

Breaking the Cycle: Addressing and Preventing Intimate Partner Violence Through State Medicaid Policy

Recommendations for California

CONDUCTED FOR BLUE SHIELD OF CALIFORNIA FOUNDATION PRESENTED BY MATHEMATICA

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Welcome

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Agenda

Welcome and overview	Lucia Corral Peña , Senior Program Officer, Blue Shield of California Foundation Debbie Chang , M.P.H., President and CEO, Blue Shield of California Foundation
Goal and context	Amanda Lechner , M.P.P., Health Policy Researcher, Mathematica
Recommendations for state Medicaid policies	Toni Abrams Weintraub , M.D., M.P.H., Health Program Improvement Researcher, Mathematica
Advocacy perspectives on recommendations	Lisa James , Director of Health, Futures Without Violence Krista Colon , M.P.P., Public Policy Director, California Partnership to End Domestic Violence
Discussion and Q&A	Lucia Corral Peña , moderator


Debbie Chang, M.P.H.


President and Chief Executive Officer
Blue Shield of California Foundation

Breaking the cycle of domestic violence

**NEARLY
2 OUT OF 3**

adults in California are affected by domestic violence, either as a survivor, as a person who caused harm, or through a friend or family member.



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- Multigenerational and life-course approaches are central to preventing domestic violence.
- When survivors and those at risk are connected to educational resources, essential health care, and social support services, they have what they need to heal and prevent domestic violence in future generations.
- Medi-Cal serves nearly 14 million Californians with lower incomes and is well positioned to play a key role in breaking the cycle of domestic violence through prevention and reaching survivors and those at risk of domestic violence with high impact strategies that will improve their lives.

Overview of Approach

Goal and context



Goal

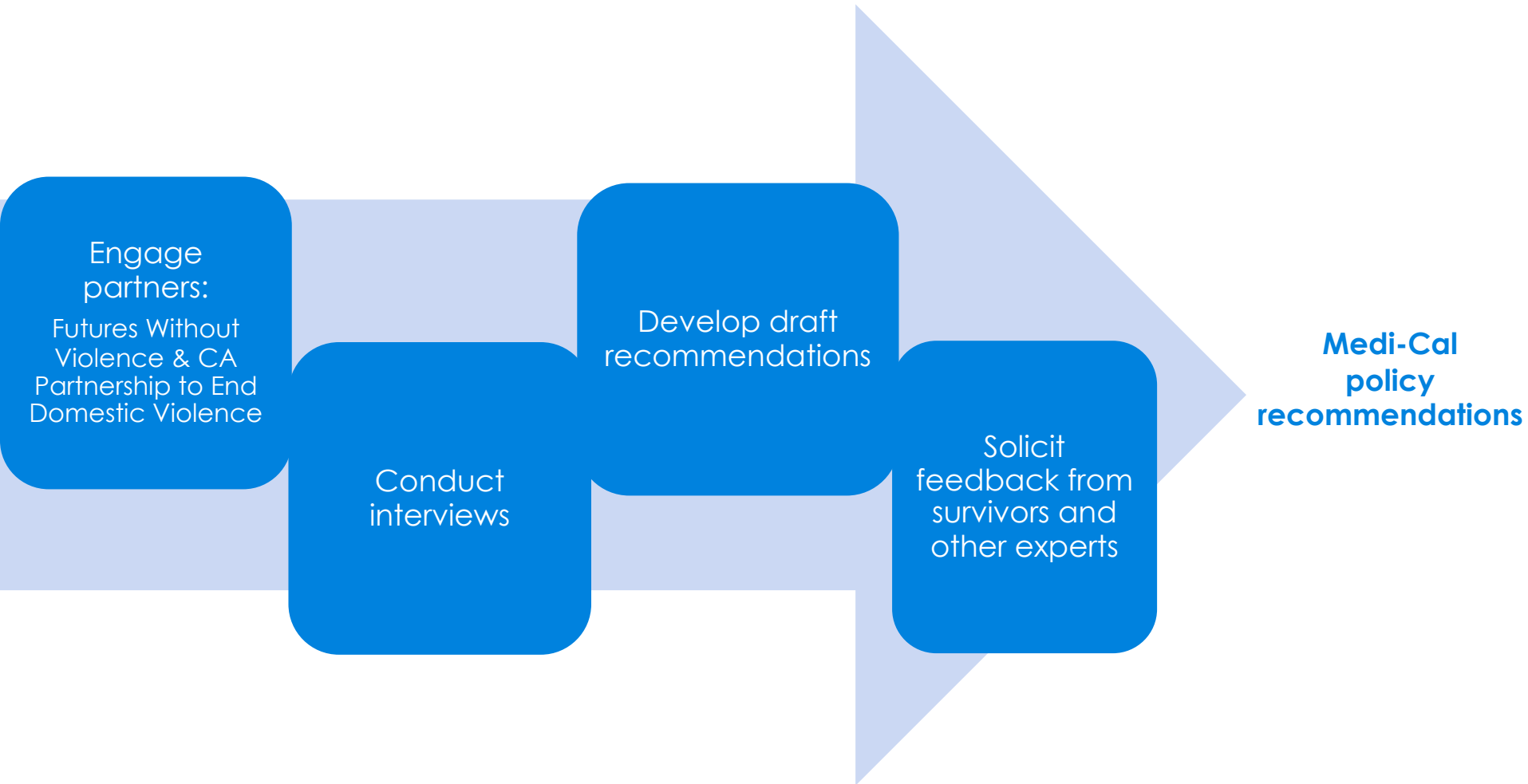
Identify innovative Medicaid policy approaches to prevent intimate partner violence (IPV) and provide services for IPV survivors, develop policy recommendations, and solicit feedback from the field



California policy context

California Advancing and Innovating
Medi-Cal (CalAIM)
Medi-Cal managed care re-
procurement
State 2021–2022 budget provisions

Our approach to developing recommendations



Centering survivors' needs

- Life course perspective
- Survivor-centered, whole-person approach
- Emphasis on trauma-informed, survivor-centered care



Policy Recommendations

Summary of recommendations

Promote universal IPV education, assessment, and response

Address health and social support needs of IPV survivors and those at risk

Expand access to comprehensive behavioral health services for survivors and those at risk

Support privacy and confidentiality needs of survivors and those at risk

Promote universal IPV education, assessment, and response

DHCS, MCPs, and
health care
providers

Train health care providers on prevalence of IPV, risk factors, and related health impacts

DHCS, MCPs, and
health care
providers

Promote universal IPV education in health care settings

DHCS, MCPs, and
health care
providers

Combine IPV screening approaches with universal education and apply best practices to assess and discuss IPV using a trauma-informed approach

DHCS, MCPs, and
health care
providers

Promote development of care plans that are trauma-informed

DHCS = Department of Health Care Services

MCPs = managed care plans

Address social support needs of IPV survivors and those at risk (1 of 2)

DHCS, MCPs

Cover certain nonmedical IPV services that are trauma-informed for survivors and those at risk for IPV

DHCS

Promote housing stability among Medi-Cal enrollees experiencing, surviving, or at risk for IPV

DHCS, MCPs

Provide enhanced care management that is trauma-informed to IPV survivors and those at risk

DHCS, MCPs

Cover prevention education and services that are trauma-informed that CHWs and *promotores* provide to IPV survivors

DHCS = Department of Health Care Services
MCPs = managed care plans

Address social support needs of IPV survivors and those at risk (2 of 2)

DHCS, MCPs

Cover home visiting services and include universal IPV education and resources in all types of home visits

MCPs

Build partnerships with community-based organizations to holistically serve survivors' needs

DHCS

Support state-level interagency collaboration to address and prevent IPV

DHCS = Department of Health Care Services
MCPs = managed care plans

Expand access to comprehensive behavioral health services for survivors and those at risk

DHCS

Include exposure to IPV as a risk factor that qualifies children to access specialty mental health services

MCPs

Enhance the definition of dyadic behavioral health visits

DHCS, MCPs

Encourage use of family therapy and dyadic services

DHCS = Department of Health Care Services
MCPs = managed care plans

Support privacy and confidentiality needs of survivors and those at risk

MCPS,

Adopt protocols to protect the privacy and confidentiality needs of survivors and educate health care providers and staff to implement them

DHCS, MCPS

Protect the safety and privacy of survivors in payment strategies developed for IPV

DHCS = Department of Health Care Services
MCPs = managed care plans

Reflections from IPV Advocates

Lisa James

Director of Health
Futures Without Violence

<https://www.futureswithoutviolence.org/>

blueshieldcafoundation.org

Interventions Described Work

- Promote prevention:
 - Improves awareness of healthy and unhealthy relationships
 - Changes patients' knowledge, attitudes, behavior to promote safety
 - Promotes peer to peer prevention messaging
- Enhance intervention

This approach has been shown to:

- Increase disclosure
- Help patients access resources
- **Decrease abuse and coercion victimization**

Policy considerations

- Other states are leveraging Medicaid to respond to IPV
 - CA can be a leader with a focus on prevention and leverage Medi-Cal to address social needs that contribute to IPV
- State-level coordination
 - Coordinate DPH and DHCS and other prevention efforts
- Privacy strategies
 - Need to adopt state or plan-level standards on privacy
 - Address recommendations for medical records, CURES Act, and social referral platforms
- DV programs must be an important part of care team

Krista Colón, M.P.P.

Public Policy Director

California Partnership to End Domestic Violence

<https://www.cpedv.org/>

[blueshieldcafoundation.org](https://www.blueshieldcafoundation.org)

Importance of Working With Domestic Violence Programs

- Programs are supporting survivors with mental health and physical health needs; likely already overlap between Medicaid clients & DV program clients
- Examples of services include:
 - 24/7 Crisis hotlines
 - Housing: emergency shelter, transitional housing, Housing First, homelessness prevention, landlord advocacy
 - Legal assistance: restraining orders, custody, divorce, support through the criminal process, immigration, debt relief, housing
 - Counseling: individual, group, peer counseling
 - Language access & culturally specific services
 - System navigation: supporting survivors through CalWORKs, CalFresh, Child Welfare, and other systems to navigate

Building Connections

- State/territorial level: connect with your state or territory's Domestic Violence Coalition, and the tribal coalition (if applicable)
 - <https://nnedv.org/content/state-u-s-territory-coalitions/>
 - <https://www.niwrc.org/tribal-coalitions>
- Community level:
 - Get to know the DV program in your community.
 - <https://www.cpedv.org/domestic-violence-organizations-california> -- our publicly available list and map of DV programs in CA

Reflections on Recommendations

- Opportunity to build meaningful connections, incorporate this vital piece of survivor well-being with the other resources & services they rely on
- Build partnerships that recognize the different roles of healthcare providers & DV service organizations
- Develop agreements that don't add tremendous burden to programs: avoid requiring new databases, extensive documentation, complex invoicing practices
- Recognize the differing client confidentiality requirements for the different types of orgs and build this in from the start.
 - HIPAA is different from DV service provider requirements in VAWA, FVPSA, and VOCA.

Discussion and Q&A

Discussion questions

- From what you heard today, what resonates with you the most?
- What comments or questions would you like to share about these recommendations?
- What other policy recommendations or systems change solutions would help prevent IPV or promote healing and provide supports for survivors and their families?

Call to Action

01

Review full brief

02

**Share
recommendations
with your networks**

03

**Apply these
recommendations
to your policy and
advocacy work**

If you or a loved one are experiencing domestic violence and need assistance, you may call

National Domestic Violence Hotline

www.thehotline.org

Text “START” to 88788

1-800-799-SAFE (7233)

TTY 1-800-787-3224

thank you & questions

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