PopHealth LEARNING CENTER

FUTURES WITHOUT VIOLENCE®

Community Asset Mapping Tool

Building Provider Networks to Respond to Intimate Partner Violence

For California Managed Care Plans

Purpose

This tool supports MCPs in systematically mapping, evaluating, and strengthening provider networks capable of identifying and responding to intimate partner violence (IPV) among Medi-Cal and commercial members.

How to Use This Tool

Complete each of the three parts with your interdisciplinary network team:

1. Current Network Inventory
2. Partnership Strength Assessment
3. Gaps, Vulnerabilities & Sustainability

Plan Information

Managed Care Plan Name	
DHCS Plan Code / Contract ID	
Service Area / Counties	
Date Completed	
Completed By (Names / Titles)	
Review Cycle (Recommended: Annual)	

PART 1: Current Network Inventory

Overview

The purpose of Part 1 is to create a comprehensive, living inventory of the organizations and providers in your plan's network—formal or informal—who can support members experiencing intimate partner violence. This inventory should capture not only who is in the network, but the nature and depth of each relationship, providing the foundation for subsequent analysis in Parts 2 and 3.

Instructions: Complete one row per organization. Add rows as needed. Use the Relationship Type key below to code the Nature of Relationship column. Relationships may be multi-coded (e.g., MOU + Data Sharing = MOU/DS).

Relationship Type Key

Code	Relationship Type	Code	Relationship Type	Code	Relationship Type
REF	Referral (informal)	MOU	Memorandum of Understanding	CO-L	Co-location / Shared Site
CONS	Consultation / Case conferencing	SUB	Subcontract / Vendor Agreement	DS	Data Sharing Agreement
JT	Joint Training / CE Partnership	COAL	Coalition Membership	EMG	Emerging / In Development

1A. Domestic Violence Advocacy Organizations

Includes DV shelters, crisis hotlines, advocacy nonprofits, lethality assessment programs, transitional housing, and court advocacy services.

Organization Name	County / Region	Primary Contact	Services Offered	Populations Served	Nature of Relationship (Use Key)	Date Established / Last Updated

Additional notes on DV advocacy partnerships:

1B. Behavioral Health Providers

Includes trauma-informed therapists, psychiatrists, licensed clinical social workers (LCSWs), substance use disorder (SUD) counselors, and mental health clinics with IPV-relevant experience or competency.

Organization / Practice Name	Provider Type (LCSW, MFT, MD, etc.)	IPV / Trauma Specialization	Languages Spoken	Telehealth Availability	Relationship Type (Use Key)	In-Network Status & Notes

1C. Enhanced Care Management (ECM) Providers

Includes ECM lead entities, community health workers (CHWs), case managers, and care coordinators with capacity to address IPV among high-complexity Medi-Cal members.

> Reminder: DHCS requires ECM providers to screen for and address IPV as part of whole-person care for high-utilizer populations. Document whether each ECM provider has IPV-specific protocols, training, and referral pathways in place.

ECM Entity Name	Lead Entity Type (Health System, FQH, CBO)	IPV Screening Protocol in Place?	IPV-Trained Staff on Team?	DV Advocacy Referral Pathway?	Relationship Type (Use Key)	Geographic Coverage

ECM Entity Name	Lead Entity Type (Health System, FQH, CBO)	IPV Screening Protocol in Place?	IPV-Trained Staff on Team?	DV Advocacy Referral Pathway?	Relationship Type (Use Key)	Geographic Coverage

1D. Legal Services Organizations

Includes legal aid societies, civil legal services, domestic violence restraining order clinics, immigration legal services (VAWA-focused), housing law, and family law organizations serving IPV survivors.

Organization Name	Legal Service Areas (DVRO, Immigration, Housing, etc.)	Languages / Interpretation Services	Income Eligibility / Sliding Scale	Relationship Type (Use Key)	Key Contact & Referral Process

1E. Community-Based Organizations: Social Needs Services

Includes organizations addressing housing/shelter, food security, transportation, childcare, financial empowerment, language access, and other social drivers of health for members experiencing IPV.

Organization Name	Social Need(s) Addressed	Target Population / Cultural Specialty	Eligibility / Access Requirements	Nature of Relationship (Use Key)	Referral Process / Notes

Organization Name	Social Need(s) Addressed	Target Population / Cultural Specialty	Eligibility / Access Requirements	Nature of Relationship (Use Key)	Referral Process / Notes

1F. Part 1 Network Snapshot Summary

Use this summary to capture high-level counts and initial observations from your network inventory before moving to Part 2.

Network Category	Total # of Partners	# with Formal Agreement (MOU / Contract / DS)	Notable Gaps Observed (Free text)
DV Advocacy Organizations			
Behavioral Health Providers			
ECM Providers			
Legal Services Organizations			
CBOs (Social Needs)			
TOTAL			

PART 2: Partnership Strength Assessment

Part 2 moves beyond inventory to evaluate the quality and strength of your existing partnerships. Not all partnerships are equal—some are transactional referral arrangements while others represent deep, mission-aligned collaborations. This section helps you identify which relationships are working well and why, so those conditions can be replicated.

2A. What Constitutes a Strong Partnership?

Research and practice in cross-sector collaboration identify several core conditions that distinguish strong, sustainable partnerships from fragile, transactional ones. Use this framework to assess your existing relationships.

#	Strength Domain	Indicators of Strength	Questions to Ask Yourself
1	Consistent & Structured Communication	Regular, scheduled touchpoints (e.g., monthly calls or case conferences); clear points of contact on both sides; responsive communication; shared documentation of discussions.	Do we have a standing meeting cadence? Do both organizations know who to call? Are issues resolved quickly?
2	Leadership Alignment & Organizational Buy-In	Senior leaders at both organizations endorse the partnership; staff have dedicated time to collaborate; IPV is named as a priority in both organizations' strategic plans or work plans.	Does leadership champion this work publicly? Do frontline staff feel supported to participate? Is this relationship dependent on one champion?
3	Shared Mission & Population Focus	Both organizations center the safety, autonomy, and dignity of IPV survivors; there is shared language around trauma-informed, survivor-centered care; goals are co-developed.	Do we agree on what success looks like? Are survivor needs—not system needs—driving our partnership decisions?
4	Defined Roles, Protocols & Accountability	Warm handoff protocols exist; referral tracking is mutual; both parties know their responsibilities; there is a process for addressing concerns or service failures.	Do staff know exactly what to do when a member is identified as experiencing IPV? Is there a feedback loop when a referral doesn't go as planned?
5	Data Sharing Capabilities	A data sharing agreement (DSA) is in place or in development; both parties can track referral outcomes; data is used to identify unmet need and improve the partnership; HIPAA-compliant mechanisms are used.	Can we track whether our members actually received services from this partner? What happens to our referrals after they leave our system?
6	Cultural Responsiveness & Accessibility	Partner serves same populations as plan members (language, culture, immigration status, LGBTQ+ communities, rural vs. urban); transportation and childcare barriers	Are our partners as accessible to our most vulnerable members as they are to the average member? Are there

#	Strength Domain	Indicators of Strength	Questions to Ask Yourself
		are addressed; interpretation is available.	communities we cannot serve together?
7	Sustainability Infrastructure	Partnership is not dependent on a single person; funding sources are diversified; there is a written agreement; roles are institutionalized, not informal; there are succession plans.	If our key contact left tomorrow, would this partnership survive? Is there a formal agreement protecting the relationship?

2B. Strong Partnership Mapping Worksheet

For each partnership identified in Part 1, rate the presence of each strength domain using the scale below. This worksheet is designed to be completed with your partner organization—not about them. Consider hosting a joint reflection session.

Rating Scale: 3 = Consistently Present and Strong | 2 = Partially Present / In Development | 1 = Absent or Minimal | N/A = Not applicable to this partnership type

Instructions: Name the partnership in the top row, rate each domain 1–3, then complete the narrative questions at the bottom. Duplicate this worksheet for each partnership you are assessing.

Partnership Assessment Worksheet

Partner Organization Name	
Partnership Category (DV / BH / ECM / Legal / CBO)	
Assessment Date	
Participants in This Assessment	

Strength Domain	Rating (1–3 / N/A)	Plan's Perspective	Partner's Perspective	Areas of Alignment	Notes / Evidence
1. Consistent & Structured Communication					
2. Leadership Alignment & Buy-In					
3. Shared Mission & Population Focus					

Strength Domain	Rating (1–3 / N/A)	Plan's Perspective	Partner's Perspective	Areas of Alignment	Notes / Evidence
4. Defined Roles, Protocols & Accountability					
5. Data Sharing Capabilities					
6. Cultural Responsiveness & Accessibility					
7. Sustainability Infrastructure					
OVERALL PARTNERSHIP STRENGTH SCORE (sum / 21 possible)					

Narrative Reflection – Conditions for Sustainability

After completing the rating matrix, discuss the following questions with your team and document your responses below.

Reflection Question	Your Response
What does this partnership do exceptionally well that others could learn from?	
What conditions (structural, relational, resource-based) make this partnership function?	
Which staff roles on each side are essential to maintaining this partnership?	
What would need to remain in place for this partnership to continue if key staff changed?	
Has this partnership demonstrated measurable impact on members? If so, how?	
What has been the most significant challenge you have navigated together?	

What would you tell another plan trying to build a similar partnership with this organization?	

2C. Partnership Tier Summary

After completing individual assessments in 2B, use this table to organize all partnerships into tiers. This creates a quick reference for prioritization in Part 3.

Tier	Criteria	Partner Names	Priority Action
Tier 1 Strong	Score 15–21: All or most strength domains present; sustainable infrastructure in place		Document and replicate; share as model
Tier 2 Developing	Score 8–14: Several strengths present; key gaps remain; active investment underway		Targeted investment in gap areas; formalize agreement
Tier 3 Emerging	Score 1–7: Early-stage or informal; limited structure or accountability		Assess strategic value; build foundation intentionally

PART 3: Gaps, Sustainability & Replication

Part 3 synthesizes insights from Parts 1 and 2 to address the hardest and most consequential questions: Where are the gaps in our network? What strains are placing our strongest partnerships at risk? How do we sustain what is working and build what is not? And how do we replicate the conditions of strong partnerships with new or emerging partners?

3A. Network Gap Analysis: Open-Ended Questions

The following questions are designed for facilitated team discussion. Responses should draw on your Part 1 inventory and Part 2 assessments. There are no right answers—the goal is honest reflection.

> Facilitation Tip: Consider completing this section in a 90-minute workshop with your network development, ECM, quality, and community partnerships teams. Invite at least one community partner to join if trust allows.

3A-i. Access & Coverage Gaps

Gap Question	Team Response
Which member populations experiencing IPV are currently underserved by our network? (Consider: rural members, monolingual communities, LGBTQ+ survivors, undocumented members, older adults, members with disabilities.)	
Are there geographic areas within our service region where members cannot access DV advocacy, legal services, or trauma-informed BH care within a reasonable distance?	
What types of services are absent from our network entirely? (e.g., culturally specific DV shelters, immigration legal services, lethality assessment programs, financial empowerment programs)	
Which referral pathways consistently fail? Where do	

members fall through the cracks between our network partners?	
Are there member-facing barriers (stigma, fear of child protective services, immigration concerns, cultural distrust) that our current network is not equipped to address?	

3A-ii. Strains & Vulnerabilities

Even strong partnerships face strain. This section surfaces vulnerabilities before they become crises.

Vulnerability Question	Team Response
Which of your current strong partnerships are dependent on a single staff person at either organization? What is the succession risk?	
Which partnerships are at risk due to funding instability at your partner organization? Are there DV advocacy orgs in your network that rely primarily on grants that may not be renewed?	
Are any of your current agreements (MOUs, contracts, DSAs) expired or about to expire? What is your renewal process?	
Where has communication or trust broken down in the past year? What were the conditions that led to that strain?	
Are community partners carrying disproportionate administrative burden from your plan's referral processes? How might that create attrition risk?	
Are there policy, regulatory, or reimbursement changes on the horizon that could destabilize your network?	

3B. Sustainability Planning Worksheet

For each of your Tier 1 (Strong) partnerships identified in Part 2C, complete this sustainability planning worksheet. The goal is to move sustainability from intention to institutionalized practice.

Partner Organization	
Partnership Tier (from 2C)	

Sustainability Domain	Current Status	Action Needed	Owner & Timeline
Formal Agreement (MOU / Contract) in place and current			
Data sharing agreement in place and operationalized			
Multiple staff relationships (not single point of contact)			
Joint work plan with shared goals and metrics			
Regular leadership engagement (both sides)			
Sustainability funding identified or pursued			
Joint training / capacity building ongoing			
Member feedback mechanism in place			
Annual joint review / renewal process established			

3C. Replicating Strong Partnerships

Once you have identified what makes your strongest partnerships work, those conditions can serve as a replication blueprint for deepening developing partnerships or building strong foundations with new organizations.

Step 1 — Document Your Strong Partnership Blueprint

Based on your Tier 1 partnerships, summarize the conditions that are consistently present:

What structural elements are always in place in your Tier 1 partnerships?	

What relational qualities are consistently present?	
What does the onboarding of a new partner look like for your strongest partnerships?	
What does your plan invest (staff time, resources, data, training) in strong partnerships?	

Step 2 — Replication Planning for Developing Partnerships (Tier 2)

For each Tier 2 partnership, identify the specific domains where investment is needed to move toward Tier 1 status. Use the checklist below to guide your planning.

> For each Tier 2 partner: Select the actions below that apply and assign an owner. A partnership ready-to-advance checklist is provided at the end of this section.

	Action Steps to Strengthen Developing Partnerships
☐	Schedule a joint leadership meeting to reaffirm shared goals and surface unspoken tensions
☐	Propose and draft a Memorandum of Understanding if one does not exist or has expired
☐	Initiate a data sharing agreement conversation; identify HIPAA-compliant referral tracking mechanism
☐	Establish a regular case conferencing or warm handoff protocol
☐	Co-develop a shared member-facing workflow (e.g., what happens when a CHW identifies IPV during an ECM home visit)
☐	Offer or co-sponsor IPV/DV training for both organizations' staff
☐	Identify at least two staff contacts on each side to reduce single-point-of-failure risk
☐	Conduct a joint equity review: are there member populations who cannot access this partnership's services?
☐	Set a 6-month milestone to reassess the partnership tier together

Step 3 — Building Emerging Partnerships with a Strong Foundation (Tier 3 / New)

When beginning a new partnership or working to move an emerging relationship forward, avoid starting with a referral arrangement alone. Research consistently shows that partnerships that begin with relational investment are significantly more durable than those that begin with a contract.

Phase	Stage Name	Key Actions & Milestones
1	Relationship Initiation	Identify the right partner organization through community mapping. Request an introductory meeting with leadership—not just program staff. Listen first: understand their mission, capacity, and what they need from a health plan partner. Share your plan's commitment to IPV and survivor-centered care. Identify a specific shared population or unmet need to anchor the conversation.
2	Alignment & Co-Design	Facilitate a joint session to co-define what the partnership will look like. Agree on shared language (use survivor-centered, trauma-informed framing). Identify mutual wins—what does each organization need from the other? Draft a simple shared work plan with 3–5 initial goals. Identify key contacts and meeting cadence. Discuss data sharing early, even if a formal agreement is months away.
3	Formalization	Negotiate and execute a Memorandum of Understanding or contract. Establish a data sharing framework (even starting with aggregate, de-identified data). Document referral protocols and warm handoff procedures. Train frontline staff at both organizations on the partnership. Create a joint communication plan for members.
4	Early Implementation & Learning	Launch with a small cohort or pilot population. Track referral completion rates and member outcomes. Host monthly check-ins during first 6 months. Identify what is not working quickly and adapt. Celebrate early wins publicly to build organizational buy-in.
5	Deepening & Institutionalizing	Conduct a formal joint review at 6 and 12 months using the Part 2 Partnership Strength Assessment. Expand the scope or population as capacity allows. Establish a leadership advisory group or steering committee. Pursue joint funding opportunities if appropriate. Document the partnership as a replication model for others in your network.

3D. Sustainability: Open-Ended Reflection Questions

These questions are designed for senior leadership and network strategy teams to address the longer arc of sustainability. Responses should inform your plan's IPV network strategy and quality improvement planning cycles.

Strategic Question	Leadership Response
How is our plan currently resourcing community partnership development? Is there dedicated FTE? A community partnership team? Partnership development embedded in network contracting?	
What would it take to move two of our current Tier 2 partnerships to Tier 1 status in the next 12	

months? What resources, staff time, or policy changes would be required?	
Are there partnerships in our network that we should sunset or consolidate? What is the responsible way to exit a partnership that is not serving our members or our partners well?	
How are we centering the voices of IPV survivors in the design of our network and the evaluation of our partnerships? Who is at the table who has lived experience?	
What is our plan's theory of change for reducing IPV-related harms among our members? How does our network strategy align with and support that theory?	
What would a 3-year vision for this network look like? What conditions would need to be true for us to say we have a genuinely responsive, survivor-centered network?	
How are we sharing learnings across our plan's regions, networks, and departments? Is there an internal infrastructure for spreading what works?	

3E. Integrated Action Plan

Based on your analysis across all three parts of this tool, complete the following action plan. Revisit and update this plan at least annually, or following any significant network change.

Priority Action	Description / Details	Part of Tool (1 / 2 / 3)	Owner (Name / Title)	Target Date

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Recommended Review Cycle

This asset mapping tool should be reviewed and updated on the following schedule:

- Part 1 (Network Inventory): Every 12 months or when significant network changes occur
- Part 2 (Strength Assessments): Every 12 months, jointly with partner organizations
- Part 3 (Gaps & Action Plan): Every 6–12 months; align with QI and strategic planning cycles

Key Resources & Context

- DHCS Medi-Cal Managed Care Policy Letters on ECM and IPV
- California Partnership to End Domestic Violence (CPEDV) – statewide DV network resources
- National Health Resource Center on DV (Futures Without Violence)
- ACOG / USPSTF IPV Screening Guidelines
- **CA DV Hotline: 1-800-978-3600 | National DV Hotline: 1-800-799-7233**

This tool was developed to support California managed care plans in building survivor-centered, cross-sector provider networks.

Adapt freely to meet your plan's needs and community context.