Governor's Advisory Committee on Performance Management

September 11th, 2020

9:00 – 11:00am

Location:

WebEx

Meeting Agenda

Item	Speaker
A. Call to Order & Opening Remarks	*Charles Perusse, OSBM*
B. NCDHHS Approaches to Use Data to Inform Policy – Public Health, Early Childhood, and Behavioral Health.	*Madhu Vulimiri, NC DHHS, Office of the Secretary*
	Dr. Elyse Powell, NC DHHS, Office of the Secretary
	Jonathan Kappler, NC DHHS, DMHDDSAS
C. Other Business & Updates from Members	*Committee Members*

Meeting Minutes

Attendees: Chairman Perusse, Rep. Riddell, Sen. Van Duyn, Jennifer Haigwood, Sec. Penny, Elizabeth Grovenstein, Josh Davis, Jenni Owen and David Ammons

- **9:00 am – Chairman Perusse provides opening remarks**
  - Charlie Perusse highlights three awards that North Carolina has recently received:
    - North Carolina was recognized by [Results for America](#) as an Honor Roll State for its exemplary use of evidence and data to improve results for residents.
    - The City of Asheville is a recipient of the 2020 Organizational Leadership Award from the [American Society for Public Administration's (ASPA) Center for Accountability and Performance (CAP)](#). The Organizational Leadership Award is presented to an organization to recognize outstanding application of a systems approach to performance measurement that resulted in a culture change, sustained improvements and demonstrated positive effects on government performance and accountability.
    - Dr. David Ammons, Performance Advisory Committee Member, is the recipient of the Joseph Wholey Distinguished Scholarship Award from [ASPA's Center for Accountability and Performance (CAP)](#) for lifetime achievements.
  - Dr. David Ammons also mentions that Charlie Perusse was awarded the 2020 Harry Hatry Distinguished Performance Management Practice Award from ASPA's Center for Accountability and Performance.
- **9:20 am – Erin Matteson from OSBM introduces three speakers from the NC Department of Health and Human Services: Madhu Vulimiri, Dr. Elyse Powell, and Jonathan Kappler**
- **9:25 am -- Madhu Vulimiri, Dr. Elyse Powell, and Jonathan Kappler present on NC DHHS approaches to use data to inform policy with examples in public health, early childhood and behavioral health.**
  - Dr. Elyse Powell presents on Public Health and the Covid-19 Response. Some highlights of her presentation include:
    - [NC COVID-19 Dashboard](#) launched March 2020. NC DHHS works to consistently add information to the dashboard as data systems get better.
    - Importance of transparency in COVID-19 data and the need to balance transparency with patient privacy
    - Importance of data that is understandable and can be used to inform decision-making
    - Using data and evidence to understand where rapid expansion of contact tracing and testing is needed, especially to better serve historically marginalized populations
  - Madhu Vulimiri presents on Early Childhood. Some highlights of her presentation include:
    - [Early Childhood Action Plan](#), which is a data-informed framework that uses over 50 measures
    - 100 county-level data reports published covering each of the 10 goals and 50 measures
    - Tracking and reporting on clusters of COVID-19 in childcare settings on the data dashboard
    - Collecting data on childcare availability and using data to develop payment supports, including using CARES Act childcare funding to provide operational grants to open childcare providers
  - Jonathan Kappler presents on Behavioral Health. Some highlights from his presentation include:
    - An overview of the North Carolina behavioral health landscape
    - Using data to drive internal decision-making, empowering their mission and guide innovation
- **10:25 am – Chairman Perusse opens the meetings for discussion and questions following the DHHS presentation**
- **10:52 am – Chairman Perusse adjourns the meeting**

Governor's Performance Advisory Committee Meeting

NCDHHS Approaches to Use Data to Inform Policy

Public Health, Early Childhood, and Behavioral Health

September 11, 2020

Introductions

Madhu Vulimiri
Office of the Secretary
NC DHHS

Dr. Elyse Powell
Office of the Secretary
NC DHHS

Jonathan Kappler
Office of the Deputy Secretary for
Behavioral Health and Intellectual
and Developmental Disabilities
NC DHHS

NC Department of Health and Human Services

MEDICAID

FOSTER CARE

PRENATAL PROGRAMS

EARLY EDUCATION

FOOD AND NUTRITION BENEFITS

REGULATION OF HEALTHCARE FACILITIES

NCDHHS Strategic Goals (Pre-COVID)

- Advance the health and well-being of North Carolinians utilizing the programmatic tools of our Department.

- Build an innovative, coordinated, and whole-person centered system that addresses medical and non-medical drivers of health.

- Turn the tide on North Carolina's opioid crisis.

- Ensure all NC children get a healthy start and develop to their full potential in safe and nurturing families, schools and communities.

- Achieve operational excellence.

NCDHHS COVID-19 Strategy

	WHAT THE STATE **IS DOING**	WHAT YOU **CAN DO**
Slow the Spread Prevention	• Phased reopening of sectors/activities to minimize spread of COVID-19 • Require face coverings that cover the nose and mouth (indoors and outdoors) when physical distancing of 6 feet is not possible • Promote the 3Ws (Wear, Wait, Wash)	• Practice the 3Ws (wear a cloth covering over the nose and mouth, wait 6 feet, wash your hands) and encourage friends and family do the same • Employers should follow NCDHHS guidance for specific settings
Know Who Has COVID-19 and Who Has Been Exposed Testing and Tracing	• Build a statewide testing & contact tracing Infrastructure • Surge resources in hardest hit communities & populations	• Get tested if symptomatic or if you think you are exposed to COVID-19 • Answer the call from the COVID-19 Community Team
Support People to Stay Home Isolation and Quarantine	• Ensure access to non-congregate shelters for people who need to isolate • Enact policies to enable people to miss work and stay at home, leverage NCCARE360 to connect to supports	• Stay home when you can, especially when sick • Support employees to stay home when sick to minimize the spread of COVID-19

PUBLIC HEALTH & COVID-19 RESPONSE

NCDHHS COVID-19 Data Goals

- Data reporting balances transparency, public health, and patient privacy as we respond to the COVID-19 crisis

- Data is updated consistently and reliably and used to inform state-level decisions

- Data is understandable and can be used by the public to inform local decision making

- Data is disaggregated to be able to identify trends among different groups (age, gender, race, ethnicity, county)

COVID-19 Decision Making

On April 27th, NC launched its key metrics, which have been used as indicators of COVID's impact on NC, and used to inform measures to slow the spread of COVID-19

Where We Are Today

Trends

Trajectory of COVID-like syndromic cases

Trajectory of cases

Trajectory of positive tests as a percentage of total tests

Trajectory of hospitalizations

Capacity

Testing

Contact Tracing

Personal Protective Equipment

NC COVID-19 Dashboard

- Launched in March 2020

- Consistently adding information to dashboard
  - 5/20 – launched interactive version
  - 6/22 – added new data about outbreaks and clusters in child care and school settings
  - 7/19 – added new data about hospital capacity & trends; case and death counts searchable by county
  - 8/26 – added average turnaround time for testing

- Received A+ from COVID Tracking Project
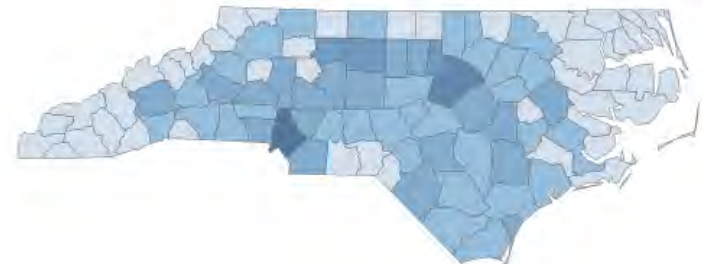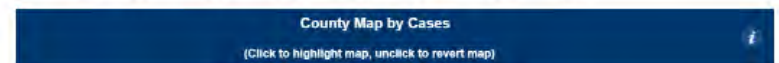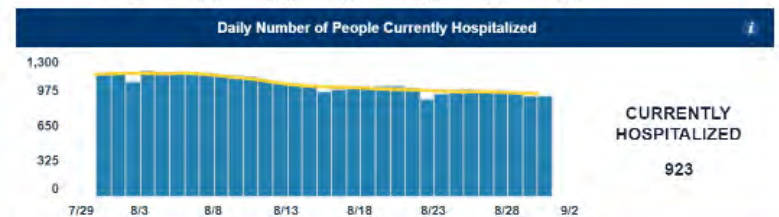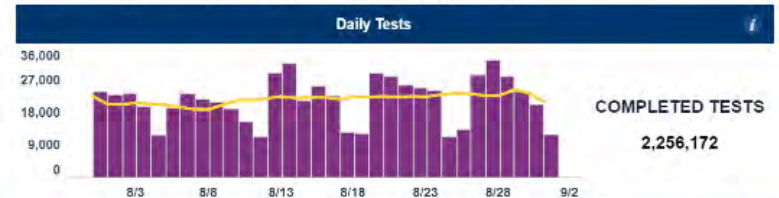
Contact Tracing

- Local health departments and health agencies have used contact tracing in North Carolina for decades to control the spread of diseases.
  - Local health departments have been using contact tracing for COVID-19 since the first cases were identified in North Carolina

- Utilized data to understand where rapid expansion of contact tracing was needed

- Based on our case data, including widening disparities among African American and Hispanic/Latinx:
  - Identified need to reach historically marginalized populations based on trends in cases/deaths
  - 55% of staff hired through Carolina Community Tracing Collaborative are bilingual

CHAMP: Community testing in High-priority And Marginalized Populations

- Goal: to increase no-cost testing for African-American, Hispanic/Latinx, American Indian communities that currently have limited testing sites

- Identified zip codes with low testing capacity and high African-American, Hispanic/Latinx, and/or American Indian populations

- Further prioritized communities with:
  - Higher concentration of elderly individuals
  - Higher concentration of people with multiple chronic conditions
  - Higher rates of construction and seasonal farm work

- Deployed 15,000+ tests at no-cost testing sites to underserved communities

COVID-19 Support Services Program

- Goal: Support individuals in targeted counties who need access to primary medical care and supports to successfully quarantine or isolate due to COVID-19

- Identified 20 counties with highest rates of COVID-19 cases, and included contiguous counties to scale available resources

- Eligible individuals will be able receive supports such as:
  - Nutrition assistance (e.g., home-delivered meals, groceries)
  - One-time COVID-19 relief payment
  - Private transportation to/from
  - Medication delivery
  - COVID supplies (e.g., masks, hand sanitizer, thermometer)

EARLY CHILDHOOD

Early Childhood Action Plan

- Data-informed framework

- Data on over 50 measures

- Tracking progress toward 2025 goals

- Speak the same language about state priorities to better align data systems, collection and ongoing access

ECAP Data Dashboard

Percent of Students Scoring College and Career Proficiency on 3rd - 8th Grade End of Grade Assessments for Reading in North Carolina
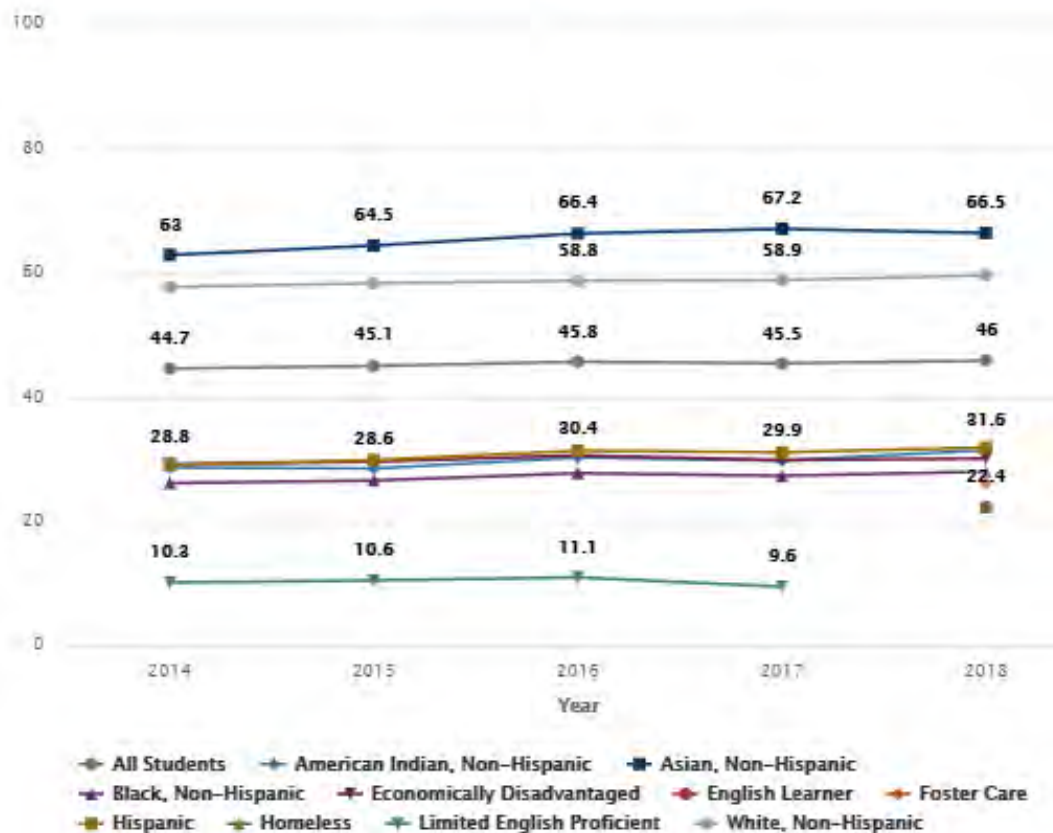
Data Source: North Carolina Department of Public Instruction

ECAP Data Dashboard

Infant Mortality Rates in North Carolina by County, 5-year Estimates 2013-2017
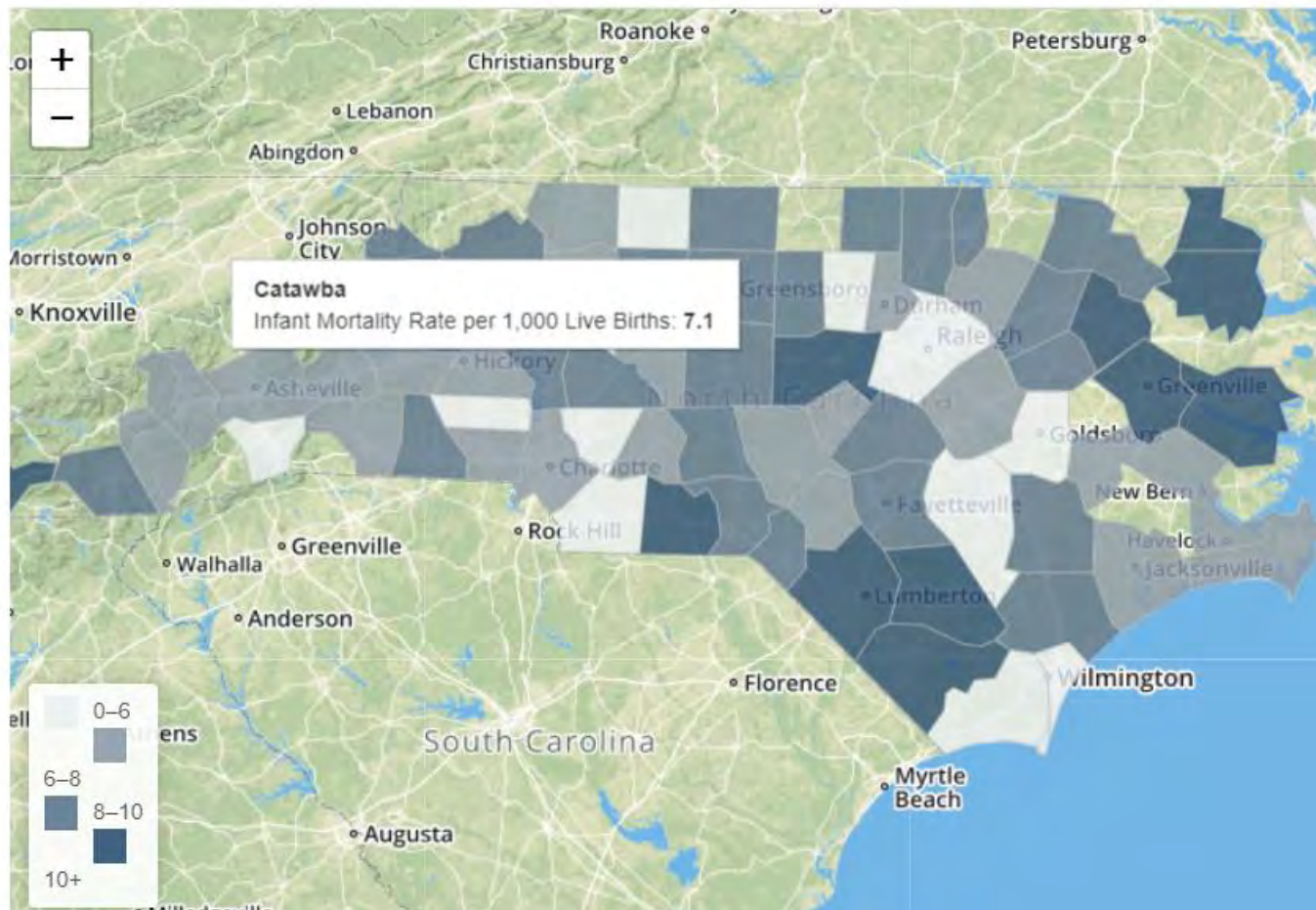
ECAP County Level Data Reports

- Published 100 county-level data reports covering each of the 10 goals and 50 measures

- Disaggregated by age, race, ethnicity whenever possible

- Demographic information on young children

- State vs. county level comparisons

- County-level trend data and maps

- List of other helpful data resources for each county
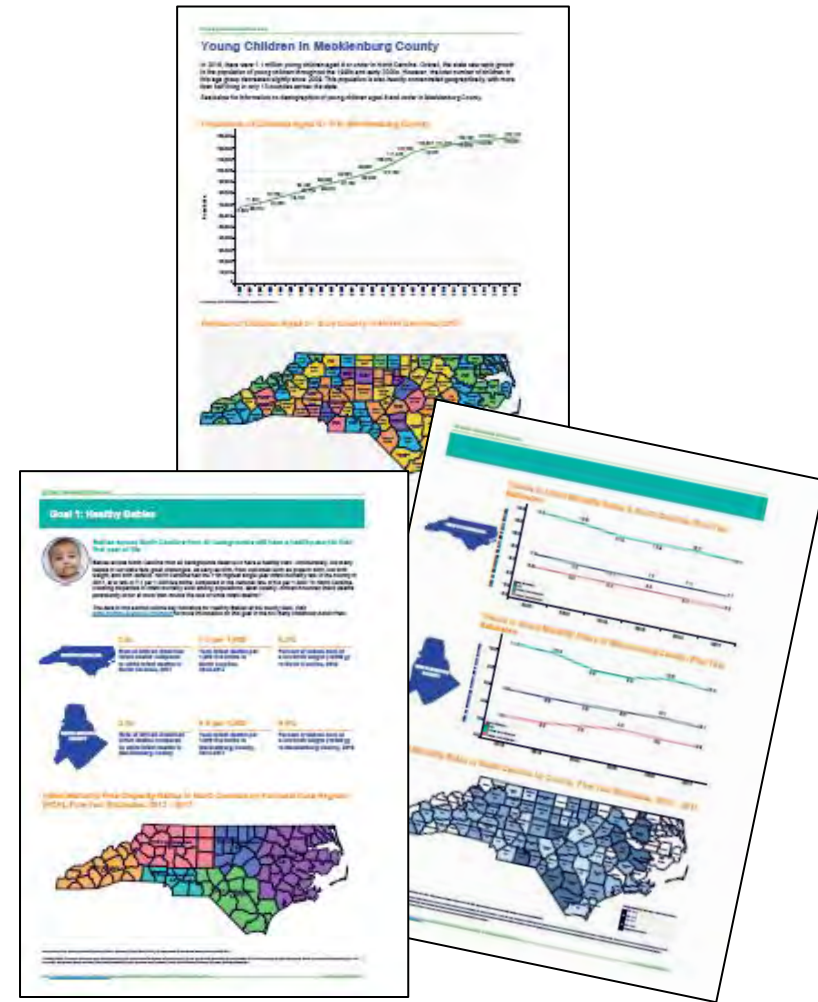
COVID-19 Child Care Response

NC Division of Child Development and Early Education (DCDEE) typically oversees:

- Licensing and regulation of child care facilities

- Child Care Subsidy Assistance program

- NC Pre-K program

- Administration of Child Care Development Fund (CCDF) federal dollars

- Criminal background checks

During COVID, DCDEE responsible for:

- Approving Reopening Applications
- Establishing health and safety guidelines
- Administering CARES Act funding to licensed child care facilities (Establishing Emergency Subsidy, Operational Grants, Teacher/Staff Bonuses)
- Working with Child Care Commission to Create Solution for School-Age Care
- Creating a Remote Learning Platform to supplement NC PreK Instruction

Collecting Data on Child Care Availability

COVID-19 Child Care Provider Survey

Facility License Number:* (Required)

[   ] Verify

Facility Name:

[   ]

The facility name will automatically be entered when you input your valid License number.
If the facility name is incorrect, please check that you have entered the correct license number.

Report Date:*

[   ] 📅

1) My Facility Is Currently:*

○ Open
○ Closed

7) Do you have any unmet resource needs at this time? Please list any below. (Optional)

[   ]

Submit

- In March, quickly implemented daily survey of child care providers to assess:
  - Open/closed
  - Total children served
  - Total availability of child care

- Use survey data to assess how child care programs reopened during and after the Stay at Home order

- Reveals trends of most programs reopening but operating at high vacancy rates → continued need for financial support to stay open

Using Data to Develop Payment Supports

- Used CARES Act child care funding to provide operational grants to open child care providers

- All open programs received some grant support

- Grant amounts determined based on factors:
  - Total number of children served prior to COVID-19
  - Star rating (quality standards)
  - Infant toddler enrollment
  - Serving subsidy children
  - Subsidy density

- Child care center grant amounts ranged between $500 to $30,000 per month

- Family child care homes ranged between $359 to $2,500 per month

Tracking and Reporting Clusters in Child Care

- Since June 22, NCDHHS has publicly reported on clusters (5+ related COVID-19 cases) in child care settings on data dashboard
  - 22 clusters in child care settings
  - 97 cluster-associated cases among staff
  - 1 cluster-associated death among staff
  - 77 cluster-associated cases among children
  - 0 cluster-associated deaths among children

- This represents very small fraction of children currently attending child care (~106,000) and child care workforce (~40,000)

- Reporting names of facilities twice weekly on NCDHHS website

BEHAVIORAL HEALTH

Continuum: The state sets policy, manages health-care finance for the public system, and providers direct security-net care.

STATE OF NORTH CAROLINA

Policy

PRIVATE PAYERS

VA

LME/MCOs

PROVIDERS

State Facilities

PROVIDERS
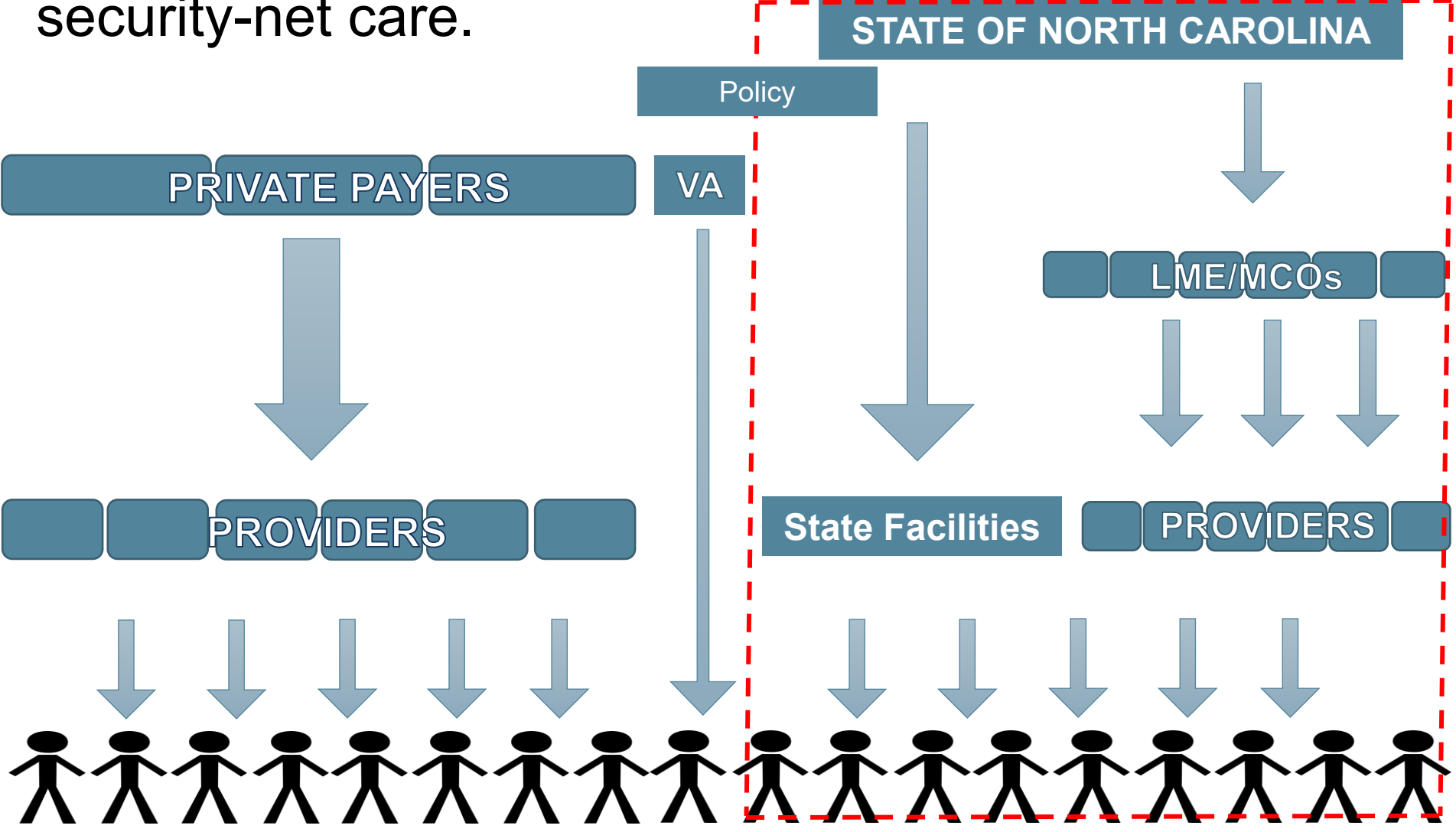
DMH/DD/SAS works collaboratively across divisions to create well-informed-policy that drives whole-person wellness.

| Division of Public Health | Division of Social Services | Division of Health Benefits | Division of Aging & Adult Services | Division of Vocational Rehabilitation |

Division of MH/DD/SAS

Behavioral Health Policy

| Medicaid Payer $2.7 Billion | Block Grants $66 million | State Funded Services $276 million |

2.4 million North Carolinians

1.1 million North Carolinians
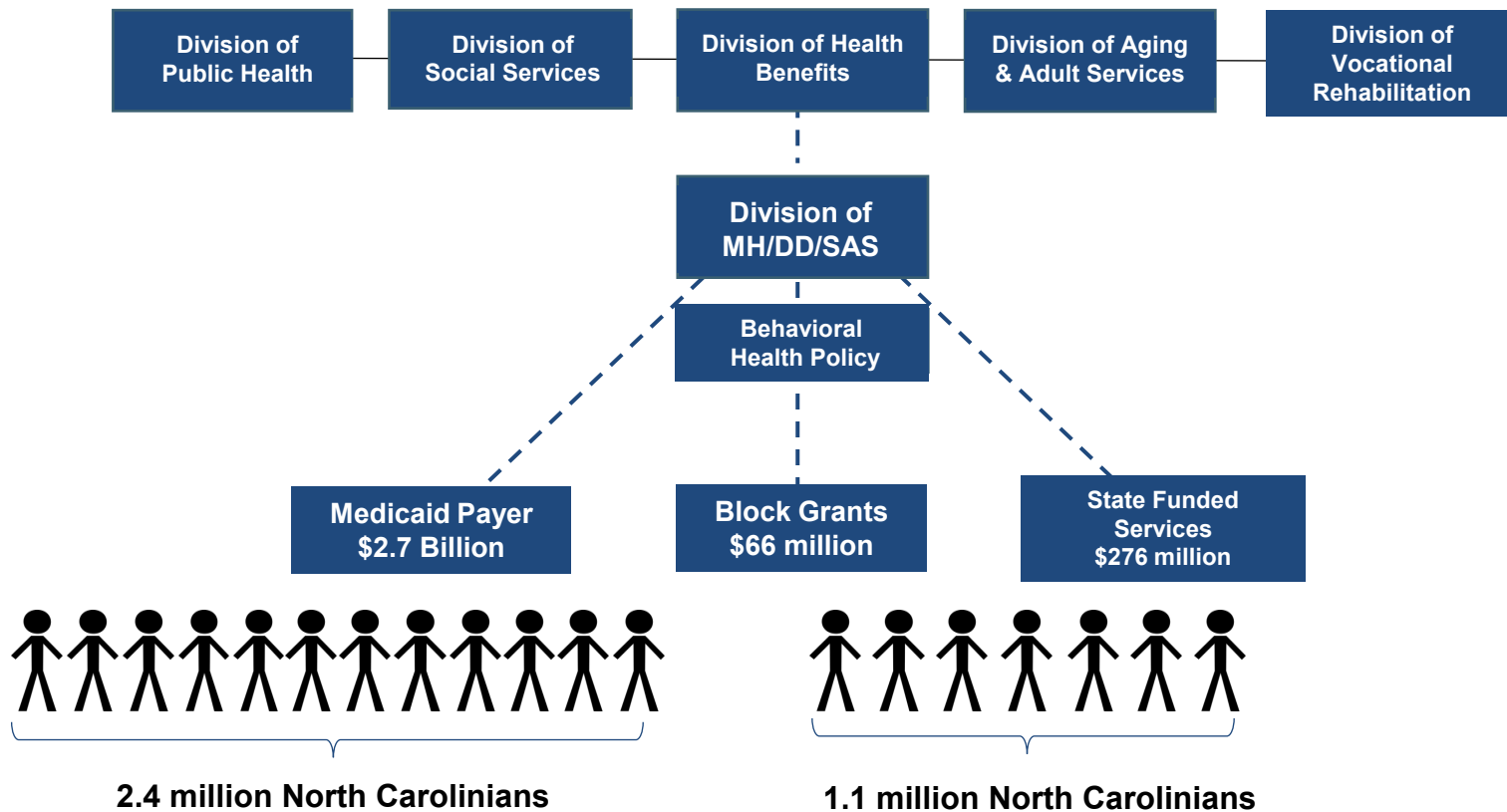
NC Behavioral Health System Structure

- **7 Local Management Entity/Managed Care Organizations currently manage the services for the State's covered populations across the State**
- **LME/MCO's manage services for both the uninsured and Medicaid**
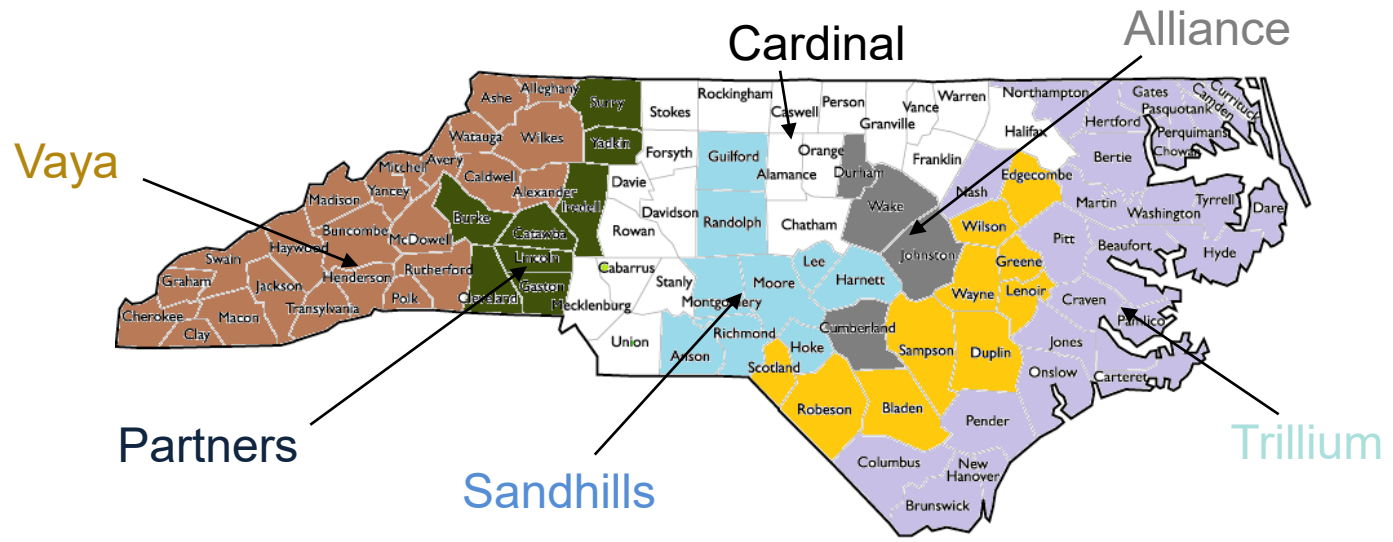
Data: Driving Internal Decision-making

Strategic Priorities

1. **Access**: Increase overall availability and access to high-quality behavioral health services and IDD supports; right-care, right-time, and right-setting.
2. **Integration**: Integrate behavioral healthcare into primary and physical care.
3. **System performance**: Improve oversight and regulatory regime to optimize system performance while maintaining safeguards.
4. **Operational excellence**: Strive for operational excellence and continuous improvement in our internal operations and regulatory functions.
5. **Boundless behavioral health**: Advance policies and narratives that reinforce the Division as knowledgeable thought leaders and service-oriented partners.

- Overall Budget: $570 million
  - State appropriations: 75%
  - Grant Funding: 25%
- Proposed Spending:
  - Allocated directly to treatment programs: $146,277,373 (26%)
  - Allocated directly to preventative programs: $19,040,272 (3%)
- Proposed Spending aligned with Strategic Priorities:
  - 30% ($165 million)

Data: Empowering our Mission

NC DHHS LME/MCO Scorecard, SFY 2020 Q3

Data: Empowering our Mission

- DMH/DD/SAS and NC Medicaid contracts with LME/MCOs now include performance standards with financial consequences for failing to meet targets

- Data ≠ oversight – but it does provide a focusing mechanism to drive engagement and performance

	2019 March	April	May	June	July	August	September	October	November	December	2020 January	February
Alliance	32.2%	29.7%	35.8%	36.1%	42.4%	36.8%	28.3%	31.8%	30.4%	32.7%	32.9%	36.6%
Cardinal	27.3%	42.3%	35.8%	28.0%	42.3%	32.5%	35.5%	40.5%	34.2%	34.0%	46.1%	42.6%
Eastpointe	11.9%	10.9%	9.5%	8.9%	23.0%	11.8%	15.3%	20.8%	15.8%	9.3%	18.6%	11.5%
Partners	71.2%	81.7%	81.0%	73.6%	75.8%	68.2%	70.2%	75.0%	70.8%	58.2%	65.7%	55.1%
Sandhills	49.2%	52.6%	54.1%	44.9%	47.4%	50.5%	50.0%	51.3%	50.5%	52.7%	50.0%	57.4%
Trillium	37.4%	38.7%	39.0%	46.4%	45.5%	36.5%	38.9%	41.2%	46.4%	39.3%	41.1%	36.9%
Vaya	40.7%	44.6%	51.3%	52.5%	47.2%	53.3%	56.2%	57.9%	56.5%	65.1%	69.5%	69.1%
Statewide	38.0%	43.4%	44.2%	41.7%	47.0%	41.6%	43.3%	46.6%	44.9%	43.6%	49.7%	47.1%

Data: Guiding Innovation

North Carolina ED Peer Support Program (SUD)
- $1.37 million pilot program with NCHA
- 6 Hospitals, 2 certified peer support specialists

Results: In 8 months…
- Served 1,510 participants
- 66% decrease in ED returns
- 74% decrease in hospitalizations

Developed the evidence-base to justify…
- Peer Support Specialist Service Definition
- Medicaid Approved November 1
- State Funded Approved August 1

Benefits
- Sustainable funding
- Provides jobs
- Diverts individuals to less costly services
- Promotes wellness

QUESTIONS?