

Executive Summary

Intimate partner violence (IPV) is one of the most prevalent and costly public health problems in the United States. More than 1 in 3 women and more than 1 in 6 men experience sexual violence, physical violence, or stalking by an intimate partner in their lifetime.¹ IPV carries an estimated national economic burden of \$3.6 trillion, of which government payers, including Medicaid, absorb roughly one-third.² For pregnant and postpartum members, the stakes are acute: Homicide, most often committed by an intimate partner, is now a leading cause of death during pregnancy and the year after birth, exceeding the leading obstetric causes of maternal death.³ Survivors show markedly higher emergency department use, inpatient admissions, poor perinatal outcomes, and chronic disease burden—the highest-cost categories in a managed care population.

This concentration of preventable harm and adverse health conditions places Medi-Cal Managed Care Plans (MCPs) in a unique position to act. Effective IPV education, screening, and response reaches survivors earlier, reduces downstream care utilization, and advances health equity for the members who carry the greatest risk. This toolkit is built around universal IPV education as its core prevention model—the evidence-based CUES approach—which shifts the plan’s role from simply reacting to disclosed abuse toward also preventing harm across the lifespan.

Acting on IPV also aligns directly with DHCS regulatory priorities and initiatives, namely Population Health Management (PHM) requirements, the Birthing Care Pathway and Maternity Care APL (APL 26-005), the health equity roadmap, whole-person care, and CalAIM. Additionally, there is a clear crosswalk from upstream IPV interventions to specific HEDIS/MCAS measures—Prenatal and Postpartum Care (PPC), depression screening and follow-up after ED visits (FUA/FUM), and well-child and well-care visits (W30/WCV)—building the infrastructure to test how universal IPV education changes performance measures downstream. Framed this way, IPV programming is a population health investment that embodies both whole-person care and meets compliance expectations while reducing preventable harm and cost.

¹ CDC, National Intimate Partner and Sexual Violence Survey (NISVS): more than 1 in 3 women (about 43.5 million) and more than 1 in 6 men (about 20.7 million) report contact sexual violence, physical violence, and/or stalking by an intimate partner in their lifetime.

² Peterson C, et al. “Lifetime Economic Burden of Intimate Partner Violence Among U.S. Adults.” *American Journal of Preventive Medicine*. 2018;55(4):433–444. Estimated \$3.6 trillion U.S. lifetime economic burden; government sources pay an estimated 37 percent (about \$1.3 trillion).

³ Homicide—most often committed by an intimate partner—is a leading cause of death during pregnancy and the year after birth, exceeding the leading obstetric causes of maternal death. Harvard T.H. Chan School of Public Health (2022); Lawn RB, Koenen KC, *BMJ*. 2022.

Executive Summary (cont.)

Three actions offer the greatest value and are detailed throughout this toolkit:

- 1. Adopt universal IPV education as the foundation.** Implement the CUES framework across member-facing roles so that every member—not only those who disclose—receives education, which normalizes the conversation and builds trust. Layer in screening and response as a part of this foundation.
- 2. Contract with community-based DV/IPV providers for closed-loop referrals.** Establish formal partnerships and warm, closed-loop referral pathways with domestic violence organizations so survivors reach advocacy, safety planning, and support services beyond the clinical setting.
- 3. Embed IPV in systems-change structures.** Integrate IPV processes, privacy protections, and outcome measures into existing MCAS/HEDIS touchpoints, quality scorecards, EOB protocols, and incentive arrangements to sustain the work and demonstrate impact.

To view the full toolkit, additional resources, and the latest information, visit:
pophealthlearningcenter.org/toolkit/ipv-toolkit/

This toolkit is a living document. Feedback and implementation stories from MCPs are welcome and will inform future updates. Contact the PopHealth Learning center at info@pophealthlc.org for questions.