Voices from the Frontlines of the Healthy Opportunities Pilot

Survey insights from Care Managers (July 22 – August 2, 2025)

Executive Summary

The Healthy Opportunities Pilot (HOP) was designed to address the social determinants of health (SDOH) that often stand in the way of medical stability: housing, food and nutrition, interpersonal violence & toxic stress, and transportation supports. In July 2025, the program entered a pause, halting critical services for tens of thousands of members across North Carolina.

To understand the impact of this pause, Community Care of the Lower Cape Fear, one of three Network Leads for HOP, surveyed care managers (CMs) across partner organizations from July 22 to August 2, 2025. The goal was to capture both quantitative data and first-hand accounts of how the pause has affected members' lives and the work of CMs. 110 Healthy Opportunities Pilot CMs received the survey and 47 responded (43% response rate).

Because of the Healthy Opportunities program pause:

1. **CMs indicate that increased positive health outcomes are reversing:** Loss of services is contributing to disengagement from CMs and members' health plans, homelessness, worsening chronic health conditions, increased ER visits, and usage of crisis support services.
2. **Member Needs are Increasing**: CMs report more frequent utility disconnections, evictions, increasing homelessness, food insecurity, and emotional distress among members.
3. **CM Workload has Increased:** With fewer tools, CMs are spending more time chasing limited resources, making crisis referrals, supporting members in distress, and navigating an increasing number of members disengaging from care.
4. **Ripple Effects are Widespread:** CMs are recognizing the negative impact on local economy, farmer and small business contribution, employment in the community and strain on non-HOP SDOH resources.

The bottom line: **The pause in Healthy Opportunities Pilot has not paused need in our community. It has magnified it**, at both a human and a system level.

About the Healthy Opportunities Pilot (HOP)

The Healthy Opportunities Pilot (HOP) program is the nation's first comprehensive program to test and evaluate the impact of providing select evidence-based, non-medical interventions related to housing, food, transportation and interpersonal safety and toxic stress to Medicaid Managed Care members. At present, the mini budget (House Bill 125) does not include funding for the Healthy Opportunities Pilots program's ongoing operations or statewide scaling. The comprehensive 2025-2027 Biennial State Budget is still under active negotiations in the North Carolina General Assembly. For more information, please visit www.capefearhop.org or www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/.

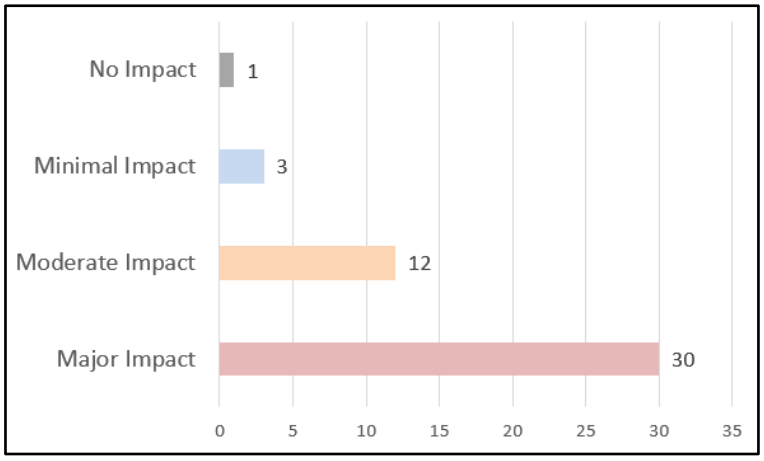
Survey Overview

Survey data was collected from July 22 to August 1, 2025. The survey was distributed via email to 109 recipients. The response rate was 43%: 47 responses from Care Managers across 12 partner Care Management Agencies (CMA), including Clinically Integrated Networks (CINs) and Local Management Entity (LME)/Managed Care Organizations (MCOs) and Advanced Medical Home (AMH+).

The roles captured include 18 Primary Care Managers (38% of all responses), 16 Care Coordinators (34%), 10 Team Leads/Supervisors (21%), and 3 Other (2 CM Extenders, 1 Chief Operating Officer). All responses are anonymized.

The Impact of the HOP Pause on Members

Figure 1: *How has the pause affected your ability to meet your members' needs?* (n=46; 1 NA)

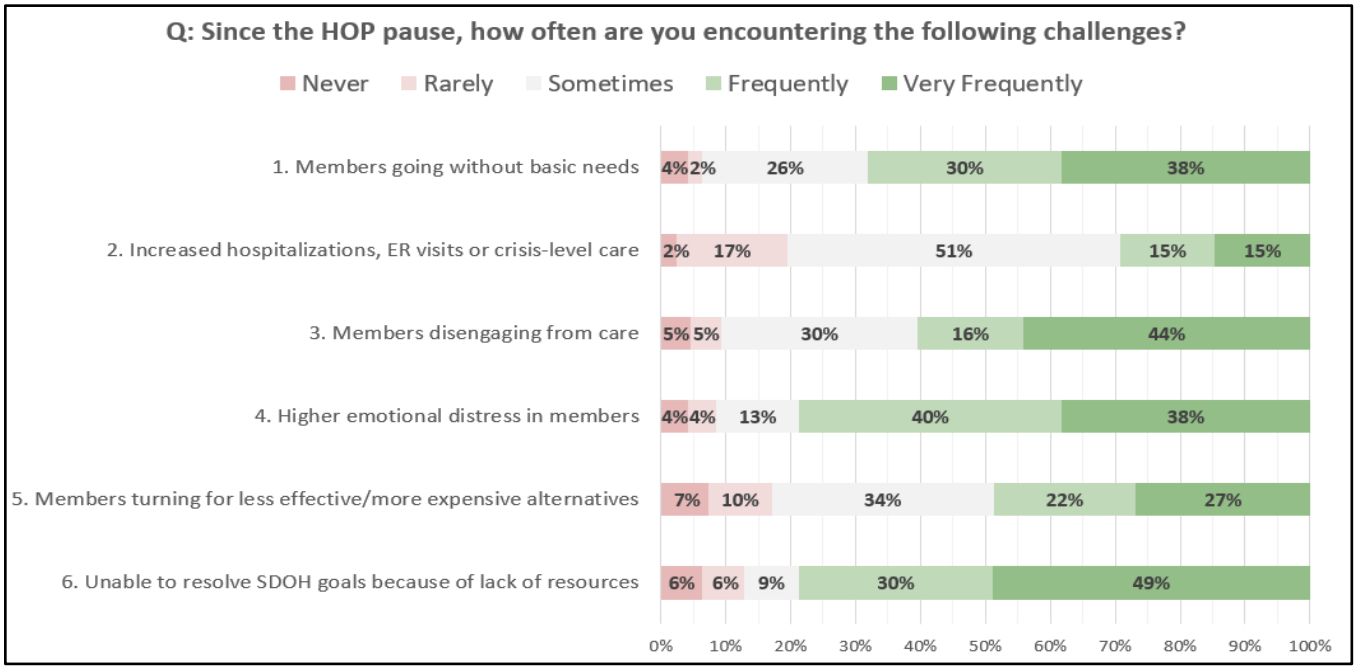


Survey findings indicate troubling reversals in member stability and health outcomes since the program pause.

- Almost two thirds of CMs report major impact on their ability to meet client needs. 49% report members turning to less effective/more expensive alternatives (see Figure 2).
- 30% of CMs report encountering increased hospitalizations, ER visits, or crisis level care frequently or very frequently (see Figure 12. This is a costly and reactive form of care. Research shows that an ER visit averages $750 per patient (Roemer 2024) and hospital admissions can cost over $11,700 per stay (Liang et al. 2020).
- 68% of CMs report members going without basic needs frequently/very frequently. These are conditions proven to worsen chronic illness and mental health outcomes.

Because of the pause, we risk losing the progress made in reducing avoidable hospital visits, stabilizing housing, and improving quality of life.

Figure 2: *Since HOP paused, how often are you encountering the following challenges?*



The Impact of the HOP Pause on Care Managers'

- 79% of CMs report they are unable to resolve SDOH goals because of lack of resources available. Evidence suggests that care managers in systems with limited capacity to address SDOH experience higher burnout, particularly when organizational support and resources are weak. This underscores the stress CMs face when they can't fulfill essential client needs (Telzak et al. 2022).
- 56% report spending more time on member support calls. Investing more time on support calls shifts workload from proactive case planning to reactive crisis handling, intensifying both emotional and time demands. CM testimonials also suggest that the job is not just getting more difficult, but it's also becoming emotionally overwhelming (see Appendix B).
- 64% report that members are disengaging from care frequently/very frequently. Evidence suggests that SDOH factors like unmet food, housing, or transportation needs are strong determinants of quality of care disruptions. Lack of patient-centered communication further deepens disengagement and undermines clinical relationships (Wu et al. 2024; Feinberg 2020).

Services that Matter Most from a CM Perspective

Respondents to our Care Manager survey identified the following top five services as the most essential for members (in order):

- Healthy Food Boxes (Pick-up & Delivered)
- Essential Utility Set-Up
- Fruit & Vegetable Prescription
- First Month's Rent & Security Deposit
- Transportation Services, Housing Navigation, Healthy Meals, and Medically Tailored Meals (tied for 5th most critical)

These services were consistently ranked as irreplaceable supports–often the difference between stability and crisis–addressing immediate needs and enabling members to maintain housing, health, and engagement in care.[1]

[1] "Essential" was determined using a weighted scoring of Care Manager responses on a four-point scale, where *Essential* indicated a service was crucial to member stability and often lacked a viable alternative."

What's at Risk if HOP Does Not Return

HOP has served as a critical infrastructure for addressing SDOH in our communities. Without HOP, communities in NC face the loss of a coordinated mechanism to address non-medical needs that directly influence health outcomes and increased member independence and wellbeing, leaving a gap that existing systems and resources are not positioned to fill.

An analysis of CM testimonials reveals five recurring themes, demonstrating the program's influence on member independence, health, mental well-being, and engagement with care:

- *HOP increased members independence*
  - "HOP empowered members and gave them the encouragement to pursue healthier life choices [… and] allowed individuals and families to shift their focus toward long-term goals and sustaining overall well-being which in turn can lower healthcare costs in the future."
  - "It's a hand up, not a handout. It helps members get assistance where we are finding little to no assistance available now. I am concerned for the health and safety of many members who were benefiting and thriving via HOP support."
  - "The services that HOP offered to our Medicaid members is irreplaceable. Members received not just services but valuable care management that provided education and support to promote self-sufficiency and increased their sense of self-worth."
  - "Instead of a 'hand out' these folks have used this resource as a step up out of the crisis they were facing at this time."
- *There are very few alternatives outside of HOP to address SDOH in our communities*
  - "During the Medicaid transformation process it was stressed over and over that we are supposed to provide 'whole person care'. Without a program like HOP that is impossible. There are simply not enough community resources to meet our members' basic needs. There are NO ALTERNATIVES. More than that, HOP's positive effects went far past the enrollees."
  - "A severely detrimental effect on the counties that HOP serves, as there are already few to no resources… Not only will the beneficiaries of HOP be affected, but the effect on the local economy due to unemployment of CMs, HSO workers, farmers, etc. is going to be noticeable."
- *HOP leads to better health outcomes*
  - "The HOP program helps members reduce the use of medical facilities, behavioral health facilities and become educated on being self-sufficient."

- "The program not only reduces costly hospital visits and long-term care needs, but it restores dignity and stability to those who need it most."
- "[HOP] Helped to improve the overall health of many NC Medicaid recipients."

- *HOP improves mental health and lowers stress*
  - "This program gives worth to our members who often feel like they have nowhere else to turn. Member engagement has been reduced (several due to not having a phone and already homeless so I am not able to locate them)."
  - "Families able to get into homes due to having deposit and first month rent and become independent was impactful. Mothers able to have enough food to feed their families decreased mental health symptoms. IPV services kept families safe and stable."
- *HOP increases trust and engagement between patients and the healthcare system*
  - "If these services do not return, vulnerable populations will be left without the resources they rely on to stay healthy and safe. Trust in our health and social support systems will erode, especially among those already facing systemic barriers."
  - [Due to the pause I expect a] "decrease in members overall wellbeing and members trust in our ability to meet the members needs to fill care gaps."

Conclusion

The Healthy Opportunities Pilot has demonstrably improved member stability, health outcomes, and engagement, while reducing reliance on crisis services. Evidence from Care Manager observations and related research (Cecil G. Sheps Center 2023) indicate that HOP services contribute to improved management of social needs and better SDOH outcomes, better physical and mental health outcomes, and lower healthcare costs. Its absence is leaving critical gaps in social support, strain on healthcare resources, and risks reversing measurable gains in both individual and community well-being.

References

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5. Telzak, Andrew et al. (2022, June). *Health Care Worker Burnout and Perceived Capacity to Address Social Needs*. Population Health Management 25(3): 352-361.
6. Wu QL, et al. (2024, November). *How Can Clinical Communication Alleviate the Social Determinants of Health? A Secondary HINTS 6 Dataset Analysis*. Journal of Patient Experience no. 11.

Appendix

Appendix A: Full Survey Questionnaire Sent to Care Management Partners

Which organization do you work for? [Select from list]
What best describes your role? [Select from list]
Your name:
Your email:
Prior to May 31, 2025, approximately what percent of your caseload received at least one HOP service, on average? [Less than 25%, 25 to 50%, 50 to 75%, More than 75%]

1. Since the HOP program paused, how often are you encountering the following challenges?

	Never	Rarely	Sometimes	Frequently	Very Frequently	Not Applicable
Members going without basic needs	○	○	○	○	○	○
Increased hospital, ER visits, or crisis-level care utilization	○	○	○	○	○	○
Members disengaging from care	○	○	○	○	○	○
Higher emotional distress in members	○	○	○	○	○	○
Members turning to less effective or more expensive alternatives	○	○	○	○	○	○
Unable to resolve SDOH goals because of lack of resources available	○	○	○	○	○	○
Other (please specify below)	○	○	○	○	○	○

(Optional) 1.b. If you selected "Other" above, please specify:

2. Can you share one story or example that shows how this pause has affected a member (please do not include any PII/PHI)?

3. How has the pause affected your ability to meet member needs?
[Major impact; Moderate impact; Minimal impact; No impact]

4. From your perspective, how critical were the following services to your members?

	Limited	Moderate	Important	Essential	NA
Housing Navigation, Support & Sustaining Services	○	○	○	○	○
Essential Utility Set-Up	○	○	○	○	○
Home Repairs (Remediation & Accessibility)	○	○	○	○	○
Housing Move-In Support/Healthy Home Goods	○	○	○	○	○
First Month's Rent & Security Deposit	○	○	○	○	○
Medical Respite/Short Term Post Hospitalization Housing	○	○	○	○	○
IPV & Holistic Case Management	○	○	○	○	○
Violence Intervention Services	○	○	○	○	○
Evidence-Based Parenting Curriculum	○	○	○	○	○
Food & Nutrition Case Management	○	○	○	○	○
Diabetes Prevention Program and Nutrition Classes	○	○	○	○	○
Fruit & Vegetable Prescription	○	○	○	○	○
Healthy Food Boxes	○	○	○	○	○
Healthy Meals & Medically Tailored Meals	○	○	○	○	○
Transportation Services (PMPM, Public, Private)	○	○	○	○	○
Linkages to Health-Related Legal Supports	○	○	○	○	○

Limited: Used infrequently or addressed narrow needs; had minimal impact on overall member outcomes.

Moderate: Helpful for a portion of members; contributed meaningfully but not consistently central to care.

Important: Frequently used and supported core member needs; one of several key supports.

Essential: Crucial to member well-being or stability; often irreplaceable or without a viable alternative.

5. Since the pause, how have your work patterns shifted? (select all that apply)

a. I'm spending more time looking for local resources
b. Making more crisis referrals (ER, shelters, 911, etc.)
c. Spending more time on member support calls
d. Referring more members to plan VAS/additional benefits
e. Other (please specify)

6. What do you believe is at risk if HOP services don't return? (Think about long-term outcomes, health, trust, or systems-level impacts)

7. What would you want funders, policymakers, or the state to understand about the importance of this program?

8. What resources would help you most in meeting member needs without HOP services available? (Select all that apply)

a. A curated resource directory with up-to-date local supports
b. Standardized tools for tracking social needs and outcomes
c. Training on navigating gaps in resources
d. Stronger partnerships with local nonprofits/ county resources
e. Mental health/stress support for care managers
f. Faster access to emergency housing support
g. Something else (please specify)

Appendix B: List of testimonials, arranged by question

Can you share one story or example that shows how this pause has affected a member (please do not include any PII/PHI)?

1. A member, who was homeless, was able to secure permanent housing with the help of HOP services. She receives SSI and works part time to supplement her income. Her benefits were reduced by $400 and now she is struggling to pay her rent and utilities. Her utilities were disconnected yesterday. Typically she would have been eligible to receive Essential Utility Set-up through HOP since she has not utilized the service before. With HOP being paused, and little to no other resources, the member will be without essential utilities until she can secure the funds or the local DSS has funds available to assist.

2. We had multiple members who were approved for housing in June and were unable to proceed with move-in due to HOP pausing. One of those affected is a family who remains homeless due to not having funds for First Month's Rent/Security Deposit (FMRSD); this is not a service any nonprofit we have contacted is able to provide. The others affected by the pause are individuals who remain in campers, cars or other unsuitable and unstable living conditions.

3. I have many elderly members who care for other family members that found the HOP food box a blessing, since EBT was simply not enough. I also have others that are currently homeless, struggling to find a place and [facing] the process alone. Finding housing and food is hard on them and hard to simultaneously take care of their health needs.

4. I have a member that lost his job. Now, he has no income to pay for public transportation to find a new job. He cannot receive any bus tickets from HOP and is not able to pay the fare. Also, he is unable to afford groceries and now cannot receive HOP healthy food boxes.

5. I've had 3 members lose their electricity due to lack of funds. This puts them at risk for losing housing if they do not have electricity in their home.

6. I have members who're now having to go without power for some time until they're able to get funds to have them reconnected. There are members as well going without food because they do not have the funds to get groceries.

7. I have received comments from members who are missing the delivered HOP food boxes and the healthy food options they were used to receiving. Some members are still in need of home repair and utility assistance. The care manager and the members say that they have difficulty in finding reliable resources now.

8. I have several members who received First Month's Rent and Security Deposit and finally got off the streets!

9. I was recently contacted by a member needing assistance with a security deposit. The member will likely remain homeless. No other resources are available to assist this member.

10. I'm working with an older couple who have advanced health issues. They are currently living in a camper van and are struggling to manage their conditions given the camper's limitations. When HOP ended, they lost out on a long-term rental opportunity due to lack of timely rent/deposit assistance. They

have barriers to attending in-person application appointments, which many community programs require. Since HOP ended, one of them has had a lengthy hospital stay. Risk of readmission is high due to inadequate housing impacting recovery care.

11. Member had found housing. They were able to save enough money to move in with first month's rent and turn on utilities, but was unable to move in because there was not enough money for the deposit. Member is continuing to stay in the shelter for the next few months and has to drive even further to work, as opposed to driving the short distance from her possible apartment, [which would've allowed her to save money].

12. Member is no longer able to use voucher for public transportation to attend doctor visits or pick up their healthy food box from local food pantry.

13. Member does not having enough food and is unable to pay their utility bill.

14. Member is unable to get bus passes to attend various meetings, appointments, social engagements, meals, showers, shelters and even medical appointments (as member is homeless and unable to provide an address for pickup). This resulted in member being hospitalized at behavioral health center due to self-harm. Member has zero familial/social supports to depend on for meeting any basic needs.

15. Member has no transportation, and is not able to receive food box services due to lack of transportation.

16. Members are reaching out for First Month's Rent and Security Deposit and not being able to get it, and members have been cut off from food boxes being delivered to their door.

17. Members who were in the process of seeking/obtaining housing have been negatively affected.

18. A mother and her several kids are looking for assistance with their utility bill. The mother was introduced to HOP resources but now, HOP has no funds. The mother is afraid that her family will be in the dark and without power in their home if the utility bill is not paid. No payment extension is remaining.

19. Most members that we notified about the "pause" were okay and not needing resources at the time. We did encounter some members that were very appreciative of the pilot services, especially Fruit and Vegetable Prescription. We did have a few members that were approved for housing repairs, but then did not receive them because of the pause. Overall, most of the members were understanding.

20. One member was able to obtain Healthy Food Box services. The member and the family members in the home were able to lower their blood glucose levels.
I have another member that was able to obtain some home repairs to assist with CPS to make the home more manageable; however, the member is still needing some more repairs.

21. One of our members was independently housed during HOP and received meal delivery. Since HOP paused, we haven't found an organization that can provide delivered meals without cost. This has caused additional challenges for the member who is trying to live independently, as they have no transportation, friends, or family to assist with this food need.

22. The member is a single mom with multiple kids. The food box helped provide meals; no food box means more stress in providing meals.

23. The pause has not negatively affected members in any manner. The members receive public and social assistance to ensure their basic needs are met. The NC HOP program was an additional benefit, not a necessity.

24. The resources now aren't the same (very limited) and members are feeling the effects. and It's hard having to tell members that the funding is just not there.

25. This program ending has caused a member to report high levels of stress due to being unable to pay the rent and utility bill. The member is facing homelessness. They don't have adequate food to feed their children and SNAP benefits have been reduced as well. Stress is causing mental health issues.

What do you believe is at risk if HOP services don't return? (Think about long-term outcomes, health, trust, or systems-level impacts)

1. [If HOP services don't return, there will be] a severely detrimental effect on the counties that it serves, as there are already few to no resources in most HOP counties (hence why the pilot was created). The loss of HOP will not only affect the beneficiaries of HOP, but also the local economy due to unemployment.

2. At risk if HOP services do not return, are poorer health outcomes and economic impact on communities. HOP was a win-win in that it provided local resources to our members to improve health outcomes, which allowed them to participate more fully in the economics of the community. In addition, HOP funding allowed HSOs to expand the community services they provide as well as provide jobs and economic growth for the community.

3. [If HOP services don't return, there will be a] decrease in members' overall well-being and member trust in our ability to meet needs to fill care gaps.

4. [If HOP services don't return, there will be] a decrease in mental health wellness, an increase in homelessness, and an increase in food insecurity.

5. [If HOP services don't return, there will be] a greater increase in SDOH needs and ED visits.

6. [If HOP services don't return, there will be] a health decline, and some may use ER more to have shelter or possibly just to get food.

7. Honestly, HOP should not return in the state it was when it ended. There was a huge issue with HSO capacity and duplicative services. Care managers were held responsible for issues that they had no control over and carrying huge caseloads that were unreasonable due to lack of funding for the care management services. SDOH needs will always occur, and until the actual health outcome improvement can be demonstrated, there will be negative mindsets for continuation of these services. Health plans are for profit so the cost of the pilot services were much higher than was sustainable for the health plans. Also, with the current plans to cut Medicaid federal funding for the state, it will necessitate the state to be mindful of where the money should be spent- Medicaid insurance, SDOH needs, or both since the cost will be on NC taxpayers. Housing is an issue for all not just the Medicaid population due to rising rent costs as well as rising food costs. HOP could be a great resource but it does need more stringent guidance, time restraints, designated population criteria to ensure the most vulnerable are being assisted.

8. [If HOP services don't return, there will be] housing issues: the absence, affordability, and safety, are going to always be a high risk for this population. The level of trust for service linkage will weaken if there is not an active resource.

9. If HOP services don't return, there will be] huge ED costs and increased health risks for many members.

10. I believe members mental and physical stability are at risk. Members relied heavily and depended on the healthy food boxes. Having the assistance of First Month's Rent and Security Deposit put them in a financial position to move ahead and take care of other household tasks as needed. It provided a hand-up for most members who greatly appreciated the assistance.

11. I believe that if HOP services are not reinstated, the long-term effects will include increased food insecurity. Based on my experience, many HOP participants have benefited from cost savings by not having to spend money on food, which allowed them to pay for other essential needs such as utilities and rent. Since the pause in services, there has been a noticeable increase in requests for assistance with utilities and housing costs submitted to the PHPs.

12. I believe that members will revert back to poor eating habits, which may impact their health. Not being able to afford groceries, and also having financial strain impacts their ability to pay bills.

13. I believe that we will see an increase in homeless families and less focus on health needs.

14. I believe we will see a increase of homelessness and mental health issues.

15. I do not foresee any risk if HOP doesn't return. Regarding the members who received food assistance from NC HOP, they were currently receiving EBT and other food assistance. For the members who received housing assistance, the outcome was poor. To expect a homeless individual to sustain housing pass 30 days with no income, employment or employment assistance was not realistic. There have been members who wait the one year mark to re-enroll into the program to obtain housing assistance for 30 days; it is a waste of funding.

16. [If HOP services don't return,] I feel that members will become homeless and desperate in finding resources to assist their needs. I also feel that we will see more hospitalizations and care for these members. In some cases, a feeling of hopelessness has set in.

17. [If HOP services don't return,] I think our Members will suffer worse health outcomes now that it'll be more difficult again to maintain basic needs.

18. If HOP services do not return, I believe we lose more than just a program. We risk losing the real support that helps people stay healthier and more stable day to day such as food, housing, and transportation.
Without HOP, there is a risk that we slide backwards into a system that treats health only inside the walls of a doctor's office, instead of looking at the whole person and the social drivers that matter. I would hate to see all of HOP's progress undone, because we have all seen how much it has meant for our members.

19. If HOP services don't return, we risk seeing worsening chronic conditions such as diabetes, asthma, and hypertension due to lack of access to food, transportation, housing support and safe environments. We risk seeing an increase in emergency room visits and hospitalizations which are costlier and less effective for long-term health. We risk seeing higher mental health and substance use crises without

stable support in place. Members who experienced improved quality of life through HOP may feel abandoned. We risk seeing a loss of momentum in whole-person care, which builds trust between care managers and members. Rural, low-income, and marginalized communities will suffer most without non-medical interventions that address social drivers of health. HOP has been helping close the gap. Without it, disparities in life expectancy, child health, and elder care will likely widen. Without community support, Medicaid and hospitals absorb more cost, especially through avoidable inpatient care and crisis services. Health care providers lose an essential tool for managing patient outcomes holistically. Hundreds of CHWs, care managers, food providers, housing specialists, and transportation partners may lose funding and positions. Community based organizations risk closure or downsizing after years of capacity-building. This is an important program. One of its kind which addresses SDOH. Ending it prematurely halts date collection, policy learning, and future investment that could shape national Medicaid reform.

20. If the HOP program does not return, members will be affected mentally with stress towards paying bills and lack of food in the home.

21. If we can't provide resources for our members and there's nothing else available, what are we all supposed to do? My homeless members have no hope of housing now. There are kids and families with a lot less access to food. Some of my members who had transportation are struggling to make it to work and daily living. I'm lost as a care manager and devastated having to tell so many people there's no resource now.

22. [If HOP services don't return, there will be an] increase in homelessness and food insecurity.

23. [If HOP services don't return, there will be] increased homelessness and members' lack of nutritional needs being met.

24. [If HOP services don't return, there will be] individuals who were dependent on the service not getting the essentials needed.

25. [If HOP services don't return, there will be] instability and lack of food in homes.

26. [If HOP services don't return,] lack of resources for families in need of housing-rental assistance will lead to more homeless situations.

27. [If HOP services don't return, there will be] long term bio/psycho/social outcomes, health disparities.

28. [If HOP services don't return,] many of our members will go without food and housing.

29. [If HOP services don't return, there will be] members unable to access resources (via HOP referrals), seeing a decline in their overall medical, behavioral and mental health as many have already experience increased mental health issues (as related by members). Members not having adequate access to food and transportation could results in members turning to unlawful attempts to obtain food and basic necessities. Members with substance use disorders are more likely/at risk to re-use, even overdose because of their lack of caring about themself or feeling hopeless in their situation. Those living with IPV issues can see themselves as hopeless and return to an abusive situation in an effort to survive.

30. [If HOP services don't return, there will be] member health, stability to become independent when needing a bit of help to move forward.

31. [If HOP services don't return, there will be] members' needs such as food insecurities, housing and transportation will continue to get worse due to cuts in funding.

32. [If HOP services don't return, there will be] more families [experiencing] hunger.

33. [If HOP services don't return, there will be] more homeless members.

34. [If HOP services don't return,] negative health outcomes will increase due to lack of access to nutritious food and safe, sanitary housing. Mental health issues will increase due to the constant stress of trying to meet basic needs on low incomes.

35. [If HOP services don't return, there will be an increase in] New Hanover County low income families, and low income individuals.

36. [If HOP services don't return,] our homeless population for NC will increase drastically. HOP had an important opportunity to provide not only financial assistance to those that were moving into new housing, but also provide education to those that may have past history of being homeless and/or "couch surfing." This education is the key component in prevention.

37. [If HOP services don't return, there will be an increased] risk for member's health to decline.

38. [If HOP services don't return, there will be an increased] risk for member's health conditions to decline.

39. [If HOP services don't return, there will be a] shift towards more complex care management services; overall health decline of member population.

40. [If HOP services don't return,] some people will go without food, transportation to get food and some will remain homeless [as they are] unable to afford the deposit/move-in costs.

41. The pause of HOP services has already had strong impacts on the populations we work with. We are seeing lower engagements rates as members are no longer receiving HOP services. People do not have the capacity to work on improving their health outcomes or conditions if they are more worried about where their next meal is coming from or where they are going to sleep tonight. HOP helped relieve the stress of these social barriers which then allowed people to be able to focus other aspects of health, like managing their weight or A1C.
Without HOP funding, local organizations are not able to provide the same levels of assistance and their pre-existing programs are now stretching capacity trying to meet an influx of needs. There are also some vital services that HOP offered which just aren't otherwise available or are very limited outside of the program, such as First Month's Rent and Security Deposit, food box deliveries, or some home repair services.

42. The risks to our members from the pause in the Healthy Opportunities Program (HOP) are significant and far-reaching. The support offered through HOP has been instrumental in addressing critical Social Determinants of Health (SDOH), and without it, many families are facing increased hardship.
The food resources provided through the program have empowered members to make healthier choices and offered a sense of security, knowing their households would have consistent access to food each week. For families already struggling, this stability is essential.
Additionally, HOP has provided a safety net for those who fall behind on utility bills due to unforeseen financial circumstances. This type of assistance has helped prevent further crises, such as utility shutoffs,

which can create unsafe living environments—especially for families with children or elderly members. The loss of access to these resources can have a direct impact on mental health. The stress of not being able to meet basic needs—food, housing, utilities—can exacerbate anxiety, depression, and other behavioral health conditions. Many of our members are already vulnerable, and the lack of available SDOH supports only deepens the challenges they face.
This program has been a lifeline for many, and its absence places our members at serious risk.

43. [If HOP services don't return, there will be] a decline in trusting in health plans. Calls have increased because members were depending on HOP for a lot of services. Now, no additional services are provided to the members. The members are more upset and confused about what to do to sustain [themselves].

44. [If HOP services don't return,] we'll see an increase homelessness, worsened health outcomes, survivors trapped in unsafe situations, strain on public systems, cycle of poverty and disconnection and erosion of trust. Investing in prevention today saves lives, restores dignity, and strengthens our entire state for years to come.

45. I have been working in HOP since it began. This is a vital resource for the underserved population. In my time working with HOP, I have seen, at the director level, our cost of care decrease, our ER trips decrease, and our overall in-patient hospital stays decrease. We have had an extremely low readmission rate as well. Long term, not only can I see this effecting members chronic health conditions, but the patient's mental health as well. Being a parent of children and knowing you do not have food to put on your table puts parents at risk for increased anxiety, depression, and exacerbation of symptoms related to mental health. Especially affected were those with no warning or prep work before to allow to finalize stability, and for those who were already approved for the services they did not get rendered. In the long term, I can see an increased number of all hospital and crisis center encounters, as well as an increased need for mental health help in an area where the military has a large presence and mental health is already scarce as it is.

46. HOP provided resources and growth for the community agencies. It put money into the community. It built trust and relationships between the PHPs and the HSOs. HOP helped members be more engaged in their health and we talked to a large number of members. It allowed more education for non-HOP resources we offer and an opportunity to address issues before they got bigger. All of that is at risk.

What would you want funders, policymakers, or the state to understand about the importance of this program? *

1. [HOP] address[es] SDOH needs of members receiving Medicaid.

2. During the Medicaid transformation process, it was stressed over and over that we are supposed to provide 'whole person care'. Without a program like HOP, that is impossible. There are simply not enough community resources to meet our members' basic needs. There are NO ALTERNATIVES. More than that, HOP's positive effects went far past the enrollees. HOP provided fulfilling employment opportunities for many and gave NC farms a reliable source of income. Care managers were more efficient and more effective with HOP. Without it, we are burdened with the impossible task of trying to address member's non-medical needs with supports that just aren't there.

3. [HOP] helped [feed] families with food insecurities and worry less about next meals.

4. [HOP] helped improve the overall health of many Medicaid recipients.

5. [HOP] helped to improve the overall health of many NC Medicaid recipients.

6. HOP attempted to fill major shoes in NC, a state that has few supports for the most vulnerable people in our society. While of course there were flaws in the program, without it more people every day are going hungry, homeless, and otherwise living in unsafe conditions. To deny our citizens the federal funding that was given for HOP is absolutely asinine, and will have far reaching repercussions.

7. HOP services are often a last resort for members who are severely lacking basic needs. Without these service some members are suffering greatly without food, shelter, and transportation.

8. I feel as if the program was beneficial because a multitude of the population began receiving better assistance in improving their well-being and provided less stress because some struggled with food insecurities and financial issues.

9. I want [funders and policymakers] to know the impact it has had on families to discontinue funding the program. Members don't know where their next meal is coming from. At least when the healthy food boxes were available, that was one less concern they had. It is important to feed the body and keep it nourished. I would ask that they reconsider the program, if not all of it, the major components such as nutrition and housing.

10. I would like funders, policymakers, or the state to understand that as someone who has witnessed it, the positive impact of these services on individuals and families, I urge decision-makers to prioritize the continuation and expansion of this vital initiative. HOP has proven that when we address the social drivers of health-such as food security, safe and stable housing, reliable transportation, and interpersonal safety, we see real improvements in physical and mental outcomes. The program not only reduces costly hospital visits and long-term care needs, but it restores dignity and stability to those who need it most. If these services do not return, vulnerable populations will be left without the resources they rely on to stay healthy and safe. Trust in our health and social support systems will erode, especially among those already facing systemic barriers. Community Health Workers, nonprofit partners, and other essential organizations will lose funding, jobs, and the infrastructure we've worked so hard to build. The state will lose a groundbreaking opportunity to lead the nation in whole-person Medicaid care. We cannot afford to let this progress be undone. I strongly urge them to restore and strengthen the Healthy Opportunities Pilot Services so we can continue to build a healthier, more Equitable North Carolina for all.

11. I would want the funder's, policymakers to understand that HOP filled the gaps between medical care and daily life challenges that would often keep Members from getting or staying healthy. HOP has shown that when we invest in Member's basic needs, we also strengthen communities and reduce costs down the line. HOP is smart, preventative care.

12. I would want the powers that be to know that the guidelines for resource Medicaid programs is much needed for the people who are below poverty level. It is to assist and support families to get on their feet while educating them as well. I feel that stricter guidelines need to be put in place to help with budgeting the programs, so that people will become [more independent] to empower them as they support their families. ([For example:] 3 times help and then done) Hardship happens, things happen, HOP can be a

temporary fix for some families, and families should be introduced to other options before being referred to HOP.

13. It certainly helped those who were homeless and working but could not save up to move-in housing with the deposit as well. Transportation helped many who didn't have transportation or lived outside the bus transit area to get to stores to buy groceries. First Month's Rent and Security Deposit and Essential Utility Set-Up helped a lot of people maintain and/or obtain housing. Food services helped those on a fixed income that did not get EBT or barely got anything from EBT.

14. It is important for funders, policymakers, and state leadership to understand that the HOP program is essential to the health and well-being of Medicaid patients. Therefore, it should be reinstated with significant changes to HSO accountability, service oversight, or the consistent application of services across the Network.

15. [HOP] provided VITAL resources to low income residents of New Hanover County.

16. [HOP] worked great for those who actually needed it.

17. It's a hand up, not a hand out. It helped members get assistance where we are finding little to no assistance available now. I am concerned for the health and safety of many members who were benefitting and thriving via HOP support.

18. [Funders and policymakers should know] just how impactful this program was.

19. Many people are struggling with everyday needs and HOP lessened the stress of food insecurity.

20. Some of the services, when rendered appropriately, were effective for members.

21. The HOP program has helped so many individuals be able to get the assistance they needed without having to worry about going without.

22. The HOP program helps members reduce the use of medical facilities, behavioral health facilities and become educated on being self-sufficient. This program gives worth to our members who often feel like they have nowhere else to turn. Member engagement was evident.

23. The HOP program is a long-term investment in the health of the people of NC. When members have their SDOH needs met, they are healthier, able to be more productive at work, and have fewer emergency needs. This investment will save money and improve the lives of North Carolinians in the long run, as well as improve our economy through a healthier and more engaged workforce.

24. The HOP program is more than housing; it addresses food insecurities, helps with utility payments, supports survivors of IPV, and provides critical resources to prevent homelessness. Continued funding and support are essential to keeping our communities safe, strong and housed.

25. The HOP program provided essential needs to several of our members. I agree the program needs to be revamped. I feel like every member enrolled in the program should be required to attend a financial class/training; there needs to be term limits on services received; do not offer moving assistance after every move (limit to one or two moves); put limits on members that receive a certain amount of food stamps per family member, etc... However, members loved the HOP program.

26. The [important point] is that if a change is going to come about that affects members, [there should be] more time to generate resources for [them]. Take away Transportation and assist with medication needs - bus passes are great to obtain-but Vehicle Repair needs tighter restrictions. Healthy Home Goods needs better direction on what can and cannot be provided- Move-In Support needs to have limited items that can be provided.

27. The importance of the HOP program lies in how it empowered members and gave them the encouragement to pursue healthier life choices. By helping ensure a stable living environment and meeting basic needs such as food and utilities, the program allowed individuals and families to shift their focus toward long-term goals and sustaining overall well-being which, in turn, can lower healthcare costs in the future.

28. The program is in need of improvement. There should be a verified, income-based requirement (either employment, enrollment in job training, or receiving SSI) in order to obtain housing assistance and to ensure ability to sustain housing after the thirty days. If the member received EBT services, they should not be able to obtain additional food services. Additionally, there should be stipulations/warnings in place for members, should they exhibit disrespect towards [their] care manager.

29. [Funders and policymakers should know] there are a lot of members in need.

30. [Funders and policymakers should know] there are people who are in NEED! Children, families and elderly.

31. [Funders and policymakers should know] there is a population in need of these services and, due to so many changes, a lot of people around the state are struggling health wise, mental health and financially. Trying to keep up has become an obstacle.

32. HOP helped many people step up and achieve stability.

33. This pilot could have been more successful if there had been standardized expectations and limitations of services. If someone received services for a year and still report the SDOH need, what was truly being done to help the member? The push to enroll members led to members being enrolled that should not have been enrolled. PHPs and CINs spoke all the time about the issues and lack of services due to the amount of enrollees but nothing was done to address these issues during the pilot. A pilot period is when changes can be made to address issues and allow pilot to demonstrate need to continue.

34. [Funders and policymakers should know that] this program also benefited members that have full time jobs.

35. [Funders and policymakers should know that] this program empowered members to understand what it means to be successful if the HSO did their work correctly. It showed members' expectations and responsibility as well. Many individuals did not live in homes that taught them about the importance of financial planning and sustainability.

36. This program gave providers a valuable resource to assist those in need. Without this, more qualified participants will lose trust in the providers' ability to assist with connecting them to needed resources. HOP is a needed resource to reduce the strain on participants, physically and mentally.

37. This program goes beyond just the provision of one service for one person. It is the creation and maintenance of jobs in our communities; it is the availability of necessary SDOH resources that people would not have access to otherwise. It means increased safety, greater food security, and lower rates of homelessness, due to assistance with obtaining housing. All of these led to lower healthcare costs, improved health outcomes, and reduced ED usage.

38. This program has helped so many families be able to focus on health needs when they get out of crisis mode regarding SDOH needs. Families able to get into homes due to First Month's Rent and Security Deposit and become independent made an impact. Mothers able to have enough food to feed their families [led to] decreased mental health symptoms. IPV services kept families safe and stable.

39. This program not only lowered Medicaid costs, but it WORKED! I provided basic human needs to people who didn't have access to the supports they needed. This program helps on every level from the member-level to the government-level.

40. This program really addressed the most important SDOH needs that have a negative impact on our health. The services that HOP offered to our Medicaid members is irreplaceable. Members received not just services, but valuable care management that provided education and support to promote self-sufficiency, and increased the members sense of self-worth.

41. THIS PROGRAM SAVES LIVES AND WAS THE ONLY HOPE FOR SOME FOR A BETTER QUALITY OF LIFE!

42. This program served as the missing link for a member securing stable housing and reduced food insecurity tremendously. Housing case management was a success.

43. This program was beneficial in helping alleviate some stress for families. [A member] reported a decrease in blood pressure and mental health stability. [The member] reported the children were happier and enjoyed the food boxes. [They] received much needed home repairs. [They] were also able to obtain stable housing with First Month's Rent and Security Deposit, decreasing homelessness in NC.

44. [Funders and policymakers should know that HOP is] very resourceful for some needs, such as food and utility assistance.

45. This program was more than about a food box, or a "hand out." I watched this program change lives. I have witnessed first-hand people who once had no hope, move into homes, and provide stability and comfort to their families. Instead of a "hand out," these folks have used this resource as a step-up out of the crisis they were facing at the time. I have seen women and children removed from abusive situations, and provided resources that normally would be a barrier for women to leave abuse. I have volunteered with local HSOs to learn the process and provide food boxes to people in our community. A box of food literally brings hope to homes that once had none. This is a much bigger story than healthy food boxes, this is a lifeline to many!

46. The intent of this program is honorable. We provided a stop-gap for many members who were able to get back into a more stable situation with the assistance. It was a PILOT and the lessons need to be analyzed and improvements made. The program needs better parameters and more quality checks. People should not be on programs indefinitely. It was supposed to be a hand up-not a forever hand out. There should be a consistency among the programs. What one HSO does for Housing Case Management, they should all do it. Forms should be the same, be uploaded, and be shared.

47. HOP gave members hope and way to improve their lives. So many of our patients had never had anyone reach out to them and offer them help. HOP was allowing the majority of members to get back on their feet, feed and house their families. Without the worries of food insecurity, homelessness, and things such as transportation, members were getting back on their feet, going to school, and finding employment. They were becoming more productive and independent so they would no longer needs services like HOP, because they could provide for themselves.

About Community Care of the Lower Cape Fear

Community Care of the Lower Cape Fear's (CCLCF) mission is to support patients and providers through our community care teams by implementing innovative methods to deliver comprehensive care management and care navigation within our service area. CCLCF is a local 501c3 nonprofit organization, accredited through NCQA, that for the last 21 years has served a six-county region in southeastern NC. Our care team of registered nurses, social workers, pharmacists, and health care navigators, supports patients and providers using innovative health care solutions to deliver whole health care in the communities we serve. In 2021, NCDHHS selected CCLCF as one of three organizations to be Network Lead for the Healthy Opportunities Pilot. The Healthy Opportunities Pilot is the nation's first comprehensive program to test and evaluate the impact of providing non-medical interventions related to food, housing, transportation, and interpersonal safety to high-needs beneficiaries. The suspension of this pilot program is the recent major change leading to this request for feedback.