SCHOOL-BASED HEALTH ALLIANCE
The National Voice for School-Based Health Care

School-Based Health Centers and Healthy Relationship Promotion

June 25, 2026

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Welcome!

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Learning Objectives

Participants will be able to…

- Identify clinic-based interventions for addressing adolescent relationship abuse (ARA) with their clients
- Describe evidence-based prevention education-focused programs and strategies for implementation
- Describe practical steps for youth-led and community-based partnerships for healthy relationship promotion

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Agenda

Time	Content
12:15 pm – 12:25	Welcome
12:25 – 12:30	About adolescent relationship abuse
12:30 – 12:45	Strategies for clinical encounters
12:45 – 12:55	Strategies for beyond the clinical visit
12:55 – 1:10	Partnering with youth
1:10 – 1:15	Community partnerships
1:15 - 1:30pm	Reflections and closing

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Getting to Know You

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School-Based Health Alliance

Transforming Health Care for Students

Our **Focus**

The School-Based Health Alliance Works to Support & Grow SBHCs

Policy	Standards	Data	Training
Establishes and advocates for national policy priorities	Promotes high-quality clinical practices and standards, including for telehealth	Supports data collection and reporting, evaluation, and research	Provides training, technical assistance, and consultation

We support the improvement of students' health via school-based health care by supporting and creating community and school partnerships.

www.sbh4all.org

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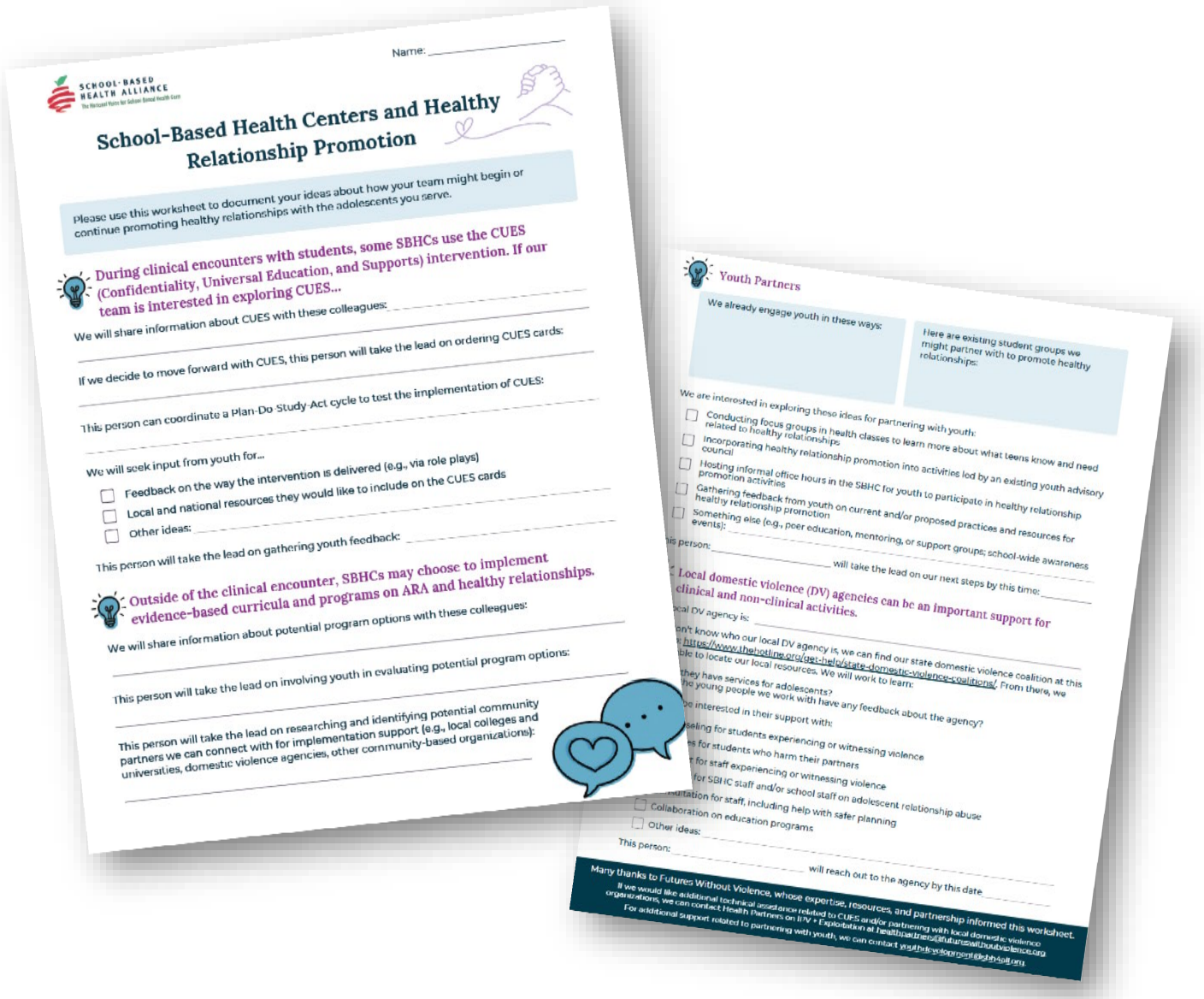

About our worksheet

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About Adolescent Relationship Abuse (ARA)

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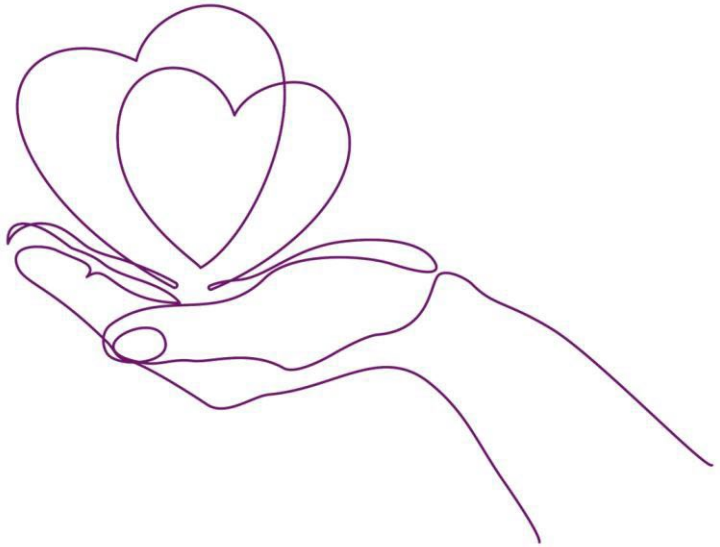
Defining Adolescent Relationship Abuse

Adolescent relationship abuse is a **pattern** of behaviors used to gain **power and control** in intimate relationships. It may involve psychological, emotional, verbal, physical, or sexual abuse and/or stalking. It can happen in person or digitally, and it can affect younger or older adolescents.



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What are some behaviors you associate with adolescent relationship abuse?

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How common is relationship abuse among adolescents?

- **More than one in ten** 12th graders reported experiencing **physical dating violence** in the past year.
- **About 6%** of high school students reported experiencing **sexual dating violence** in the past year.
- About **one in four** adolescents reported **verbal or psychological abuse** by a dating partner in the past year.
- **More than six in ten** adolescents reported experiencing **economic abuse** (school interference, work interference, and/or financial control).

Sources: Office of Juvenile Justice and Delinquency Prevention. *Dating Violence Reported by High School Students, 2023.* Futures Without Violence, UPMC Children's Hospital of Pittsburgh, and The Allstate Foundation. *Economic Abuse Within Adolescent Relationships: Summary Report*

Impacts of adolescent relationship abuse

- Young people who experience adolescent relationship abuse are more likely to report symptoms of depression and anxiety, and suicidal ideation.

- Using or experiencing violence in adolescent relationships may be associated with a greater likelihood of using or experiencing partner violence in adulthood.

Source: Piolanti A, Waller F, Schmid IE, Foran HM. Long-term adverse outcomes associated with teen dating violence: A systematic review. *Pediatrics*. 2023;151(6). doi:10.1542/peds.2022-059654

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To develop and maintain healthy relationships, adolescents need support from a range of systems, including their schools, health providers, and communities. These supports can partner to prevent and respond to adolescent relationship abuse.

Primary, secondary, and tertiary approaches for school-based health centers (SBHCs)

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Primary

Before harm occurs

- Universal education for all youth, including about green flags, consent, and digital safety
- CUES Intervention and safety cards
- Schoolwide curricula and youth-led messaging

Secondary

When risk or early harm emerges

- Screening or focused assessment
- Brief counseling and follow-up
- Warm handoffs to behavioral health or advocates
- Targeted small groups for elevated risk

Tertiary

After harm has occurred

- Trauma-informed response
- Safer planning and documentation
- Medical and behavioral health care
- Advocacy, school supports
- Services for youth who harm their partners

All can be supported by school and community partnerships (e.g., a domestic violence agency)

How the visit connects to prevention beyond the visit

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During the visit

- Normalize relationship safety for every student
- Use CUES Intervention and adolescent safety cards
- Screen or assess when red flags are present
- Provide warm handoffs and follow-up

Universal and responsive

School day	Health class, advisory, small groups, assemblies, coach-led prevention
Youth leadership	Youth advisory councils, peer education, events, media projects
Community partners	Domestic violence/ sexual assault advocacy, counseling, case consultation, safer planning
Colleges and universities	Curricula, trained facilitators, interns, evaluation, fidelity support

Clinical practice does not have to carry the full prevention load.

A holistic model = SBHC + School + Community

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A school-based health center can anchor the work without owning every activity.

Clinic visit

Universal education, screening, brief counseling, follow-up

Structured education

Evidence-based classroom, small-group, afterschool, and coach-led programs

Community partnership

Advocacy, university support, youth leadership, and referral pathways

The goal is a consistent, repeatable system: every student hears the message, students at risk are connected early, students harmed by abuse receive care and advocacy, and students who harm their partners receive support to make safer choices.

Ways School-Based Health Centers Have Addressed Adolescent Relationship Abuse (ARA)

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Ideas from participants in a learning collaborative on SBHCs and healthy relationship promotion offered by Futures Without Violence and the School-Based Health Alliance

- Implementation of a clinical intervention (CUES)
- Building/strengthening relationships with local domestic violence organizations
- Updating school-based health center policies
- Quality improvement work to strengthen adolescent relationship abuse prevention activities
- Exploring implementing "Coaching Boys Into Men"
- Implementing professional development on adolescent relationship abuse for colleagues
- Partnering with youth to promote healthy relationships

Strategies for ARA Prevention and Healthy Relationship Promotion During Clinical Encounters

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- Universal education (CUES)
- Screening

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How do you talk about ARA with your patients? Does your SBHC have a process for screening?

CUES: A Universal Education Approach

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CUES AN EVIDENCE-BASED INTERVENTION TO ADDRESS DOMESTIC AND SEXUAL VIOLENCE IN HEALTH SETTINGS

shown to improve health and safety outcomes for survivors

Survivors say they want health providers to:
Be nonjudgmental * Listen * Offer information and support * Not push for disclosure

C: Confidentiality

- Know your state's reporting requirements and share any limits of confidentiality with your patients.
- Ensure that you can bring up relationships, violence, or stress safely by seeing patients alone for at least part of the in person or virtual visit

! *Make sure you have access to professional interpreters and do not rely on family or friends to interpret.*

"Before we get started I want to let you know that I won't share anything we talk about today outside of the care team here unless you were to tell me about [*find out your state's mandatory reporting requirements*]."

UE: Universal Education + Empowerment

Safety cards are available for different settings, communities and in a variety of languages at ipvhealth.org

- Give each patient two safety cards or ask if you can send them a link to resources to start the conversation about relationships and how they affect health.
- Open the card and encourage them to take a look. Make sure patients know that you're a safe person for them to talk to.

! *Offering this information to all patients ensures that everyone gets access to information about relationships, not just those who choose to disclose experiences of violence.*

"I'm offering these resources to all my patients. They talk about relationships and how they affect our health. Take a look, and please share with a friend or family member….On the back of the card there are resources you can call or text, and you can always talk to me about how you think your relationships are affecting your health. Is any of this a part of your story?"

S: Support

- Though disclosure of violence is not the goal, it will happen -- know how to support someone who discloses.
- Make a warm referral to your local domestic/sexual violence partner agency or national hotlines (on the back of all safety cards).
- Offer health promotion strategies and a care plan that takes surviving abuse into consideration.

! *What resources are available in your area for survivors of domestic and sexual violence? Partnering with local organizations makes all the difference.*

"Thank you for sharing this with me, I'm so sorry this is happening. What you're telling me makes me worried about your safety and health…

A lot of my patients experience things like this. There are resources that can help. [*Share name, phone and a little about your local DV program*] I would be happy to connect you today if that interests you."

For more information or to order materials contact the National Health Resource Center on Domestic Violence: health@futureswithoutviolence.org ipvhealth.org

FUTURES WITHOUT VIOLENCE

- place this poster in your health staff break room -

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CUES: A Universal Education Approach

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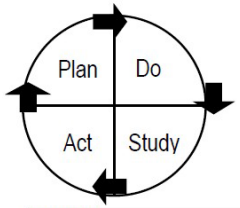
CUES: Adolescent Safety Cards

Available from Futures Without Violence:

https://store.futureswithoutviolence.org/



PDSA WORKSHEET

Site name:	Date of test:	Test Completion Date:
Which change idea does this test? ***Integrate CUES into response to ARA/HT***		

PLAN

Who will implement the test?

Briefly describe the test: ***Test the CUES intervention with _____ patients***

What do you predict will happen?

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
1. Identify the person to lead			
2. Identify the setting			
3. Locate the cards/resources			
4. Reach out to local DV program			
5. Record the observations			

What other steps do you need to take to prepare?

DO: Test the change.

Was the cycle carried out as planned? ☐ Yes ☐ No

Record data and observations.

- Did you do a grounding exercise before introducing the card? ☐ Yes ☐ No
- Did you share 2 cards for student to use to help friend or family member? ☐ Yes ☐ No
- Did you provide universal education on healthy relationships? ☐ Yes ☐ No
- Did you point out the chat and hotlines panel of the card? ☐ Yes ☐ No
- Did you offer harm reduction/health promotion for those who disclose? ☐ Yes ☐ No
- Did you offer a warm handoff/ referral for those that disclose? ☐ Yes ☐ No

What did you observe?

_____

_____

_____

STUDY:

Did the results match your predictions? ☐ Yes ☐ No

_____

_____

Compare the result of your test to your previous performance:

_____

_____

What did you learn?

_____

_____

ACT: Decide to A new change, Adapt, Adopt

☐ A new change: Try a new change idea.

☐ Adapt: Improve the change and continue testing. Describe what you will change in your next PDSA

☐ Adopt: Select changes to implement on a larger scale. Develop an implementation plan.

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Teams can consider implementing a Plan-Do-Study-Act (PDSA) cycle to test the implementation of CUES

Screening for Adolescent Relationship Abuse

- Many comprehensive screening tools include questions about relationship safety, including the SSHADESS assessment, Bright Futures, and the Whole Child Assessment.

- If your SBHC has a screening protocol, is there an opportunity to *also* incorporate universal education?

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Name: _____

School-Based Health Centers and Healthy Relationship Promotion

Please use this worksheet to document your ideas about how your team might begin or continue promoting healthy relationships with the adolescents you serve.

During clinical encounters with students, some SBHCs use the CUES (Confidentiality, Universal Education, and Supports) intervention. If our team is interested in exploring CUES...

We will share information about CUES with these colleagues: _____

If we decide to move forward with CUES, this person will take the lead on ordering CUES cards: _____

This person can coordinate a Plan-Do-Study-Act cycle to test the implementation of CUES: _____

We will seek input from youth for...

- ☐ Feedback on the way the intervention is delivered (e.g., via role plays)
- ☐ Local and national resources they would like to include on the CUES cards
- ☐ Other ideas: _____

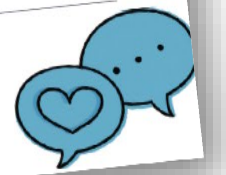
This person will take the lead on gathering youth feedback: _____

Outside of the clinical encounter, SBHCs may choose to implement evidence-based curricula and programs on ARA and healthy relationships.

We will share information about potential program options with these colleagues: _____

This person will take the lead on involving youth in evaluating potential program options: _____

This person will take the lead on researching and identifying potential community partners we can connect with for implementation support (e.g., local colleges and universities, domestic violence agencies, other community-based organizations): _____



Youth Partners

We already engage youth in these ways:

Here are existing student groups we might partner with to promote healthy relationships:

We are interested in exploring these ideas for partnering with youth:

- ☐ Conducting focus groups in health classes to learn more about what teens know and need related to healthy relationships
- ☐ Incorporating healthy relationship promotion into activities led by an existing youth advisory council
- ☐ Hosting informal office hours in the SBHC for youth to participate in healthy relationship promotion activities
- ☐ Gathering feedback from youth on current and/or proposed practices and resources for healthy relationship promotion
- ☐ Something else (e.g., peer education, mentoring, or support groups; school-wide awareness events): _____

This person: _____ will take the lead on our next steps by this time: _____

Local domestic violence (DV) agencies can be an important support for clinical and non-clinical activities.

Our local DV agency is: _____

If we don't know who our local DV agency is, we can find our state domestic violence coalition at this website: https://www.thehotline.org/get-help/state-domestic-violence-coalitions/. From there, we will be able to locate our local resources. We will work to learn:

- Do they have services for adolescents?
- Do the young people we work with have any feedback about the agency?

We might be interested in their support with:

- ☐ Counseling for students experiencing or witnessing violence
- ☐ Services for students who harm their partners
- ☐ Support for staff experiencing or witnessing violence
- ☐ Training for SBHC staff and/or school staff on adolescent relationship abuse
- ☐ Consultation for staff, including help with safer planning
- ☐ Collaboration on education programs
- ☐ Other ideas: _____

This person: _____ will reach out to the agency by this date _____

Many thanks to Futures Without Violence, whose expertise, resources, and partnership informed this worksheet.
If we would like additional technical assistance related to CUES and/or partnering with local domestic violence organizations, we can contact Health Partners on IPV + Exploitation at healthpartners@futureswithoutviolence.org.
For additional support related to partnering with youth, we can contact youthdevelopment@sbh4all.org.

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Strategies for ARA Prevention and Health Relationship Promotion Beyond Clinical Encounters

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Does your SBHC or school offer any education focused on promoting healthy relationships and preventing relationship abuse?

Evidence-based curricula and programs

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Select the program that matches age, setting, staff capacity, and prevention level.

The Fourth R

The Fourth R
Strategies for Healthy Youth Relationships

School-day health curriculum that teaches relationship skills, decision-making, and nonviolent conflict resolution. Texas middle school data showed lower physical ARA perpetration at 1 year.

Dating Matters

DATINGMATTERS

Centers for Disease Control and Prevention comprehensive model for youth ages 11 to 14. Works across youth, parents, educators, schools, and neighborhoods for a true public health approach.

Safe Dates

Safe DATES
An Adolescent Dating Abuse Prevention Curriculum

Middle and high school program with classroom lessons and school engagement activities. Long-term studies found reductions in physical, serious physical, and sexual dating violence.

Coaching Boys Into Men

Coaching Boys INTO MEN

Coach-led athletics program that builds respectful behavior and bystander action among male athletes. Best when schools want prevention embedded in team culture.

Sources: CDC Dating Matters; OJP CrimeSolutions; peer-reviewed trials of Fourth R, Safe Dates, and CBIM; Futures Without Violence.

Green to Grown at UTHealth Houston

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A university partner model for evidence-based healthy relationship and youth development programming for middle and high school students.

Why this example works for SBHCs

- School-day, community, and afterschool implementation options
- Menu of evidence-based programs across middle school through young adulthood
- Implementation infrastructure beyond the SBHC clinical team
- Evaluation, training, and fidelity support from a public health school

Capacity partner

Evidence-based menu

SBHC identifies need

University matches program

School schedules delivery

Students get education

SBHC receives warm handoffs

Green to Grown can be framed as a partnership opportunity: the SBHC keeps its trusted clinical role while university staff support curricula, facilitation, training, and outcomes measurement.

Sources: UTHealth Houston School of Public Health Green to Grown and curriculum summaries; Health and Human Services Teen Pregnancy Preventionn evidence materials.

Green to Grown program snapshots

Use this as a menu for matching age, setting, and prevention goals.

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Love Notes

Ages 14 to 24. Thirteen lessons on healthy romantic relationships, consent, communication, dating violence prevention, sexual assault, and digital safety. Randomized control trial evidence shows sexual health risk reductions at 6 months.

SHARP

A one-session small-group intervention for teens focused on sexual health, adolescent risk prevention, substance use, and healthy versus unhealthy relationships. Best fit for targeted groups or clinical and community settings.

Plan A

A 23-minute video intervention for older adolescents and young women, especially clinic or bridge-to-college settings. Evaluation evidence shows gains in sexually transmitted infection testing, contraceptive knowledge, long-active reversible contraceptive uptake, and safer sex outcomes.

Vision of You

Interactive self-paced online program using video, animation, and gamification. Content covers healthy relationships, parent-child communication, adolescent development, contraception and sexually transmitted infections, red and green relationship flags, and clear communication with partners.

Me & You

A 13-session program for middle school students. Uses role-play, discussion, skill-building, computer lessons, and parent-child take-home activities to strengthen healthy relationship norms with self and others, constructive conflict resolution, and dating violence prevention.

Sources: UTHealth Love Notes and Me & You summaries; Plan A; Vision of You and SexEdVA/James Madison University; SHARP evidence summaries.

What the evidence says about impact

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Outcomes vary by program, but the strongest evidence shows both reduced relationship harm and increased protective skills, including healthier conflict resolution, positive relationship skills, and safer bystander action.

Me & You

Stronger conflict-resolution skills

Plus, lower odds of dating violence perpetration at 1 year in a Texas middle school trial.

The Fourth R

14.9% vs 18.3%

Reduced recurrence of physical dating violence among students with prior ARA, one year later.

Safe Dates

4-year effects

Sustained reductions in psychological, physical, and sexual abuse perpetration at 4-year follow-up.

Dating Matters

More positive relationship skills into high school

Trial showed lower teen dating violence and related behaviors, with effects that persisted.

Coaching Boys Into Men

Bystander gains

Improved positive bystander behavior; middle school trial found lower ARA perpetration among boys who had dated.

Love Notes

1,448 youth Randomized Control Trial

Greater condom and birth control use, less intercourse, and fewer sexual partners at 6 months.

Sources: Fourth R Pediatrics; Me & You American Journal of Public Health/PubMed; Safe Dates American Journal of Public Health; Centers for Disease Control and Prevention Dating Matters; Journal of the American Medical Association Pediatrics Coaching Boys Into Men; UTHealth Love Notes summary

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Colleges and universities

A practical way to bring evidence-based health education, trained facilitators, and evaluation support into the school day.

Use the SBHC to identify needs and reinforce messages. Use partners to expand reach.

Other university partners to explore

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Look for partners that already have curriculum, extension, practicum, implementation, or evaluation infrastructure.

James Madison University and SexEdVA
Institute for Innovation in Health and Human Services

Training, technical assistance, curriculum, research, and Vision of You implementation capacity.

University of Pittsburgh
Division of Adolescent and Young Adult Medicine

Coaching Boys Into Men dissemination model with community of practice, domestic violence agencies, and evaluation support.

University of Maryland Extension
Family and Consumer Sciences: Mental Health

Live, research-based Relationship Smarts groups in schools and community settings.

University of Georgia Extension
Family and Consumer Sciences

County-based relationship education model; nearly 15,000 youth reached across 76 counties since 2008.

Utah State University Extension
Healthy Relationships Utah

Love Notes for Teens delivered by university educators in a low-burden virtual group format.

Tip: Start local, then look statewide. Extension systems and public health schools often have ready-made training, facilitator, and evaluation pipelines.

Sources: James Madison University/SexEdVA; University of Pittsburgh; University of Maryland Extension; University of Georgia Extension; Utah State Extension; University of Florida Institute of Food and Agricultural Studies Extension

How to partner with colleges and universities

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1. Match the partner to the job	Public health, nursing, social work, family science, extension, adolescent medicine, and athletics programs bring different strengths.
2. Start with one role	Pilot a school-day series, small group, coach program, practicum model, youth advisory activity, or evaluation project.
3. Protect workflow and safety	Clarify confidentiality, mandated reporting, consent, warm handoffs, supervision, and how urgent student needs return to the SBHC.
4. Build for sustainability	Create a facilitator pipeline, faculty champion, annual training plan, fidelity checks, and shared outcome measures.

Sources: Futures Without Violence Memorandum of Understanding template; SBHA partnership guidance; university extension and public health implementation examples.

Partnering with Youth for Healthy Relationship Promotion

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Definitions

Source: Advancing Youth Development

- **Youth Development** meets the physical and social needs of young people by defining their individual goals and preparing them to achieve their full potential.
- **Youth Engagement** identifies young people's right to participate in decisions that influence them and recognizes the skills they bring to the table.
- **Youth Partnership** considers youth as equal partners with adults in the decision-making process.

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Ideas for partnering with youth related to SBHCs

Stages

- Planning
- Start-up
- Expansion
- Ongoing

Strategies

- Youth Advisory Council (YAC)
- Youth representation on Advisory Committee
- Provide feedback on services & experience
- Outreach and enrollment
- Peer education, mentoring, counseling, or support groups
- Community asset mapping and needs assessments
- Health career pathway/student shadowing/intern

Youth-centered Approaches

- Photovoice
- Storytelling

Youth Development Principles in Practice

https://sbh4all.org/wp-content/uploads/2023/07/Healthy-Starts-Healthy-Hearts-Understanding-and-Addressing-ARA.pdf

In all conversations with adolescents about adolescent relationship abuse, consider the following **tips from youth:**

- Consider your relationship with the patient.
- Discuss healthy relationships too! Help young people identify “green flags.”
- Understand that youth may use a variety of terms to describe their romantic relationships.
- Validate their feelings and experiences. Recognize that abusive behavior may be followed by affection.
- Consider using media (e.g., movies, television shows, literature, music, etc.) as a common ground to facilitate discussion.

Ways SBHCs have partnered with youth for healthy relationship promotion

Ideas from participants in a learning collaborative on SBHCs and healthy relationship promotion offered by Futures Without Violence and the School-Based Health Alliance

- Focus groups in health classes to learn what students know and need related to healthy relationships
- Partnering with existing clubs to promote healthy relationships
- Incorporating healthy relationships content into small group education sessions
- Development of a youth advisory council
- Working with existing youth advisory councils to incorporate healthy relationship promotion activities into their scope
- "Office hours" where teens interested in healthy relationship promotion can gather

YAC Healthy Relationship Event

Ironmen Youth Advisory Council, Mancelona, MI

"On Valentine's Day, the Ironmen Health Center Youth Advisory Council at Mancelona High School in Michigan decided to spread awareness and share resources about healthy relationships. They created signs that said, "Love is Sweet, Respect is Sweeter" and "Respect UR Love," and handed out donuts. They also handed out stickers that promoted healthy relationships and phone wallet cards that provided "Keys to a Healthy Relationship" information with hotlines to call if they have questions or concerns about abusive relationships. There was a poster with "Healthy Relationships are…" and "Healthy Relationships are not…" and students used Post-it notes to add their definitions. Those posters are still hanging up in the cafeteria…"

Partnerships with Local Domestic Violence Agencies

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Does your SBHC have formal or informal partnerships with local resources to support students experiencing or using ARA?

Local domestic violence and sexual assault (DV/SA) agencies

DV/SA agencies typically have a goal of promoting safety for people experiencing intimate partner violence.

They can support your patients experiencing violence…

- Hotline services (support, safer planning)
- Counseling
- Legal advocacy

They can support your patients witnessing violence at home…

- Children's services
- Counseling

They can support your patients using violence…

- Services for people who harm their partners (typically group interventions)

And they can support your staff!

- Training on adolescent relationship abuse
- Case consultation
- Safer planning
- Collaboration on education programs

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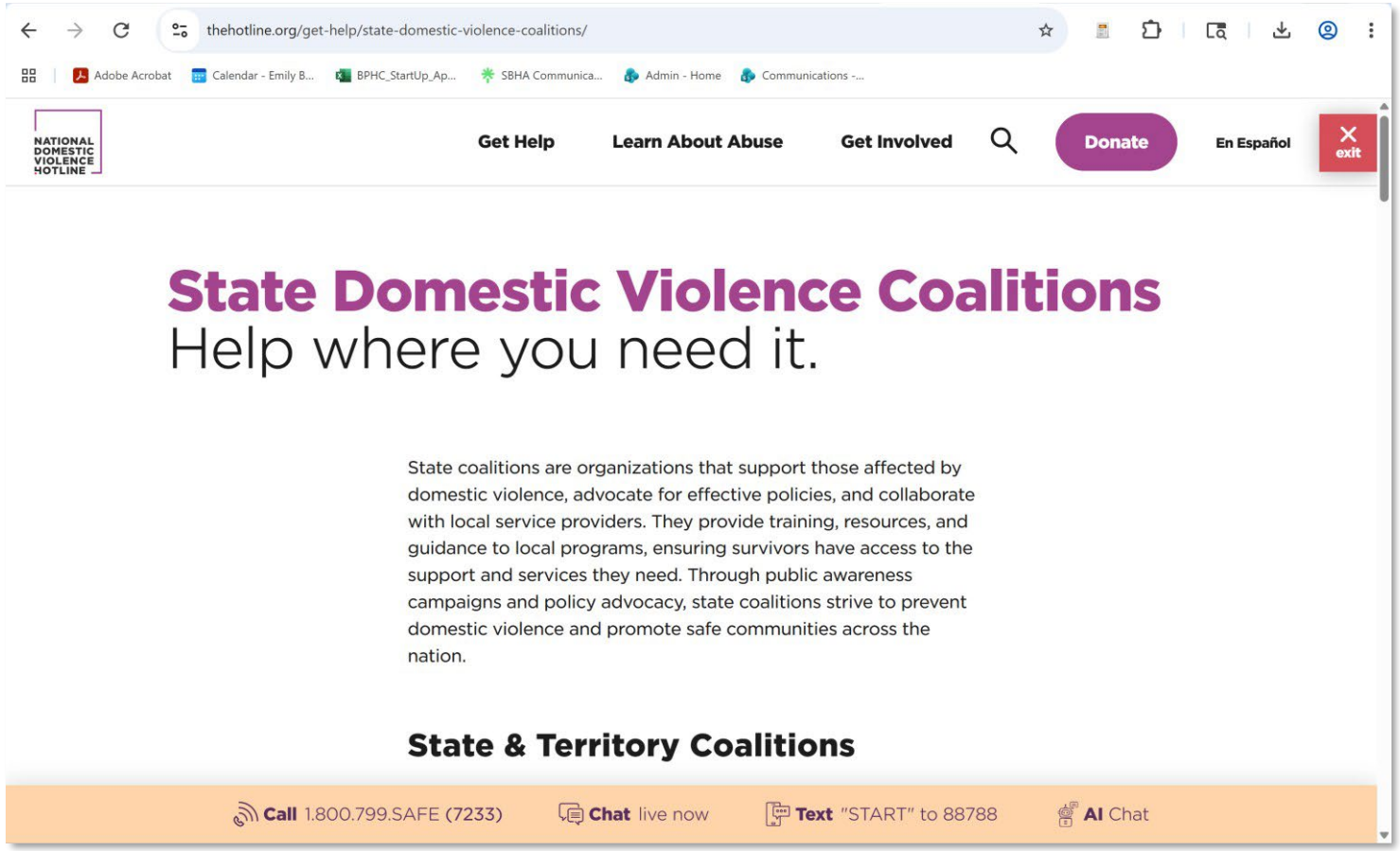
Finding Your Local Domestic Violence Agency



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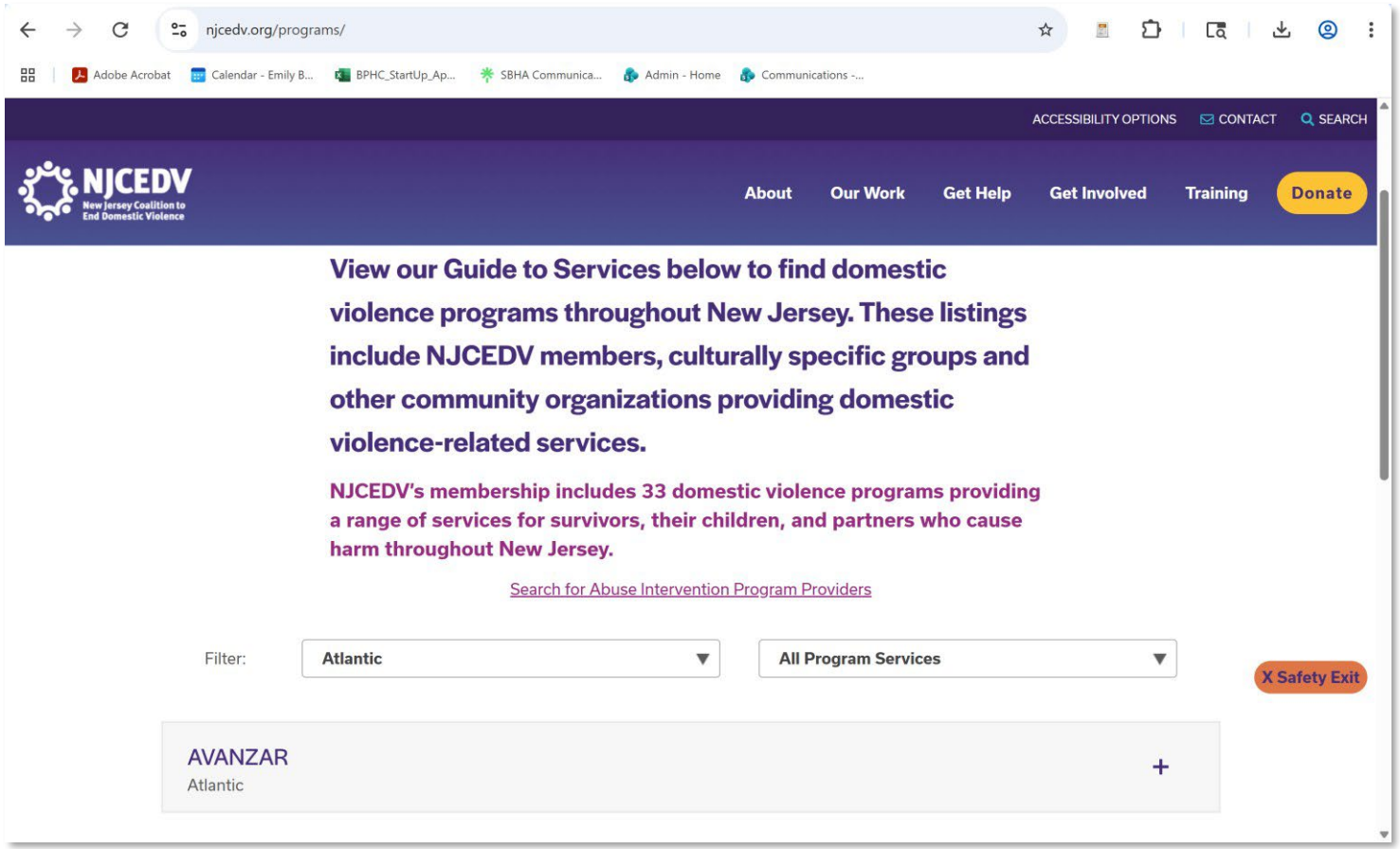
Finding Your Local Domestic Violence Agency



Developing a Memorandum of Understanding

Resource from Futures Without Violence: https://ipvhealth.org/wp-content/uploads/2021/07/MOU-Template-Final-2021.pdf

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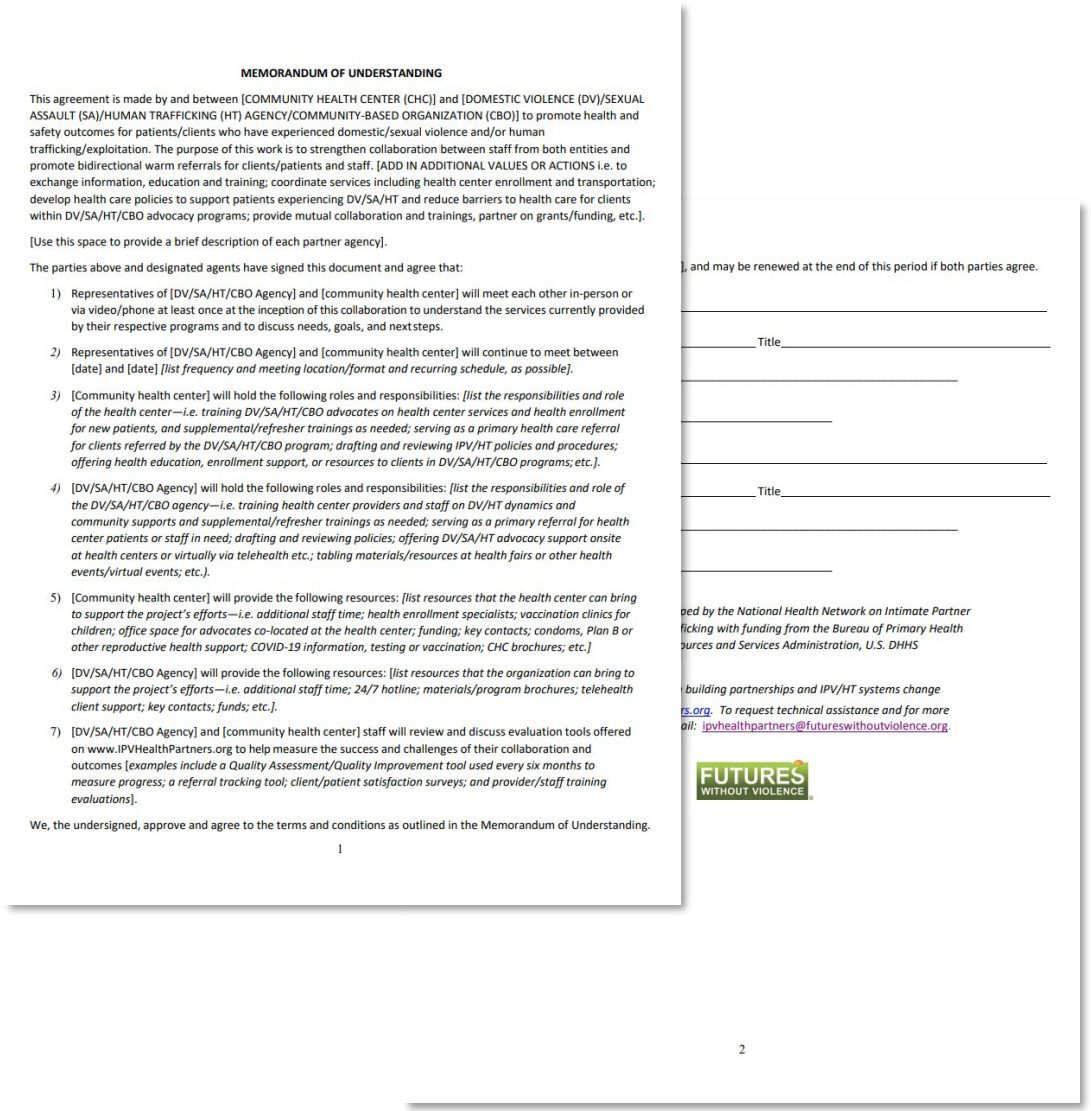

MEMORANDUM OF UNDERSTANDING

This agreement is made by and between [COMMUNITY HEALTH CENTER (CHC)] and [DOMESTIC VIOLENCE (DV)/SEXUAL ASSAULT (SA)/HUMAN TRAFFICKING (HT) AGENCY/COMMUNITY-BASED ORGANIZATION (CBO)] to promote health and safety outcomes for patients/clients who have experienced domestic/sexual violence and/or human trafficking/exploitation. The purpose of this work is to strengthen collaboration between staff from both entities and promote bidirectional warm referrals for clients/patients and staff. [ADD IN ADDITIONAL VALUES OR ACTIONS i.e. to exchange information, education and training; coordinate services including health center enrollment and transportation; develop health care policies to support patients experiencing DV/SA/HT and reduce barriers to health care for clients within DV/SA/HT/CBO advocacy programs; provide mutual collaboration and trainings, partner on grants/funding, etc.].

[Use this space to provide a brief description of each partner agency].

The parties above and designated agents have signed this document and agree that:

1) Representatives of [DV/SA/HT/CBO Agency] and [community health center] will meet each other in-person or via video/phone at least once at the inception of this collaboration to understand the services currently provided by their respective programs and to discuss needs, goals, and next steps.
2) Representatives of [DV/SA/HT/CBO Agency] and [community health center] will continue to meet between [date] and [date] *[list frequency and meeting location/format and recurring schedule, as possible].*
3) [Community health center] will hold the following roles and responsibilities: *[list the responsibilities and role of the health center—i.e. training DV/SA/HT/CBO advocates on health center services and health enrollment for new patients, and supplemental/refresher trainings as needed; serving as a primary health care referral for clients referred by the DV/SA/HT/CBO program; drafting and reviewing IPV/HT policies and procedures; offering health education, enrollment support, or resources to clients in DV/SA/HT/CBO programs; etc.].*
4) [DV/SA/HT/CBO Agency] will hold the following roles and responsibilities: *[list the responsibilities and role of the DV/SA/HT/CBO agency—i.e. training health center providers and staff on DV/HT dynamics and community supports and supplemental/refresher trainings as needed; serving as a primary referral for health center patients or staff in need; drafting and reviewing policies; offering DV/SA/HT advocacy support onsite at health centers or virtually via telehealth etc.; tabling materials/resources at health fairs or other health events/virtual events; etc.).*
5) [Community health center] will provide the following resources: *[list resources that the health center can bring to support the project's efforts—i.e. additional staff time; health enrollment specialists; vaccination clinics for children; office space for advocates co-located at the health center; funding; key contacts; condoms, Plan B or other reproductive health support; COVID-19 information, testing or vaccination; CHC brochures; etc.]*
6) [DV/SA/HT/CBO Agency] will provide the following resources: *[list resources that the organization can bring to support the project's efforts—i.e. additional staff time; 24/7 hotline; materials/program brochures; telehealth client support; key contacts; funds; etc.].*
7) [DV/SA/HT/CBO Agency] and [community health center] staff will review and discuss evaluation tools offered on www.IPVHealthPartners.org to help measure the success and challenges of their collaboration and outcomes [*examples include a Quality Assessment/Quality Improvement tool used every six months to measure progress; a referral tracking tool; client/patient satisfaction surveys; and provider/staff training evaluations*].

We, the undersigned, approve and agree to the terms and conditions as outlined in the Memorandum of Understanding.

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], and may be renewed at the end of this period if both parties agree.

Title

Title

ped by the National Health Network on Intimate Partner
ficking with funding from the Bureau of Primary Health
ources and Services Administration, U.S. DHHS

building partnerships and IPV/HT systems change
rs.org. To request technical assistance and for more
ail: ipvhealthpartners@futureswithoutviolence.org.

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2

Partnership roles that reduce SBHC burden

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Define the division of labor before recruitment begins.

SBHC role	University role	Community partner role
Identify need and priority populations Reinforce healthy relationship messages in visits Screen or assess when red flags emerge Receive warm handoffs from facilitators Build and maintain relationships with domestic violence agencies	Provide trained facilitators or interns Support curriculum selection and fidelity Coordinate scheduling and supervision Collect outcomes and improve implementation	Provide advocacy and safer planning Offer counseling and legal support Support students who witness violence at home Consult with staff when safety concerns arise
Own this lane	**Own this lane**	**Own this lane**

Sources: SBHA/Futures ARA guidance; Futures MOU template; University of Pittsburgh CBIM; extension relationship education models.

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Name: _____

School-Based Health Centers and Healthy Relationship Promotion

Please use this worksheet to document your ideas about how your team might begin or continue promoting healthy relationships with the adolescents you serve.

During clinical encounters with students, some SBHCs use the CUES (Confidentiality, Universal Education, and Supports) intervention. If our team is interested in exploring CUES...

We will share information about CUES with these colleagues: _____

If we decide to move forward with CUES, this person will take the lead on ordering CUES cards: _____

This person can coordinate a Plan-Do-Study-Act cycle to test the implementation of CUES: _____

We will seek input from youth for...

- ☐ Feedback on the way the intervention is delivered (e.g., via role plays)
- ☐ Local and national resources they would like to include on the CUES cards
- ☐ Other ideas: _____

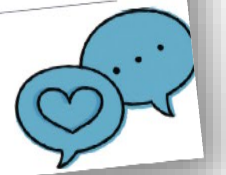
This person will take the lead on gathering youth feedback: _____

Outside of the clinical encounter, SBHCs may choose to implement evidence-based curricula and programs on ARA and healthy relationships.

We will share information about potential program options with these colleagues: _____

This person will take the lead on involving youth in evaluating potential program options: _____

This person will take the lead on researching and identifying potential community partners we can connect with for implementation support (e.g., local colleges and universities, domestic violence agencies, other community-based organizations): _____



Youth Partners

We already engage youth in these ways:

Here are existing student groups we might partner with to promote healthy relationships:

We are interested in exploring these ideas for partnering with youth:

- ☐ Conducting focus groups in health classes to learn more about what teens know and need related to healthy relationships
- ☐ Incorporating healthy relationship promotion into activities led by an existing youth advisory council
- ☐ Hosting informal office hours in the SBHC for youth to participate in healthy relationship promotion activities
- ☐ Gathering feedback from youth on current and/or proposed practices and resources for healthy relationship promotion
- ☐ Something else (e.g., peer education, mentoring, or support groups; school-wide awareness events): _____

This person: _____ will take the lead on our next steps by this time: _____

Local domestic violence (DV) agencies can be an important support for clinical and non-clinical activities.

Our local DV agency is: _____

If we don't know who our local DV agency is, we can find our state domestic violence coalition at this website: https://www.thehotline.org/get-help/state-domestic-violence-coalitions/. From there, we will be able to locate our local resources. We will work to learn:

- Do they have services for adolescents?
- Do the young people we work with have any feedback about the agency?

We might be interested in their support with:

- ☐ Counseling for students experiencing or witnessing violence
- ☐ Services for students who harm their partners
- ☐ Support for staff experiencing or witnessing violence
- ☐ Training for SBHC staff and/or school staff on adolescent relationship abuse
- ☐ Consultation for staff, including help with safer planning
- ☐ Collaboration on education programs
- ☐ Other ideas: _____

This person: _____ will reach out to the agency by this date _____

Many thanks to Futures Without Violence, whose expertise, resources, and partnership informed this worksheet.
If we would like additional technical assistance related to CUES and/or partnering with local domestic violence organizations, we can contact Health Partners on IPV + Exploitation at healthpartners@futureswithoutviolence.org.
For additional support related to partnering with youth, we can contact youthdevelopment@sbh4all.org.

bitly

Reflections, Next Steps, and Closing

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Please share one next step related to any of the following:

- Approaches during the visit
- Education programs
- Youth-led approaches to healthy relationship promotion
- Partnerships with local DV/SA agencies
- Other ideas?

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The School-Based Health Alliance's ARA work

Recorded Webinars

- Addressing Adolescent Relationship Abuse in SBHCs
- Cut the Cameras
- Pics, Texts, and Tracking
- Healing-Centered Approaches to ARA and Trafficking
- Lessons Learned in SBHC ARA Prevention
- Human Trafficking and Exploitation: How School-Based Health Center Providers Can Help Keep Students Safe
- Healthy Teen Relationships: How School-Based Health Center Providers Can Support Students
- Preventing Substance Use & Exploitation in Adolescence

Resources & Learning Collaboratives

- Healthy Hearts, Healthy Starts
- Healthy Relationships And Youth: How School-Based Health Providers Can Start The Conversation
- Lessons Learned in Training SBHC Staff to Prevent and Address Adolescent Relationship Abuse
- Past learning collaborative: Healing-Centered Approaches to Address Adolescent Relationship Abuse and Trafficking in School-Based Health Centers

Stay Connected!

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