Notes on AZ coalition merger

Jan-Dec 2013

AZ Situation- SA coalition was relinquishing their status so DV coalition convened SA providers about becoming dual – the feedback from programs drove this process

* Dual provider was on board of DV coalition - started conversation and discussed with other SA providers
* Coalition invited providers from all over the state for 4-6 meetings – ended up writing a letter to the SA coalition after examining their effectiveness as a coalition asking to merge
	+ SA coalition was doing direct services
	+ DV coalition ED tried to meet with SA coalition ED, but unable to talk about issues in person
		- Met later - she was former city council member and was worried about her reputation - she said that she would withdraw her role as the SA coalition.
		- Their application had been put on hold since DOJ was questioning their report.

Then DV coalition contacted DOJ- having SA providers on board was essential before this step

* DOJ referred to injury prevention (Neil) at CDC to send letter to to state their intention to become a dual coalition and worked with board approval
	+ There was a quick turnaround for approval from CDC
	+ DOJ then asked for a revised budget
		- Shortly after, received email that DOJ will be awarding DV coalition as dual coalition now
		- Got sample budgets from other dual coalitions

Considerations:

* FVPSA has very specific definition of DV coalition, nothing like that for SA coalitions
	+ CDC is the designating body - no membership required to be the designated SA coalition
* AZ contacted RSP to get TA in the beginning
	+ Had a half day meeting with DOJ to convene what would be done - discussed that there's no definition in writing for SA coalitions
* Happened so fast - everyone recognized that there has not been an active SA coalition for a while and that it was needed
* AZ hired Grace (former NH ED) to be consultant through process
	+ Held 2 provider meetings to discuss work with one another - had community stakeholder meeting and did strategic planning meeting and board officially adopted dual membership and status
	+ Chose consultant from board member suggestion - easy since she's familiar with federal reimbursement process
* RSP breaks up country in three regions and WA state coalition provides TA for their region - set up biweekly calls to guide process
	+ Sent staff to core advocate SA training and all staff training in training
* DOJ allowed for transition expenses in budget - staff training, consultant work, and provider meetings

Questions asked:

* What would service providers like added to the strategic plan, by laws include representative of membership, board recruitment will be something to be worked on
* What are our guiding principles and values statements need to change the foundation
	+ This process was led by ED and consultant

Recent mergers in other states:

* Most recent is mo coalition in 2007, very process driven and in collaboration with them
* Michigan was right before
* If SA coalition is active, it's difficult to merge
* NJ service providers asked them to merge, but that’s still in discussion
* NV also has had similar history with SA coalition - DV coalition is more established and wanted to consider merger

SA coalition designation:

* Up to the CDC to designated
* NEASV and RSP work closely together with SA coalitions
* DOJ grant - can only apply for a category under which you are recognized

Steps to take if you’re considering a merger:

* Start with the provider and see if their needs are being met
* Support around DV work with NNEDV and SA work with RSP