Department of Health and Human Services

Strategic Plan

2023 – 2025



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1. Strategic Plan Executive Summary

The North Carolina Department of Health and Human Services 2023-2025 Strategic Plan is grounded in the Department's values, galvanized by our commitment to eliminate disparities as we champion whole-person health, and optimized by the lessons learned responding to the greatest health crisis in more than a generation.

NCDHHS will further advance its mission to improve the health, safety, and wellbeing of all North Carolinians by addressing whole person needs and working toward the following goals:

- 1. Advance **health access** by increasing opportunity and outcomes for people who face greater health and situational challenges within NCDHHS and across the state.
- 2. Promote **child and family well-being** by making it easier for children and families to access the healthcare, programs, and supports they need.
- 3. Support **behavioral health and resilience** by prioritizing investments in coordinated systems of care that make behavioral health services easy to access when and where they are needed and reduce the stigma around accessing these services.
- 4. Build a **strong and inclusive workforce** that supports early learning, health, and wellness across North Carolina. This includes investigating opportunities to further build workforce pipelines, forge career pathways, and promote inclusive employment strategies that will support a workforce that is ready for our next challenge and is reflective of our communities.
- 5. Achieve **operational excellence** in Department operations by enabling efficient, effective, and innovative processes and services.

The plan outlines objectives and strategies to be implemented over the next two years to make progress on these five goals. The work is interconnected. While strategies may only appear once, they often contribute to multiple objectives and goals across the plan.

Finally, the Strategic Plan was created in the context of one of North Carolina's largest healthcare changes. On March 27, 2023, Governor Cooper signed a law to expand Medicaid under the Affordable Care Act, delivering access to health insurance for over 600,000 additional North Carolinians. This is one of the most important tools to advance the goals of our Strategic Plan, and all of the strategies will be oriented toward operationalizing Medicaid Expansion in an efficient, effective, and equitable manner.

Background

The North Carolina Department of Health and Human (NCDHHS) touches the lives of every North Carolinian, and its priorities highlight the vast range of programs it administers and populations it serves.

The plan does not describe all the important and essential work that the Department does. It lays out the priorities over the next two years that will take cross departmental coordination and dedicated attention to be achieved. We are committed to action that achieves outcomes and are dedicating resources to support implementation of the plan. We will work collaboratively across the Department, and with partners and stakeholders across the state, to realize these goals.

The plan was created in the context of Medicaid Expansion and COVID Response and Recovery, and built on the foundational values of reducing gaps in whole-person health .

Medicaid Expansion

Medicaid Expansion is a once-in-a-generation investment that is expected to bring healthcare coverage to an additional 600,000 North Carolinians. NCDHHS is preparing to operationalize Medicaid expansion with the core objective to maximize federal resources in order to minimize health care coverage gaps and increase access to care for North Carolinians. Implementation will address challenges that create differences in access to health care, including in urban and rural communities and in groups of people who are more likely to develop specific conditions.

NCDHHS will work closely with partners across the state to increase awareness of eligibility, reduce barriers to enrollment and support people through the enrollment process. It will use a data-driven approach, enroll eligible people in a timely manner and with a high degree of accuracy, provide timely and high-quality access to physical and behavioral health care, and minimize duplication of work.

COVID Response and Recovery

As COVID-19 began, communities faced challenges with access to health care as well as housing, food, and other needs. Pandemic response began to address those gaps with new resources that allowed us to reach people across North Carolina in ways that we had not before. NCDHHS rolled out many innovative ways to address health needs and address disparities during COVID-19. We knew that the landscape would change eventually, and our commitment is stronger than ever to continue to provide better access across the board. NCDHHS continues to monitor trends in COVID and other respiratory illnesses as part of its routine public health surveillance, and we are ready if the situation changes.

NCDHHS has ended its support for COVID-specific response, including vaccination events, testing sites, and test-to-treat programs. It is transitioning its focus to building the long-term infrastructure to respond to the many long-term issues surfaced by COVID. This includes investing in our healthcare and public health workforce, increasing state and local readiness

for future public health emergencies, and addressing the long-standing differences in health access and outcomes that COVID exacerbated.

Whole Person Health

All North Carolinians should have the opportunity for health. That opportunity begins where people live, learn, work and play; it begins with our families, neighborhoods and communities. By investing in the health and well-being of all North Carolinians, we are investing in the health and vitality of our state. By using our dollars more strategically, we will not just buy health care, we will buy better health.

Underpinning the strategies in this plan is the foundational goal to build an innovative, coordinated, and whole person — physical, behavioral and social health-centered – system that addresses both medical and non-medical drivers of health.

Strategic interventions and investments in primary drivers of health, such as food, housing, transportation and interpersonal safety, in partnership with local community groups and healthcare providers, will help us meet our mission of improving health, safety and wellbeing for all North Carolinians. It will also provide short and long-term cost savings and make our healthcare system more efficient.

NCDHHS is committed to creating a statewide framework and infrastructure that can support the innovation in our private sector and promote opportunities for health for all North Carolinians.

Improving health access

Improving health access and reducing health disparities is both a goal with specific strategies in this plan, as well as the lens through which the plan will be implemented. NCDHHS will work to promote and advocate for access to the health and human services that all North Carolinians, regardless of their geographic location or other situation in life, need to be healthy and thrive. A critical component of this work is supporting individuals with disabilities and older adults in leading safe, healthy and fulfilling lives.

NCDHHS is also committed to leading by example as an employer that sustains a community and a work environment that is welcoming, respectful and encouraging. Our goal is to intentionally promote a workplace that reflects the communities we serve and where our many different backgrounds and experiences are valued and recognized as strengths.

2. Mission, Vision, and Values

Agency Mission Statement

In collaboration with our partners, the North Carolina Department of Health and Human Services provides essential services to improve the health, safety, and well-being of all North Carolinians

Agency Vision Statement

Advancing innovative solutions that foster independence, improve health, and promote wellbeing for all North Carolinians

Agency Values

- **Belonging**. Intentionally promote an inclusive, equitable workplace that reflects the communities we serve, where everyone feels a sense of belonging, and our diverse backgrounds and experiences are valued and recognized as strengths.
- **Joy**. Have joy and balance at work so we all bring our A-game when serving the people of North Carolina.
- **People-Focused.** Focus on the people we serve, deliver value and make a positive impact on their lives and communities.
- **Proactive Communication**. Maintain an open and trusting environment for collaboration and continuous improvement with our team, stakeholders and the people we serve.
- **Stewardship.** Be good stewards of resources and time to create a positive impact for those we serve.
- **Teamwork.** We are all one department, one team, working toward one goal: to improve the health, safety and well-being of all North Carolinians.
- **Transparency**. Share expertise, information and honest feedback within the Department and with stakeholders and the community. Ask for help when needed.

3. Goals, Objectives, and Performance Measures

Note – The table below is a suggested format for organizing your agency's goals, objectives, and performance measures. If your agency has a preferred format, you are welcome to use it as long as the same basic elements are captured. While this table provides a format matching one objective to one performance measure, there may be cases where multiple objectives are linked to one measure and vice versa. Agencies should feel free to manipulate this table to best fit the needs of their plans.

Goal 1 – Advance health access by increasing opportunity and outcomes for people who face greater health and situational challenges within NCDHHS and across the state.

Objective	Strategy	Performance Measure
	we serve, and the ability to apply both frameworks through staff training and ongoing professional development	Metric: Percent of NCDHHS staff that completes training
	their work will improve health outcomes and reduce health disparities in	Milestone: At least 50% of divisions and offices have a plan by end of FY 24-25
1. Create a culture of and structure for increasing health access across the Department.	1.3 Leverage data to audit pay disparities and inform efforts to improve pay disparities to recruit and retain a qualified NCDHHS staff	Milestone: Complete assessment of data to examine gaps in pay Milestone: Create a coordinated action plan to identify and address gaps in pay
	1.4 Create a stronger and more inclusive workforce reflective of the communities we serve through improving the attraction, recruitment and retention of staff, including leveraging data to target efforts throughout the recruitment to bire process.	Milestone: Create an automated data source to monitor demographics along the recruitment to hire process. Metrics: Demographics of people in each step of recruitment to hire process
	identify and monitor health disparities including racial and ethnic gaps in key health outcomes to drive action and provide transparency into	Metric: At least 50% of divisions have developed equity plans that include key equity performance measures
2. Use data to hold	services and make the process to apply for and use NCDHHS-	Milestone: Complete use case to integrate data between two or more programs to help increase program access/enrollment
ourselves and our partners accountable.	2.3 Together with our partners, strengthen our systems' ability to track health outcomes for populations who show susceptibility or greater impact from disease or negative health outcomes to more rapidly identify emerging issues and better target interventions to address ongoing health disparities.	Milestone: Regularly updated reports and dashboards to track completeness on key health outcomes
	2.4 Use data-driven decision making to create a framework that identifies and resolves issues that impede access to health care and other services.	Milestone : Distribute data toolkit(s) to all divisions and offices Milestone : Create training and ancillary supports on using

		Health Access & Disparities Data Toolkit
	2.5 Develop and track metrics that show each of the department's strategic priority areas contributing to reducing gaps in health outcomes.	Milestone: Develop metrics for each of the department's strategic priorities
		Metric: Demographic data for providers that NCDHHS contracts with
	3.2 Improve service providers' ability to mitigate language barriers and deliver information in an accessible way, including providing training on plain language, language access and translator services.	Metric: Number of healthcare providers that receive NCDHHS provided training on language access or cultural competence
	areas without broadband, across NC by increasing telehealth access and use among providers and people.	Metric: Number of health care sites using telehealth Metric: Number of portable wireless devices (hotspots) deployed to farmworkers and their families Metric: Number of digital equity 'train the trainer' workshops with providers and staff to teach people how to use telehealth equipment
	3.4 Communicate and promote culturally competent and accessible health information and support our partners in providing those communications.	Metric: Number of providers who receive NCDHHS provided training in accessibility or cultural competency.
		Metric: Number of primary care visits at organizations receiving funding from NCDHHS' Office of Rural Health Metric: Number of medical
		Access Plan visits at NCDHHS Office of Rural Health funded organizations
	health disparities.	Metric: Number of people served through Healthier Together
	ITUISTAD CONNECTIONS NATWAAN NAAITN AND NUMAN SATVICAS SVSTAMS AND	Metric: Number of CHWs trained and certified
capacity of our partners to overcome persistent	to reduce gaps in nealth access and outcomes across the state,	Metric: Number of engagements- including meetings, trainings, and supports offered- with community partners
	4.4 Improve health service access for people involved with the justice	Milestone: Pilot to establish re- entry services for people with IDD established
	4.5 Operationalize Medicaid expansion by, decreasing gaps in enrollment that emerge in urban and rural areas or between racial,	Metric: Number and demographics of new Medicaid enrollees after Medicaid expansion is implemented

Goal 2. Promote **child and family well-being** by making it easier for children and families to access the healthcare, programs, and supports they need.

Objective	Strategy	Performance Measure
	1.1 Deliver youth mental health first aid to teachers and school staff throughout the state	Metric: Number of school staff and teachers trained in Youth Mental Health First Aid through DHHS- affiliated trainers
		Milestone : 2500 staff and 1000 teens trained by September 2024
	1.2 Build and maintain a statewide school electronic health record (EHR) system available to all North Carolina public schools	Metric: Number of school districts entering data into the EHR
1. Strengthen capacity to meet the behavioral and mental health		Milestone: Customized EHR module available to all North Carolina Public Schools by December 2023
needs of North Carolina children	1.3 Increase awareness and use of key child behavioral health metrics through a rollout of child behavioral health dashboard to key stakeholder groups	Metric: Number of monthly visitors to the dashboard
and families		Milestone: Dashboard publicly available on DHHS website by June 2023
	1.4 Expand the NC Psychiatric Access Line (NC-PAL) training for primary care physicians to reduce waiting times, placement disruptions, and need for crisis interventions.	Milestone: 3 active hubs across the state operating by June 2025
		Metric: # of primary care physicians trained in REACH
	1.5 Increase access to specialty behavioral health services for the growing number of children with complex behavioral health needs	Metric: # of Medicaid Covered Children in Inappropriate Crisis Situations
2. Reform North Carolina's child welfare and social services systems to	2.1 Launch the NC Medicaid Child and Family Specialty Plan to support the health care needs of children and youth who are currently or were formerly involved in the child welfare system	Milestone : Child and Family Specialty Plan launched by December 2024
improve child outcomes in safety, permanency and well-being and	2.2 Update the child welfare information system to improve functionality and increase utilization	Milestone : All three phases of system updates live by March 2025

increase transparency and accountability.	2.3 Implement a Regional Support model for county and private child welfare agencies to deploy continuous quality improvement and technical assistance more effectively and efficiently across the state.	Milestone : Hire and onboard 3 State Regional Positions: Safety, Permanency and CQI for each of the seven regions by September 29, 2023
	3.1 Increase the availability and array of timely nutrition support services through the NCCARE360 referral platform	Milestone: Recruit additional community based organizations that address food insecurity Metric: Sixty percent of accepted NCCARE360 referrals are accepted in four days or less
		Metric: Percent of clients in NCCARE360 with resolved referrals for food assistance
3. Increase food	3.2 Increase enrollment of eligible families in WIC and FNS through data linkages and tailored outreach	Milestone: Based on evaluation of the 2023 cross-enrollment pilot, development of plan to increase outreach to individuals in 10 additional counties by June 2024
security for children and families		Metric : Percent of FNS and/or Medicaid enrollees who are also eligible for and enrolled in WIC
	3.3 Launch a statewide breastfeeding hotline to increase access to breastfeeding supports for parents	Milestone: Statewide hotline launched by Dec 2024
		Metric: Number of individuals assisted by the hotline per month
	3.4 Provide appropriate level of breastfeeding training using the WIC Breastfeeding Curriculum for local and state WIC agency workforce	Milestone: 1,300 local and state WIC agency staff have attended Level 1 training by September 30, 2023.
		Metric: Percent of infants exclusively breastfeeding at six months of age

	3.5 Operate and monitor implementation of the Healthy Opportunities Pilots to test the integration of non-medical drivers of health into the healthcare delivery system and identify most effective use of Medicaid dollars to pay for high value, food and nutrition services and other non-medical health related services.	Milestone: All contracts meeting first year contract goals.
4. Improve women's health and birth outcomes by increasing access to reproductive life planning and high quality maternal care	4.1 Develop doula services coverage and reimbursement options and strategies for North Carolina Medicaid	Metric: Infant mortality racial disparity ratio Milestone: Identify a funding stream to support doula coverage for Medicaid members by 2025
	4.2 Improve access to and utilization of first trimester prenatal care and comprehensive prenatal care	Metric: Percent of preterm births Milestone: 75% of infants born to mothers covered by Medicaid receiving prenatal care in their first trimester
	4.3 Increase access to appropriate level of care for newborns and pregnant/postpartum women	Metric: Percent of very low birthweight and high risk babies born at Level 1 and Level 2 hospitals Milestone: 80% of NC birthing facilities assessed using CDC levels of Care assessment tool by July 2024
	4.4 Increase access to reproductive life planning	Metric: Percent of women who say their pregnancy was intended Milestone: 90% of local health departments (LHDs) will have staff complete training on the reproductive justice framework, contraceptive methods, and reproductive life planning
	4.5 Increase same-day access to all methods of contraception.	Metric: Percent of women enrolled in Medicaid using most/moderately effective contraceptive methods

	Milestone: 10% increase in same-day contraception claims in Medicaid by July 2024
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Goal 3: Support **behavioral health and resilience** by prioritizing investments in coordinated systems of care that make mental health services easy to access when and where they are needed and reduce the stigma around accessing these services.

Objective	Strategy	Performance Measure
1.Promote Behavioral and Physical Health Care Integration	1.1 Increase use of the evidence based Collaborative Care Model in NC primary care providers to provide greater access to integrated, whole person health.	Metric : Number of primary care providers billing Medicaid for Collaborative Care
		Milestone: Long-term plan for certified community behavioral health clinics in NC developed by September 2025
'	1.2 Operationalize Tailored Care Management systemwide to meet the whole person health needs of beneficiaries with complex behavioral health and IDD needs.	Metric: Establish baseline penetrance of Tailored Care Management in NC
2. Expand access to behavioral health supports for people involved in the justice	2.1 Pilot a program to offer capacity restoration services in community-based settings and in detention centers, with the goal of providing greater access to capacity restoration services for individuals deemed incapable to proceed, which allows their legal	Metric: Number of individuals served in detention and/or community based capacity restoration
system	charges to be resolved more quickly and reduces demand on state psychiatric hospital beds.	Milestone: Establish and operationalize at least one detention center based and one community based capacity restoration pilot by July 2023
	2.2 Increase the number of programs that divert people away from incarceration and into appropriate behavioral and mental health treatment	Metric: Total number of pre- arrest diversion programs operating in North Carolina
	2.3 Increase the number of programs that coordinate care for people re-entering the community after incarceration to ensure successful reintegration.	Metric: Total number of community re-entry programs operating in North Carolina
3. Increase access to Crisis Services	3.1 Implement and promote the national 988 number in North Carolina to expand rapid access to crisis services	Metric: Maintain an answer rate for 988 greater than or equal to 90%
	3.2 Operationalize the statewide Suicide Action Plan to coordinate state action to reduce North Carolina's suicide rate	Milestone: Internal coordinating structure to

		operationalize Suicide Action
		Plan is established
	3.3 Create a statewide behavioral health referral network for providers that will identify, unify, and track mental health and substance use disorder inpatient and outpatient treatment resources, including bed availability, in a single, common network	Metric: Number of hospitals participating in Behavioral Health Scan.
4. Turn the tide on North Carolina's opioid and substance use crisis.	4.1 Increase strategic use of treatment dollars to maximize the number of people who are able to access evidence-based, high quality substance use disorder treatment	Milestone: Implement regulatory changes to support the provision of mobile medication assisted treatment programs.
	4.2 Invest in long-term support for harm reduction programs, and expand their ability to increase drug checking to prevent overdoses from contamination.	Metric: Number of people served by Syringe Services Programs
		Metric: Number of drug checking supplies distributed to Syringe Services Programs
	4.3 Expand Collegiate Recovery programs that provide addiction recovery supports for people who are completing college degrees	Metric: Number of collegiate recovery programs in operation in North Carolina
	4.4 Increase the consistency and quality of Medicaid and state funded addiction treatment services by aligning them to American Society of Addiction Medicine Criteria	Milestone: Align all Medicaid/State SUD services to ASAM criteria by October 2024
5. Improve Behavioral Health Data Infrastructure and Utilization	5.1 Create a data infrastructure that collects comprehensive data on behavioral health holds in NC hospitals, including emergency departments.	Milestone : All NC hospitals report total number of behavioral health holds in the DHHS COVID resource tracker by December 2023
	5.2 Implement Behavioral Health Syndromic Surveillance using NC DETECT by December 2024	Metric: Number of Behavioral Health Syndromes (case definitions) operationalized for surveillance
	5.3 Implement Electronic Health Records in state psychiatric hospitals to standardize health information, provide real-time records, and better manage patients' health information leading to better manage care, healthcare care, healthcare outcomes, and strengthen recruitment of healthcare practitioners.	Milestone: Implementation of an electronic medical record system in at least one state psychiatric hospital by December 2024
	Strategies	Performance Measures
	1.1 Establish a governance structure for long-term planning to meet North Carolina's health caregiving workforce needs in an inclusive	Milestone: Caregiving Workforce Strategic

and equitable way, to support strong health workforces across the state	Leadership Council established
1.2 Create coordinated recommendations and an action plan to address North Carolina's most pressing health caregiving workforce needs	Milestone: Health caregiving workforce recommendations released
1.3 Grow the Direct Care workforce that serves older adults and individuals with disabilities (including Home Health Aides, Personal Care Assistants, Certified Nursing Assistants, and Direct Support Professionals, among others) by improving recruitment, education, & retention for direct care positions	Metric: Annual growth rate in Direct Care workforce
1.4 Improve compensation for Direct Care workers in collaboration with partners to bolster recruitment and retention	Metric: Average pay of Direct Care workers
2.1 Support pathways that increase enrollment in Early Childhood teacher education and credentialing	Metric: Increase in Institute of Higher Education enrollment in degrees and certificates
2.2 Develop dedicated funding stream for increasing Early Childhood educator compensation in collaboration with partners, to support recruitment and retention	Metric: Average wages in licensed child-care settings
3.1 Develop and adopt a formal, comprehensive recruitment strategy for the Department to provide critical health and human services to North Carolina	Metric: Change over time in vacancy rate at NCDHHS
3.2 Provide an array of training opportunities to support NCDHHS staff's professional growth and development, expand their perspectives, and improve retention	Metric: Number of participants that receive professional development trainings provided by HR
3.3 Create an NCDHHS workforce increasingly reflective of the community we serve through data-driven strategies to recruit and retain employees, for NCDHHS to best support its diverse teams and the varied communities it serves	Milestone: Analysis of disaggregated DEI and HR data has been completed
4.1 Bolster public health recruitment and retention through workforce planning & management	Milestone: Hire a NCDHHS Workforce Development Director at the NC Division of Public Health
	Metric: Change over time in Division of Public Health vacancy rate
4.2 Improve Diversity, Equity, & Inclusion in NC's Public Health Workforce	Milestone: Establish shared Local and State Public Health Workforce Goal to enhance recruitment and diversity
4.3 Recruit & expand talent pools for Child Welfare at State and County level to support children and families	Milestones: Stipend program launched with pilot universities for the Child

	Welfare Education Collaborative
	Metric: Change over time in County DSS vacancy rate

Goal 4: Build **a strong and inclusive workforce** that supports early learning, health, and wellness across North Carolina. This includes investigating opportunities to further build workforce pipelines, forge career pathways, and promote inclusive employment strategies that will support a workforce that is ready for our next challenge and is reflective of our communities.

Objectives	Strategies	Performance Measures
1. Invest in a robust	1.1 Establish a governance structure for long-term planning to meet North Carolina's health caregiving workforce needs in an inclusive and equitable way, to support strong health workforces across the state	Milestone: Caregiving Workforce Strategic Leadership Council established
caregiving workforce, and build a coordinated infrastructure to	1.2 Create coordinated recommendations and an action plan to address North Carolina's most pressing health caregiving workforce needs	Milestone: Health caregiving workforce recommendations released
address long-term caregiving workforce needs in an inclusive and equitable way	1.3 Grow the Direct Care workforce that serves older adults and individuals with disabilities (including Home Health Aides, Personal Care Assistants, Certified Nursing Assistants, and Direct Support Professionals, among others) by improving recruitment, education, & retention for direct care positions	Metric: Annual growth rate in Direct Care workforce
	1.4 Improve compensation for Direct Care workers in collaboration with partners to bolster recruitment and retention	Metric: Average pay of Direct Care workers
2. Invest in the Early Childhood workforce to expand access to	2.1 Support pathways that increase enrollment in Early Childhood teacher education and credentialing	Metric : Increase in Institute of Higher Education enrollment in degrees and certificates
high quality early care and education programs	2.2 Develop dedicated funding stream for increasing Early Childhood educator compensation in collaboration with partners, to support recruitment and retention	Metric: Average wages in licensed child-care settings

3. Lead by example as an equitable workplace that lives its values	3.1 Develop and adopt a formal, comprehensive recruitment strategy for the Department to provide critical health and human services to North Carolina	Metric: Change over time in vacancy rate at NCDHHS
	3.2 Provide an array of training opportunities to support NCDHHS staff's professional growth and development, expand their perspectives, and improve retention	Metric : Number of participants that receive professional development trainings provided by HR
	3.3 Create an NCDHHS workforce increasingly reflective of the community we serve through data-driven strategies to recruit and retain employees, for NCDHHS to best support its diverse teams and the varied communities it serves	Milestone : Analysis of disaggregated DEI and HR data has been completed
4. Support our public health and child welfare workforce at both the state and local levels	4.1 Bolster public health recruitment and retention through workforce planning & management	Milestone: Hire a NCDHHS Workforce Development Director at the NC Division of Public Health
		Metric: Change over time in Division of Public Health vacancy rate
	4.2 Improve Diversity, Equity, & Inclusion in NC's Public Health Workforce	Milestone: Establish shared Local and State Public Health Workforce Goal to enhance recruitment and diversity
	4.3 Recruit & expand talent pools for Child Welfare at State and County level to support children and families	Milestones : Stipend program launched with pilot universities for the Child Welfare Education Collaborative
		Metric : Change over time in County DSS vacancy rate

Goal 5: Achieve **Operational Excellence** by enabling efficient, effective, and innovative processes and services.

Objectives	Strategies	Performance measures
1. Foster data-driven decision-making across the Department to	1.1 Create a professional development series to equip staff with the knowledge and resources to leverage data to inform decision-making.	Milestone : Professional development series created and launched

continue to grow the efficiency, effectiveness, and impact of services delivered to North Carolinians.		Metric : Number of participants in data-driven decision-making courses
	1.2 Develop dashboards to provide data and insight into major cross- departmental operations, including human resources and procurement, and provide training and support to make sure they are widely used	Metrics : Number of visits to developed dashboards
	1.3 Invest in the technology needed to support more seamless data collection, ingestion, integration, storage, and accessibility for NCDHHS employees and our partners.	Metric : Number of programs leveraging enterprise-level data infrastructure for data analysis and reporting
		Metric : Number of programs integrating data for cross-program data insights
	1.4 Implement a biennial Employee Engagement Survey to evaluate the satisfaction of employees across the Department and identify areas for improvement.	Metric : Overall employee satisfaction score from the Employee Engagement Survey
		Metric : Percent employee participation in Employee Engagement Survey
2. Be effective stewards of State resources and foster a culture that enables continuous review and improvement of Department processes and services.	2.1 Enhance financial dashboards and review processes to more effectively track the use of key funding pools, including division-level budgets, new and existing Federal funding, and Block Grants.	Metric : Number of visits to financial dashboards
	2.2 Develop and implement innovative contracting strategies that reduce contract cycle time and increase opportunities for HUB and Minority, Women, Veteran, and Emerging Small Businesses.	Metric: Percent of contracts and procurements utilizing HUB and Minority, Women, Veteran and Emerging Small Business vendors
		Metric : Cycle time from receipt of a complete request to vendor notice to proceed
	2.3 Foster a culture of continuous quality improvement by establishing professional development opportunities for staff to enable continuous review and improvement of Department processes and services.	Metric : Number of NCDHHS staff trained in continuous quality improvement

	in the new employee hiring process to reduce paperwork, standardize processes and forms, and improve tracking and visibility of hiring status. 2.5 Modernize the Department's websites to allow the public to easily get information in a timely and accessible manner to make important decisions about their health and well-being. M N N Signal N N N Signal N Signal N N N Signal N N N Signal N N N Signal N N N Signal N Signal N N N Signal N N N N N N N N N N N N N N N N N N N N N N N N N N N N N	Metric: Average number of days to fill vacant positions (broken down by steps of the hiring process)
		Metric : Participant satisfaction with new employee orientation
		Metric: Number of usability tests per year, and corresponding increase in desired visitor actions
		Metric: Number of public health section web pages moved to the Drupal platform
		Metric : Accessibility rating for NCDHHS website
		Metric: Number of pages available for visitors who face communications challenges, including deaf and hard of hearing and Spanish speakers
	2.6 Identify and implement energy conservation strategies to reduce energy consumption per square foot of NCDHHS state-owned buildings by at least 40% from fiscal year 2002-2003 levels.	Metric : Percent reduction in energy consumption in NCDHHS buildings
	2.7 Increase efficiencies in the invoice process to ensure timely payment to providers and vendors.	Metric: Average payment time to providers and vendors once invoices are received.
3. Achieve our strategic goals through a work environment that fosters cross- departmental collaboration and lives its values	3.1 Collaborate with the NC Department of Administration in the delivery of Phases I, II, and III of the New NCDHHS Campus project.	Metric : Percent progress towards completion of phase meeting NCDHHS space needs and established project schedules.
	3.2 Unify staff in accomplishing strategic goals by cascading strategic plan goals, objectives, and strategies into divisional strategic plans and performance plans of individuals.	Metric : Awareness of Department goals and priorities (Employee Engagement Survey)

	Metric : Number of strategic plan strategies completed
3.3 Increase consistency and efficiency in our budget, procurement, HR, and IT processes by creating clear, accessible documentation of these cross-departmental processes and ensuring staff are familiar with them.	Metric : Number of staff trained in cross- department processes

4. Highlights, Collaborative Opportunities, and Priority Questions

Agency Highlights

Healthy Opportunities

To ensure the most efficient managed care program to build on work already being done by pediatrics, family physicians, community based organizations, and others, NCDHHS has identified five priority domains for making smart investments in Opportunities for Health: housing, food, transportation, employment, and interpersonal safety

All North Carolinians should have the opportunity for health, and we can't improve the health and wellbeing of North Carolinians without tracking some of the foundational drivers of Health. NCDHHS is committed to providing the opportunity for health for North Carolinians and addressing the conditions in which people live that directly impact health or "the social determinants of health (SDOH)" through a combination of strategies.

This work includes developing a set of standardized SDOH screening questions to identify and assist patients with unmet health-resources needs and helping build a statewide resource platform to connect those with an identified need with community resources. NCDHHS will also implement within the Medicaid managed care program an innovative Health Opportunities pilot program to improve health and reduce healthcare costs

Behavioral Health and Resilience Roadmap

In March 2023, North Carolina released a comprehensive plan to invest \$1 billion in addressing North Carolina's mental health and substance use crisis, including anxiety and depression rates that have almost quadrupled, overdose deaths that have jumped 72 percent and youth suicide rates that have doubled.

The plan outlines three areas for investment in the continuum of behavioral health care: making behavioral health services more available when and where people need them; building strong systems to support people in crisis and people with complex behavioral needs; and enabling better health access and outcomes with data and technology. Woven throughout the plan are elements to support the behavioral health workforce, which is critical to the plan's success.

The key investments detailed in the report are:

Make behavioral health services more available when and where people need them.

 Raise Medicaid reimbursement rates for behavioral health services (\$225 million) – Reimbursement rates have not been updates since 2013 and do not reflect the current cost of providing care. This means medical practitioners don't have enough to cover costs and may have to close.

- Improve access to routine, integrated care in communities and schools (\$175 million) Invest in behavioral health alongside physical health services provided through primary care, schools and clinics. Educate the public to reduce stigma of mental health treatment.
- Address the intersection of the behavioral health and justice systems (\$150 million) Help those leaving jails transition back to the community, increase jail-based programs that restore mental capacity for trial, and provide resources to judges who determine when other services may help.

Build strong systems to support people in crisis and people with complex needs

- Build a strong statewide behavioral health crisis system (\$200 million) Housing supports, mobile crisis teams, and better services in drop-in clinics are among the recommendations in this section.
- Transform child welfare and family well-being (\$100 million) Safe and stable homes are needed when children with complex behavioral needs enter child welfare services. Community supports and foster homes are critical.
- Create sustainable hospitalization and step-down options (\$100 million) Demands for in-patient treatment are higher, while staffing has reduced the number of available beds. In addition to supporting the workforce, step down facilities will open more beds, delivering urgently needed care more quickly.

Enable better health access and outcomes with data and technology (\$50 million) – Telehealth in rural communities, better tracking for psychiatric beds, and increasing use of electronic health records will help give North Carolinians seamless access to behavioral health treatment.

Opioid and Substance Use Action Plan

The opioid epidemic is having ongoing and devastating impacts on communities across North Carolina and the country. North Carolina's Opioid Action Plan was developed with community partners to combat the opioid crisis. The Action Plan aims to change the trajectory of drug deaths and reduce drug overdose deaths by 20% over the next five years.

The Action Plan is a living document. It was updated in 2019 and 2021, and will continue to be updated as we make progress on the epidemic and are faced with new issues and solutions. Strategies in the updated plan include:

- Reducing inappropriate prescribing and expanding pain management
- Preventing future addiction by supporting children and families
- Advancing harm reduction
- Addressing social determinants of health
- Addressing the needs of justice involved populations
- Expanding access to SUD treatment and related supports
- Centering equity and lived experiences across the plan's work

COVID19 Response

Since the start of 2020, NCDHHS has responded to the largest global pandemic in more than a century. The COVID19 pandemic disproportionately impacted historically marginalized populations, including Black/African American, Hispanic/Latinx, and American Indian/Native American populations. NCDHHS took early and aggressive action to slow the spread of the virus and address equity. NCDHHS created a structure that embedded equity into every aspect of NC's pandemic response, and invested in data

transparency to hold ourselves accountable. NCDHHS's efforts in COVID response were nationally recognized, including its COVID Data Dashboard and

NCDHHS doubled down on prevention measures, including distributing more than 65 million pieces of PPE, establishing a historically marginalized populations workgroup to co-create solutions to prevent COVID19 among communities hardest hit by the pandemic, and launched a nationally recognized 3w's prevention campaign that leveraged diverse trusted messengers. IT also worked with stakeholders to develop over 120 guidance resources to help businesses and individuals conduct their activities safely.

NCDHHS built a statewide testing and tracing infrastructure, including supporting the administration of over 7 million COVID19 tests and stood up 750 testing sites. It also implemented a data driven initiative to identify the most underserved communities and deployed more than 15,000 no-cost tests. A statewide contact tracing system helped notify contacts of cases, and launched the SlowCOVIDNC exposure notification app.

NCDHHS invested in critical supports to ensure that people had access to food, housing and child care support services during the pandemic. NC was one of the first states to launch the Pandemic Electronic Benefit Transfer (P-EBT), which provided \$750M in benefits to 900K+ children at risk of hunger due to school closures. The Department provided emergency child care subsidies to over 20,000 children of essential workers and school-age subsidies to 7,700 children (\$34M). It deployed non-congregate sheltering and housing for people who need to isolate, and provided over \$26M to help low-income individuals avoid losing their housing to evictions.

Collaborative Opportunities

Operationalizing Medicaid Expansion

Medicaid Expansion is a once in a generation investment that is expected to bring healthcare coverage to over 600,000 North Carolinians. NCDHHS is preparing to operationalize Medicaid Expansion in an efficient and equitable manner. Our goal will be to increase the number of people that have health coverage — Medicaid or otherwise — and to minimize the costs to the state and private partners because of uncompensated care and untreated illness.

Operationalizing Medicaid Expansion to maximize the benefit of this investment will take a whole government approach, particularly to increase awareness of eligibility and reduce barriers to enrollment and support people through the enrollment process.

Reducing Infant Mortality

Infant mortality reflects the overall health of the community. Drivers of infant mortality include maternal health, educational and economic status of the child's family, access to prenatal care and maternal smoking, obesity, and use of alcohol and other substances during pregnancy. North Carolina is ranked 40th for infant mortality in the US, and in particular, babies born to African American and American Indian mothers are more likely to die in the first year of life. Because the drivers of infant mortality are so wide ranging, it will take a coordinated, cross departmental approach to reduce the disparities in infant mortality.

Priority Questions

- 1. What is the current baseline of unmet behavioral health needs in North Carolina? How are they geographically distributed?
- 2. What are the best ways to distribute resources to improve recruitment and retention in the healthcare provider workforce?
- 3. How many people currently enrolled in a DHHS provided benefits program (Medicaid, SNAP, WIC, etc) are eligible for other benefit programs that they are not currently receiving?