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

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: DESIGN YOUR FUNDING APPROACH

PARING DOWN TO THE ESSENTIALS

FILLING IN THE GAPS WITH INTERNAL RESOURCES

FILLING IN THE GAPS WITH EXTERNAL RESOURCES

BUILDING ON THE FOUNDATION

SECTION C: IDENTIFY FUNDING SOURCES

<table>
<thead>
<tr>
<th>Potential Funding Source</th>
<th>Types of Investments</th>
<th>Category</th>
<th>Priority/Potential for DVHCP Continuation</th>
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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 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:

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:

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.

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

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

<table>
<thead>
<tr>
<th>Describe the issue: Why is it important?</th>
<th>Define the solution: What strategies will be employed?</th>
<th>Delineate the benefits: What are the likely results and to whom will they accrue?</th>
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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. 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.”

“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**

- 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

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


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