Domestic Violence Health Care Partnerships (DVHCP) Sustainability Primer

June 2017

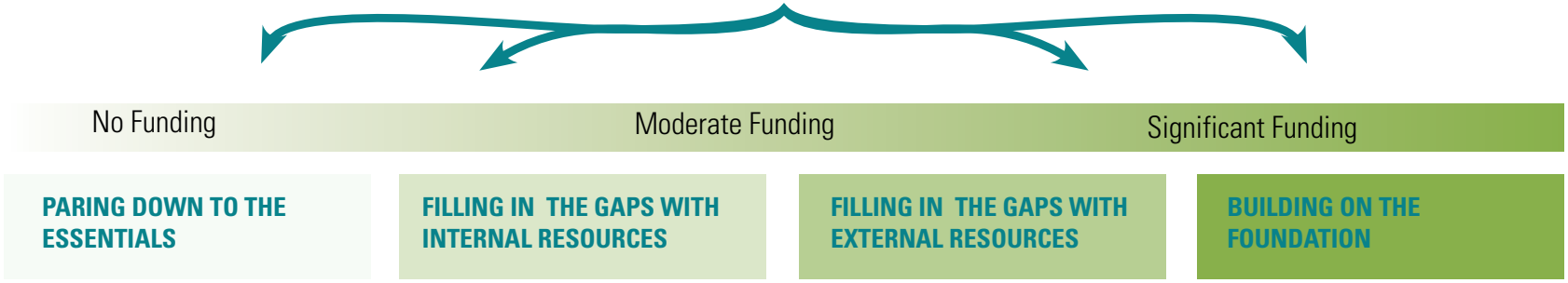
Made possible with the support of Blue Shield of California Foundation and invaluable input from the leaders of many DVHCP participant organizations.

OVERVIEW

The purpose of this document is to provide DVHCP partners guidance on three fundamental aspects of sustainability represented below. There is no one-size-fits-all approach or single, adequate source of funding. These materials and concepts are intended to inform a strategic conversation among partners about goals, activities, and how to secure the necessary resources. Ideally, that sustainability conversation should start at the outset of an initiative but is appropriate and useful at any stage.

SECTION A: DEVELOP A VALUE PROPOSITION

SECTION B: DESIGN YOUR FUNDING APPROACH



SECTION C: IDENTIFY FUNDING SOURCES

Potential Funding Source	Types of Investments	Category	Priority/Potential for DVHCP Continuation

Section A: Value Proposition

A value proposition is a structured way of describing your initiative to a potential supporter. It should answer why, what, and whom but those answers may differ depending on the audience. For example, a health plan and an elected official will be motivated by different value propositions. The intent in this section is to develop an overarching value proposition that can be modified.

Describe the issue:
Why is it important?

Examples:[1]

- More than one in three women (35.6%) and one in four men (28.5%) aged 18 and older reported a lifetime prevalence of physical violence, rape, and/or stalking by an intimate partner
- DV has immediate, short, and long-term health effects through injuries; chronic health, mental health, and substance abuse conditions; and health risk behaviors.
- Women with a history of DV are 3X time more likely to have a mental health condition, and 6X more likely to be drug/alcohol dependent compared to non-abused women.
- The medical cost burden within the 12 months after victimization ranges from $2 to $7 billion nationally.
- Higher health care utilization rates and costs persist even 3 to 5 years after DV exposure has ended.
- DV not only affects survivors but also their families, in particular children who witness abuse. It impacts their physical and mental health, and increases their risk for adult victimization and perpetration.

Initiative-specific examples:

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Define the solution:
What strategies will be employed?

Examples:[2]

- Have established a collaborative leadership team that is committed and adaptable
- Strong communication channels exist where they did not previously and increasingly communication happens outside of designated meeting times
- Written protocols for assessment and response to domestic violence are widely used
- Staff have been trained on how to assess and respond to disclosure of DV
- There has been a huge increase in the percent of staff who are "completely confident" referring patients/clients for additional support.
- Providers are talking with patients about DV and sexual coercion much more consistently
- Patients report that consistently receiving safety cards and information about healthy relationships is 'very helpful' or 'helpful'

Initiative-specific examples:

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Delineate the benefits:
What are the likely results and to whom will they accrue?

Examples:[3]

- Improved pregnancy and birth outcomes, including rates of low birth weight, pre-term, stillbirths, and Caesarian sections
- Decrease in pregnancy/reproductive coercion
- Decrease in health-risk behaviors
- Decrease in mental health conditions such as depression, PTSD, and anxiety/perceived stress
- Patients engage in safety planning activities, have safety plans
- Increase in patient quality of life

Initiative-specific examples:

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Diabetes Example

Below are possible value proposition statements for a community-wide diabetes coalition. This example is not intended to provide prescriptive guidance for DV-focused initiatives but rather serve as an illustration of types and range of statements.

Describe the issue: Why is it important?	**Define the solution:** What strategies will be employed?	**Delineate the benefits:** What are the likely results and to whom will they accrue?
• Rates of diabetes are skyrocketing, particularly among young people • In our community health needs assessment, diabetes was identified as the number one priority • Diabetes is expensive for families, employers, health care, and others	• The diabetes prevention program is a nationally recognized and proven model • A coalition with representatives from government, health care, patients, businesses, and faith-based organizations • A comprehensive physical activity and nutrition improvement plan has been developed	• Health care utilization and costs are likely to go down with prevalence rates • Employers will see lower absenteeism and presenteeism • Sense of hope and collective efficacy • Positive reputational benefits for members of the coalition

Master Worksheet

Based on the examples on the previous pages, select 3-5 statements in each column that compellingly describe your initiative.

Describe the issue: Why is it important?	**Define the solution:** What strategies will be employed?	**Delineate the benefits:** What are the likely results and to whom will they accrue?
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•

Section B: Funding Approach

Based on discussions with DVHCP participants and a review of examples from other initiatives, four primary funding approaches came into focus.[4] These are not exhaustive options, but sites are encouraged to identify which approach seems most relevant. On the following pages, action steps for each approach are described.

"DVHCP funding is coming to an end, it has been a valuable process developing our partnerships, and we intend to continue in some fashion."

"We've put some good systems in place, and we have a strong relationship; we think we can continue the work without additional funding."

"We need some additional dedicated funds from internal or existing streams to keep our partnership functioning at its current level."

"We need some additional dedicated funds from external and/or new streams to keep our partnership functioning at its current level."

"This is just the starting place: we see great potential for expanding this work."

No Funding — Moderate Funding — Significant Funding

PARING DOWN TO THE ESSENTIALS

The DVHCP funding has enabled the development of partnerships, systems, and practices that are now built into the functioning of both organizations. However, without the funding, it is going to be necessary to focus in on the most critical components of the partnership and come up with very streamlined approaches to monitoring activity and progress.

FILLING IN THE GAPS WITH INTERNAL RESOURCES

Both partners are committed to maintaining the partnership and finding funding from existing resources to support administrative, system development, and survivor services.

FILLING IN THE GAPS WITH EXTERNAL RESOURCES

Both partners are committed to maintaining the partnership and pursuing new funding strategies to support administrative, system development, and survivor services.

BUILDING ON THE FOUNDATION

Both partners, or one partner in the lead, expand the focus of the initiative beyond responsive services for survivors. This can mean incorporating additional partners from other sectors (housing, law enforcement, etc.), focusing more broadly on trauma and violence prevention, and/or adding an expansive set of prevention strategies.

PARING DOWN TO THE ESSENTIALS[5]

- Define the shared goal: What is the value proposition?
- Identify core components:
  - Available educational materials
  - Build assessment and education into patient/client engagement
  - Policies and written protocols
  - Training for existing and new staff
  - Bi-directional referral system
  - Data sharing
- Agree on measures of success that reflect the interests of both partners
- Set up MOU that details responsibilities of each partner
- Set up schedule for regular leadership meetings to review progress and troubleshoot

FILLING IN THE GAPS WITH INTERNAL RESOURCES

- Complete same steps as "Pairing Down to the Essentials"
- Agree on how much funding is necessary to realistically make this happen?
- Are there existing funding streams that can support this activity?
  - For example, CalOES Domestic Violence Assistance funding can be used to support DVHCP activities including staff time to provide support services, staff time for coordination and collaboration with partners including training, and travel.
- Can one of the partners provide the other with support for specific activities out of their operating funds?
  - For example, can a health care partner provide a domestic violence partner with a specific allotment to support a designated number of referred patients. These services would be DV specific (legal navigation, securing shelter, etc.) and separate from behavioral health. Given that the HC partner will not be able to seek reimbursement from a health plan for the services, the amount may be modest but can be important for creating capacity to maintain communications and coordination.

FILLING IN THE GAPS WITH EXTERNAL RESOURCES

- Complete same steps as "Pairing Down to the Essentials"
- Agree on how much funding is necessary to realistically make this happen?
- Are there reimbursement mechanisms that one partner can extend to the other to support activity?
  - For example, can the partners establish an agreement so that DV partner staff can bill for behavioral health services provided. This requires that the staff have the necessary licensure (MFTs will become billable providers in 2018). This could be accomplished by designating the DV agency as an "intermittent site" under the FQHC's scope of practice.
- Is there an existing, untapped reimbursement mechanism that one of the partners could pursue to support activities?
  - For example, both partners could be eligible to receive Medicaid Administrative Activity (MAA) or Target Case Management (TCM) funds.
- Is there an existing funder for either partner who can be approached to support activities?
  - For example, can the health care partner approach a health plan to discuss supporting the partnership as a quality initiative intended to improve outcomes for vulnerable population or reduce health disparities.

BUILDING ON THE FOUNDATION

- Define the shared goal(s) and direction of expansion: What is the value proposition?
- Pursue funding from an expanded set of foundations including those interested in trauma, multi-sector partnerships, and prevention.
- Identify "enterprise" opportunities: are there services that the partnership can provide on a fee-for-service basis to other entities?
  - For example, DV training and information development for a hospital.
- Is there another organization or public agency that is likely to benefit from the partnerships' activities that could be approached as a supporter?
  - For example, criminal justice based on reduced recidivism or landlords if a neighborhood becomes safer.

Section C: Identify Funding Sources

There are numerous potential funding sources for DVHCP-type activities. In most cases a mix of funding sources will be necessary and that mix will change over time. One useful way to categorize funding sources is based on the conditions under which the funder provides funds. In the far right "Status" column indicate whether each funding source is "current" (already supporting the initiative), "priority" (a likely target for outreach) or "possible" (for future consideration).

Voluntary: Funds provided prospectively at the discretion of the funder or payer, often to support a specific activity

Contingent: Funds provided based upon achievement of specific outcomes or milestones

Mandatory/Automatic: Funds allocated through a predictable, required mechanism, often the result of a public policy

Funding Source	Types of Investments	Category	Status (Current/Priority/Possible)
Philanthropy	Grants, contracts	Voluntary	
Hospital Community Benefits	Grants, contracts	Voluntary	
Health Plans	Per member payment, shared savings, quality or incentive payment	Contingent	
Hospitals	Depends on financial risk, may also be based on avoiding readmissions	Voluntary or contingent	
Healthcare districts	Depends on the district, their obligations and priorities	Contingent or automatic	
Provider groups, including ACOs	Particularly risk-bearing groups fund based on health improvements/decreased costs	Voluntary or contingent	
Complex care initiatives (Whole Person Care, Health Homes, etc.)	Care coordination funds, community health workers, etc.	Contingent	
Employers/business associations	Support employee health improvement programs, invest in DVHCP as community improvement initiative	Voluntary or contingent	
Local Government: non-health sector	Education, criminal justice, social service, etc.	Likely contingent	
Local Government: health sector	Medicaid administrative activities (MAA), medically indigent services programs, etc.	Likely contingent	
State funding	DV prevention & criminal justice	Voluntary or contingent	
Federal funding	Grants (CMMI, HUD, SAMHSA, etc.)	Voluntary	
Legal settlement funds	Tobacco, lead, vitamin, etc.	Automatic	
Private investment	Pay for Success, Social Impact Bonds, etc.	Contingent	
Individual donors	Usually interested in specific populations and/or organizations, innovation	Voluntary	
Crowdfunding	Usually in a specific, high-visibility outcome (specific product, person, etc.)	Voluntary	
Other			

Pitch to a Potential Funder: Worksheet

1. SELECT A POTENTIAL FUNDER. Using the table on page 9, consider which funder or source of funding you will approach.

SELECTED FUNDER: _____

WHY THIS FUNDER?

2. IDENTIFY FUNDER'S INTERESTS AND INCENTIVES.

WHAT METRICS OR RESULTS ARE LIKELY TO MOTIVATE THIS FUNDER?

For example, ED utilization, patient satisfaction, positive publicity, community investment, supporting innovation, etc.

3. REVISIT THE VALUE PROPOSITION (SECTION A) FROM THE FUNDER'S PERSPECTIVE

DESCRIBE THE ISSUE: Why is this important to the funder?

DEFINE THE SOLUTION: What strategies have been or will be employed, and why should the funder support those strategies?

DELINEATE THE BENEFITS: What benefits might the funder accrue if the effort is successful?

4. CLARIFY THE REQUEST

WHAT ARE YOU ASKING FOR?

IS THERE A TIMELINE OR TIME PERIOD ASSOCIATED WITH THIS FUNDING?

HOW WILL YOU SHARE SUCCESS WITH THE FUNDER? For example, through quantifiable results, personal narratives, or case stories.

References

1. Chibber K, Cantor J, Greenberg E. *Domestic Violence Literature Review: Analysis Report*. JSI Research and Training Institute, Inc. July 2016. Available at: http://www.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=17269&lid=3
2. Miller E. *Domestic Violence Health Care Partnerships Summary Report*. Children's Hospital of Pittsburgh of UPMC. November 2016.
3. *Domestic Violence Literature Review: Metrics Brief*. JSI Research and Training Institute, Inc. Available July 2017.
4. Information in this section was informed by *California DV Advocates Guide to Partnering with Healthcare,* available at: https://secure3.convio.net/fvpf/site/Ecommerce/1843741067?VIEW_PRODUCT=true&product_id=3003&store_id=1241
5. *A Prescriptive Plan for Sustaining Existing Partnerships*, internal initiative document developed by DVHCP participants, 2016.