 75% 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.

3) By 2010, 90% of DHS patients who screen positive for IPV will be provided with resources and referred to appropriate agencies for follow-up.

   a) By 2008, 50% of DHS patients who screen positive for IPV will be provided with resources and referred to appropriate agencies for follow-up.

   b) By 2009, 75% of DHS patients who screen positive for IPV will be provided with resources and referred to appropriate agencies for follow-up.

Recommended Strategies:

1) Establish IPV protocols for Intervention and Treatment. Appropriate intervention and treatment will include:

   a) Lethality assessment
   b) Treatment of current medical problems
   c) Documentation of the abuse
      i) Use of body map
      ii) Use of patient's own words
   d) Examination for the pattern and history of abuse

e) Discussion of safety plans and options
f) Appropriate referrals and resources
g) Follow-up care

2) Evaluate and update existing IPV educational materials, revising the materials to be gender neutral and meet the needs of diverse populations including:

a) Racial/ethnic/cultural groups
b) Non-English speaking groups
c) People with disabilities
d) Adolescents
e) Lesbian, Gay, Bisexual, and Transgender (LGBT)

3) Promote intimate partner violence awareness and prevention within the Department by:

a) Posting IPV awareness posters and brochures in waiting areas.
b) Showing child appropriate IPV videos or Public Service Announcements in waiting rooms.
c) Placing IPV resource materials in the exam room and/or bathrooms.
d) Other health education activities.

Key Strategic Area #5: Resources & Referrals

Goal:

To ensure that IPV resources are available to all DHS healthcare providers to assist with referral of patients to appropriate resources.

Objectives:

1) By 2006, the IVPP will identify and update culturally and linguistically appropriate resources and referral lists.

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/clients.

    a) By 2007, 50% 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/clients.

3) By 2009, 100% of the IPV Response Team (or designated IPV staff) will initiate contact and develop a working relationship with community agencies knowledgeable about IPV to whom they can refer patients.

    a) By 2008, 50% of the IPV Response Team (or designated IPV staff) will initiate contact and develop a working relationship with community agencies knowledgeable about IPV to whom they can refer patients.

Recommended Strategies:

1) Provide a referral guide for professionals and the community consisting of IPV prevention and treatment agencies, mental health professionals and agencies, service providers, and other relevant violence prevention community links including the following:

    a) Child care resources
    b) Legal Aid
    c) Hotline Services
    d) Shelters for IPV Victims
    e) Victim Services Organizations
    f) Mental Health Agencies
    g) Health Organizations (e.g. hospitals, clinics)
    h) Law Enforcement Agencies

i) Organizations Connected with the Violence Prevention Coalition (VPC)
j) Domestic Violence and Sexual Assault Community Based Organizations
k) Alcohol & Drug Programs
l) 12 Step Referrals
m) Rape Crisis Centers
n) Culturally relevant resources, including community agencies serving culturally, ethnically and linguistically diverse populations
o) Lesbian, Gay, Bisexual and Transgender Services
p) Batterer's Invention Program

2) Update and distribute a pocket size IPV resource card (business card) that lists referrals in multiple languages for patients/clients and the community.

3) The DHS Injury and Violence Prevention Program (IVPP) will be responsible for coordinating IPV activities throughout DHS including:

a) Coordinating IPV training
b) Handling of referrals and requests for information from the general public.
c) Resource to IPV Response Teams and community based organizations
d) Data collection, analysis and interpretation
e) Monitoring and evaluation of IPV trainings
f) Updating and disseminating IPV educational materials to DHS healthcare providers

Key Strategic Area #6: Reporting And Law Enforcement

Goal:

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.

Objectives:

1) By 2006, IVPP will identify contacts within law enforcement agencies in LAC to address IPV.

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.

    a) By 2008, 50% 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.

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 reporting form.

    a) By 2008, 50% 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 reporting form.

    b) By 2009, 75% 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 reporting form.

Recommended Strategies:

1) Each CEO/Clinic Manager/Area Health Officer will be held accountable for compliance with state IPV reporting laws and regulations.

2) Assure that each facility has a liaison person to maintain collaborative efforts with local law enforcement agencies to:

a) Promote safety for IPV victims and family
b) Prevent recurrence of IPV
c) Improve law enforcement's response to a report (oral and written) and better understand the protocol once reported to local law enforcement.
d) Facilitate procedures for obtaining an emergency restraining order.

Key Strategic Area #7: Collaboration And Data Collection

Goal:

To ensure prevention of IPV through the collection of data and collaboration with internal and external agencies.

Objectives:

1) By 2007 of implementation, the IVPP will develop a collaborative plan with DHS internal program staff and community partners on training, funding, sharing of resources and data collection.

2) By 2008, the IVPP will develop a data collection system to collect IPV data in DHS healthcare facilities.

3) By 2008, each CEO/Clinic Manager/Area Health Officer will appoint an IPV records keeper to submit regular quarterly reports to IVPP.

4) By 2008, IVPP will train IPV records keepers to submit quarterly IPV reports beginning in 2009 of implementation.

5) By 2010, 100% of DHS healthcare facilities and IVPP will implement the protocols and procedures for data collection as specified in the IPV policy and determined by the IVPP.

    a) By 2009, 50% of DHS healthcare facilities and IVPP will implement the protocols and procedures for data collection as specified in the IPV policy and determined by the IVPP.

6) By 2010, IVPP will investigate the feasibility of establishing a county-wide IPV data collection system, among DHS facilities, non-DHS healthcare facilities, and other community agencies.

Recommended Strategies:

1) For the purpose of IPV prevention, intervention, education and/or treatment, collaborate with agencies outside of DHS (inter-agency collaboration):

    a) Specifically collaborate with community organizations (i.e. non-profits doing IPV-related work such as shelters, rape crisis centers, hotlines), law enforcement, judges, commissioners, schools, other L.A. County departments (Department of Mental Health, Children and Family Services, Department of Public Social

Services), and agencies with expertise in dealing with IPV in specific cultures such as LGBT (Lesbian, Gay, Bisexual, Transgender) community;

b) Collaboration will focus on the following topics:

i) Training
ii) Funding
iii) Client advocacy
iv) Public policy and legislation
v) Sharing of resources
vi) Sharing of data
vii) Promotional campaigns (i.e. Prevention forums, newsletters, job listings, emails)

2) For the purpose of IPV prevention, intervention, education and/or treatment, collaborate with agencies within DHS (intra-agency collaboration):

a) Specifically collaborate with the Alcohol and Drug Program, Maternal, Child and Adolescent Health (MCAH) program, Suspected Child Abuse and Neglect (SCAN) Teams in the hospitals, Office of Women's Health, SPAs, Health Education Program, Nurse Family Partnership, Sexually Transmitted Disease (STD) Program, and the Office of AIDS Programs and Policy (OAPP).

b) Collaboration will focus on the following topics:

i) Training
ii) Funding
iii) Advocacy
iv) Sharing of resources
v) Sharing of data

3) Develop a countywide system to collect IPV victim and perpetrator data. Specifically collect data on:

a) Scope and magnitude of the problem (incidence and prevalence)
b) Trends in IPV occurrence among populations
c) Health impacts
d) Victim and perpetrator profiles and/or risk factors

Key Strategic Area #8: Training

Goal:

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

Objectives:

1) By 2007 of implementation, the IVPP will provide a training curriculum and an evaluation tool to be implemented within DHS.

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.

    a) By 2007, 25% 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.

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.

    a) By 2008, 25% of DHS staff with direct patient care will participate in IPV and sexual violence training offered through DHS.

    b) By 2009, 75% of DHS staff with direct patient care will participate in IPV and sexual violence training offered through DHS.

4) By 2009, 90% of all new DHS staff will participate in IPV and sexual violence training within one year of hire.

5) By 2008, IVPP will evaluate initial trainings and make adjustments accordingly for future training.

6) By 2010, 90% of DHS staff, who provide direct patient care, and who completed initial training by 2008, will attend on-going IPV and sexual violence training.

Recommended Strategies:

1) Mandate and provide annual IPV and sexual violence training, using evidence-based curriculums and materials, in compliance with California State law.

2) Training will be provided to:

   a) All DHS staff with patient/client contact. Priority for training will be given to:
      i) Pediatric and adolescent health services providers
      ii) Emergency Departments, Urgent Care Clinics, and Comprehensive Health Centers
      iii) Prenatal and OB/GYN clinics
   b) All new DHS staff as part of new-employee orientation
   c) Administrators in each DHS facility and program

3) All training will be conducted by and/or in collaboration with:

   a) IPV experts
   b) A law enforcement professional who works with IPV and sexual violence
   c) Community based agencies providing IPV services within the community including shelters
   d) An IPV survivor

4) Training topics will include but not be limited to:

   a) Background and Enforcement of IPV Policy
   b) Definition and Prevalence of IPV
   c) Dynamics of IPV
   d) Causes of IPV
   e) Impact of IPV on victim, children, employment and the community
   f) Correlation between IPV and child abuse
   g) IPV in diverse culture, ethnic and same sex groups
   h) Health Care and IPV
      i) Identification of signs and symptoms of IPV
      ii) Screening
      iii) Intervention and Treatment
      iv) Documentation
      v) Lethality assessment and safety plan
      vi) Referrals and Resources
      vii) California mandatory reporting laws
      viii) Cultural competency in dealing with diverse IPV victims

5) Initial IPV training should be offered in-person at a DHS facility for a minimum of two hours. Web-based and interactive satellite training may only be used for on-going training.

6) Suggested training methods may include:

   a) Didactic lecture
   b) Role play
   c) Vignettes
   d) Written material
   e) Video

f) Interactive question and answer

7) DHS will collaborate with community-based organizations, with IPV expertise, to train others including law enforcement, judges and commissioners.

8) IVPP will develop an evaluation tool for IPV trainings to measure changes in knowledge, attitudes and behaviors, as well as an evaluation of the training and trainers.

Implementation Plan Timeline

Year/Activities	2006	2007	2008	2009	2010
1. Standardized IPV policies & policy implementation	1.1a. IVPP will hire two staff members to assist with coordination and implementation of IPV activities including training, resource and referral management and evaluation. 1.1b. IVPP will formulate a IPV Policy Development Team - Develop standardized IPV policies -Include recommended screening instrument -Include guidelines for policy implementation monitoring & evaluation - Include guidelines to incorporate contract terms.	2.1a. Standardized IPV policies to be approved and be distributed to DHS healthcare facilities.	3.1a. 100% of DHS healthcare facilities will develop own IPV implementation plan. 3.1b. 100% of DHS healthcare facilities will create IPV Response Team or identify designated IPV staff. 3.1c. 25% of DHS healthcare facilities will routinely provide IPV screening to patients ages 13 and older. 3.1d. 50% of DHS patients who screened positive for IPV will have lethality assessment documented, body map recorded, and safety plan discussed.	4.1a. 75% of DHS healthcare facilities will routinely provide IPV screening to patients ages 13 and older. 4.1b. 75% of DHS patients who screened positive for IPV will have lethality assessment documented, body map recorded, and safety plan discussed.	5.1a. IVPP will coordinate a process and outcome evaluation of the overall IPV program within DHS healthcare facilities. 5.1b. 100% of DHS healthcare facilities will routinely provide IPV screening to patients ages 13 and older. 5.1c. 90% of DHS patients who screened positive for IPV will have lethality assessment documented, body map recorded, and safety plan discussed.
2. Internal promotional campaign		2.2a. IVPP will develop internal promotional campaign to inform DHS staff on standardized IPV policies & procedures.	3.2a. Promotional campaign will be disseminated to 100% of DHS healthcare facilities.		

Year/Activities	2006	2007	2008	2009	2010
3. Reporting & Law enforcement contact	1.3a. IVPP will identify contacts within law enforcement agencies in LAC to address IPV.		3.3a. 50% of DHS healthcare facilities will have established contact with law enforcement personnel in their jurisdiction by the IPV Response Team or IPV designated staff. 3.3b. 50% of known or suspected IPV cases within DHS healthcare facilities will be reported to local law enforcement.	4.3a. 100% of DHS healthcare facilities will have established contact with law enforcement personnel in their jurisdiction by the IPV Response Team or IPV designated staff. 4.3b. 75% of known or suspected IPV cases within DHS healthcare facilities will be reported to local law enforcement.	5.3a. 90% of known or suspected IPV cases within DHS healthcare facilities will be reported to local law enforcement.
4. Training		2.4a. IVPP will develop training protocol. 2.4b. IVPP will develop evaluation tools for IPV training. 2.4c. 25% of administrators and managers in each DHS healthcare facility who are mandated in the IPV policy will have participated in the IPV and sexual violence training.	3.4a. IVPP will evaluate initial trainings and make adjustments accordingly for future training. 3.4b. 90% of administrators and managers in each DHS healthcare facility who are mandated in the IPV policy will have participated in the IPV and sexual violence training. 3.4c. 25% of DHS staff with direct patient care in each healthcare facility will participate in IPV and sexual violence training.	4.4a. 90% of all new DHS staff will participate in IPV and sexual violence training within one year of hire. 4.4b. 75% of DHS staff with direct patient care in each healthcare facility will participate in IPV and sexual violence training.	5.4a. 90% of DHS staff who provide direct patient care and who completed initial training by 2008 will attend on-going IPV and sexual violence training. 5.4b. 90% of DHS staff with direct patient care in each healthcare facility will participate in IPV and sexual violence training.

Year/Activities	2006	2007	2008	2009	2010
5. Data collection system			3.5a. Each CEO/Clinic Manager/AHO will appoint an IPV records keeper to submit reports to IVPP. 3.5b. IVPP will train IPV records keepers. 3.5c. IVPP will develop IPV data collection system within DHS healthcare facilities.	4.5a. IPV records keepers will submit quarterly IPV data reports. 4.5b. 50% of DHS healthcare facilities and IVPP will implement data collection protocols & procedures.	5.5a. Investigate the feasibility of a countywide system for data collection. 5.5b. 100% of DHS healthcare facilities and IVPP will implement data collection protocols & procedures.
6. Resources & referral lists	1.6a. IVPP will update IPV resources & referral lists.	2.6a. 50% of DHS healthcare facilities will have appropriate resources, referral lists, and IPV prevention and intervention literature accessible to all DHS patients/clients.	3.6a 100% of DHS healthcare facilities will have appropriate resources, referral lists, and IPV prevention and intervention literature accessible to all DHS patients/clients. 3.6b. 50% of the IPV Response Teams or designated IPV staff will initiate contact and develop a working relationship with community agencies with expertise in IPV. 3.6b. 50% of DHS patients who screen positive for IPV will be provided with resources and referred to appropriate agencies for follow-up.	4.6a. 100% of the IPV Response Team or designated IPV staff initiates contact and develop a working relationship with community agencies with expertise in IPV. 4.6b. 85% of DHS patients who screen positive for IPV will be provided with resources and referred to appropriate agencies for follow-up.	5.6a. 100% of DHS patients who screen positive for IPV will be provided with resources and referred to appropriate agencies for follow-up.

Year/Activities	2006	2007	2008	2009	2010
7. Educational materials	1.7a. IVPP will distribute IPV educational materials.				5.7a. IVPP will continue to be a resource for updated IPV educational materials.
8. Inter- & Intra-agencies Collaboration		2.8a. IVPP will outline a plan for inter- and intra- agencies collaboration.			5.8a. Efforts to seek opportunities to collaborate with inter & intra-agencies continue.
9. MyPHD & DHS web pages		2.9a. IPV web page (policies, reporting forms, community resources) completion.	3.9a. Initiate on-going maintenance of web page.		5.9a. Continue on-going maintenance of web page including update of information (policies, laws, community resources).
10. Advanced technology	1.10a. Investigation & documentation for new advanced technology for screening, referrals, reporting, and data collection.	2.10a. Assess feasibility of utilizing new technology within DHS healthcare facilities.			5.10a. Re-evaluate technology for screening, referrals, reporting, and data collection.

Post Script

"The professions of medicine, nursing, and the health-related social services must come forward and recognize violence as their issue and one that profoundly affects the public health."

- Former Surgeon General C. Everett Koop

The Los Angeles County-DHS is committed to taking a leadership role in meeting former Surgeon General C. Everett Koop's challenge as it declares the mission to protect and improve the health of all Angelenos. This project provided an opportunity towards this mission by gathering DHS staff and administrators together with community leaders who shared the same vision of creating a better and safer place to live in our community. Their commitment and dedication shown for the project was invaluable and the collaboration created through the planning process was beyond what was documented in this plan.

The IPV Prevention Strategic Planning Coalition believes that violence is a public health issue because of its tremendous impact on the health and well-being of residents in Los Angeles County. The public health model to violence prevention brings a strong problem-solving approach with an emphasis on collaboration and community involvement. This approach is based on a well-defined process, which involves identifying the risk factors, designing interventions to address these factors, and evaluating the effectiveness of programmatic efforts.

Every member of the Intimate Partner Violence Prevention Strategic Planning Coalition strongly believes that prevention of intimate partner violence is possible, and that together, we can make a difference in addressing this critical issue. Each one of us can contribute to transforming the system, and united, we provide a powerful front to combating this terrible epidemic. And thus, we cordially invite you to join us by committing to fully supporting violence prevention efforts through implementation of this strategic plan within all DHS healthcare facilities.

As we move forward to manifest a common vision of a community free from the destruction of intimate partner violence, let us embrace the words of Margaret Mead (from Only One Earth):

"Never doubt that a small group of committed people can change the world. Indeed, it's the only thing that ever has."

Together, we CAN and WILL make a difference.