

Intimate Partner Violence Community of Practice IPV Strategy Workbook

Section 1: Introduction

This workbook will help your Managed Care Plan (MCP) strengthen its existing IPV strategy or, if you are just starting out, design, test, and implement a new strategy. By completing each section, you will move from assessing your current state to building a concrete action plan for improvements and/or new actions. MCPs will complete the workbook in stages as we progress through the Community of Practice.

Section 2: Current State Assessment

Complete Section 2 in preparation for the September Community of Practice.

This section helps MCPs develop a comprehensive picture of how IPV is currently embedded and addressed within health plan operations. For each topic, MCPs will identify what they do now, along with ideas for improvement and opportunities to strengthen existing efforts. Please refer to the IPV Change Package for additional detail on each topic.

Topic	What does your MCP do now? Please provide a brief description.	What do you want to do better? What ideas do you have to make improvements?
Prioritize and integrate IPV into MCP operations, including: • Leadership engagement • Embedding IPV into population health and CalAIM benefits / programs		
IPV education, screening and response, including:		

• Use of the CUES Framework for universal education • Partnerships, contracting, and referrals to community-based organizations • Inclusion of IPV within MCP Community Needs Assessment		
MCP or provider efforts to collect, document, and code IPV responses		
Privacy protections		
Trauma-informed education and training, including for MCP staff and provider networks		
Financial sustainability		

Section 3: Setting Your Vision & Goals

Complete Section 3 after the September Community of Practice.

Write a vision statement for your MCP's IPV strategy, describing what you hope to achieve in the long term. Specify if there is a specific population and Medi-Cal Managed Care Accountability Set (MCAS) measure(s) that you want to impact. Please refer to the Mathematica MCAS Measures Crosswalk for additional detail on how IPV impacts MCAS measures.

For example: We envision a future where every pregnant member receives compassionate, universal IPV education, where OBGYNs are empowered to respond with trauma-informed care, and where survivors are seamlessly connected to the support they need. Through this commitment, we will advance equity, dignity, and reproductive health outcomes for all.

Insert your vision statement here:

Create a SMARTIE goal to guide implementation of your IPV strategy.

- **Specific:** What is it you want to achieve? Consider including the 5Ws: what, why, who, where, and when.
- **Measurable:** How will you know a change is an improvement and when you have achieved your goal? To be able to track progress and to measure the result of your goal, consider: how much or how many?
- **Action-oriented/Achievable:** To keep you motivated toward attaining your goal, are there identifiable intermediate actions/milestones?
- **Relevant/Realistic:** What results can realistically be achieved given your available resources, including people, knowledge, money, and time?
- **Time-bound:** What is an appropriate deadline for achieving your goal?
- **Inclusive:** How will you include traditionally marginalized people into processes, activities, and decision making in a way that shares power?

- **Equitable:** How will you include an element of fairness or justice that seeks to address systemic injustice, inequity, or oppression?

For example: By December 2026, 100% of contracted OB/GYN providers will implement the CUES framework to deliver universal IPV education and to assess which pregnant members are experiencing IPV. Training will equip providers to respond to disclosures in a trauma-informed way and to follow clear referral protocols that connect survivors with health plan population health or CalAIM services and/or community-based organizations.

Progress will be measured by:

- *The percentage of OB/GYNs consistently applying CUES.*
- *The number of pregnant members identified through IPV assessment.*
- *The number of survivors referred to and receiving health plan or community-based services.*
- *Improvement in performance on the prenatal care MCAS measure.*
- *Establishing new formal relationships with community based Domestic Violence programs to support survivors.*

Insert your SMARTIE goal here:

Section 4: Plan For Your Ideal State

After the September Community of Practice, start to complete the first two rows of the following table. MCPs will complete additional sections as the topics are addressed in the Community of Practice.

Building off the current state assessment, MCPs will outline the steps necessary to build or implement the desired changes to their IPV strategy.

Topic	What changes will you put in place?	What are the main actions needed to make the changes happen?	Who will lead the day-to-day work to put the changes in place?	By when will the changes be in place?
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Section 5: Implement a Pilot

This section applies to MCPs who are rolling out a new component of their IPV strategy.

Before rolling out your full strategy to the population identified in your goal, it may be helpful to start with a smaller-scale pilot.

For example, this might include two OB/GYN practices or pregnant members receiving ECM services.

Pilot Element	Response
Pilot Population: Who will you include in the pilot?	
Pilot Plan, Changes to Test: What specific changes will you test?	
Pilot Plan, Roles & Timeline: Who will lead the day-to-day work, and by when?	
Pilot Plan, Measures: How will you know if a change is an improvement? What measures will you track?	
Stakeholders: Who needs to be involved, and what role will each play?	
Barriers & Mitigation: What challenges do you anticipate, and how will you address them?	