



Healthy Opportunities Pilots: Standard Plan Roundtable on the Evidence Base

May 16, 2022
Meeting #6

Context & Objectives

Context

- This is the sixth and final meeting in the Healthy Opportunities Evidence Base Roundtable Series.
- The roundtable series has offered a **forum for the Department, key Pilot entities and local and national experts** to discuss the latest findings and share key resources and insights on the evidence-base on the impact on health outcomes and healthcare costs and utilization of Pilot services.
- PHPs must **develop a plan for their investments, due to the Department on May 31, 2022 (Revised Date)**, that reflects the plan's strategic approach to enrolling high priority populations and your evidence-informed understanding of population-level service needs.

Objectives for Today's Meeting

- Provide a high-level orientation to the existing evidence base supporting the use of IPV-related Pilot services.

Roundtable Meeting Series Schedule

Working Session #	Timing	Topic	Objective
1	4/6	Introduction to Meeting Series	Provide context for PHPs' role in maximizing the value of the Pilots; review the "Enrolling High-Priority Pilot Populations Plan" report requirements
2	4/12	Introduction to SIREN	General orientation to SIREN to describe the database and search option
3	4/21	Evidence Overview 1 (<i>Pilot evaluation overview; food</i>)	Forums to discuss the state of the art and key issues surrounding the evidence base for Pilot service domains with NC and national subject matter experts
4	4/29	Evidence Overview 2 (<i>housing/medical respite, legal supports and transportation</i>)	
5	5/12	Network Leads Presentation	Provide an overview of Pilot region demographics and key considerations for delivering Pilot services
6	Today	Evidence Overview 3 (<i>IPV</i>)	Forums to discuss the state of the art and key issues surrounding the evidence base for Pilot service domains with NC and national subject matter experts

Reminder: IPV and Healthy Opportunities

- IPV is a **significant public health issue** and affects survivors' immediate and long-term health and well-being.
- Organizations that provide IPV-related services offer **critical supports for survivors**, such as emergency shelter, individual and group counseling, safety planning, and legal support.
- The Healthy Opportunities Pilots represent the **first effort in the nation to deliver IPV-related services via Medicaid**, establishing new infrastructure and payment vehicles to integrate health and social service entities, including organizations that provide IPV-related services.*
- The Department is working closely with the **North Carolina Coalition Against Domestic Violence (NCCADV)** and other IPV stakeholders to launch IPV-related services within the Pilots.



Today's Presenters



Kathleen Lockwood
Policy Director, North Carolina Coalition Against Domestic Violence



Cassie Rowe
Co-Director of Survivor Wellbeing, North Carolina Coalition Against Domestic Violence



Lisa James
Director of Health, Futures Without Violence



NCCADV

North Carolina Coalition
Against Domestic Violence

HOP Evidence Base Roundtable Meeting #6

What is Intimate Partner Violence (IPV)?

- One person in a relationship is using a pattern of methods and tactics to gain and maintain power and control over the other person.
- It is often a cycle that gets worse over time – not a one time ‘incident’
- Abusers use jealousy, mental health, money and other tactics to be controlling and abusive – not just physical violence
- Leaving an abusive relationship is not always the best, safest or most realistic option for survivors



Definitions of Domestic Violence

Legal definitions are often more narrowly defined with particular focus on physical and sexual assault

Public health definitions include a broader range of controlling behaviors that impact health including:

- emotional abuse
- social isolation
- stalking
- intimidation and threats



Populations at Higher Risk

People of all identities and life experiences can and do experience IPV. And – people who are marginalized via race, ethnicity, gender, sexual orientation, immigration status, [dis]ability and illness, age, religion, socioeconomic status (and more) often experience higher rates of IPV and more barriers to care.



Intimate Partner Violence/Sexual Violence Data

Intimate partner violence is widespread.

1 in 4 women

An infographic showing four female silhouettes in shades of purple, with the first one on the left being white. This represents 1 in 4 women.

1 in 9 men

An infographic showing nine male silhouettes in shades of purple, with the first one on the left being white. This represents 1 in 9 men.

1 in 5 women
experienced completed
or attempted rape during
her lifetime.

1 in 14 men
was made to penetrate someone
(completed or attempted) during
his lifetime.



National Intimate Partner and Sexual Violence Survey: 2015 Data Brief (2018)

- Highest risk ages 18-24 and a high percentage of mothers

- In rural settings, the **incidence of IPV may be as high as 50%** during the perinatal period (Bailey, 2007)

- **61% of bisexual women** and **37% of bisexual men** and **44% of lesbian women** and **26% of gay men** reported experiencing rape, physical violence, and/or stalking by an intimate partner in their lifetime.
- **Of transgender individuals, 34.6%** reported lifetime physical abuse by a partner and **64%** reported experiencing sexual assault.

COVID & IPV

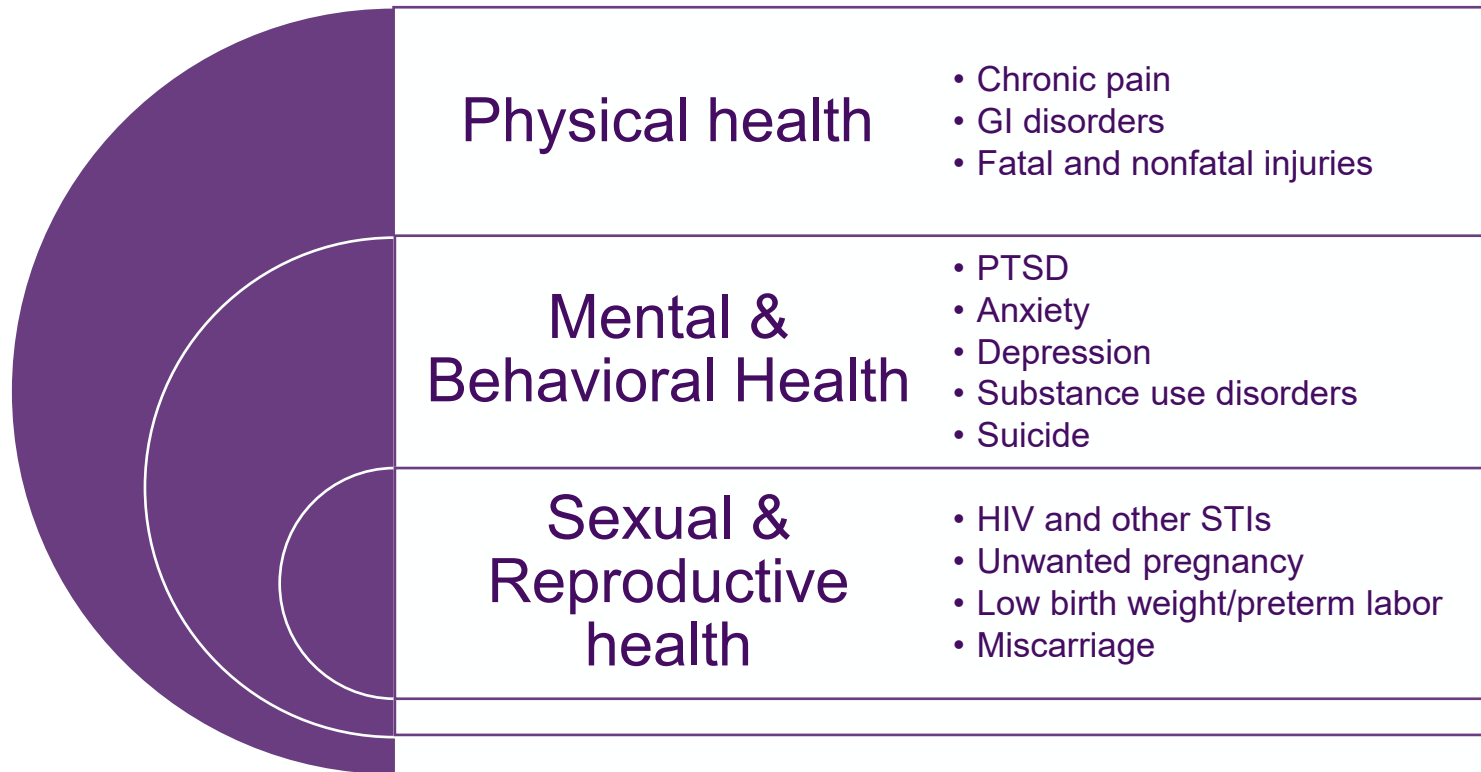
- Higher lethality DV incidents
- New & increased barriers to seeking help
- Difficulty capturing anecdotal increases in data





Health Impact of IPV

Impact of IPV on Health



IPV & Mental Health

- Anxiety, depression, PTSD
- Suicidal behavior
- Emotional detachment
- Sleep disorders
- Substance use and coercion

Service Implications: trauma-informed mental health services; flexible substance treatment programs; housing programs that do not require sobriety or attachment to other services



Perinatal, Reproductive, and Sexual Health

- IPV is linked to an increased likelihood for rapid repeat and unintended pregnancy, low birth weight babies, preterm birth, and miscarriages
- Women disclosing physical abuse were 3 times more likely to have an STI

Service implications: working with patients experiencing IPV to address their specific care and safety challenges during pregnancy may improve birth and maternal health outcomes

(Sarkar, 2008; Raneri 2007; Lipksy 2009, Morales 2006, Silverman 2006; Zimmerman 2011, Machtinger 2012, Black 2011)



IPV Increases Risk for HIV

- Sexual coercion/rape common among survivors (25-50%)
- Limited or compromised negotiation of safer sex practices
- Increased survival and transactional sex
- Traffickers are often intimate partners
- Increased risk of mother-to-child HIV transmission
- Increased risk of unsafe injecting practices and coerced drug use

Service implications: PrEP; PEP; testing; anonymous partner notification; trauma-informed substance use treatment and harm reduction/safer use services; tailored treatment plans for pregnant PLWHIV



HIV + Increased risk for abuse

- Over half of women living with HIV have experienced IPV
- Abusive partners may use stigmatized HIV status as a tactic for control through shame, threats to disclose status and physical violence
- Abusive partners may control access to medications or healthcare services

Service implications: discuss access to medications and provide extra rx stash if needed; mobile advocacy

HIV treatment impacts

IPV Survivors living with HIV are:

- Less likely to be prescribed ART
- Less likely to report treatment adherence
- Less likely to have an undetectable viral load
- Increased disease progression (3.5 increase in CD4)

Service implications: Trauma and mental health services may aide in overall wellbeing and immune functioning; working with patients on their specific treatment barriers; discuss safer ways to access ART; transportation to access services; medical food boxes



Impact on Children

Children who witness domestic violence also experience:

- Mental health impacts
- Decreased access to important health services
- Decreased immunization rates
- Higher risk of violence victimization later on in life
- Higher risk of violence perpetration later on in life

Service implications: connecting children who witness DV to trauma-informed mental healthcare is extremely important for their wellbeing and interrupting the cycle of violence.

Healthcare Costs

- \$4.1 billion = total cost of healthcare for IPV victims per year in the US
- 486,151 visits to ER by victims of rape and physical assault per year in the US
- 18.5 million mental healthcare visits by IPV victims per year in the US

Integrating abuse history into care and improving care coordination may improve healthcare utilization efficiency and reduce costs.

CDC, Costs of Intimate Partner Violence Against Women in the United States, 2003

North Carolina Coalition Against Domestic Violence



Addressing IPV in healthcare settings

- Increases service providers that survivors can trust, turn to for help
- Medical harm reduction
- Increase referrals to DV services
 - Increase safety
- Mental health and substance use treatment services
- Increase IPV awareness and promote prevention



Resources

Futures Without Violence IPV Health Toolkit:

<http://www.ipvhealth.org>

DV + HIV/AIDS Toolkit: <https://nnedv.org/resources-library/dv-hivaids-toolkit/>

NC AIDS Action Network: <http://www.ncaan.org/resources/>

NC HIV Medication Assistance Program:

<https://epi.dph.ncdhhs.gov/cd/hiv/hmap.html>

National Center on Domestic Violence, Trauma and Mental Health:

<http://www.nationalcenterdvtraumamh.org/>

NC DV agency contacts: <https://nccadv.org/get-help>



National Health Resource Center on Domestic Violence

Health Partners on IPV and Exploitation

Learn more: www.healthpartnersipve.org www.futureswithoutviolence.org

May 16, 2022



Interventions Make a Difference

24

- IPV highly prevalent with significant and long-lasting health consequences
- There are evidence-based interventions that make a difference
- HOP provides an opportunity to improve outcomes w/ implementation of these interventions



Essential Steps to Help Survivors

25

1. Train health care providers on IPV and support workforce
2. Promote universal education, assessment, and response in health care settings
3. Address the health and social support needs of IPV survivors
4. Partner with community-based programs to offer longer term support
5. Support privacy and confidentiality



Workforce Supports and System Change

26

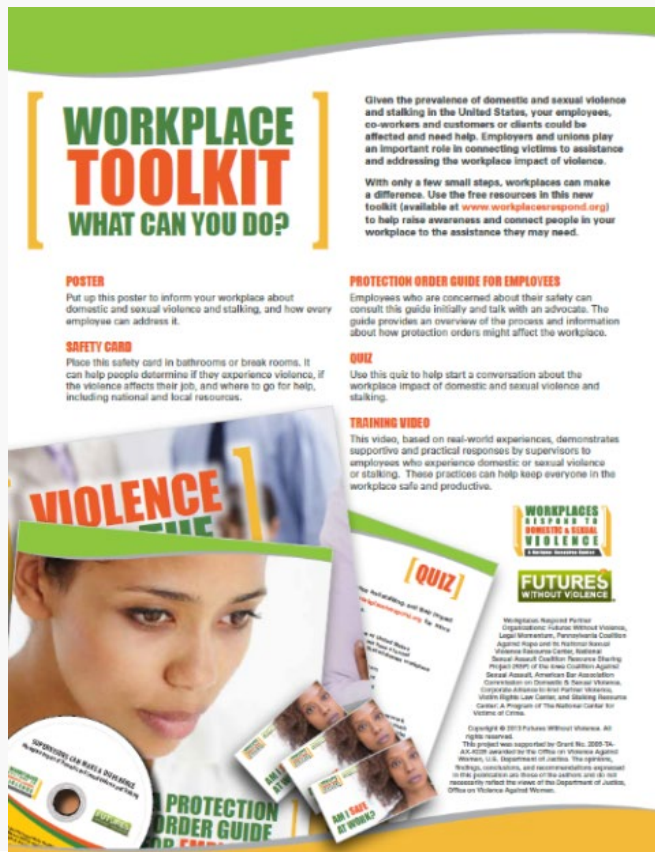
- Conduct training for providers
 - <https://healthpartnersipve.org/learning-opportunities/>
 - <https://ipvhealthpartners.org/train/>
- Implement systems changes (EHR Integration, Protocols, Privacy Principles etc.)
 - <https://ipvhealthpartners.org/prepare/>
- Support staff who may have their own experiences with IPV and trauma



Prepare: Trauma Informed Workplaces

27

FUTURES' Workplaces Respond Toolkit



- Poster for the workplace
- Safety Card for Employees
- Protection Order Guide For Employees
- Supervisor Training Video
- Quiz

www.workplacesrespond.org



Train Providers How To Respond

28

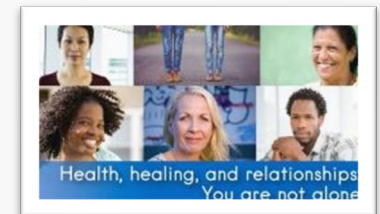
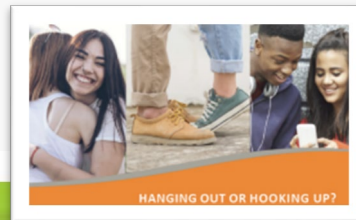
- Universal education, assessment and response for all patients in regarding IPV, reproductive coercion, and ACEs.
- Plan of care that is trauma informed: Development of a health care plan for those who disclose IPV that takes partner interference into consideration and that offers referrals to relevant services.
- Access to medical care to treat and manage survivors' physical health which could include physical injuries from IPV, sexually transmitted infections, reproductive and prenatal complications, and chronic conditions.
- Behavioral health care that is trauma informed



Example: CUES Evidence Based Intervention to Address IPV

29

- C: Confidentiality** → 1. Increase the opportunity for safety and privacy
- 2. Normalize conversations about anxiety, relationship stress, family stress, etc. as health issues that your patients can discuss with you
- UE: Universal Education and Empowerment** → 3. Ensure that the 80% of abuse survivors who say "no" to healthcare IPV screening questions and people who are not currently experiencing abuse get access to support and information
- 4. Use altruism to increase connection and promote healing
- S: Support** → 5. Know how to respond when someone shares experiences of abuse



Universal Education Example: Evidence in Support of CUES Intervention

30

Intervention Results:



Among women in the intervention who experienced recent partner violence:



- **71% reduction** in odds for pregnancy coercion compared to control



- Women receiving the intervention were **60% more likely** to end a relationship because it felt unhealthy or unsafe

(Miller et al. 2010)

For adolescents: Textual harassment victimization in the past 3 months decreased:

From **65% to 22%** in school health center

From **26% to 7%** in teen/young adult health center



Partnering with Qualified Domestic and Sexual Violence Programs is Critical

31

Domestic violence and sexual assault programs have vast experiences working with survivors of violence and assist them to identify ways to increase personal safety while assessing the risks.

Advocates connect patients to additional services like:

- ✓ Crisis safety planning (usually 24/hr hotline)
- ✓ Housing (emergency and transitional)
- ✓ Legal advocacy for IPV/HT, family court, immigration, labor
- ✓ Support groups/counseling
- ✓ Children's services
- ✓ Employment support

<https://nnedv.org/content/state-u-s-territory-coalitions/>



The Heart of the Model: Building Meaningful Partnerships

32

Partnerships help promote bi-directional warm referrals for clients/patients and increase staff engagement and support.



DV Advocacy Partner
Improve health and wellness for DV/HT survivors



Community Health Center Partner
Improve health and safety through "CUES"

Download a sample MOU (see also *NHCHC Learning Lab PDF files*):

<https://ipvhealthpartners.org/partner/>



ACF, U.S. DHHS Funded Hotlines

<https://www.acf.hhs.gov/acf-hotlines-helplines>

33



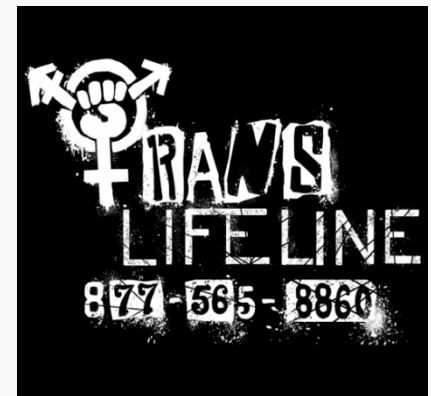
800-799-SAFE (7233)
Text LOVEIS to 22522
Chat at thehotline.org



844-7NATIVE (762-8483)
Monday-Friday from 9am
to 5:30pm CST
strongheartshelpline.org



800-RUNAWAY (786-2929)
Email: 1800runaway.org/crisis-online-services/
Chat at 1800runaway.org/
Forum: bulletinboards.1800runaway.org/forum



877-565-8860
www.translifeline.org/



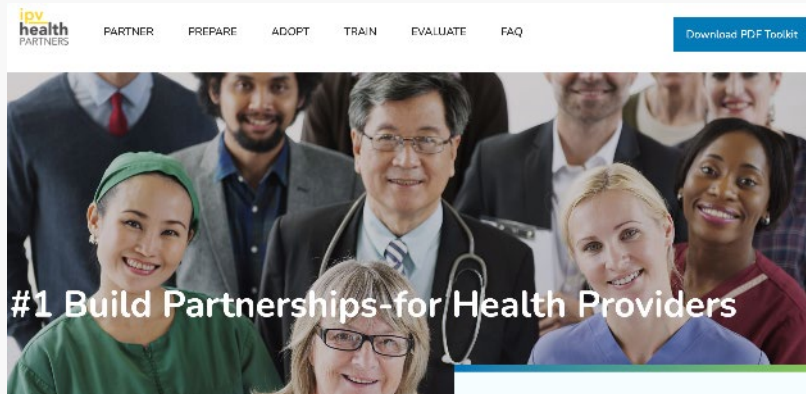
www.thetrevorproject.org
866-488-7386 LGBTQ Youth



Partnerships with DV/Community Advocates

34

Partnering with advocates can make healthcare's job easier and survivors safer!



- Connect with your [local DV agency](#)
- Host cross-trainings with the DV agency to promote shared knowledge between staff
- Develop a survivor referral procedure between health setting and advocates

Adapt MOU

<https://ipvhealthpartners.org/partner/>



Confidentiality, Privacy and Consent

35

DV programs can help: but not w/o strategies to ensure confidentiality

- Because most DV programs have federal requirements to provide confidential services it is important to create systems that ensure that the closed loop referral strategy shields personally identifiable information
- Ensure adequate consent process
- Privacy Principles:



<https://healthpartnersipve.org/futures-resources/privacyprinciples/>



Intersecting Needs and Opportunities for Prevention

36

Healthy Opportunities pilot offers a full range of supports that can prevent IPV and other social determinants of health

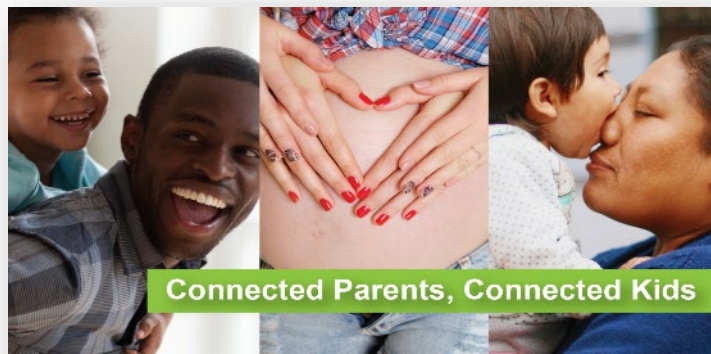
- housing support:
- economic support, including childcare and nutrition support:
- legal advocacy services and access to civil legal protections:
- evidence-based family support interventions

Together – these services can support current consumers and promote prevention for future violence the related costly health consequences



Supporting Families and Promoting Prevention

- Connected Parents Connected Kids
- ACEs Aware
- PPP
- Kids Club Moms Empowerment
- Child Parent Psychotherapy
- Celebrating Families!
- Child and Family Traumatic Stress Intervention (CFTSI)
- Parenting Journey



We Have Resources That Can Help

www.IPVHealthPartners.org online toolkit + CUES

38

Guidance on:

- ✓ Enhancing patient privacy
- ✓ Disclosing limits of confidentiality
- ✓ Universal education scripts
- ✓ Reaching friends and family
- ✓ Disclosures + supportive messages
- ✓ Warm referrals to local DV programs
- ✓ Safely sharing resources
- ✓ Tech privacy tips



www.ipvhealthpartners.org

Developed by and for
community health centers in
partnership with domestic
violence programs

**+ New guidance on COVID-19
and telehealth support**

National Health Resource Center on DV (HRC)

39

The HRC provides national Training and Technical Assistance including the following:

- Free, downloadable [health resources](#) focusing on various specialties, populations and key issues. Including educational and clinical tools for providers and patients.
- Hosting a yearly free [webinar series](#) with expert presenters, and cutting edge topics.
- An [online toolkit](#) for health care providers and DV advocates to prepare a clinical practice to address domestic and sexual violence, and a [step-by-step online guide](#) for community health centers on building partnerships with DV/SA advocates.
- [The National Conference on Health and Domestic Violence](#) - a multidisciplinary meeting at which health, and domestic violence experts and leaders explore the latest research and programmatic responses to domestic violence.



Save the Dates: April 27-30, 2021!

National Training and Technical Assistance Partnership (NTTAP)

40

Health Partners on IPV + Exploitation is led by Futures Without Violence (FUTURES) and funded by HRSA BPHC to work with community health centers to support those at risk of experiencing or surviving intimate partner violence, human trafficking, or exploitation and to bolster prevention efforts.

We offer health center staff ongoing educational programs including:

- ✓ Learning Collaboratives on key topics for small cohorts
- ✓ Webinars + archives
- ✓ Clinical and patient tools, an online toolkit, evaluation + Health IT tools

Learn more: www.healthpartnersipve.org www.futureswithoutviolence.org



Setting/Population-specific Safety Card Tools

41

Population and Setting Specific

- Adolescent Health
- American Indian/Alaska Native, and Hawaiian
- College Campus
- HIV+
- Lesbian, Gay, Bisexual, Questioning (LGBQ)
- Parents and Caregivers
- Pediatrics and Home Visitation
- Pregnant or parenting teens
- Primary Care
- Reproductive Health Settings
- Transgender/Gender Non-conforming
- Muslim Youth

By language:

- Available in English and most in Spanish.
- Our Primary Care (General Health) safety card is available in the following languages: Armenian, Chuukese, Farsi, Hawaiian, Korean, Marshallese, Modern Standard Arabic, Simplified Chinese, Samoan, and Tagalog – store.futureswithoutviolence.org



Sample Protocol

42

Protocol for HRSA-supported Community Health Centers to Engage Patients through Universal Education Approaches on Exploitation (E), Human Trafficking (HT), Domestic Violence (DV) and Intimate Partner Violence (IPV)

Protocol Purpose: The protocol purpose is to prevent exploitation, human trafficking, domestic violence, and intimate partner violence by helping patients have healthy relationships and promote their health as workers. This will occur through universal education about healthy relationships and fair labor practices for the prevention of abuse, violence, and exploitation. The protocol will enable the health center to provide trauma-informed, survivor-centered care, intervene with clinical and case management services, and formalized ways to connect patients with community-based services that provide resources for domestic violence, employment-based advocates. Patients often have physical and other basic needs. Also, health centers will attend to the patients' physical and mental health needs and create safety plans in partnership with trauma-informed protocols and healing services. For example, health impacts of chronic illness, sexually transmitted infections, reproductive coercion, traumatic brain injury, and history of strangulation, anxiety, depression, and post-traumatic stress disorder (PTSD). (For more information about the health impact of trauma and abuse, and to download community health center tools on these topics visit: <https://healthpartners.org>)

This protocol also serves as a support resource for health center staff. Given the prevalence of violence and exploitation in communities, health center employees also have personal experiences of violence, abuse, trauma, or exploitation, and may experience vicarious trauma, secondary traumatic stress, or PTSD re-traumatization from caring for patients affected by violence. The community-based resources in this protocol also serve as resources for staff. In addition, it is recommended that health centers create workplaces free from domestic violence, sexual harassment and violence, and stalking (<https://www.workplacesrespond.org>)

[Violence: A National Resource Center](https://www.workplacesrespond.org), a project of Futures Without Violence, visit <https://www.workplacesrespond.org>

This protocol addresses both intimate partner violence (IPV) and domestic violence (DV) and the terms are used interchangeably (with "domestic violence" as the broader term across the document)

HEALTH PARTNERS
ON IPV + EXPLOITATION (Version: July, 2021)

Protocol Elements

- Descriptions of terms
- Clinic policies (language access, privacy, confidentiality)
- Training requirements
- Universal education framework / CUES
- Resources/support services partnerships
- Scripts
- Reporting requirements
- Documentation and coding guidelines

<https://healthpartnersipve.org/futures-resources/sample-health-center-protocol/>





PHP Resources

CCH Evidence Base Resource

Carolina Complete Health has begun focus on resiliency as a practice to reduce toxic stress:

Resource	Description
Mayo Clinic, <u>Resilience: Build skills to endure hardship</u>	<ul style="list-style-type: none"> Article describes the dynamic of how resiliency plays a large role in overcoming stress
Partnership between Carolina Complete Health and Carolina Complete Health Network	<ul style="list-style-type: none"> Carolina Complete Health Network has an employee who is trained on Community Resiliency Model (CRM)[®], which is used to train community members to not only help themselves but to help others within their wider social network. The primary focus of this skills-based, stabilization program is to re-set the natural balance of the nervous system. The plan is able to leverage her expertise in this area to possibly provide, in person, online or app-based modalities for our members.
<u>Mental Health America of Central Carolinas</u> (704) 365-3454	<ul style="list-style-type: none"> Promotes mental wellness Offers supplemental programs for people with mental health concerns or parents of children with mental health concerns Conducts public education trainings
<u>Hope 4 NC</u> (855) 587-3463 Contact: Deepa Avula (984) 236-5000; Social Services Contact: Susan Osborne (919)527-6335	<ul style="list-style-type: none"> Offers free and confidential emotional support, counseling, referrals and community resources <ul style="list-style-type: none"> Includes crisis counseling programs designed to help individuals address trauma related to the COVID-19 crisis.
<u>Resources for Resilience</u> (828) 367-7092 information@resourcesforresilience.com	<ul style="list-style-type: none"> Offers virtual events and trainings
<u>Buncombe Partnership for Children</u> (828)285-9333	<ul style="list-style-type: none"> Offers resilience resources to children and families <ul style="list-style-type: none"> Includes COVID-19 Grounding Techniques Activities Trauma Institute

Q&A and Closeout

Q&A and Closeout

- Thank you all for attending! Any final questions?
- The Department is looking forward to reviewing your Enrolling High Priority Pilot Populations Report, which is due to the Department on **May 31, 2022** (*Revised Date*).

Appendix

Who Qualifies for Pilot Services?

To qualify for pilot services, Medicaid managed care enrollees must live in a Pilot Region and have:



At least one Physical/Behavioral Health Criteria:
(varies by population)

- **Adults** (e.g., having two or more qualifying chronic conditions)
- **Pregnant Women** (e.g., history of poor birth outcomes such as low birth weight)
- **Children, ages 0-3** (e.g., neonatal intensive care unit graduate)
- **Children 0-20** (e.g., experiencing three or more categories of adverse childhood experiences)



At least one Social Risk Factor:

- Homeless and/or housing insecure
- Food insecure
- Transportation insecure
- At risk of, witnessing or experiencing interpersonal violence

Meet service specific eligibility criteria, as needed.

Healthy Opportunities Pilots: Qualifying Physical/ Behavioral Health Criteria

Population	Age	Physical/Behavioral Health-Based Criteria
Adults	22+	<ul style="list-style-type: none"> 2 or more chronic conditions. Chronic conditions that qualify an individual for Pilot program enrollment include: BMI over 25, blindness, chronic cardiovascular disease, chronic pulmonary disease, congenital anomalies, chronic disease of the alimentary system, substance use disorder, chronic endocrine and cognitive conditions, chronic musculoskeletal conditions, chronic mental illness, chronic neurological disease and chronic renal failure, in accordance with Social Security Act section 1945(h)(2). Repeated incidents of emergency department use (defined as more than four visits per year) or hospital admissions.
Pregnant Women	N/A	<ul style="list-style-type: none"> Multifetal gestation Chronic condition likely to complicate pregnancy, including hypertension and mental illness Current or recent (month prior to learning of pregnancy) use of drugs or heavy alcohol Adolescent ≤ 15 years of age Advanced maternal age, ≥ 40 years of age Less than one year since last delivery History of poor birth outcome including: preterm birth, low birth weight, fetal death, neonatal death
Children	0-3	<ul style="list-style-type: none"> Neonatal intensive care unit graduate Neonatal Abstinence Syndrome Prematurity, defined by births that occur at or before 36 completed weeks gestation Low birth weight, defined as weighing less than 2500 grams or 5 pounds 8 ounces upon birth Positive maternal depression screen at an infant well-visit
	0-21	<ul style="list-style-type: none"> One or more significant uncontrolled chronic conditions or one or more controlled chronic conditions that have a high risk of becoming uncontrolled due to unmet social need, including: asthma, diabetes, underweight or overweight/obesity as defined by having a BMI of <5th or >85th percentile for age and gender, developmental delay, cognitive impairment, substance use disorder, behavioral/mental health diagnosis (including a diagnosis under DC: 0-5), attention deficit/hyperactivity disorder, and learning disorders Experiencing three or more categories of adverse childhood experiences (e.g. Psychological, Physical, or Sexual Abuse, or Household dysfunction related to substance abuse, mental illness, parental violence, criminal behavioral in household) Enrolled in North Carolina's foster care or kinship placement system

Healthy Opportunities Pilots: Social Risk Factors

Risk Factor	Definition
Homelessness and Housing Insecurity	<ul style="list-style-type: none"> Individuals who are homeless: defined as an individual who lacks housing, including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing. Individuals who are housing insecure: including individuals who, within the past 12 months, have ever stayed outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else’s home (i.e. couch surfing); are worried about losing their housing; or within the past 12 months have been unable to get utilities (heat, electricity) when it was really needed.
Food Insecurity	<p>Patients who are experiencing food insecurity—defined as the disruption of food intake or eating patterns because of lack of money and other resources—including those who:</p> <ul style="list-style-type: none"> Report reduced quality, variety, or desirability of diet. There may be little or no indication of reduced food intake. This is considered low food security. Report multiple indications of disrupted eating patterns and reduced food intake. This is considered very low food security. Report that within the past 12 months they worried that their food would run out before they got money to buy more. Report that within the past 12 months the food they bought did just not last and they didn’t have money to get more.
Transportation Insecurity	<p>Patients for whom, within the past 12 months, a lack of transportation has kept them from medical appointments or from doing things needed for daily living.</p>
At risk of, witnessing, or experiencing interpersonal violence	<p>Patients who report that they feel physically or emotionally unsafe where they currently live; within the past 12 months have been hit, slapped, kicked or otherwise physically hurt by anyone; or within the past 12 months have been humiliated or emotionally abused by anyone.</p>

NC DHHS Healthy Opportunities Standardized Screening Questions. Available: <https://www.ncdhhs.gov/screening-tool-english-providers-final/download>

PHPs' "Enrolling High Priority Pilot Populations" Report (1/2)

PHPs are required to submit the Healthy Opportunities Pilot Enrolling High-Priority Population Plan by May 31, 2022 (Revised Date).

In the Plan, PHPs must:

1. Identify priority populations; and
2. Describe strategies and operational approaches for ensuring equitable distribution of Pilot investments

1. Identifying Priority Populations

PHPs must report on the anticipated proportion of enrollees for the second Pilot service delivery year (July 1, 2022 – June 30, 2023) who will:

- Be pregnant
- Be children ages 0-21
- Have high health care expenditures as determined by the PHP
 - The PHP must define "high-cost populations", describe the methods the PHP will use to identify high-cost Pilot enrollees and any available evidence-base regarding the impact of Pilot-like services on this population.
- Meet any additional priority population designations the PHP intends to focus on for Pilot enrollment (at the PHP's discretion)
 - The PHP must describe how it will identify and define this population and the evidence-based rationale for focusing on the additional priority populations.

PHPs' "Enrolling High Priority Pilot Populations" Report (2/2)

2. Ensuring Equitable Distribution of Pilot Investments

For the second Pilot service delivery year, the PHP must submit a description of its strategies and operational approaches for:

- Identifying and enrolling members residing in Pilot regions to ensure **inclusive representation of priority populations**.
- Ensuring the **racial and ethnic composition of Pilot enrollees and expenditures** are at least proportional to **Medicaid demographics** in the Pilot region.
- Ensuring that **historically marginalized populations and communities in the Pilot region are proportionally represented** among Pilot enrollees and service expenditures, including at minimum to meet the following goals:
 - Starting in Pilot Service Delivery Period II, the PHP shall direct Pilot services to be distributed to the following groups during each Service Pilot Delivery Period:
 - At least thirty-three percent (33%) of Pilot enrollees are pregnant enrollees or children ages 0-21.
 - At least thirty-three percent (33%) of Pilot enrollees are high-cost populations.
 - The PHP shall ensure that historically marginalized populations and communities in the Pilot region are at least proportionately represented in the delivery of Pilot services and service expenditures.