

The Power of Partnership

Strategic Restructuring Among Domestic Violence Organizations



Case Studies

January 2012

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Dear Colleague,

In 2009, as the domestic violence field in California was confronted by the very real possibility of permanent state budget cuts, Blue Shield Against Violence (BSAV) started on a learning journey to explore how we could continue to support strong partnerships across the field. In an environment and at a time when our grantees were being asked to do more with fewer resources, we asked our current partners how they could work together in different ways and bring new stakeholders into the field.

Guided by the deep knowledge, passion and commitment of our domestic violence grantees, we are pleased to share these four case studies with lessons from recent mergers and restructuring occurring within the domestic violence field. La Piana Consulting has been at the forefront of providing important research and tools on restructuring and collaboration to a range of nonprofit organizations. Based on the actual experiences of domestic violence organizations across the state and beyond, this report shares several important lessons for organizations considering future collaborative options.

We still have much to learn about the long-term sustainability of the domestic violence field. In this ongoing time of scarce resources and immense need, we are all striving to increase the impact of our efforts. We hope that you will find these stories useful and encourage you to share them and add your own stories and lessons.

In partnership,

A handwritten signature in black ink, appearing to read "Peter Long", with a stylized flourish at the end.

Dr. Peter Long

President and CEO

Blue Shield of California Foundation

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Introduction

Throughout 2011, Blue Shield Against Violence (BSAV), a program of Blue Shield of California Foundation, has invested in research, education, and technical assistance to assist grantees in exploring collaborative strategies to advance their goals.

Based on this experience, we have learned that domestic violence organizations in California engage in a range of cooperative relationships in efforts to improve and coordinate services for survivors. BSAV grantees have also demonstrated a growing interest in more integrative forms of collaboration, or *strategic restructuring*—such as joint programs, shared administrative services, or merger—yet these types of partnership are still rare in the domestic violence field.¹

Numerous factors have brought strategic restructuring to the forefront. The ongoing economic crisis, social and demographic changes, and various other pressures demand that nonprofits be increasingly creative in how they deliver services and serve their communities. At the same time, success stories from organizations that have seized this opportunity and engaged in formal partnerships demonstrate that collaboration may be a more effective way of doing business in the future than will competition.

Even so, domestic violence organizations interested in exploring integrative forms of partnership still face obstacles. One of these is the scarcity of information from the perspective of peers on how strategic restructuring has enhanced their effectiveness.

The Power of Partnership was developed to meet this need for more information about the value of integrative partnership such as strategic restructuring. This publication features four case studies, from California and elsewhere, illustrating what integrative forms of collaboration meant for the work of domestic violence organizations. *The Power of Partnership* complements the educational and technical assistance opportunities BSAV has already supported on the *how* of strategic restructuring, by now looking more closely at the *why*.

As the challenges facing California's domestic violence organizations continue to intensify, their ability to respond with proactive strategies becomes ever more imperative. The range of options available through strategic restructuring offers unique opportunities to improve services, to gain a stronger advocacy voice, to enhance efficient and effective operations and sustainability, and to ultimately achieve greater impact.

This collection of case studies tells the story of four partnerships through which domestic violence organizations have made collaboration count in their communities.





¹ See Blue Shield of California Foundation website at www.blueshieldcafoundation.org for the report [Partnerships in the Domestic Violence Field](#)

Methodology

Case studies were selected from both within and outside California. First, 20 partnerships were identified through online research, interviews with key funders and thought leaders in the domestic violence field, and BSAV staff recommendations. Several of these were selected for closer examination, based on the apparent strength of the partnership, its community impact, and the potential for its story to be relevant—not only to a wide general audience, but primarily to an audience of BSAV grantees. Exploratory interviews were conducted with the leadership of organizations engaged in integrative partnerships and four partnerships were selected to share in this document. Follow-up interviews were conducted to further inform the case studies, which were finalized in collaboration with the organizations to ensure that their voices would be represented.

Featured Partnerships

The case studies highlighted in this document include:

	The Community Advocacy Program, a program of Boston's Center for Community Health Education Research and Service, Inc., supports on-site Family Advocates at five partner community health centers throughout the Dorchester area (pp. 12-17)
	The East Los Angeles Women's Center and the LAC+USC Medical Center's Violence Intervention Program work together to provide access to domestic violence advocacy and services to survivors coming into the Medical Center hospital ER (pp. 18-22)
	The Domestic Violence and Child Advocacy Center, a merger of the Domestic Violence Center of Greater Cleveland and the Bellflower Center for Prevention of Child Abuse, offers a continuum of family violence prevention, treatment, and advocacy services (pp. 23-29)
	STAND! for Families Free of Violence, a merger of STAND! Against Domestic Violence and the Family Stress Center in Contra Costa County, provides a single point of entry to a range of services that had once been accessed and provided separately (pp. 30-36)

These case studies fall into two thematic categories. Two describe partnerships between domestic violence advocates and community health centers, and two share a focus on strategic restructuring between domestic violence and child welfare organizations. This grouping was an unexpected outcome of the research process, but coincidentally offers a unique opportunity to explore these two service areas in some depth, while still reflecting on the lessons and key takeaways that are broadly applicable across various other partnership opportunities.

Summary Findings

Successful strategic collaborations are motivated by a clear purpose; developed through a thoughtful process of partner identification, negotiation, and agreement; and put into effect with well-supported implementation.

Below are lessons drawn from this collection of case studies that may be helpful to other organizations considering integrative partnerships.

Approach partnership from a position of strength

All of these partnerships exemplify a strength-based approach to collaboration. Rather than pursuing strategic restructuring as a “last resort” for when the organization is no longer able to remain viable on its own, each of these case studies describe partnerships undertaken among successful organizations well positioned to enhance their impact in the community. Pursuing collaborative strategies from a position of strength meant that rather than having to spend time fixing problems or shoring up weaknesses, each of these partnerships could get right to the heart of the matter—engaging in a rational process of integration and focusing their efforts on doing their best work together.

Leverage complementary capacities

The strength-based approach noted above also enabled each of the partnerships to draw upon the unique expertise and capacity of each partner, ensuring that “1+1” adds up to more than two. To achieve this, each organization had to have a strong understanding of what it does best, be honest with itself about its limitations, and be open to ways in which partnering could help it to achieve more than it could on its own. Each of the case studies describes how organizations that had already developed successful reputations in their communities identified and acted upon the opportunity to do even better work and achieve greater impact by joining forces.

Welcome opportunities to create something new

Along with the opportunity to expand services, reach new clients, create new programs, or even to develop profoundly new approaches to achieving the mission, comes some level of risk. As organizations move beyond informal collaboration to embrace more integrated partnerships, the potential risk grows, but so too does the potential payoff. Potential partners must evaluate their own organization’s risk-tolerance threshold, and consider their readiness to do things differently. This may mean trying and failing, requiring adjustments to achieve desired results, but it can also mean being a pioneer and leading the field in a new and promising direction. This ability to create new solutions is at the heart of the *why* of collaboration.

Cultural integration can make or break a partnership

Collaboration is highly relational, not merely transactional. The process of bringing two or more organizations together in a formal partnership or alliance has numerous technical elements that must be attended to (a structure must be created, resources combined, policies aligned, etc.), but it is even more important to develop a common understanding of how the people in those organizations will relate to one another, communicate, and work together to achieve shared goals. Each of the case studies describes how cultural issues surfaced to different degrees and in different ways, and how they were addressed. For domestic violence agencies, organizational culture is a complex and potent element influencing how services and operations are run on a day-to-day basis, as well as how long-term strategy is developed and implemented.

Leadership plays a critical role

Leadership influences partnership opportunities both by its presence as well as its absence. In each of these case study examples, a leader or group of leaders contributed the vision and the heavy lifting necessary to achieve successful collaboration. At the same time, we also learn that an impending void in leadership can be a precipitating factor compelling an organization to consider strategic restructuring.² Whether developing a new program or negotiating a merger, leadership sets the tone for the entire partnership—a trusting relationship among organizational leaders can model the kind of openness and mutual respect required of other staff and board members, smoothing the negotiation and integration process.

Build on existing relationships

Engaging in formal partnerships or strategic restructuring can put organizations in a vulnerable position. The potential risk involved highlights the importance of trust, and trust is built through experience. Each one of the case studies illustrates how existing relationships among partner organizations and/or their leaders helped serve as a foundation for deeper collaboration. Small efforts can lead to larger ones.

Focus on the mission

Developing partnerships is hard work, and there will be times of doubt, frustration, and bumps in the road – both large and small. Navigating these challenges is easier when organizations maintain their focus on the ultimate outcome—better serving clients and the community. Keeping the mission front and center helps partners persevere through the tough times and keep working toward creating positive impact.

² Particularly in mergers, when one partner anticipates a leadership transition, leaving leadership of a merged organization uncontested, the negotiations process can go much more smoothly than when both executives are vying for the leadership role. That said, it should not be assumed that the “surviving” organization’s executive director (or either of the partner organization executives, for that matter) should take the helm. Leadership must first and foremost meet the needs of the new organization.

Key Characteristics

Case Study	Motivation for Partnership	Elements of Success	Challenges	Future Plans
Community Advocacy Program	Expand access to advocacy services for more domestic violence survivors	Building on the common interests of an established group of cross-sector partners Leveraging proven advocacy capacity	Balancing different cultures of service delivery Maintaining momentum and keeping partners engaged, even as staff/leadership turnover occurs	Use best practices in screening and assessment to create a standard for all partner health centers Expand to more health centers
East Los Angeles Women's Center and LAC+USC Medical Center Violence Intervention Program	Ensure access to advocacy services for more domestic violence survivors	Capitalizing on existing 24-hour response capacity and cultural competency Deepening an existing referral relationship into new partnership opportunities	Building out domestic violence capacity on top of existing sexual abuse hotline infrastructure Educating medical staff about referring patients to advocates	Develop the relationship with the Medical Center to provide training of medical staff in effective screening and assessment
The Domestic Violence and Child Advocacy Center	Achieve synergies between domestic violence and child welfare advocacy	Co-creating a compelling vision of integrated services Receiving support from a funder-led initiative providing education and consulting	Adopting a broader social justice lens and systems thinking Working through the discomfort and uncertainty of a merger process	Take a lead role in advancing the agenda to build cross-discipline relationships for a more integrated approach to family violence
STAND! For Families Free of Violence	Create a more holistic approach to serving those affected by domestic violence and child abuse	Being open to a broader view of service Maintaining a high level of trust, as modeled by leadership from both organizations	Integrating two different organizational cultures Integrating human resources, technology, and other operational systems	Reinvent the organization's service delivery model and structure to support an integrated approach to care

Domestic Violence/Primary Care Partnerships

It has been largely in the past 10 to 15 years that the domestic violence and medical fields have invested significant effort to integrate assessment, treatment, and prevention into the primary health care setting. In 2002, the United States Health Resources and Services Administration (HRSA) published *Healing Shattered Lives*, a report which sought to give this approach greater visibility by profiling promising programs to address domestic violence in community health centers. The purpose of the report was to engage the health care community—providers, administrators, and policymakers—in forming a coordinated response to domestic violence.³ More recently, in 2011, the integration of domestic violence advocacy into preventive health care won a major policy victory with the Institute of Medicine’s recommendation that screening for intimate partner violence become mandatory under the Patient Protection and Affordable Care Act.⁴

In 2008, Massachusetts took a lead role in this area, passing into law a bill requiring health care providers to help domestic violence survivors obtain support services. In the same year, the state’s Department of Public Health issued a public health advisory on domestic violence—the first time such an advisory was released for a non-disease related cause. It was ten years prior that the first-of-its-kind **Community Advocacy Program (CAP)** was developed. Started in 1994 as a demonstration project to host support groups at two community clinics, and now a program of the Center for Community Health Education Research and Service, Inc. (CCHERS), CAP was at the vanguard of bringing domestic violence advocacy to a primary care setting and now supports a full range of services and supports at five health centers, provided by on-site advocates.

In California, the **East Los Angeles Women’s Center (ELAWC)** had blazed its own trail as the first bilingual 24-hour sexual assault hotline serving the community, then built on the strength of its grassroots support to add domestic violence and HIV/AIDS education programs. The Violence Intervention Program (VIP) at the Los Angeles County and University of Southern California (LAC+USC) Medical Center had already engaged ELAWC as a referral partner for sexual assault survivors when it approached the nonprofit with the request that it take over a fledgling effort to provide advocacy services to survivors of domestic violence at the forensic exam and treatment center. Building on ELAWC’s existing capacity, this partnership has already enhanced the level of service the Medical Center can provide, and has the potential to serve as a foundation for deeper collaborative efforts.

³ Visit the HRSA website for this downloadable report, *Healing Shattered Lives: An Assessment of Selected Domestic Violence Programs in Primary Health Care Settings* at <http://ftp.hrsa.gov/bphc/pdf/omwh/domesticviolence.pdf>

⁴ Championed by Futures Without Violence, this summer 2011 policy advance is further described online at <http://www.futureswithoutviolence.org/content/news/detail/1795>

Three characteristics common to these two partnerships stand out:

Partnership builds bridges

Differences between how domestic violence advocates approach their work and the community-based primary health care philosophy can be difficult to reconcile. Whereas domestic violence work requires a level of anonymity and enhanced safety measures, community health centers typically seek to be as inclusive and open as possible. For example, a woman may feel more comfortable visiting a neighborhood community health center, but might also be more likely to encounter other patients or administrative staff in this setting who also know her abuser. By working together, these two fields can turn their differences into an advantage in creating a space for more effective programs and services.

Clients get improved access to resources

Partnerships leverage the best of advocacy organizations and primary health care providers to open up a new channel through which domestic violence survivors can obtain both immediate medical care and a range of other supportive services and resources. Advocates provide direct services and support, while creating stronger linkages between the community being served and the medical providers. Meanwhile, the health center provides an accessible entry point for clients who might otherwise not have sought assistance with domestic violence issues.

Shared ownership sets the stage for success

The role of advocates is key in each of these programs. But so is having champions at the health center to provide backup and support to on-site efforts. The Community Advocacy Program engages licensed clinicians at each clinic as direct supervisors for the work of the Family Advocates, ensuring there is a go-to person in the health care system on site to provide backup and support. At the Violence Intervention Program, the head of the unit (who had also personally approached ELAWC to initiate this partnership) continues to play a lead role in advocating for policy change that will enable the advocates to have the greatest possible impact. It is this shared commitment that helps make these programs strong and sustainable.

Domestic Violence/Child Welfare Partnerships

One of the greatest challenges to effectively responding to domestic and family violence is finding solutions that respect and protect the rights and interests of both the parent and the child. The fragmentation of existing systems tends to pit the one against the other. For example, a survivor may be afraid to seek help for abuse because her child may be removed from her care. Isolating the respective needs of mother and child can also mean failure to identify or effectively respond to the need for a broader range of interventions, such as having access to appropriate resources for when the survivor is also a perpetrator of abuse. Both case studies in this area noted the benefits of a broadened vision for services that champion not only the health and well-being of individuals, but of whole families and communities.

In Ohio, what began as exploratory talks between the Domestic Violence Center of Greater Cleveland and the Bellflower Center for Prevention of Child Abuse about how they might create operational efficiencies through shared administrative services paved the way for a dialogue on what could be achieved by taking an integrated approach to their core programming. Having tapped into the work being done by the Greenbook Initiative,⁵ organizational leaders were inspired to take the bold step toward uniting domestic violence and child abuse services in a merged organization. The newly-formed **Domestic Violence and Child Advocacy Center** is positioned on the leading edge of policy change at local, state, and national levels.

STAND! for Families Free of Violence is pursuing a similar journey in California, after the merger of STAND! Against Domestic Violence and the Family Stress Center. Drawing on the strengths of both, the new organization is leveraging skills in both areas to enhance services to individuals and families in need. This integrated approach has also expanded the organization's vision of how violence impacts whole communities, and has given it a stronger voice to take a lead in developing solutions. Like its Cleveland counterpart, it has seen growing interest in the intersection between domestic violence and child welfare advocacy, and eagerly embraces its role as one of the pioneers in bringing these two fields together to be more effective.

Three characteristics common to these partnerships stand out:

Partnering can be pioneering

Both of these partnerships bring together domestic violence and child welfare organizations—two areas of work that, while closely interrelated, have historically existed separately from one another. Traditionally, when the interests of abused women and their children are at stake, advocates on both sides feel they must work to protect the one or the other, at times creating an adversarial relationship. Despite the growing recognition that domestic violence and child abuse are often co-occurring issues and the efforts of domestic violence organizations and child welfare agencies to seek greater common ground, few have ventured as far as developing

⁵ The "Greenbook," or *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice*, published in 1999 by the Family Violence Department of the National Council of Juvenile and Family Court Judges, spurred a federal initiative encouraging the development of collaborative structures among child welfare agencies, domestic violence providers, and dependency courts to enhance the safety and well-being of battered women and their children.

integrated partnerships. In these case study examples, we see this approach pioneered. Not only are they going against tradition (raising the eyebrows of a few of their colleagues), they are testing this new approach with few existing models and no real road map to follow. Both partnerships are confident that this risk-taking will pay off, not only in better services to women and children, but ultimately in a more holistic, integrated, and powerful approach to ending violence.

Clients benefit from improved access

Combining domestic violence and child abuse prevention and treatment services in a single organization expands clients' choices for accessing services. By widening the doorway to include access to both domestic violence and child abuse victims, service providers can be more effective at identifying and addressing clients' full array of needs. For some clients, this also removes the burden of self-identifying one's role in a family violence situation, which for some individuals and cultures can be an obstacle to seeking assistance. In these two case studies, adopting an inclusive approach enables a more seamless provision of domestic violence and child welfare services. However, the same principle can also be applied in other situations—partnerships among domestic violence organizations and providers of other related services (such as primary health care, job training, or economic independence) can enhance access to a variety of supports and improve long-term outcomes for survivors of domestic violence.

Innovation positions you as a leader

Both case studies describe how taking on this broader family violence approach to providing domestic violence services has given the organizations a stronger and more prominent voice in the community. Some visibility is no doubt created simply by virtue of having gone through a merger that results in more diverse programs, increased geographic reach, and/or more clients served. But organizational leaders also report that having adopted a more inclusive mission has enabled them to be more effective advocates for ending violence in their community. Finally (and as these case studies themselves exemplify), being among the first organizations that have restructured in this way means that they are being closely observed and sought out as models for what can be achieved through this kind of partnership.

Community Advocacy Program

Introduction

The Community Advocacy Program (CAP) was one of the earliest programs in the country to bring domestic violence advocacy services into the community health center setting. Launched in 1994 as a demonstration project, the Boston-based initiative began as a set of support groups for women experiencing domestic violence, and concurrent groups for their children, at two community health centers.



By the following year, the need for these services had been proven and, at the urging of the health center community, CAP was enhanced and expanded as a program of the established nonprofit Center for Community Health Education Research and Service, Inc. (CCHERS).⁶ From this platform, CAP was able to develop a model placing on-site family advocates at community health centers to deliver a full range of domestic violence services.

Today, CAP supports family advocates at five health centers throughout the Dorchester neighborhood of Boston, serving 1,200-1,500 women and their families each year.

Developing the Model

In the mid-1990s, the movement to address domestic violence as a public health issue was still new. In Boston, task forces were created at some health centers to explore more effective response to domestic violence needs among their patient populations. Although the community health centers were in a unique position to be able to help survivors who were unlikely or unable to seek help from traditional domestic violence agencies, the medical staff were not trained to identify or respond to domestic violence issues.

It was at about this same time that the CAP demonstration project, which provided on-site support groups, began to test the potential of a partnership between health centers and domestic violence advocates. When CAP became part of CCHERS, itself a cross-sector collaboration of academic, public health, and community health center partners, it gained the ability to expand and further develop these relationships.

By creating the advocacy program, CAP was able to access populations that would not otherwise seek domestic violence services. It also helped ensure that these centers had the capacity not only to assess domestic violence and make referrals, but to provide direct services and immediate support on-site.

⁶ Established in 1991, CCHERS is a community/academic partnership dedicated to enhancing education for future health professionals, improving health care delivery, and promoting systems change to eliminate health disparities. More information can be found at www.cchers.org.

CAP currently employs six family advocates who deliver services at five partner community health centers. They work on-site, providing direct services including personal and medical advocacy, assistance with safe housing and shelter, legal advocacy, emergency financial assistance, and short- and long-term counseling. In addition to assisting individuals, advocates lead support groups for survivors and hold educational sessions for women who have not self-identified as needing services but might benefit from information and resources.

CAP family advocates are also responsible for working with health center staff to ensure appropriate screening, assessment, and intervention occurs using the protocols adopted by the center (there is variation from center to center). Additionally, a portion of advocates' time is allocated to maintaining and supporting a domestic violence task force at the health center responsible for engaging medical and administrative staff in evaluation of domestic violence needs and responses.

Relationships Matter

Lorraine Lafata, Clinical Supervisor for the CAP family advocates program, has been involved with the program since its inception. She described the evolution of the program as a product of the commitment of individuals with relationships across organizations and institutions.

The Massachusetts Department of Public Health was engaged at the start, funding the original demonstration grant through its Pediatric Family Violence Prevention Project. Several of the advocates who launched the demonstration project continued with CAP when it became part of CCHERS in 1995. The CCHERS collaborative already included many of the same partners, including Public Health and the community health centers, and its staff demonstrated a strong commitment to the issue of domestic violence.

CAP's expansion from a few support groups to a comprehensive advocacy model was made possible in 1996 with funding CCHERS obtained through a federal demonstration grant. Supporting the development of multi-agency wraparound systems to address domestic violence, this grant enhanced a network of collaborative relationships around domestic violence through which CAP and other programs would flourish.

"The demonstration project was really fertile ground, with an amazing set of people looking at the issue," Lafata recalled.

One of these early champions was Sue Chandler, who served as CAP's Director for eleven years. With strong ties among the domestic violence advocacy, health care provider, and women's health advocacy communities, and a seat on the Governor's Council to Address Sexual and Domestic Violence, Chandler had connections that helped raise the profile of the CAP program and attract support. When Chandler left CAP in early 2010, the program lost some of this capacity for relationship building and networking that was so essential to its development and evolution. Although it still enjoys a strong reputation in the community, it has to work harder these days to maintain those important relationships.

Elements of Success

The heart of the CAP program is its family advocates, and one of the strengths of the advocate staff is their roots in the community. Participating health centers are located throughout Dorchester, a historically working-class neighborhood of Boston that is characterized by significant ethnic and cultural diversity, such that each center location serves a somewhat different population profile. Throughout its development, the CAP program has kept a commitment to working with advocates who are representative of the communities served. Languages spoken by CAP family advocates include: Spanish, French and Haitian Creole, Vietnamese, Hindi, Nepali, and Punjabi. Each family advocate is well-recognized in her community as a neighbor, friend, and part of the social fabric.

The value of CAP's model is that it brings together the expertise of trusted community-based advocates with the accessibility of a neighborhood health center. But this approach also poses challenges. For example, the medical setting tends to be hierarchical in nature, where advanced degrees and credentials confer power and status within the organization. Although the family advocates are highly skilled and thoroughly trained in various modalities relevant to addressing domestic violence issues, they do not all have advanced degrees and thus struggle to be viewed as equals with medical staff. Lafata explained how this can make the advocates' jobs more difficult: "Part of their role is to challenge doctors and nurses around assessment and training...and those people all have degrees [beyond which the advocates generally hold]."

Understanding this difficulty, CAP has developed a model designed to support the family advocates in doing the full range of work they need to do, which is to educate not only community members, but health care providers as well. This model has three parts:

1. Staff supervision at the health center

Each family advocate is directly supervised on-site by a staff clinician, usually a Licensed Independent Clinical Social Worker (LICSW), who serves as the advocate's champion and lends his/her expertise and status as needed. This link to the health center-employed clinician helps to support the work of the family advocates, assisting them in developing relationships and giving them a voice in the health center setting. CAP is uncompromising in requiring this support, writing it into all grants and its subcontracts with health center partners that advocates will receive at least two hours per week supervision time with their LICSW supervisor.

2. Peer sharing and learning

CAP also convenes its family advocates every two weeks outside of the health center environment, creating a safe space where they can join with peers doing the same work, talk about shared challenges, and learn from and support one another. These convenings include clinical supervision with CAP's own Clinical Supervisor, Lorraine Lafata, as well as administrative meeting time to discuss grant compliance, training opportunities, and special projects. This community of peers is an important component of the program's success and advocates' well-being and ongoing professional development.

3. Clinical support and supervision in domestic violence

Although the family advocates can draw from the clinical behavioral health expertise of their on-site supervisors, the LCSWs do not necessarily have domestic violence experience. For this reason, CAP has its own clinical supervisor who works with all the advocates. The clinical supervisor meets with family advocates twice a month (as mentioned above) for ongoing clinical consultation and supervision, support, and training. Advocate self-care is a high priority, given the secondary trauma they experience while engaged in this work.

Together, these three elements speak to the time the partners invest in ensuring that family advocates are well supported and given the tools to succeed in the health care setting. This robust support has helped CAP to develop a strong advocacy team that has lower turnover than typically found among domestic violence organizations. Lafata noted, “The average life of a domestic violence advocate in a given shelter is 2 to 4 years. We’ve had people who have been with us 7 to 8 or more years.”

Partnership Process Notes

Highlights of the partnership between CAP and its health center partners include:

- **Purpose**
Provide domestic violence assessment, treatment, and support in the familiar and accessible environment of community health centers serving the Dorchester area.
- **Precursors of Partnership**
Successful demonstration project piloted support groups on-site at health centers, and a vibrant network of public health, academic, advocate, and health center partners brought a shared commitment to prioritizing domestic violence as a public health issue.
- **Negotiation and Agreement**
Partnerships with community health centers were expanded when CAP became a part of CCHERS. Mutual agreements and responsibilities are spelled out in federal grant applications and in subcontracts/MOUs between CAP and health center partners.
- **Implementation**
CAP developed a robust advocacy program strengthened by three pillars of support, including on-site supervision by health center clinicians. Advocates provide a range of culturally competent direct services and support health center staff in improving domestic violence assessment, treatment, and support.
- **Future Plans**
Family advocates will research and compile best practices in a health center context, using this information to recommend more uniform protocols across partner centers and to mobilize task forces at each to keep the work alive. CAP is aggressively pursuing funding to sustain and grow its work. If successful, CAP ultimately wants to partner with more health centers in the Boston area.

Overcoming Challenges

Every partnership has its challenges. As Keisha Ormond, CAP Program Director noted, some challenges are simply logistical, “Because we have people at multiple health centers and sites, and are collaborating with several different entities, it takes a lot of work to coordinate finances and grant disbursements...who does trainings...all those things.”

Other challenges included:

Balancing Disparate Cultures of Service Delivery

Improving access to needed services is one of the greatest benefits of this collaborative model, but also poses its greatest challenge. Domestic violence work typically demands a high level of anonymity and security that can be hard to maintain in the often close-knit and yet broadly inclusive and welcoming environment of a community health center. For example, screening and assessment protocols that have been developed for hospital-based programs must be adapted for use in community health settings, where there may be greater risk of the survivor encountering her abuser, a family member, or mutual friend—either as a fellow patient or among the health center staff. As Lafata recalled, “We had to think about how to handle documentation and records management, and any number of other ways we needed to deal with the fact that we were working in smaller communities.” The fundamental difference in the degree of openness required of advocates and community health centers tests the respective cultures and practices of both, requiring clear communication, balance, and mutual understanding and commitment to serving patient needs.

“We had to think about how to handle documentation and records management, and any number of other ways we needed to deal with the fact we were working in smaller communities.”

Lorraine Lafata
CAP Clinical Supervisor

Maintaining Momentum and Ongoing Engagement

The emergence of task forces at the health centers helped give rise to the advocate model back in the mid-1990s. However, in some ways the success of the on-site advocate approach may have cost the task forces some of their original momentum. As Lafata explained, “By creating a service provider in the body of a person, it can sometimes occur that domestic violence becomes their responsibility, not the whole health center’s responsibility.” CAP has tried to counter this tendency by making it an explicit part of the advocates’ role to develop initiatives to keep awareness and engagement high among health center staff. But there is often little time to devote to these activities. As CAP family advocates become established at each participating site, they receive increasing numbers of referrals, begin to do more clinical work, and respond to cases with greater levels of complexity. This is a powerful testament to the value of the program, to be sure, but it also leaves advocates with little extra capacity to direct to campaigns to ensure that domestic violence remains a whole-staff concern and an organizational priority.

Sustaining Funding and Building Networks

CAP receives some public funding through the Massachusetts Office for Victim Assistance (MOVA) program. It has also received grant support from other sources, including Violence Against Women Act (VAWA) funding, but has weathered serious cutbacks in recent years with the downturn in the economy. In particular, funding for clinical supervision has dried up, putting at risk one of the core support systems enabling CAP advocates to do their work so effectively. CAP is prioritizing fundraising and grant writing to help make up for recent losses and strengthen the sustainability of the program while keeping its proven model intact.

Reductions in funding have also impacted CAP's administrative staff capacity. For eleven years, CAP was led by Director Sue Chandler. When Chandler left in early 2010 to become Executive Director of DOVE, Inc. (Domestic Violence Ended), CAP did not have the resources available to re-hire. Fortunately, Ormond, CAP's Program Director, has stepped in with aplomb to take the helm.

Looking Ahead

Despite the economic downturn, CAP is holding steady after 15 years and program leaders see compelling opportunities to continue to advance and expand this work. One current project, which is taking off slowly due to limited resources, but is ultimately core to the mission, is to research, compile, and evaluate information on screening and assessment protocols being used at health centers across the country. This would enable the family advocates to take this information back to their respective centers and use the material to reconvene stagnant or inactive task forces, engaging participants in concrete planning for refining standards and practices, creating greater uniformity across partner health centers, and strengthening implementation and shared learning. CAP is also in the process of starting programs at three additional locations, placing family advocates at two health centers and one hospital—at the health care providers' request. This is a testament to the value of the services advocates provide and to the strong relationships CCHERS helps to foster and maintain with community health partners on behalf of CAP. CAP hopes to build on this success to expand its family advocate model to more community health center partners throughout the greater Boston area.



T-Shirt made by CAP clients and health center staff as part of Domestic Violence Awareness Month activities in October 2010. Photo provided by CAP

East Los Angeles Women's Center

Introduction

The East Los Angeles Women's Center (ELAWC) is a community-based organization that has provided comprehensive bilingual/bicultural services for domestic violence and sexual assault survivors for more than 35 years. It also offers HIV/AIDS education, prevention, intervention, referrals, and support, serving as a trusted resource to the Latina community. Having already established a relationship with the Los Angeles County and University of Southern California (LAC+USC) Medical Center to access forensic medical services and care for survivors of sexual assault, ELAWC recently expanded this partnership to deliver domestic violence advocacy services through the Violence Intervention Program (VIP) child abuse and sexual assault medical and mental health unit at the Center's Community-Based Assessment and Treatment Center (CATC). Initiated in 2010, this collaboration leverages the 24/7 response capacity of ELAWC advocates to provide on-call support to domestic violence survivors treated at the CATC, and has served 75 women to date. Building on this partnership, ELAWC is currently in talks with LAC+USC Medical Center to develop an even more integrated assessment and referral process, which could help more survivors receive needed levels of care.



Developing the Model

ELAWC was formed in 1976 as the East Los Angeles Rape and Battering Hotline, the first 24-hour Spanish-language hotline for survivors of sexual assault in Southern California. It has since grown to provide an array of programs—including comprehensive domestic violence services and HIV/AIDS education and support for women who are HIV-positive—all the while maintaining its core capacity for immediate crisis response. For years, ELAWC has referred sexual assault survivors to VIP for forensic medical exams and treatment. The state-of-the-art CATC also receives intakes from the Medical Center hospital ER, with established protocols for the transfer of survivors of sexual violence to the VIP program for treatment and follow-up. Recognizing that its systems for serving survivors of domestic violence were not as robust, VIP began a program making its own advocates available to individuals coming into the ER with domestic violence issues.

The domestic violence advocacy program was operated by VIP for a few years with four part-time staff, and although it was a step in the right direction, it provided a limited level of service and ultimately became difficult for the Medical Center to maintain. Knowing of ELAWC's domestic violence program, its crisis response infrastructure for sexual assault survivors, and its bilingual/bicultural and community outreach capacity, VIP sought a partnership. Barbara Kappos, Executive Director and Sonia Rivera, Project Director from ELAWC met with Dr. Astrid Heppenstall Heger, Executive Director of VIP, to discuss the potential partnership and chose to take the project on, even though there was no funding set aside at the time to support it. ELAWC took this leap of faith, Kappos said, "Because it was the right thing to do."

ELAWC was able to obtain a grant from the 2010-2012 Blue Shield Against Violence Core Support Initiative that enabled it to provide advocacy services at the CATC, tripling VIP's previous capacity. The advocates provide crisis intervention, counseling, hospital accompaniments, and resource and safety planning for victims of domestic violence. Referrals are received through ELAWC's 24-hour hotline. Providers at the CATC give patients the hotline number, enabling them to obtain immediate support and response once they have been stabilized. ELAWC receives between 30 and 50 calls per week from domestic violence survivors with Medical Center referrals counting for approximately one of every 10 calls. This proportion is expected to increase as ELAWC's partnership with the Medical Center evolves.

Promotora Health Center

One of the characteristics that made ELAWC stand out as a desirable partner for VIP is its Promotora Health Educator program. Promotoras, community health workers serving primarily Latina communities, have been used for many years to disseminate information on chronic disease and other health issues but rarely, if ever, for domestic violence awareness. ELAWC had used community health educators in its HIV/AIDS program for 15 years. Then, in 2009 it obtained a federal grant to train Promotoras for domestic violence and sexual violence education and outreach. ELAWC Promotoras now work with other women in the community, providing information on domestic violence and sexual assault to those who might not otherwise have access to information or support. "They're reaching people who won't come forward otherwise – those who live behind closed doors," Kappos explained.

ELAWC has presented its Promotoras program at national conferences, is copywriting its own training curriculum, and is in the process of expanding the program. The Promotoras program enables effective community outreach at the same time that it provides personal and leadership development opportunities for the trainees. Said Kappos, "The women who do the program are very proud to be certified, to be Promotoras. And they get to choose the subject matter they individually feel most comfortable with – some do domestic violence, some do sexual assault." Promotoras go through a robust training program, and are involved in creating their own outreach materials. Kappos described with pride the reaction she received from sharing examples of the materials at a recent professional conference, "It was really impressive how powerful those messages were and how they were conveyed."

Developing a Promotoras model such as this takes great care. Kappos explained that at times women come to ELAWC asking to be trained as a Promotora, when what they really need is to be asking for the help themselves – the training opportunity is in these cases an entry point to obtaining support. ELAWC staff are sensitive to these subtleties and able to effectively deal with them. If candidates are in an abusive relationship, the domestic violence issues will receive attention first before entering the Promotora training program. In this way, the model can be highly empowering and effective, as clients can themselves become an advocate and help others, knowing they have walked in the same shoes.

Elements of Success

As already noted, capitalizing on existing capacity was a key characteristic of this partnership. ELAWC's 24-hour hotline and response infrastructure, as well as the community-based culture of its advocates, made it an excellent partner for VIP. By building out its existing capacity to respond to sexual assault calls, ELAWC was able to meet the needs of domestic violence survivors more quickly than if an entirely new system had been needed.

Equally important was the cultural competency and community rapport ELAWC advocates could bring to the table. As Kappos described, "There's a big difference between being a community-based organization and being part of the hospital—especially for clients—there's a different philosophy and culture at play. Most of the women we work with are isolated, many are immigrants, and they don't talk about it [abuse] easily. Having someone who can offer an immediate response—and in Spanish—is a great asset."

Another success factor benefiting this effort is the fact that it builds upon and deepens a pre-existing relationship. ELAWC was already referring sexual abuse clients to VIP for forensic and medical treatment, so the two organizations were accustomed to working with one another in this capacity. The partnership was enhanced by the many years of collaboration, which provided a foundation of mutual trust that is of utmost importance to any collaborative endeavor.

Partnership Process Notes

Highlights of the partnership between ELAWC and VIP include:

- **Purpose**
Ensure ready access to advocates, services, and support for domestic violence survivors entering the ER and CATC unit at LAC+USC Medical Center.
- **Precursors of Partnership**
VIP recognized that to strengthen its efforts and best serve its clients, it would benefit from ELAWC's 24-hour response capacity and community-based cultural competency. The pre-existing referral relationship between the two formed a foundation of trust that paved the way for deeper partnership.
- **Negotiation and Agreement**
VIP asked ELAWC to take over its fledgling advocacy program, and a meeting with leadership staff and advocates from both organizations was held. A MOU was put into effect defining the current referral arrangement.
- **Implementation**
ELAWC obtained grant support to ramp up its hotline infrastructure and advocate capacity to include domestic violence, and now provides 24-hour response and advocacy to survivors at the Medical Center.
- **Future Plans**
This partnership has served as a foundation for continuing talks between ELAWC and the LAC+USC Medical Center about ways to better serve domestic violence survivors through collaborative efforts.

Overcoming Challenges

This partnership is itself a response to a specific challenge. The emergency room is a common intake point for survivors of domestic violence, and yet it is often not until after patients have been examined that they either disclose or providers begin to suspect that domestic violence is the cause of injury. Whereas screening, assessment, and critical response protocols are in place for Medical Center intakes involving sexual assault, no such system has yet been developed for domestic violence. Making 24-hour assistance available through the advocacy program at VIP has been an important first step to serving patients who need help with domestic violence issues.

Challenges in implementing the advocacy program so far include:

Adapting Capacity

ELAWC's existing infrastructure for responding to sexual assault calls at any time of day or night has already been cited as a success factor. But it was no small task to expand this capacity to encompass similar services for domestic violence calls. Hotline operators had to be re-trained to effectively deal with either issue. Kappos explained, "To do that we had to adjust how we were working with our clients, to integrate domestic violence into that immediate response infrastructure. It required we change our own training and call response." Adding the domestic violence component also increased call volume, with significantly more calls coming in for domestic violence than for sexual assault. This required ELAWC to not only adapt its expertise to meet a broadened scope of need, but to build out its phone systems to handle greater demand.

Educating Medical Staff

There is an inherent challenge in incorporating domestic violence awareness and advocacy into a traditional health care environment. Medical staff have a specific set of responsibilities and demands: their core mandate is to treat the presenting medical issue. They may expand their role by performing screening or assessments to identify an underlying domestic violence issue, or by referring the patient to a trained advocate or other appropriate resource. However, in the absence of a required protocol, such interventions will be applied inconsistently. "That's the biggest challenge: making sure we're getting the calls," Kappos said. There are also lingering misunderstandings, erroneous assumptions, and stigma around domestic violence, even among the medical community. As Kappos explained, this requires ongoing education and support, "The medical community needs ongoing training around domestic violence. Typically, staff have so many rotations at the clinic that you always have to remind them of the resources available. We do a lot of follow up."

"There's a big difference between being a community-based organization and being part of the hospital—especially for clients—there's a different philosophy and culture at play."

Barbara Kappos
ELAWC Executive Director

Looking Ahead

To date, ELAWC has provided domestic violence services to LAC+USC Medical Center patients primarily through calls to its 24-hour hotline and advocacy services provided through its partnership with the VIP program. However, ELAWC is now in the process of exploring a more direct relationship with the Medical Center that could enhance its current role to include training medical staff in effective screening and assessment. These conversations are still evolving, but Kappos is optimistic, expressing faith that “It will be a successful collaboration, though it will take time to fully develop.” The hope is that as it grows this partnership will help to ensure that more domestic violence receive the treatment, services, and ongoing supports that they need.



Domestic Violence and Child Advocacy Center

Introduction

The Domestic Violence and Child Advocacy Center is a new organization providing family violence prevention, treatment, and advocacy services in the greater Cleveland, Ohio area. It was created in 2011 from the merger of the Domestic Violence Center of Greater Cleveland (DVC) and the Bellflower Center for Prevention of Child Abuse (Bellflower Center).



Originally seeking some form of shared administrative services, the two organizations began exploratory talks in 2010, and soon realized that a deeper partnership could create powerful new opportunities to broaden their impact and better serve the community. This meant bringing together two disciplines—domestic violence and child welfare—two fields that historically have operated separately. Developing an expanded mission encompassing both fields required that the partners educate one another on their respective work to create deep understanding of how the issues interrelate and to articulate a shared vision of service. Despite the skepticism of some peer organizations that could not see how integration could work, the partners’ commitment to stay focused on the opportunity to better serve the community through increased access, an integrated continuum of programming, and more effective operations helped the merger process go smoothly.

As a result of these efforts, the merged organization not only provides a more cohesive menu of services, but has developed a heightened ability to serve as a voice on behalf of eliminating violence impacting families.

Developing the Model

This partnership was facilitated in large part by the Cuyahoga County Community Services Strategic Restructuring Pilot Project, an initiative arising from an 18-member funder collaborative in Ohio.⁷ Offering technical assistance through a three-phased process of education, assessment, and negotiation, the initiative provided a structure that emboldened area nonprofits to explore potential partnerships in a way they may not otherwise have done and provided the resources to see it through.

For DVC and Bellflower Center, collaborative opportunities were already a topic of discussion prior to the pilot opportunity. “We had been talking for some time about sharing resources, and already saw collaboration as the right thing to do,” recalled Linda Johaneck (formerly Executive Director of DVC, now leading the merged organization). That said, neither had been looking for a merger, and it was not until the structured process that the pilot project was offered that

⁷ See “The Human Services Strategic Restructuring Pilot Project: Transforming Nonprofits in Cuyahoga County, Ohio,” by Heather Gowdy. La Piana Consulting, 2011. Available online at: http://www.lapiana.org/downloads/LaPianaConsulting_Summary_ClevelandTransformation.pdf

deeper collaboration was put on the table and concrete steps taken to achieve it. Having funders backing the effort was also important for the partners' confidence in moving forward. Johanek noted, "Something we really appreciated was that this project came from a funder initiative—that if we could make it work, it's something the foundations were supportive of."

The process itself took a bit over a year, during which DVC and Bellflower Center—together with a cohort of 15 other participating organizations—received direct support from a consulting team hired by the funder collaborative.⁸ Speaking about the value of this technical assistance, Johanek reflected, "Our consultants were outstanding—we all felt that they really moved us along, kept us on task, and yet were very sensitive to the issues we were going through."

What's In a Name?

Losing one's organizational identity is a common concern among nonprofits considering merger. This can make selecting the name of the new entity particularly sensitive.

"Naming our new organization, believe it or not, was one of the most difficult tasks in the whole merger process," Johanek shared. It was important to continue to clearly identify as a "domestic violence" organization to satisfy some funding streams, but retaining "child abuse" as part of the new name posed challenges. "We were fearful of scaring domestic violence victims away," she explained, noting that many survivors of domestic violence are afraid not only of their batterers, but of having their children taken from them. At the same time, it was important for the new name to honor and acknowledge the mission of both organizations.

In the course of researching collaborative, multidisciplinary approaches to dealing with violence, the partners found their solution. "We came across projects called Child Advocacy Centers, or CACs, which bring together multiple disciplines around the child abuse investigative process," said Johanek. "And while we did not want to center around child abuse investigations or create a full-blown CAC, we did like the viewpoint that Advocacy (in the CAC framework) means all of the following: prevention, intervention, social change, community partnerships and leadership – all of which we were already doing."

Even so, it was not an easy decision for Bellflower Center to let go of its name. To preserve this part of its identity, the new organization adopted an element of the Bellflower logo as the new logo. It also created a "Bellflower Award," to be awarded annually to recognize a community leader working to end child abuse.

Navigating these issues and cultivating a new, shared identity, noted Johanek, "is all about compromise and being sensitive to each other's viewpoints and histories."

⁸ A total of 76 nonprofits participated in the educational workshop constituting the first phase of this three-phase initiative. The Domestic Violence Center and Bellflower Center were among the 17 organizations that continued into the assessment phase, and were two of the 8 that completed the negotiation phase. Consulting was provided by Kantor Consulting Group, Main Stream Enterprises, and La Piana Consulting.

The resulting partnership adopted a parent-subsidary model as a transitional structure for pragmatic purposes: as a “fully-owned” subsidiary, Bellflower Center was able to continue receiving Medicaid reimbursements until DVC receives certification. Ultimately, the full merger will occur under DVC’s corporate entity, a choice influenced in part by the desire to avoid any delays in funding from a number of federal grants DVC currently receives. In the meantime, the two operate as a single entity with a combined board, DVC’s executive serving as Executive Director, and Bellflower Center’s executive as Chief Operating Officer of the new entity. The two have merged their public-facing identity as the Domestic Violence and Child Advocacy Center.

The technical steps needed to complete the merger have gone smoothly. What has been more demanding is the work the two organizations needed to do to develop a shared organizational vision and to integrate programs. To inform this work, JohaneK looked for research on any existing efforts to bring together domestic violence and child welfare advocacy. Although she found few examples of individual mergers, she did find useful framing and lessons from the Greenbook Initiative, a project of the National Council of Juvenile and Family Court Judges seeking to develop better ways to ensure the safety, stability, and security of women and children impacted by violence.⁹ JohaneK said that Greenbook helped demonstrate that although child welfare groups have a mandate to protect the child, while the mandate of domestic violence advocates is to protect the survivor, there is a way in which those goals need not be so different. “Greenbook talks about trying to identify goals that work for both,” she said, “finding common ground, and learning how to do both without impeding the rights or safety of the other person.” The result is that the merged organization now uses a broader social justice lens and systems approach in its collective work, rather than one that is defined strictly by working with individuals.

“We need to invest in the systems and relationships, and stay at the table to talk through the difficult points. We need to move closer, to keep having these difficult conversations because that is what will better serve the mother and the child.”

Linda JohaneK
Executive Director

Taking a broader social justice perspective focusing on systemic, not just individual, impact has put the newly merged organization at the forefront of new policy developments. JohaneK explained that “This merger has caused me to look at the entire array of systems—domestic relations court, juvenile court, law enforcement, child protective services—so that we can truly transform the way our community responds to both domestic violence and child abuse victims. It really is very exciting.”

As a result of this approach, the new organization not only offers a more cohesive menu of interventions for women and families in need, but can serve as an ambassador ushering in this more integrated vision of service. Advising the domestic violence advocacy field to consider this broader view, JohaneK said, “We need to invest in the systems and relationships, and stay at

⁹ www.thegreenbook.info

the table to talk through the difficult points. We need to move closer, to keep having these difficult conversations because that is what will better serve the mother and the child.”

Elements of Success

This was a merger of strength. One stereotype about nonprofit mergers is that one of the organizations is weak or on the verge of closing its doors. But increasingly nonprofits are exploring merger and other forms of alliance as a proactive choice to enhance existing strengths and achieve powerful synergies. Such is the case here. Both organizations could have easily continued on their separate paths, but as Johaneck said, “We recognized that we had two areas of expertise that would be better together.”

Supported Process

Having the opportunity presented by the funder initiative, to engage in a guided, supported process—together with other organizations and with no expectations of specific results—helped jump-start this collaborative effort. It created a safe space for exploring options, and provided expert third-party assistance. Speaking about working with the consultants, Johaneck said, “What was really helpful was their experience in other mergers. They never pushed us in a particular direction, but were able to give examples of what others had done or how they handled similar situations. It was not proscriptive, but educational.” Although the two organizations had already been in conversations about ways they might share resources, it was the funder initiative that helped move them to action and expand their scope of possibilities in the process.

Compelling Vision

Apart from having the resources and support of the funder initiative, the investment made by the two organizations to define a common vision was the single most critical element of success. This work was important for learning about one another, clarifying shared goals, and developing trust. The fact that there was already great trust between the two executive directors was also a key factor, setting the tone for the board and staff who were on the negotiating team. All this helped the merger proceed with little difficulty. Johaneck recalled, “We kept waiting for the other shoe to drop, but it went really smooth. We stayed focused on the mission – on the women and children we serve – so there were no egos, and no control or turf issues.” Being grounded by a common vision, the merged organization is now positioned on the leading edge of an integrated approach to develop broader systemic solutions to complex family challenges.

Clearly Defined Benefits

Although an integrated vision is compelling, it means little if not translated into improved client services “on the ground.” In fact, this merger delivered concrete and immediate benefits in terms of geographic reach and access to services. As Johaneck explained, Cleveland is physically divided into east and west by the Cuyahoga River, and residents identify with the side they live on; residents in the east typically do not go to the west side for services, and vice versa. Because DVC had been well established on the west side and Bellflower Center on the east, the alliance of the two and their forays into shared space are beginning to make their respective programs and services more widely accessible. One example of this impact is that a domestic

violence program that was designed specifically for African-American clients is now available on the east side, where many African Americans live, thus more effectively serving its intended audience. Ultimately, the organization aims to provide as many of its services as possible on both sides of town.

Partnership Process Notes

Highlights of the partnership between DVC and Bellflower Center include:

- **Purpose**
Achieve synergies between domestic violence and child welfare advocacy that strengthen services to the community and enhance efficient and effective operations.
- **Precursors of Partnership**
The two organizations had already engaged in conversations about the potential for sharing office space, and the funder initiative offered the opportunity to take these discussions to another level and turn ideas into action.
- **Negotiation and Agreement**
The partners signed an affiliation agreement to form a parent-subsidary relationship as they transition to full merger. This allows them to work through certification and contractual details as individual entities while unveiling a merged identity to the community.
- **Implementation**
Retaining leadership from both organizations as Executive Director and Chief Operating Officer modeled the value of partnership and helped to ensure consistency and stability during the transition. While this approach can be risky, in this case it worked well for both leaders and what they were looking for in their careers and wanted for the organization.
- **Future Plans**
The Domestic Violence and Child Advocacy Center is now positioned at the leading edge of anticipated policy change emphasizing a more integrated approach to family violence, and looks forward to continuing to build relationships across disciplines instead of working from a place of conflict.

Overcoming Challenges

The relatively smooth merger process did include some small challenges. Some of the lessons learned from this experience included:

Working through the Fear

Sometimes it is not a dramatic falling out or “deal-breaker” discovery that derails a potential partnership, but any number of smaller fears and insecurities that, left unattended, can unravel even the best laid plans. For DVC, the prospect of a merger was not a trouble-free one, as it had been through a merger in 2001 that was a less-than ideal experience. To move forward,

staff had to suspend their apprehension—a leap of faith that has now paid off. Articulating the differences in circumstance between the earlier merger and this one, which both organizations were now approaching from a position of strength, helped to build confidence.

Bellflower Center came to the table with concerns about being the smaller of the two organizations. This size dynamic is a common challenge in mergers: the smaller partner feeling vulnerable to being “taken over” or “lost” within the larger organization. Johanek described how this was dealt with through deliberate effort, “We were very sensitive to that, and the consultants were aware of it too, making sure everyone’s voice was heard, and that people were putting things on the table.” By dealing with small concerns before they get the chance to grow out of proportion, the negotiation process becomes an opportunity to build trust.

Communicating with Funders

One of the biggest risks organizations face when merging is not knowing what kind of impact it will have on their funding. As part of the due diligence stage of negotiations, DVC and Bellflower Center discovered that there was little duplication in their respective donor lists, and that whereas one received significant government funding, the other did not—all of which was good news. However, where the two did overlap was in support from private foundations, raising the question of whether funders would expect to reduce funding levels as though only one of the organizations still existed, or offer support commensurate to the greater size and complexity of the newly merged organization.

Although this alliance was supported by a funder collaborative, it was still critical to address this issue with foundations upfront. So the Domestic Violence and Child Advocacy Center proactively reached out to funders, meeting with program officers to ask that they refrain from reducing support. “We recognize that they [the foundations] are trying to do more with less, just like we are, but for the merger to succeed, we can’t have the bottom drop out right away,” Johanek said.

These conversations have been well received, and funders have indicated that while they cannot make promises, they understand the organization’s unique position and asked to be reminded of it when requests are submitted. In the midst of this uncertainty, Johanek remained optimistic, “I believe that as a combined agency, it offers us some new streams of funding and other possibilities we might not have had on our own.”

Looking Ahead

Although this merger is still fairly unique in bringing together domestic violence and child welfare advocacy, it appears to be part of a developing trend. Johanek indicated that Ohio may be moving toward adopting a “differential response” model among its county departments of children and family services, meaning they will be looking at not only how to keep the child safe, but screening for other family issues such as domestic



violence, and directing them to needed resources. “There will be more of a focus on assessment, and having alternative responses to just investigation or opening up a case,” she explained. In its new form, the Domestic Violence and Child Advocacy Center could be a spark for creating these conversations and developing the relationships needed for this shift to occur in Cuyahoga County. “We’re currently writing a grant for how to get a domestic violence advocate on site at the Department of Child and Family Services to consult with them when those issues come up,” Johaneck reported. The Ohio Children’s Trust Fund has also just asked the Domestic Violence and Child Advocacy Center to help develop a pilot for statewide (possibly national) replication that blends prevention for both child abuse and domestic violence. Speaking about these opportunities, Johaneck reflected, “If we hadn’t done this merger and taken this issue on, we wouldn’t have been pushing this agenda like we now are.”

STAND! for Families Free of Violence

Introduction

STAND! for Families Free of Violence (STAND!) is a family violence prevention, treatment, and advocacy organization serving California's Contra Costa County. Formed as the result of the 2010 merger of STAND! Against Domestic Violence and the Family Stress Center (FSC), this agency is one of the few bringing together domestic violence and child abuse services under one roof. Doing so required a significant cultural shift that added a layer of complexity to the merger process. It meant bringing together two areas of work that are very much related, but usually addressed by separate organizations.



Visionary leadership from both partner organizations helped create a space to redefine terms and develop a more multifaceted framing of the issues—broadening the scope of service from one that responds to an individual's needs to one that supports and heals whole families. Pioneering this approach has allowed clients who would have come for services in domestic violence but not child abuse (or vice versa) to access needed resources in both. It has also given the newly merged organization a public platform to speak to the connections between the two, and how the continuum of violence impacts not only individuals and families, but the entire community.

Developing the Model

In 2008, FSC approached STAND! Against Domestic Violence with an invitation to consider an alliance. FSC was operating with an interim director after losing its long-time executive, and the interim leader recognized that such leadership transitions can be opportune times for organizations to consider collaborative strategies. Taking advantage of this opportunity, FSC extended invitations to a handful of potential partners to participate in an exploratory process, through which STAND! Against Domestic Violence emerged as the most desirable partner. The latter had not been looking for a merger or other formal partnership, but by remaining open to the possibility, it had the chance to be part of a unique effort—to bring together a domestic violence organization with a child abuse agency.

To Gloria Sandoval, then Executive Director of STAND! Against Domestic Violence and now leader of the newly merged agency, this seemed an unusual approach at the time. “I was a little taken aback, as are most when they hear a domestic violence agency is merging with a child abuse agency,” she recalled. “But I ‘got it’ in about 60 seconds.” Understanding the interrelatedness and frequent co-occurrence of these issues, the value of such a merger was soon recognized by Sandoval as a chance to have a deeper impact on women and families in need.

FSC's positive reception was aided in part by the fact that its interim director had worked with Sandoval before, both while colleagues at the same organization and later when each was

involved with different organizations. Having this past professional relationship helped them “speak the same language” in the early stages of talking through this collaborative opportunity. Even so, Sandoval noted that it was the concept itself that intrigued her, and she would have likely still expressed interest even if the one proposing the idea had not been someone she knew well. Sandoval was inspired to engage in her own research to test the feasibility of merging domestic violence and child welfare agencies. She learned that while it was still a fairly novel approach, there were people in both fields who had begun to make some of these connections – in fact, a national conference on the topic was advertising its second annual convening.¹⁰ In 2009, emboldened by these findings, Sandoval and her board engaged in a formal merger exploration and negotiation process with FSC. The two organizations announced their merger effective July 1, 2010.

Partnership Process Notes

Highlights of the partnership between STAND! Against Domestic Violence and FSC include:

- **Purpose**
Develop a holistic and integrated approach to serving the needs of those affected by domestic violence and/or child abuse.
- **Precursors of Partnership**
FSC had initiated its own partner identification process, recognizing that its transitional leadership status offered a unique opportunity to consider collaborative strategies.
- **Negotiation and Agreement**
After a meeting of the two directors and board leadership of each organization, it was decided to engage in a formal merger process. The due diligence and negotiations were facilitated by a consultant from La Piana Consulting, and a merger was approved the following year.
- **Implementation**
Additional consultation was obtained from Performance Consulting, Inc. for the express purpose of guiding the cultural integration process. This helped smooth the transition and develop a strong foundation for the new organization moving forward.
- **Future Plans**
As a result of this merger, STAND! not only provides services in both domestic violence and child abuse prevention, treatment, and advocacy but it is also weaving together a holistic continuum of services and supports for individuals and families.

¹⁰ The National Summit on the Intersection of Domestic Violence and Child Maltreatment in Jackson Hole, Wyoming, in June of 2008, sponsored by the National Council of Juvenile and Family Court Services and Family Violence Prevention Fund (aka Futures Without Violence).

Elements of Success

There were several positive factors going into this merger that lay the foundation for success. As Sandoval described it, “Our two agencies had grown up side by side in the same county, were essentially the same age, and had similar sized budgets, so there was no ‘big fish/little fish’ dynamic.” There was also a strong belief that the two missions were complementary. In fact, during the course of the negotiation process, the organizations discovered common roots and indications that the relatedness of their work had been recognized long ago. Sandoval recalled, “We found out the Junior League had been instrumental in the start up of each agency some 30 years ago, and even at that time there was conversation about whether they should be one organization or two.” These conditions boded well for conversations about collaboration.

Other key elements that emerged during the negotiations and integration process included:

Focus on the Mission

This was a mission-driven process. Sandoval recalled that “maintaining the mission focus was most influential at the points in the negotiations where we were getting stuck or where there were obstacles to overcome – it allowed us to come back to the best interests of our clients as the overriding priority we were trying to address.” Throughout the process, having this shared vision helped smooth difficulties and motivated both parties to work through the barriers, come to agreement, and continue to move forward.

Mutual Trust

The fact that the two executive directors already knew and trusted one another made a positive difference in the merger process. “Because of our history of being very forthright and upfront with one another, we didn’t try to cover things over that might have been important,” Sandoval said. “This helped us in places where we might have gotten stuck. We talked about how things might be perceived pretty frankly, on both sides of the house, and about what troubles we were having.” This helped model for the entire merger committee the kind of honesty and integrity that would serve them well throughout the negotiations process.

Uncontested Leadership Position

The impetus for this partnership was helped along by the fact that FSC was being led by an interim executive director who recognized that a leadership transition can be an opportune time to look at potential partnerships. It was, in fact, at her suggestion that the board engaged in its partner identification process. Moreover, because she had no interest in leading the merged organization, the executive director position was not a point of conflict during the negotiations. In this case, had

“Maintaining the mission focus was most influential at the points in the negotiations where we were getting stuck... it allowed us to come back to the best interests of our clients as the overriding priority.”

Gloria Sandoval
Executive Director

the new board not been confident in Sandoval's leadership, additional work would have been needed to identify an executive director, but the board reached broad agreement that she was the right person for the job.

Strong Director-Level Staff

Sandoval credits the success of this merger in large part to the strength of her leadership team members, all of whom were firmly behind the merger and understood its potential. Although they were not involved as regular members of the negotiation team, the directors of each department—finance, human resources, and programs—played a critical role in developing a plan for post-merger integration in key functional areas. Sandoval delegated this planning task to her team, asking that they work from a template provided by the consultants to develop an implementation plan and timeline. Because FSC did not have as robust an administrative infrastructure, those functions merged easily; even so, this level of thorough planning was essential in making a smooth transition. “This was very much a team effort and took an extraordinary amount of work, but we knew where we were headed so it was worth it,” she recalled.

Communicating with Donors

Combining the two organizations resulted in an expanded database of individual donors. The broadened mission of the newly merged organization also enabled it to approach a larger pool of corporate and foundation supporters. The partner organizations wisely planned for the merger's impact on fund development by going to all their major donors, foundation funders, and holders of government contracts, and initiated conversations either by person or by phone. Feedback and questions were solicited electronically from a broader base of individual donors. Said Sandoval, “We were very clear with funders about...the sense that mergers save money, and we wanted to disabuse them of that myth. We were not anticipating a major cost savings because there was little duplication in staffing or programs.” The negotiation committee was concerned that funders might reduce their existing levels of support as the result of a merger, so it was important to talk with them about this. All the major funders understood this concern, and Sandoval is confident that these conversations helped set the new organization in good stead.

Overcoming Challenges

Although this merger encountered few major challenges, Sandoval maintained that consulting assistance was essential to success, “We could not have done the negotiation work on our own. It was critical to have an objective third party to get through the rough spots, in particular to be able to say ‘this is normal in a merger process, etc.’” Sometimes, just knowing that other organizations have been in the same situation and grappled with the same kinds of questions can assuage fears, bolster confidence, and help the negotiations team focus on moving forward.

Cultural Shift

The most significant challenge in this process was making a significant cultural shift. Beyond the difference in staff culture and structural characteristics (e.g., formal/hierarchical vs. informal/“clan”-based), the two organizations had each worked from distinct paradigms that were difficult to resolve. Sandoval described this challenge and the opportunity it engendered:

“The integration of services really challenges us on both sides of the house to rethink how we define our terminologies and present ourselves to the families we serve. A big example is when you’re involved in the domestic violence movement, it’s fairly easy and clean-cut to identify who is the perpetrator and who is the victim [typically along gender lines]. But when you look at child abuse, the most frequent perpetrators of emotional abuse and neglect are women. This challenges us to think of “perpetrator” and “victim” differently – instead, it brings us to a continuum of individuals who have been abused, and then become abusers. Rather than labeling people, we’re now looking at labeling the behavior; there are people who have been abused and people who abuse. These are learned behaviors and can be unlearned and ultimately changed.”

Allowing for this more complex framing of the issues at hand can enable a more complete and accurate understanding of what are often co-related conditions, and inspire new ways of dealing with them.

Systems Integration

One of the challenges of implementation was in bringing together the two organizations’ salary structures. Although a couple of director-level positions were lost to duplication in the merger, most of FSC’s staff remained part of the new organization. Determining what the new staffing structure would look like—and what it could afford—took time, effort, and “a lot of back and forth.” Sandoval reported that they consulted wage and benefits surveys and revised several job descriptions before finalizing the details of a structure that satisfied both partners. Additionally, technology and communications infrastructure took on an unanticipated importance during the negotiation process. FSC was due to upgrade many of its systems, but knowing that STAND! Against Domestic Violence had more advanced technology, it deferred this pending the merger process. Although there was some frustration as negotiations continued and FSC staff had to wait for computer and telecommunications repairs, staff welcomed a move to a shared platform and new equipment once the merger was implemented.

Although the timing of this merger coincided with the economic downturn, the recession was not a motivating factor for the partnership. Talks were already underway when the full impact of the crisis became clear. That said, economic trends did end up further justifying the partnership that was already being formed.

On Cultural Integration

Once the merger agreement was completed, STAND! recognized that the real work had just begun, and identified the need for further assistance with a cultural integration process. During the negotiation phase, the consultants had engaged both organizations in an exercise to look at characteristics of their respective cultures. This revealed significant differences, such as that one partner had a more traditional hierarchical structure, while the other was more “clan” oriented in the way staff worked together. This, in itself, was an important lesson to remember when integrating the staff of the two organizations. Everyone involved had to consider how they were integrating both two disciplines and two cultures, and each needed attention to be successful. STAND! sought out additional help in this area.

“Having been in mergers before, I know that people tend to deemphasize the importance of the cultural integration piece, and that’s what can make or break a merger,” Sandoval recalled. So, with grant support from the Blue Shield Against Violence Strong Field Project, she engaged Performance Consulting, Inc., a firm that had worked with STAND! Against Domestic Violence years before and had been instrumental in informing its organizational culture. To prepare the newly merged organization to move forward with a common culture, the consultants worked with all staff and board members to create a shared understanding of (and commitment to) a culture where, as Sandoval describes, “Every individual in the organization has a responsibility and accountability to their own function, but also to the agency as a whole, which is especially important for those of us in social justice-oriented nonprofits.” This facilitated process not only surfaced these organizational values, but helped participants see how they could be put into practice on a daily basis.

One way in which STAND! lives its values is through the practice of direct communication. This means that each staff member must seek resolution of issues with those most closely involved, reducing gossip and other unconstructive offline conversations. Staff have developed the skills needed to have these upfront conversations, and the shared commitment to this cultural norm helps to create an atmosphere of mutual respect. The commitment to direct communication has had a positive difference in the merger integration process itself. Sandoval explains that although merger can elicit backbiting-type communications behaviors, “We had all learned that hiding negative feelings and not expressing them in a way that could be heard by others wasn’t helpful to the organization as a whole – so now when we’re talking about difficult decisions, like salary and benefits for example, staff don’t typically think of ‘me first,’ but of what we can all do to keep the organization strong and sustainable so that we can maintain services to our clients.”

Looking Ahead

This is still a relatively new merger, and Sandoval was quick to characterize it as a work in progress. But STAND! can point to several positive outcomes already. As noted above, it has a larger combined donor database and can appeal to a broader range of corporate and foundation supporters. It has also diversified its revenue streams. STAND! Against Domestic Violence had been operating on a cost reimbursement basis with strict limitations on overhead. Meanwhile, FSC received mostly fee-for-service revenue—providing unrestricted funds. Bringing the two funding structures together offers the merged organization greater flexibility in adapting to uncertain times. In terms of program, STAND! can now serve clients more efficiently and effectively by creating access to a range of services through a single door. This shift is already evident in a more seamless intake and assessment process, and is prompting staff to ask deeper questions about why services are provided the way they are and what potential innovations might be considered. Finally, this integration of services means that others are looking to STAND! as a leader; the organization has new perspective and enhanced opportunity to speak about the integration of these issues and advocate for change.



Closing

As the challenges facing California's domestic violence organizations continue to intensify, the ability to respond with proactive strategies becomes ever more imperative. These four cases demonstrate how the range of options available through strategic restructuring offers unique opportunities to improve services, to gain a stronger advocacy voice, to enhance efficient and effective operations and sustainability, and to ultimately achieve greater impact.

As organizations move beyond informal collaboration to embrace more integrated partnerships, this may mean trying and failing, requiring adjustments to achieve desired results—but it can also mean being a pioneer and leading the field in a new and promising direction. This ability to create new solutions is at the heart of the *why* of collaboration.

Resources

Successful partnerships are motivated by a clear *purpose*; developed through a thoughtful *process*; and put into effect with well-supported *implementation*. The list of resources below will provide more information about developing collaborative strategies for your organization.

[Partnerships in the Domestic Violence Field](#), research and observations on collaboration among domestic violence organizations. (Blue Shield of California Foundation, Blue Shield Against Violence, 2011) Available online at www.blueshieldcafoundation.org.

[Beyond Collaboration: Strategic Restructuring of Nonprofit Organizations](#), a review of the trend toward increasing partnering among nonprofit organizations. By David La Piana. (The James Irvine Foundation and the National Center for Nonprofit Boards, 2000) Available online at www.lapiana.org.

Collaboration Handbook: Creating, Sustaining and Enjoying the Journey, a practical, step-by-step handbook to help keep collaborative efforts on track. By Karen Ray and Michael Winer. (Amherst H. Wilder Foundation, 2000).

The Nonprofit Mergers Workbook Part I: The Leader's Guide to Considering, Negotiating, and Executing a Merger, offering clear, usable information for nonprofit management and boards as they consider merger. By David La Piana, with Robert Harrington. (Amherst H. Wilder Foundation, 2000).

The Nonprofit Mergers Workbook Part II: Unifying the Organization after a Merger, a workbook addressing how to effectively integrate organizations that have merged. By La Piana Associates. (Fieldstone Alliance, 2004).

[The Collaboration Prize Database](#), a searchable database of nonprofit organizations that were nominated for the Collaboration Prize. It includes examples of formal collaboration, partnership, alliance, joint programming, administrative consolidation, and merger. Available online at www.thecollaborationprize.org.