DRIVER DIAGRAM

Improving IPV Education, Screening & Response in Managed Care Plans

California Medi-Cal | 2026

AIM

AIM STATEMENT

Managed Care Plans systematically identify, educate, and connect members experiencing IPV to safety and supportive services

Reducing IPV-related health harms and advancing health equity for Medi-Cal enrollees

KEY MEASURES

- ↑ IPV education reach
- ↑ Screening rates (including perinatal members)
- ↑ Referral completion
- ↓ ED utilization
- ↑ Equity by race/ethnicity

PRIMARY DRIVERS

PD 1

MCP Operational Infrastructure & Readiness

PD 2

Evidence-Based IPV Education, Screening & Response

PD 3

Community Partnerships, Workforce & Training

PD 4

Evaluation, QI & Financial Sustainability

SECONDARY DRIVERS

Leadership Buy-In & Business Case
Executive messaging, ROI documentation, readiness assessment, CRC alignment

Cross-Functional Team & Governance
MCP/plan-level roles & responsibilities; frontline staff and lived experience voice

IPV Policies & Protocols
Vision statement, sample P&Ps, provider network requirements, environment of care

Process, Outcome & Balancing Measures
Alignment to MCAS/NCQA quality measures, SDoH integration, data exchange

Documentation, Coding & Privacy
CPT/LOINC codes, EHR integration best practices, EOB and HIPAA considerations

Universal Education via CUES Framework
Trauma-informed, healing-centered, culturally responsive education for all members

Embedded IPV Screening
HRSN/HRA/HARK tools integrated into MCP and provider assessments

Tiered Intervention & Safety Response
Disclosure-responsive workflows, safety planning, warm handoffs, closed-loop referrals

Special Population Pathways
Maternal/perinatal, reproductive health, adolescent, behavioral health, housing/unhoused

Member-Facing Resources
Accessible, multilingual materials and communication strategies

CBO Partnership Selection & Network Assessment
Criteria for IPV CBO partners; current and future state network mapping

CalAIM Integration
ECM, Community Supports, CHW, Doula, Dyadic Care, NSMHS — IPV training plans

Productive Partnership Infrastructure
MOUs, payment strategies, referral pathways from social & behavioral health providers

Training Fidelity & Modality
CUES training deployment, competency maintenance, multi-modality delivery

Baseline & Target Setting
Annual screening and referral targets; data stratified by race/ethnicity for equity monitoring

QI Cycle & Internal Reporting
PDSA cycles, workflow adjustments, DHCS Birthing Care Pathway alignment

Value-Based Payment & Incentive Models
VBP models, incentive strategies, payment model redesign

Voice & Learning Community
Implementation stories, member voice, cohort learning, shared best practices

How to Use These Change Ideas

Start small

Test one idea with one team for 30-60 days before deciding to spread. A change idea is not an implementation plan - it is a hypothesis to test.

For each test, define:

Who will run it, what specifically will change, over what time period, and how you will know if it worked.

Document what you learn

Use a PDSA log to record what you tested, what happened, and what you adjusted. Learning from a test that did not work is still progress.

Prioritize equity

When choosing which idea to test first, start where your stratified data shows the largest gap by race/ethnicity or language.

Adapt freely

These are starting points - not requirements. Modify the specifics to fit your plan's context, relationships, and capacity.

pop health LEARNING CENTER

MCP Operational Infrastructure & Readiness - Change Ideas

Leadership Buy-In & Business Case	1. Draft a plan-specific ROI brief mapping IPV screening rates to ED costs and MCAS performance 2. Add IPV program status as a standing QI committee agenda item 3. Invite a peer plan to present implementation lessons to MCP leadership 4. Review and complete IPV strategy workbook; use results to set a 90-day action plan
Cross-Functional Team & Governance	1. Draft and ratify a team charter naming executive sponsor and meeting cadence 2. Identify a paid advisory role for a community member with lived IPV experience 3. Use a RASCI matrix to map IPV tasks to specific staff roles 4. Convene one interview with frontline staff to identify workflow barriers
IPV Policies & Protocols	1. Draft a one-paragraph MCP IPV vision statement; adopt at next QI committee meeting 2. Review existing P&Ps against toolkit sample; assign owner to draft revisions in 60 days 3. Add IPV screening and CUES training requirements to next provider contract amendment 4. Conduct environment of care walkthrough at two clinic sites; report findings
Process, Outcome & Balancing Measures	1. Pull 12 months of claims to establish a stratified IPV screening baseline 2. Map proposed measures to existing MCAS/NCQA reporting infrastructure 3. Add IPV as a tagged condition in SDoH screening to trigger CHW/ECM outreach 4. Administer a 5-question staff pulse survey to establish a workflow burden baseline
Documentation, Coding & Privacy	1. Activate IPV CPT/LOINC/ICD-10 codes at two pilot sites; validate in claims 2. Build an IPV response smartset with one EHR partner; test with five providers over 30 days 3. Audit claims for IPV-related disclosures in the EOB; implement suppression if gaps found 4. Draft a standard privacy principles data sharing addendum for CBO MOU templates and/or social health platforms

Evidence-Based IPV Education, Screening & Response - Change Ideas

Universal Education via CUES Framework	1. Distribute CUES safety cards at two pilot sites for 30 days; collect provider feedback 2. Test adding CUES delivery as a standard step in the wellness visit workflow at one site 3. Inventory available languages for CUES safety cards; identify top three gaps 4. Develop and pilot a telehealth-specific CUES protocol with the care management team
Embedded IPV Screening	1. Convene a clinical advisory group to select and adopt a validated screening tool 2. Add an IPV screening prompt to the wellness visit EHR template at one pilot site 3. Draft and test two outreach script versions with care managers; measure engagement rates 4. Add IPV questions to the HRA; pilot with one care management team; track completion 5. Develop a one-page provider quick reference on safety considerations during screening
Tiered Intervention & Safety Response	1. Pilot the tiered response protocol with one clinical team for 60 days; debrief monthly 2. Adopt a standardized safety planning template; train two care managers; track completion 3. Develop and rehearse a warm handoff script to CBO partner; compare contact rates 4. Create a laminated disclosure response card for exam rooms at two pilot sites 5. Map after-hours disclosure pathway; establish 24/7 referral to National DV Hotline
Special Population Pathways	1. Embed IPV screening in prenatal intake at two OB practices; track first-visit rates 2. Add an IPV check-in to the postpartum visit template; pilot at one practice 3. Train two BH care managers on CUES; add IPV to BH intake; track co-screening rates 4. Develop an age-appropriate IPV screening protocol for members 13-17; pilot at one site
Member-Facing Resources	1. Compile a member-facing IPV resource list (local DV, legal aid, housing, hotlines) 2. Add an IPV resources page to the member portal; monitor page visits monthly 3. Mail a resource postcard to members in high-prevalence ZIP codes; track engagement 4. Audit member communications to ensure IPV-related content is privacy-safe

Community Partnerships, Workforce Capacity & Training - Change Ideas

CBO Partnership Selection & Network Assessment

1. Map current IPV CBOs against member geography; identify ZIP codes with no coverage
2. Develop a CBO scoring rubric; use to assess two prospective partners
3. Conduct site visits with three DV program partners before executing MOUs
4. Survey IPV-positive members on which services they most need; use to prioritize CBOs

CalAIM Integration

1. Add IPV as an ECM eligibility criterion; track how many enrollees have an IPV flag
2. Add a two-hour IPV module to CHW onboarding; assess pre/post knowledge
3. Partner with one doula org to integrate IPV safety planning into home visit protocols
4. Create a clear CS authorization pathway for IPV-related services; track authorization rates
5. Develop an explicit referral pathway from IPV screening to NSMHS; train two care managers

Productive Partnership Infrastructure

1. Execute a data sharing MOU with one DV CBO; use as template for future partnerships
2. Connect one CBO to your closed-loop referral platform; track acceptance rates over 90 days
3. Pilot joint care planning with one DV CBO for complex members; hold monthly case conferences
4. Map BH-to-IPV referral pathways; pilot a warm referral protocol between one BH and one CBO

Training Fidelity & Modality

1. Deliver CUES training to one clinical team; assess pre/post knowledge and gather feedback
2. Build a 30-minute async CUES module; pilot with five providers; measure completion
3. Test two refresher formats with two provider groups; compare CUES fidelity at 6 months
4. Identify two MCP staff as CUES trainers; have them co-deliver one session; assess fidelity
5. Add IPV case discussion to monthly care manager supervision; track confidence over 90 days

Continuous Evaluation, QI & Financial Sustainability - Change Ideas

Baseline & Target Setting	1. Pull 12 months of claims to establish screening, referral, and linkage baselines; stratify by race/ethnicity 2. Identify the largest equity gap in baseline data; set it as the primary equity target for cycle one 3. Facilitate a target-setting session with QI team; set 6- and 12-month targets for two to three measures 4. Validate the denominator definition with the analytics team; confirm alignment with DHCS PHM reporting
QI Cycle & Internal Reporting	1. Select the measure with the largest gap; design a 30-day small test of change with one team 2. Build a one-page monthly dashboard with three to five key measures; iterate format with QI committee 3. Add stratified data review as a standing QI meeting agenda item; name next test when gaps are found 4. Prepare a quarterly report mapping QI progress to DHCS Birthing Care Pathway requirements 5. Use a structured PDSA log to document each test; review quarterly to identify patterns
Value-Based Payment & Incentive Models	1. Review current VBP contracts; identify which could include an IPV metric in the next amendment 2. Offer a pay-for-reporting incentive to two sites for IPV screening documentation in year one 3. Convene a workgroup (MCP, provider, CBO) to design an IPV incentive model; pilot with one group 4. Review DHCS Birthing Care Pathway payment guidance for IPV incentives; brief finance team
Voice & Learning Community	1. Convene a member advisory session with two to three members with lived IPV experience 2. Document one provider implementation success story; use as a case study in network communications 3. Host a peer learning call with two to three MCPs; share what is working and what is not 4. Build a quarterly CBO feedback loop to assess referral outcomes; adjust protocols based on findings