# Public Feedback Form

## Instructions and Timeline for Submitting Responses

The Department encourages all interested stakeholders to submit feedback on draft service definitions and pricing inputs using this form.

Submit all completed responses to healthyopportunities@dhhs.nc.gov by **5pm, Friday, August 2, 2019**. The email subject line should read, "Healthy Opportunities Pilots: Service Definition Feedback Form".

## Information about Respondent

**Organization Name(s)**: _Reinvestment Partners_____

**Contact Name:** _Peter Skillern_____

**Contact Email Address**: _peter@reinvestmentpartners.org_____

**Organization Type (if applicable):**
___ Human services
_X_ Social service agency
___ Foundation
_X_ Advocacy Group
___ County-based agency or department
___ Coalition or association
___ Health clinic
___ Health System
___ Other: _____

## Feedback on Pilot Service Definitions & Pricing Assumptions

| Service Name | Feedback |
|---|---|
| *Fill in the service name here* | *Provide feedback specific to the service (including its covered activities, provider qualifications, payment approach and pricing assumptions, if applicable) here* |
| IPV Case Management Services | See attached comments. |
| Case Management Services for Families of Victims and Survivors of Community Violence | This is a recommended additional category. See attached comments, recommended service description, and justification. |
| Violence Intervention Services | See attached comments. |
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## General Feedback:

*Use this space for general feedback not linked to a specific proposed Pilot service.*

Reinvestment PARTNERS
PEOPLE • PLACES • POLICY

August 2, 2019

Reinvestment Partners (RP) respectfully submits these comments in response to the North Carolina Department of Health and Human Services' (DHHS) Draft Pilot Service Definitions for Pricing Purposes as part of the North Carolina Healthy Opportunities Pilots. RP is submitting comments in the domain of Interpersonal Violence/ Toxic Stress Services.

RP's mission is to foster healthy and just communities by empowering people, improving places and influencing policy. Our place-based work is often focused on improving the safety and stability of neighborhoods that are impacted by violence.

RP is concerned that the proposed pilot service definitions within the IPV domain are too limited to address health needs of those affected by inter-personal violence and will not effectively absorb financial resources envisioned for the pilot programs.

RP recommends that DHHS add a new category in the IPV service descriptions: case management services for the families and survivors of community violence.

In Durham, a grandmother lost her daughter to community violence. She now is responsible for taking care of four grandchildren on a limited income. While receiving spiritual support from the Religious Coalition for a Nonviolent Durham, there are no available resources for case management of social services or counseling for trauma.

This case is not unique. According to the City of Durham's Police Department, the City's 2014-2018 annual average number of criminal homicides is 31; forcible rapes 115; aggravated assaults, domestic 273, non-domestic 558. According to policymaps.com, Durham is the second most violent county in North Carolina per 100,000 population.

RP supports the analysis that the scale of violence is a health epidemic and that its impact is interpersonal, community, and intergenerational. The impacts of violence ripple beyond the individual incident, extending to the built environment, mental and physical health, and other social determinants. Witnessing violence and watching loved ones suffer creates trauma, which increases stress. Chronic stress has been linked with chronic illness, including obesity, hypertension, depression, and heart disease. Exposure to violence and the trauma it causes can potentially cause long-term changes to children's brain, affecting memory, learning, and self-regulation.

The trauma of community violence deserves intervention just as much as interpersonal violence. When an individual experiences severe injury or death, or psychological hardship as a

result of community violence, they may find themselves in crisis and in need different forms of assistance and guidance in order to pull their lives back together. When a household loses a household/family member to community violence, members of that household find themselves in crisis and experiencing psychological or economic hardship as a result. We recommend expanding IPV health interventions to include victims and families of those impacted by violence to better address individual and population health outcomes.

Rationale for service

RP asked Stephanie Hawkins, PhD, Director of the Youth, Violence Prevention and Community Justice Research Program of RTI International to provide a literature review that will validate the rationale for comprehensive services for those impacted by violence. She writes,

> The ability to adequately meet the needs of community members impacted by interpersonal violence warrants a comprehensive approach to case management that not only supports the victims of violence but their families and loved ones. Research suggest each homicide in the United States affects the lives of 3–10 loved ones, often referred to as co-victims or homicide survivors.[1] The consequences of being a victims or co-victim of violence may include traumatic stress, grief, depression, suicidal ideation, somatic complaints and substance abuse (Connolly & Gordon, 2015; Van Denderen et al., 2015; Spilsbury et al., 2017). The need to extend services and support beyond the direct victims of violence to include the family members and loved ones is supported by research which suggest that homicide survivors report more PTSD symptoms than other types of trauma victims. For example, research conducted by Zinzow and colleagues (2011) found 15% of the young adult homicide survivors in their study met criteria for full PTSD within the past 6 months, which is **over four times** the national average for past year PTSD and almost **double** the prevalence of full PTSD among other violence victims in their study. Equally concerning, this study found a comparable number of homicide survivors met the criteria for subthreshold PTSD symptoms which is associated with more occupational impairments, social impairment, depression, alcohol use and health care utilization in comparison to no PTSD.[2]
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> In 2008, the US Department of Justice's Office of Victims of Crime funded demonstration programs to provide intensive case management to all family members and friends of homicide victims requesting services. One of these promising programs

[1] Vincent, N., McCormack, J., & Johnson, S. (2015). A comprehensive conceptual program model for supporting families surviving a homicide victim. Child & Adolescent Social Work Journal, 32(1), 57–64.
[2] Zinzow, H.M., Rheingold, A.A., Byczkiewicz, M., Saunders, B.E., & Kilpatrick, D.G (2011). Examining Posttraumatic Stress Symptoms in a National Sample of Homicide Survivors: Prevalence and Comparisons to Other Violence Victims. Journal of Traumatic Stress, 24(6), 743-746.

was the Traumatic Loss Response Team (TLRT).[3] The TLRT consist of a core team of service providers trained in traumatic stress symptomatology, trauma-informed care, and case management for special populations. The TLRT functions as a case manager, making linkages with other agencies to provide a wide range of services needed by family members and loved ones. The TLRT was designed to work with families until all necessary services are provided and linkages to other service providers are established.

Service Definition and Pricing Inputs

Our proposed service description, Case Management for Family Members of Victims and Survivors of Community Violence, is consistent with the TLRT model. The TLRT study revealed that although the TLRT was designed for survivors of homicide, there was a need for services to be offered to non-homicide cases.[4] Therefore, our proposed service description provides services to family members of victims and survivors of community violence whose lives have been disrupted by violent criminal acts. Case Management for Family Members of Victims and Survivors of Community Violence would offer similar services to IPV Case Management, such as linkages to services, but also incorporate some services tailored to community violence, such as near-peer counseling.

Please see recommended service description below. We recommend this population and service also be added to the cross domains services category for those needing intensive post trauma intervention.

[3] Petty, W.H. (2012). Intensive case management for family members of homicide victims. OVC News & Program Updates: Closing Gaps in Victim Services, pp 8-9.

[4] Spilsbury, J.C., Phelps, N.L., Zatta, E., Creeden, R.H. & Regoeczi, W.C. (2017). Lessons learned implementing community-based comprehensive case management for families surviving homicide. Child and Family Social Work, 22, 1161-1174.

| Category | Information |
|---|---|
| Service Name | Case management for family members of victims and survivors of community violence |
| Service description | This service covers case management for household/family members of victims and survivors of community violence, whose lives have been disrupted as a result of violent criminal acts. Case management services may include:<br>• Ongoing safety planning/management<br>• Linkages to childcare, social services, and food assistance<br>• Linkage to psycho-social supports, including trauma-informed therapy<br>• Linkages to legal services such as obtaining orders of protection or getting access to restitution<br>• Evidence-based conflict resolution and restorative practices to address violence and prevent retaliation<br>• Coordination of transportation for the enrollee that is necessary to meet the goals of the IPV Case Management Services<br>• Informal or near-peer counseling and advocacy related to enrollees' needs and concerns. These may include accompanying the recipient to appointments, providing support during periods of anxiety or emotional distress, or encouraging constructive parenting activities and self-care. |
| Frequency | As needed |
| Duration | Service duration would persist until services are no longer needed as determined in an individual's person-centered care plan. |
| Setting | Various settings are appropriate, including at a shelter, home of the enrollee or home of friend or relative, supportive housing, or HSO site. |

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| Eligibility Standards | • Individual must have experienced significant violent injury, or significant economic or psychological hardship, as a result of the harm to their relative or household member.<br>• Individual must be community dwelling (i.e. not incarcerated)<br>• Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered plan.<br>• Enrollees may not simultaneously receive the Housing Navigation, Support and Sustaining Services and the Survivors of Community Violence Case Management Services. Individuals with Co-occurring housing and survivor- related needs should receive the Holistic High Intensity Case Management service.<br>• Enrollee is not currently receiving duplicative support through other federal, state, or locally funded programs |
| **Service Provider Description** | |
| Service Provider Qualifications: | • All staff providing this service are typically trained in safety, victim advocacy, privacy and confidentiality<br>• Staff providing counseling services should be bachelors prepared in a relevant human services field<br>• Case managers should be bachelors prepared in a relevant human services field<br>• In instances where multiple HSO's partner to deliver this service, the Medicaid Care Manager and HSO care managers must designate a "primary" contact responsible for coordinating delivery of services and document the selection in the enrollee's care plan |
| **Service Payment Approach and Pricing Inputs** | |
| Unit of Service | PMPM |
| Payment approach | PMPM Payment |

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| Billing thresholds/ limits | HSOs may not bill for concurrent delivery of Housing Navigation, Support and Sustaining Services and IPV Case Management Services. Enrollees requiring both services should receive Holistic High Intensity Enhanced Care Management |
| Provider Staffing and Salaries | • Case Manager ($20-$36)<br>• Counselor (Bachelor's Degree)/Advocate ($16-$23)<br>• Near-peer Mentor ($14-$20) |
| Staffing Ratio/ Case Load | • 1:30-1:50 Near-Peer Mentor: Enrollees<br>• 1:6 Case Manager: Near-Peer mentor<br>• 1:4 Case Manager/ Advocate |
| Other Pricing Inputs | • Employee-related expenses (taxes and benefits)<br>• Employee-related non-billable time (e.g. training, paid time off)<br>• Employees transportation costs<br>• Supplies and food costs provided by peer mentor during monthly outreach<br>• Other indirect and administrative costs |
| Relevant Benchmarks | N/A |

<u>Violence Intervention Services</u>

As raised in prior comments submitted in June, violence intervention services should use near-peer mentors rather than peer mentors, unless the peer mentors are carefully supervised in a structured environment, so as to avoid exacerbating the situation.

Individualized psycho-social education should incorporate opportunities for trauma-informed therapies, such as Trauma-focused Cognitive Behavior Therapy, Dialectical Behavior Therapy and motivational interviewing. These recommendations were also raised in prior comments submitted in June 2019.

## References


Bastomski, S. & Duane, M. (2019). Homicide Co-Victimization Research Brief. Center for Victim Research, Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. Retrieved from https://ncvc.dspacedirect.org/bitstream/handle/20.500.11990/892/CVR%20Research%20Syntheses_Homicide%20Covictims_Brief.pdf

Gross, B. (2007). Life sentence: co-victims of homicide. Annals of the American Psychotherapy Association, 10, 39-43.

Petty, W.H. (2012). Intensive case management for family members of homicide victims. OVC News & Program Updates: Closing Gaps in Victim Services, pp 8-9.

Spilsbury, J.C., Phelps, N.L., Zatta, E., Creeden, R.H. & Regoeczi, W.C. (2017). Lessons learned implementing community-based comprehensive case management for families surviving homicide. Child and Family Social Work, 22, 1161-1174.

Vincent, N., McCormack, J., & Johnson, S. (2015). A comprehensive conceptual program model for supporting families surviving a homicide victim. Child & Adolescent Social Work Journal, 32(1), 57–64.

Zinzow, H.M., Rheingold, A.A., Byczkiewicz, M., Saunders, B.E., & Kilpatrick, D.G (2011). Examining Posttraumatic Stress Symptoms in a National Sample of Homicide Survivors: Prevalence and Comparisons to Other Violence Victims. Journal of Traumatic Stress, 24(6), 743-746.