



Health and Public Health Recommendations for the Gender-based Violence National Action Plan

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Introduction

Gender-based violence (GBV), including intimate partner violence (IPV) and sexual violence, is a public health priority that requires comprehensive public health solutions. The significant health impacts of GBV are not only destabilizing for individuals, families, and communities, but also come at great cost to health care systems and our nation. Health care providers are important partners in preventing GBV and for caring for people who disclose GBV during a health care visit. Health care providers can deliver medical treatment, develop a care plan less vulnerable to partner interference, offer information and peer support, and give referrals to mental health and behavioral health care professionals. They also can discuss other services and supports, including domestic violence advocacy, legal services, and public benefit programs. Listed below are core strategies along with specific health-related recommendations to prevent and reduce GBV.

Core Strategies to Prevent and Reduce GBV

Expand Health Care Access to Prevent and Heal from Violence

Meaningful access to quality, affordable, and culturally relevant health care is crucial not only for people who have experienced violence or used violence, but also as an effective way to prevent violence.

- **Ensure Access to Health Care Services**

Access to health care coverage, including behavioral and mental health services, that is not tied to employment, is critical for individuals, families, and communities to be healthy and well. It also allows individuals who have experienced violence, to heal and thrive. The Biden Administration has invested in access to health care and must remain strong in ensuring that all people, regardless of economic or immigration status, have access to health care.

- **Advance Equity in Health Care Services**

Beyond health care coverage, there are strategies to ensure that the health care system is meeting the health needs of all survivors of GBV and their families. These include:

- Invest in enabling services such as transportation and mobile health;
- Provide health care services in the language that people are most comfortable using;
- Deliver robust gender affirming care and services; and,
- Integrate health care services with social determinants of health such as safe housing and food access.

■ **Apply Health-based Strategies to Prevent GBV**

Health care and public health systems present important opportunities for violence prevention. A GBV National Action Plan should support health care systems and help providers engage in meaningful primary and secondary prevention strategies:

- Use multi-generational and peer-based approaches to offer anticipatory guidance on healthy relationships and caregiving strategies that promote resilience;
- Provide comprehensive health and behavioral health support for people who are *using* violence;
- Ensure that health care systems actively work to address social determinants of health and violence prevention by addressing housing and food insecurity, systemic racism, and by identifying strategies for Medicaid to support this work; and,
- Require health care systems to develop and enforce workplace policies that address and prevent workplace harassment, homo/transphobia, and discrimination.

■ **Increase Access to Health Care for Immigrant Survivors**

Disparate rates of access to quality, affordable health insurance impact countless numbers of immigrant survivors of GBV. For the year 2019, 25% of lawfully present immigrants and 46% of undocumented immigrants did not have health insurance in comparison to only 9% of U.S. citizens who were uninsured. Federal policies have limited access to health care and public safety net programs for many lawfully present immigrants. The “five-year ban”, established in 1996, created a five-year waiting period for legal permanent residents to access federal public benefits such as Medicaid and the Children’s Health Insurance Program (CHIP). The Biden Administration’s reversal of the 2019 public charge rule that expanded the definition of “public charge” was a crucial step in addressing the harmful impact of 2019 rule on immigrant access to health care. The U.S., as part of a strategy to address access to health care for immigrant survivors, should:

- Eliminate barriers to accessing programs like Medicaid, CHIP, and the Supplemental Nutrition Assistance Program (SNAP), by removing the five-year bar and other barriers that deny many immigrants, including many immigrant survivors, the opportunity to access health care and supports that help families heal and meet their basic needs;

- Establish a final policy on public charge and provide funding for significant outreach, education, and enrollment to welcome immigrants and their families back to the public programs for which they are eligible; and,
- Provide funding for and ensure high quality health care for undocumented immigrants.

Invest in Partnerships Between Health Care and Public Health Providers and Organizations that Deliver Services to Survivors

Partnerships between advocates for people who have experienced GBV and health and public health professionals can help improve access to and care for survivors. Public health programs and health care settings deliver critical services and information to communities that help prevent and address GBV. Programs that support survivors, such as community-based organizations and domestic violence (DV) and sexual assault (SA) service providers, provide a wide and diverse range of services that help survivors find safety and heal.

- **Support Partnerships Between Health Care Providers and DV/SA Providers and Community-based Organizations to Improve Care and Enhance Healing**

As partners, public health programs and health care programs and community-based organizations that support survivors can cross-train their staff, facilitate trauma-informed responses to GBV, provide warm referrals to services, coordinate care, and advocate for systems and policies that center the experiences of survivors and efforts to prevent GBV. The GBV National Action Plan should help communities build these critical partnerships:

- Restart the state partnership program included in the Violence Against Women’s Act (VAWA) and administered by the Office of Women’s Health;
- Increase funding for the development, enhancement and/or implementation of statewide and local, community-based strategies for health care settings and violence prevention programs to partner and promote prevention of GBV; and,
- Increase funding for the Family Violence Prevention and Services Act (FVPSA) to build the capacity of community-based organizations to support and deliver services to survivors of GBV.

Expand Training to Public Health Programs and Health Care Workers to Prevent GBV and Support Survivors

Many survivors of GBV will never obtain services at a domestic or sexual violence agency, but they will likely come into contact with various health care systems. Thus, health and public health workers play a critical role in supporting survivors, addressing violence, and engaging in violence prevention. This requires a GBV National Action Plan to:

- **Increase Capacity of Public Health Programs and Health Care Workers to Use Evidence-based Interventions to address Gender Violence and Strategies to Promote Prevention**

Health Care workers must be trained to offer universal education on the impact of violence and trauma, how it is connected to health, and where to get support to every patient, not only patients who feel safe enough to disclose abuse.

- **Ensure that Health Care Institutions Are Trauma-responsive**

All health care providers should have trauma-responsive training and health care institutions should support staff who are experiencing vicarious trauma, harassment at work, and current or past violence and trauma in their own lives.

- **Support Robust Investment in and Develop Training Programs for Community Health Workers and Patient Navigators**

Community health workers and patient navigators are key partners in expanding outreach to and preventing and responding to GBV in the community. They can offer services to address GBV and the social determinants of health that make people more vulnerable to violence.

Confidentiality, Universal Education, and Empowerment and Support (CUES), is a proven evidenced-based intervention strategy that helps to prevent, identify, and ensure that people receive any and all needed assistance to address domestic violence. CUES gives health care providers the tools they need to discuss with all patients the elements of healthy and unhealthy relationships, the health effects of violence, health promotion strategies, and resources and supports.

Promote Public Health and Economic Security

A GBV National Action Plan must include public health strategies that address the material conditions of people experiencing or at risk of violence and those using or at risk of using violence. The Centers for Disease Control and Prevention (CDC) recognizes the important

link between economic security and safe relationships and promotes strengthening economic supports for families to reduce GBV. In addition, health care systems understand the major impact that social determinants of health have on people's health and well-being.

- **Ensure that Health Institutions, Providers, and Plans Focus on Social Determinants of Health (SDOH)**

Survivors of GBV need economic stability, education and quality jobs, health care, safe neighborhoods and environments, and social and community support. These SDOH provide survivors with independence, safety, and stability and can help to prevent violence from occurring in the first place. Note: Further economic security recommendations can be found in the GBV National Action Plan on Economic Justice and Mobility paper.

- **Prioritize Prevention and Public Health Responses Over the Criminalization of Survival Activities and Marginalized Life Experiences**

Currently the majority of women and gender non-confirming people who are involved in the U.S. criminal legal system are survivors of at least one, but most often more, forms of GBV and many of them for “crimes” of survival. It is imperative that any efforts to improve safety and security for survivors and their families include steps to reduce survivors’ contact with the criminal legal system by decriminalizing “failure to protect”, protecting oneself from GBV, houselessness, HIV, immigration, and other social issues that the criminal legal system not only fails to address, but often exacerbates.

Encourage States to Revise Mandating Reporting to Reduce Unnecessary Referrals

Some states require health professionals to file mandatory reports to government institutions when violence has been disclosed or is suspected. Though well-intentioned, these mandatory reporting laws can create significant barriers for survivors seeking health care services. Data shows that 50% of IPV survivors who had experienced non-consensual reporting stated that it made their situations more dangerous (Lippy, et. al, 2016), and that the fear of mandatory reporting kept them from accessing services, seeking health care, sharing information with their health care providers, and even seeking support from friends and family (Lippy et al., 2019) (Durborow et al., 2013) (Jordan & Pritchard, 2018) (Devoe & Smith, 2003). These barriers are often even more serious for the most marginalized survivors, particularly immigrants, youth, and disabled survivors. In addition, mandatory reporting requirements often are unclear for health care staff, and the lack of clarity can lead to over-reporting, which is a violation of patient privacy, as well as to a misguided focus on compliance rather than decreasing barriers and increasing safety for survivors.

- **Encourage States to Revise Mandatory Reporting Laws and Invest in Community-based Supportive Services for Survivors and Their Children**

Colorado changed its mandatory reporting law for medical professionals in 2017 to give some survivors more choice about reporting an injury and to ensure that health care providers offer supportive services to survivors. See Colo. Rev. Stat. Section 12-240-139. <https://casetext.com/statute/colorado-revised-statutes/title-12-professions-and-occupations/health-care-professions-and-occupations/article-240-medical-practice/section-12-240-139-effective-until-312022-injuries-to-be-reported-penalty-for-failure-to-report-immunity-from-liability-definitions>

Policy Recommendations for the Department of Health and Human Services (HHS) to Prevent GBV and Help Families Be Safe and Healthy

HHS is perfectly positioned to dramatically reduce GBV and improve the health and well-being for all families, particularly those who are most vulnerable. HHS can strengthen the health of individuals and their families by robustly investing in violence prevention and healing strategies while changing policies that perpetuate racial and gender inequities. Below are specific health care recommendations to prevent and reduce GBV.

Maternal and Child Health

Title V Maternal and Child Health Program

- Promote health equity and reduce disparities in access to care experienced by Black, Tribal, Indigenous, and other people of color, by continuing to increase federal funding for Title V Maternal and Child Health (MCH) programs especially those that integrate violence prevention and response as part of their work;
- Encourage and incentivize MCH programs to integrate CUES into all of their maternal and child health programs including (adolescent health, home visitation, Title V program, etc.);
- Encourage and incentivize states to utilize their MCH funds to strengthen violence prevention and response programs for survivors and those who use violence as well as

health services for parents, infants, and children, particularly those who are most marginalized and suffer from racial and ethnic health care disparities; and,

- Encourage and incentivize states to utilize their federal MCH funds to improve Black infant and maternal health, provide culturally competent perinatal services to pregnant people from all backgrounds, and support programs that integrate evidence-based domestic violence and sexual violence prevention programming before, during, and after conception care as well as in fatherhood programs.

Home Visiting Programs

Research has shown that evidenced-based home visiting programs are cost-effective investments that can provide essential support and help parents nurture their children's learning and well-being. They also help prevent child abuse and neglect, support positive parenting, improve maternal and child health, and promote child development and school readiness. The numerous benefits of the home visiting program decrease for families who have experienced relatively high levels of domestic violence. Thus, education and assessments for family violence as well as connections to services and supports so families can heal are key to ensuring that families obtain the full benefits of the home visiting program. To prevent and reduce GBV, the Maternal and Child Health Bureau should:

- Make home visiting services available to all pregnant people and new parents who may be at risk for GBV and children at risk for experiencing Adverse Childhood Experiences (ACEs);
- Change the federal benchmarks for home visitation on domestic violence to include offering universal education and trauma informed safer planning with families as described in the federal home visiting Collaborative Improvement Innovation Networks (CollINs), <https://mchb.hrsa.gov/maternal-child-health-initiatives/collaborative-improvement-innovation-networks-coiins>;
- Increase federal funding to support the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) so that states can expand evidence-based home visiting programs to every low-income family interested in benefiting from these services;
- Work with the Centers for Medicare & Medicaid Services (CMS) to encourage and incentivize states to use Medicaid funds to bolster their home visiting programs;
- Expand the technical assistance provided to home visitors to better address GBV and trauma, including providing universal education on the impact of violence and trauma on child development; and,
- Encourage and incentivize states to strengthen their domestic and sexual violence prevention work by dedicating resources to implement and evaluate interventions currently being implemented in the federal domestic violence home visitation CollINs that include talking with families about healthy relationships, offering adult and child-centered strategies to promote resiliency, and developing close linkages to community-based programs for ongoing supports.

Supporting Survivors Who Use Substances

Survivors of GBV and people who abuse their partners may use substances to medicate unaddressed and untreated trauma. To prevent and reduce GBV, the Health Resources and Services Administration should:

- Ensure that survivors who use substances and substance users who use violence or at risk of using violence have access to comprehensive, non-stigmatizing supportive mental health and behavioral health services;
- Increase the capacity of and provide funding support to domestic and sexual violence (DSV) advocacy services to better care for survivors who use substances;
- Increase the capacity of community health centers primary care services to offer trauma-responsive substance use disorder treatment and harm reduction services that take partner interference into consideration;
- Incentivize partnerships between DSV advocacy services and harm reduction and substance treatment services;
- Support the expansion of harm reduction strategies;
- Increase access to comprehensive, quality, low cost, culturally relevant mental health and behavioral health services; and,
- Support public health responses to substance use disorder over criminalization.

Adolescent and Reproductive Health

Title X/Reproductive Health

To prevent and reduce GBV, the Office of Population Affairs at HHS should support gender affirming reproductive health care services:

- Restore and expand access to Title X funding to ensure full access to comprehensive, affordable and quality reproductive health care services for adults and adolescents;
- Encourage and incentivize Title X grantees, subrecipients, and service sites to implement evidence-based interventions like the CUES model to reduce violence and improve reproductive health outcomes; and,
- Encourage and incentivize all Title X grantees, subrecipients, and service sites to collaborate with their local domestic and sexual violence programs to educate clients about GBV, support interventions that prevent dating violence and sexual violence and coercion, and assist survivors of domestic and sexual violence find services and supports to help them heal and thrive.

Adolescent Health

Domestic violence and sexual assault adversely impacts children and youth. Exposure to violence and trauma can cause children and youth to experience serious physical and mental health issues, delays in social and emotional development, and a heightened risk that they will engage in violence themselves. Additionally, children and youth exposed to violence and other adversities are more likely to drop out of school, have difficulty finding and maintaining a job, are less likely to attend college, and are at a heightened risk for later victimization and/or perpetration of violence. Below are recommendations on how to help youth develop healthy and safe relationships followed by recommendations specific to HHS.

Invest in Middle and High School as Key Developmental Times and Support Programs that Address Gender Norms and Healthy Relationships.

Helping young people learn about and/or experience healthy relationships during middle school and high school can prevent GBV. Creating safe spaces for LGBTQ youth is also important. Many adolescents explore romantic relationships for the first time between the ages of 11 and 14, but healthy relationship conversations and education often do not begin until much later, if at all. Acting early to educate young people and engage them in conversations about healthy relationships, rather than react to unhealthy ones later on, can stop GBV before it starts. A national strategy should include supports for whole school and community responses to prevention and response to GBV:

- Incentivize states to require students in middle and high school to receive sexual health education that is medically accurate, unbiased, inclusive of LGBTQ people, and appropriate for students of all races and genders and that addresses healthy relationships and violence prevention.

Title IV-A of Every Student Succeeds Act (ESSA)

This flexible federal block grant from the U.S. Department of Education (DOE) authorizes activities in three broad areas: providing students with a well-rounded education, supporting safe and healthy students, and, supporting the effective use of technology. Both the “well rounded education” and “safe and healthy student” portions of the funds can support numerous programs to reduce violence, build resilience, and promote healing.

- Congress should increase Title IV-A ESSA funding to states;
- DOE should provide information to states and school districts about the ability to use a portion of these block grants to fund school mental and behavioral health services delivery systems, trauma-responsive policies and practices, social-emotional learning, and violence prevention programming;
- DOE should encourage and incentivize states to help school districts create safe and supportive school environments with inclusive and equitable school policies that positively impact academic, behavioral, and mental health outcomes for all students; and,
- DOE should issue guidance addressing the issue of school discipline and its disproportionate use of exclusionary and punitive practices against students of color, LGBTQ students, and students with disabilities.

- Provide guidance to school-based health programs to integrate CUES and education about healthy relationships into their clinical practice.
- Support and promote national and local programs that work to prevent and stop teen dating violence such as those funded by VAWA and administered by the Office of Violence Against Women.
- Increase funding for engaging men and boys programs through VAWA to scale up and continue evaluation and implementation of them. Engaging young men and boys as allies in the work of combating GBV is another critical prevention strategy for young people. Programs like Coaching Boys Into Men, the only CDC-approved program for addressing violence and healthy relationships with boys and men, leverages the power of coaches on sports teams to create lasting change in attitudes and behaviors among male athletes in middle school, high school, and college. Supporting community-based interventions that work with men and boys outside the school setting also helps to prevent GBV.
- Prevent sexual violence and harassment in K-12 by focusing on prevention in middle school and high school. Title IX is the federal civil rights law that prohibits discrimination on the basis of sex in education programs and activities. The U.S. Department of Education released final regulations governing sexual assault under Title IX in May of 2020. Among other things, the regulations make clear that stalking, domestic violence, and dating violence are considered examples of sexual harassment under Title IX and, as such, schools have a proactive responsibility to prevent and address them. K-12 schools as well as colleges and universities that receive federal funds, must take sexual and domestic violence seriously, respond promptly and effectively to all forms of sexual and domestic violence, and prevent GBV.

Continue to Grow the Centers for Disease Control and Prevention (CDC) Rape Prevention and Education (RPE) Program.

The CDC has recognized that sexual violence is a serious problem that can have lasting, harmful effects on survivors and their family, friends and communities. The RPE program works to prevent sexual violence by providing funding to state health departments to implement primary prevention strategies that may include, training, education, and social marketing to address sexual violence and building the capacity of sexual assault programs.

- Promote the best available evidence to prevent sexual violence and increase funding so that more prevention strategies can be studied and implemented throughout the country; and,
- Encourage and incentivize states to work with sexual assault prevention organizations and rape crisis centers to prioritize funding to programs that are evidence-based, address gender-norms and bystander interventions, and focus on developing healthy relationships such as Coaching Boys into Men and Green Dot.

Revitalize and Strengthen the Personal Responsibility Education Program (PREP) to Help Promote Healthy Relationships and Life Skills and Prevent Unintended Pregnancies.

The CDC has recognized that sexual violence is a serious problem that can have lasting, harmful effects on survivors and their family, friends, and communities. The RPE program works to prevent sexual violence by providing funding to state health departments to implement primary prevention strategies that may include, training, education, and social marketing to address sexual violence and building the capacity of sexual assault programs.

- Encourage states to use Family and Youth Services Bureau (FYSB) funds to educate vulnerable preteens, teens, and pregnant or parenting youth, including LGBTQ youth, about sexual and reproductive health and build the skills necessary for healthy relationships.

Centers for Medicare & Medicaid Services

The Centers for Medicare & Medicaid Services (CMS) can reduce and prevent GBV by providing more robust coverage, issuing critical guidance, changing payment structures, and testing new approaches to improve coverage and services. Specific recommendations are listed below.

Medicaid Coverage -- CMS can and should:

- Provide coverage to all survivors, including immigrant survivors; and,
- Support state waivers that provide and evaluate the impact of presumptive Medicaid eligibility and reimbursement for parental mental health and substance abuse treatment services on behalf of EPSDT for

Provide Medicaid school-based health services in schools to all Medicaid-eligible students.

States have an opportunity to utilize Medicaid to support free school-based health services in schools to all Medicaid-eligible students by submitting a State Plan Amendment to the Centers for Medicare & Medicaid Services (CMS). With CMS approval, Medicaid-eligible students can receive critical Medicaid services in schools, including health screenings and preventive services as well as mental and behavioral health services. CMS should encourage and incentivize states to:

- Submit a State Plan Amendment to provide Medicaid school-based health services in schools to all Medicaid-eligible students;
- Contract with providers that deliver trauma-responsive services in schools;
- Use their Medicaid reimbursement to support mental health services including primary prevention, crisis intervention, training for teachers, counseling, including family counseling, and services for children who experience violence in their communities; and,
- Use reinvestment monies to provide trauma-responsive training for health services staff and teachers to build safe and supportive school environments for all students, including those experiencing trauma and violence.

a Medicaid-enrolled child if those intergenerational services are deemed necessary for the safety of the child.

Medicaid Guidance -- CMS can and should:

- Issue guidance that trauma services, including prevention and universal education, are covered by Medicaid;
- Issue guidance to schools on Medicaid coverage of non-serious emotional disorders in a school-based setting;
- Issue guidance jointly with the U.S. Department of Education on trauma-responsive schools and address disparities (including early intervention);
- Issue guidance on how to cover individuals who are “at risk” similar to the California family therapy benefit;
- Issue guidance that discusses Medicaid coverage of trauma services for adults;
- Issue guidance that discusses Medicaid coverage of prevention and early intervention services for children utilizing EPSDT; and,
- Issue guidance on best practices for billing under the women’s EHB package, including how providers are using the screening and brief counseling for DV/SA and IPV.

Medicaid Payment – CMS can and should:

- Ensure adequate payment for mental health services and payment for nonmedical providers including domestic and sexual violence advocates;
- Utilize payment models that pay for care coordination and enhanced services for trauma;
- Utilize payment mechanisms for health providers to provide the assessment and brief counseling; (Importantly, there are currently no CPT codes for IPV assessment and response, only ICD10 codes and there is insufficient support for social service programs for families experiencing IPV as discussed elsewhere.)
- Ensure that GBV is considered a core social determinants of health (SDOH) in any Medicaid guidance; and,
- Ensure that new payment models cover a wide range of evidence-based interventions in both the health care and social services settings, even if these services are not covered by the Medicaid state plan.

Medicaid Approaches -- CMS can and should:

- Clarify and test Medicaid case management or other incentives for care coordination and referral among clinical and non-medical services;
- Test approaches to incentivize providers to work with community partners addressing trauma and violence prevention to investigate what is happening with groups of patients in the community; and,
- Test approaches to improving provision of services, based on direct input from patients and families.

Collaboration with Agencies and States -- CMS can and should:

- Work with other agencies and programs (e.g. child welfare, WIC, MCH's Title V program) to encourage blending and braiding of administrative and financial resources across sectors and programs and allow flexibility in the use of grant dollars from non-CMS programs to test new solutions; and,
- Allow state agencies to blend or integrate funding streams with aligned goals and explore public-private partnerships and ways to improve coordination among programs from different sectors (potentially through Section 1115 waivers).

Along with CMS, private health insurance has an important role to play in paying for health-related victim services. We recommend that the White House convene a meeting with health care payers to develop best practices.

Center for Medicare and Medicaid Innovation

The Centers for Medicare and Medicaid Innovation (CMMI) also can prevent and reduce GBV.

CMMI can and should:

- Explore using a bundled payment model that tests various prototypes of coverage for children exposed to violence and survivors of GBV, that includes a longer “outcomes” window; and,
- Explore using an integrated pediatric health care and social services delivery model that coordinates services across child-facing agencies to ensure that the child’s needs are met.

CMMI can and should support the following interventions and strategies to prevent and reduce GBV and promote healing for children and families:

- **Trauma-Responsive Pediatric Health Homes**
Futures Without Violence (FUTURES) sees great potential in the development of trauma-responsive health homes for children. It is possible to develop a health home that integrates trauma approaches, and may be possible to develop a health home that would be targeted at individuals who have been exposed to violence and other Adverse Childhood Experiences (ACEs) and designed to treat the resulting trauma symptoms. For children and caregivers, participating in a trauma-responsive health home could mean coordinated access to the broad array of services that are covered by the state plan to treat the impacts of trauma, along with age-appropriate medical care. They also would receive additional care coordination and case management services to help them navigate the health system and make sure that needed services are received.

- **Two-Generation Solutions**

A May 2016 Informational Bulletin from CMS discussed using Medicaid to support two-generation solutions—and explicitly maternal depression screening and treatment. FUTURES recommends any new model expand beyond just maternal depression to make two-generation supports and services available that are comprehensive, systemic, and trauma-responsive. FUTURES encourages an integrated system to allow and encourage pediatricians to educate and assess caregivers at well child visits. This model can be strengthened by linking services for parents to EPDST or creating Medicaid “family accounts” which are billable for children and parents together.

- **Home Visitation**

There is no state plan option called “home visiting” under the Medicaid program—but many of the individual components of home visiting will be covered by the program (some non-medical/behavioral health components may need alternate sources of funding). Examples of home visiting services that could be covered include: case management services; preventive services (including preventive maternal screenings for depression or assessment of exposure to violence); home health and therapy visits; and expanded services to pregnant women. Home visits can also be used to perform EPSDT periodic assessments and screenings for children and adolescents.

- **Eligibility Criteria**

FUTURES acknowledges that participation in many alternative payment models requires a specific diagnosis (or set of diagnoses). As noted in the discussion of health homes above, we support exposure to violence and/ACEs or symptoms of trauma as an important eligibility criteria for services for children. Importantly, FUTURES supports a universal education approach, rather than one that is disclosure driven (which may or may NOT be coupled with screening questions if they are delivered in a trauma-responsive manner). With a universal education approach, providers can promote prevention, resiliency, healing, and offer strategies that buffer the potential adverse impact of trauma on health regardless of if an individual is ready to disclose their experiences with trauma. This is particularly important for caregivers who may be concerned about punitive responses to screening forms. Rather, a universal education approach emphasizes the caring and supportive relationships that can help enhance resilience and define concrete action steps to support parent or caregiver skills and children’s resiliency.

- **Early Intervention and Prevention**

FUTURES strongly supports early intervention and prevention for children and families exposed to violence/ACEs. But some health insurance plans may require a formal diagnosis (and sometimes a severe behavioral health diagnosis) to cover certain services. This requirement often drives up health costs because problems only can be addressed once they become severe. The federal government importantly gave support

to states to address trauma early through the “the tri-agency trauma letter” that gives guidance to state Medicaid directors.

Health Resources and Services Administration

Community Health Centers

Health centers provide primary health care to millions of people regardless of their ability to pay. Along with providing primary care services, health centers support public health priorities such as responding to the COVID-19 and the opioid crisis. They also are an important partner in preventing domestic and sexual violence and responding to the health and safety needs of survivors of violence. The GBV National Action Plan should:

- Enhance the capacity of health centers to respond to the needs of survivors of GBV;
- Encourage and incentivize health centers to train health care providers on how to use and integrate CUES into their appointments with patients to help prevent family violence and respond to the needs of families who have been exposed to domestic violence;
- Develop quality measures around integration of IPV care and prevention including universal education with a mechanism for reimbursement;
- Encourage and incentivize community health centers to partner with domestic and sexual violence programs to better meet the health needs of survivors of GBV;
- Support community health centers to respond to staff exposed to GBV and offer supportive policies;
- Encourage and incentivize community health center staff and health care providers to be trauma-responsive; including creating environmental changes that allow for privacy and safety, support staffing for patient navigators and care coordination etc.; and,
- Increase access to health centers by strengthening “enabling services”, and making them eligible for reimbursement especially interpretation services, transportation to and from health centers, access to onsite or offsite DV services, economic supports (access to food, housing and employment) as well as funding for care coordinators.

Expand *Project Catalyst: State-Wide Transformation on Health, IPV, and Human Trafficking* to all fifty states, the District of Columbia, and all territories. Make it a three year initiative so that health care centers across the nation and in the territories can benefit from state-level policy and systems change that support an integrated and improved response to IPV and human trafficking in community health centers and to other needed services in domestic violence programs.

HIV/AIDS Bureau

HIV/AIDS Programs

GBV is a significant contributor to HIV and people living with HIV are more likely to experience GBV throughout their lives. This has a major impact on their health and wellness, and on the government's efforts to end the epidemic. Data show GBV is a significant barrier to health access for people living with HIV at every step of the HIV care continuum, ultimately resulting in fewer survivors staying engaged in care and achieving viral suppression. In line with recommendations of the National Strategic Plan: A Roadmap to End the Epidemic for the United States | 2021–2025, the HIV/AIDS Bureau should:

- Encourage and incentivize HIV programs to address trauma and violence using the CUES intervention in all of their Ryan White programs and health centers that receive Ryan White grantees;
- Expand Ryan White Part D funding to increase capacity of HIV programs to meet the needs of women and children living with HIV, including trauma-responsive care practices, peer support, childcare, medical transportation, and high-quality sexual and reproductive care services;
- Increase the availability of comprehensive, quality, and culturally relevant mental health services in HIV programs;
- Encourage and incentivize programs to build partnerships to ensure effective care navigation between HIV programs and crucial partners such as DSV advocacy, substance use treatment and harm reduction services, sex worker outreach projects and more;
- Support technical assistance to domestic and sexual violence advocacy programs to better meet the needs of survivors who are living with HIV; and,
- Support the expansion of the Housing Opportunities for Persons With Aids (HOPWA) to ensure safe and affordable housing for survivors who are living with HIV.

Agency for Health Care Research Quality

Health Care Research

- Increase funding for implementation research on the impact of GBV prevention and intervention strategies through the Agency for Health Care Research and Quality or other programs.

Office of the National Coordinator for Health Information Technology

Office of the National Coordinator (ONC)

To ensure the safety of survivors of GBV, ONC must:

- Issue clear privacy and confidentiality guidelines that allow patients control over their data;
 - Use cases to highlight survivors' needs; and,
 - Provide special guidance on how to keep documentation of GBV and exploitation private under the 21st Century Cures Act.
-