NC Department of Health and Human Services

NC Resource Platform

Erika Ferguson
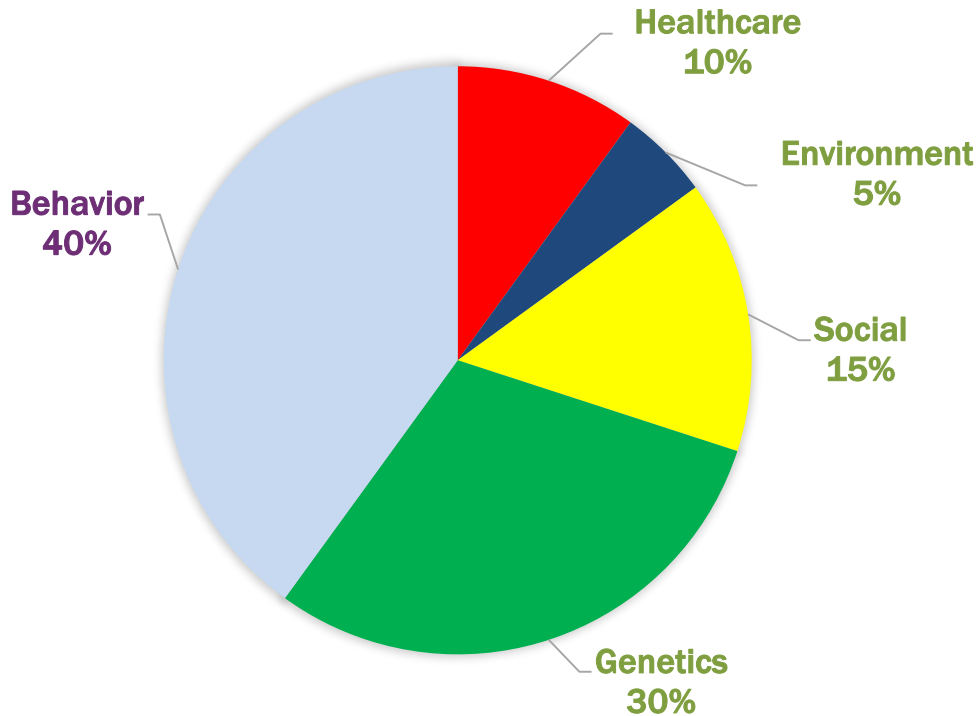**Director, Healthy Opportunities**

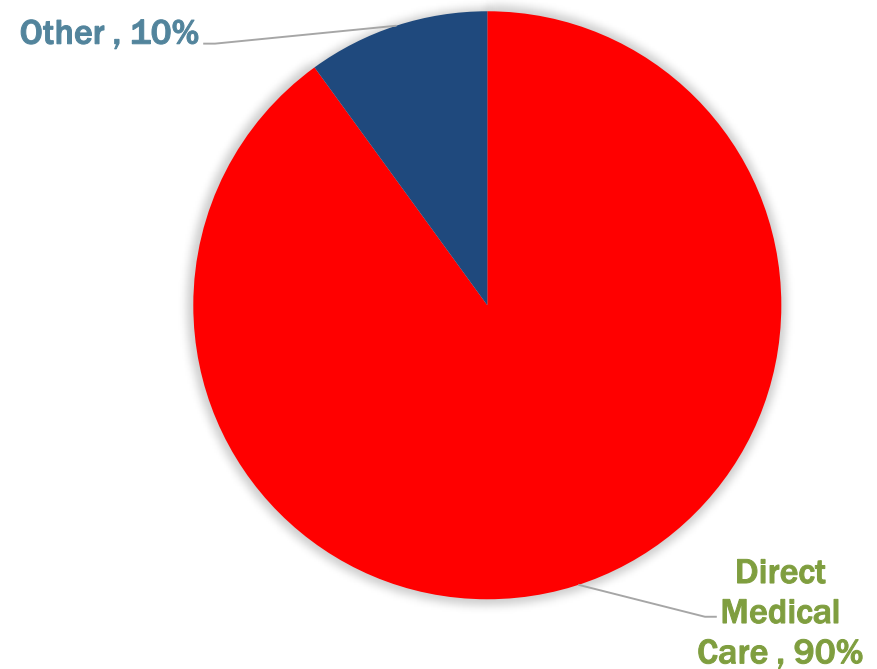## Diabetes Advisory Council
October 26, 2018

Mismatch: We are Buying Healthcare not "Health"

DRIVERS OF HEALTH

Behavior 40%
Healthcare 10%
Environment 5%
Social 15%
Genetics 30%
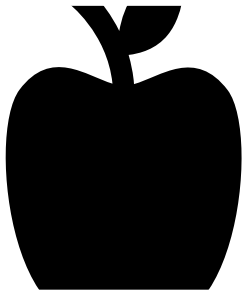
HEALTHCARE SPENDING

Other , 10%
Direct Medical Care , 90%

The greatest opportunity to improve health lies in addressing a person's <u>unmet essential needs</u>.
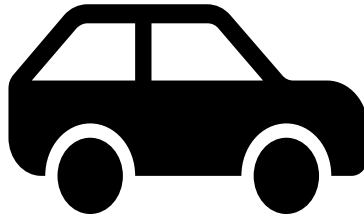
SOURCE: Schroeder SA. N Engl J Med 2007

Initial Priority Domains

Food Security

Housing Stability

Transportation

Interpersonal Safety
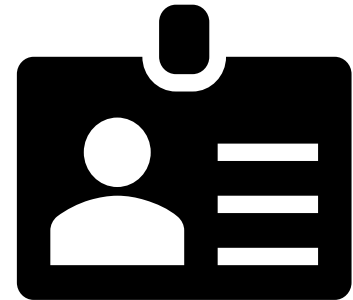
Employment

Opportunities for Health Initiatives

1. "Hot Spot" Map

2. Screening Questions

3. NC Resource Platform

4. Medicaid Transformation & Pilots

5. Workforce

6. Connecting Resources

Opportunities for Health Initiatives

1. "Hot Spot" Map

2. Screening Questions

3. NC Resource Platform

4. Medicaid Transformation & Pilots

5. Workforce

6. Connecting Resources

NC Resource Platform

- Connect people to community resources

- Unite communities and healthcare system

- One **<u>statewide, shared</u>** public utility
  - Open to all communities, people, providers, payers, care managers, social service agencies, etc.

- Benefits of collaboration on statewide platform
  - Uniform system for providers and communities to use/ on-board
  - Coordinated information/ data
  - Statewide, regional and community level data across payers
  - Significant investment for development and on-boarding
  - Cost effective

- Public-Private Partnership

Public-Private Partnership

- ## Administrated by the Foundation for Health Leadership & Innovation
  - Fiscal Agent
  - Vendor Oversight- responsible for vendor selection, contracts, and performance measures
  - Facilitating data-sharing and evaluation
  - Convening an Advisory Committee
  - Communication Liaison

- ## DHHS providing Technical Assistance
  - Coordination with other Healthy Opportunities work

- ## Other Partners
  - Broad-based investment of private/philanthropy dollars and in-kind support

NC Resource Platform
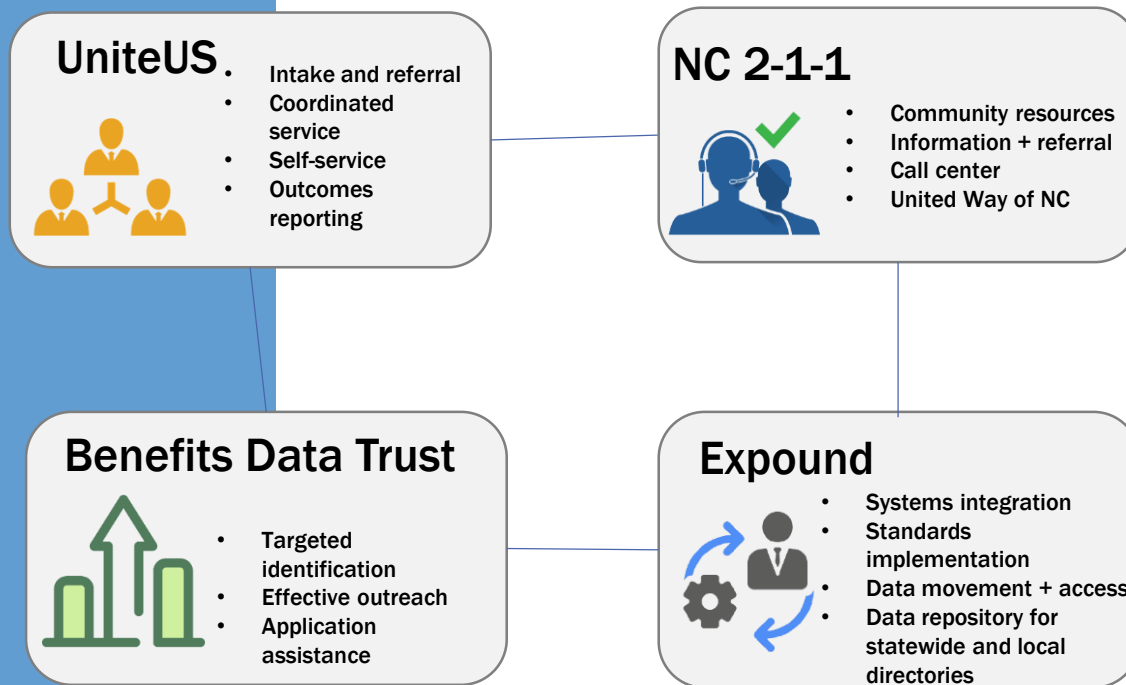
NC Resource Platform Functionalities	
Resource Database	**Referral Platform**
- Public facing, user-friendly website - Call Center - Robust, statewide database of resources - Resource Depository: interface capabilities with local directories to send and receive information	• Allows users to refer and connect people directly to community resources • Track connections and outcomes through "closed loop" referrals • Shared person record • Connects healthcare provider to CBO and CBO to CBO • Flexible architecture with integration/ interface capabilities
Hands on, in-person technical assistance and training to on-board providers and community organizations	

NCCARE360

NC Resource Platform

Four Partners | **One Solution**

UniteUS
- Intake and referral
- Coordinated service
- Self-service
- Outcomes reporting

NC 2-1-1
- Community resources
- Information + referral
- Call center
- United Way of NC

Benefits Data Trust
- Targeted identification
- Effective outreach
- Application assistance

Expound
- Systems integration
- Standards implementation
- Data movement + access
- Data repository for statewide and local directories

Roll out to start in fall 2018 with ready communities

"Hot Spot" Map

- Statewide map now live: http://www.schs.state.nc.us/data/hsa/

- GIS/ESRI Story mapping of 14 SDOH indicators with a summary statistic

- Displays geographical health & economic disparities

| Social and Neighborhood	Economic	Housing and Transportation
% < HS Diploma	Household Income	% Living in Rental Housing
% Households with Limited English	% Poverty	% Paying >30% of Income on Rent
% Single Parent Households	Concentrated Poverty	% Crowded Household
Low Access to Healthy Foods	% Unemployed	% Households without a Vehicle
Food Deserts	% Uninsured	

% of Population Below Poverty
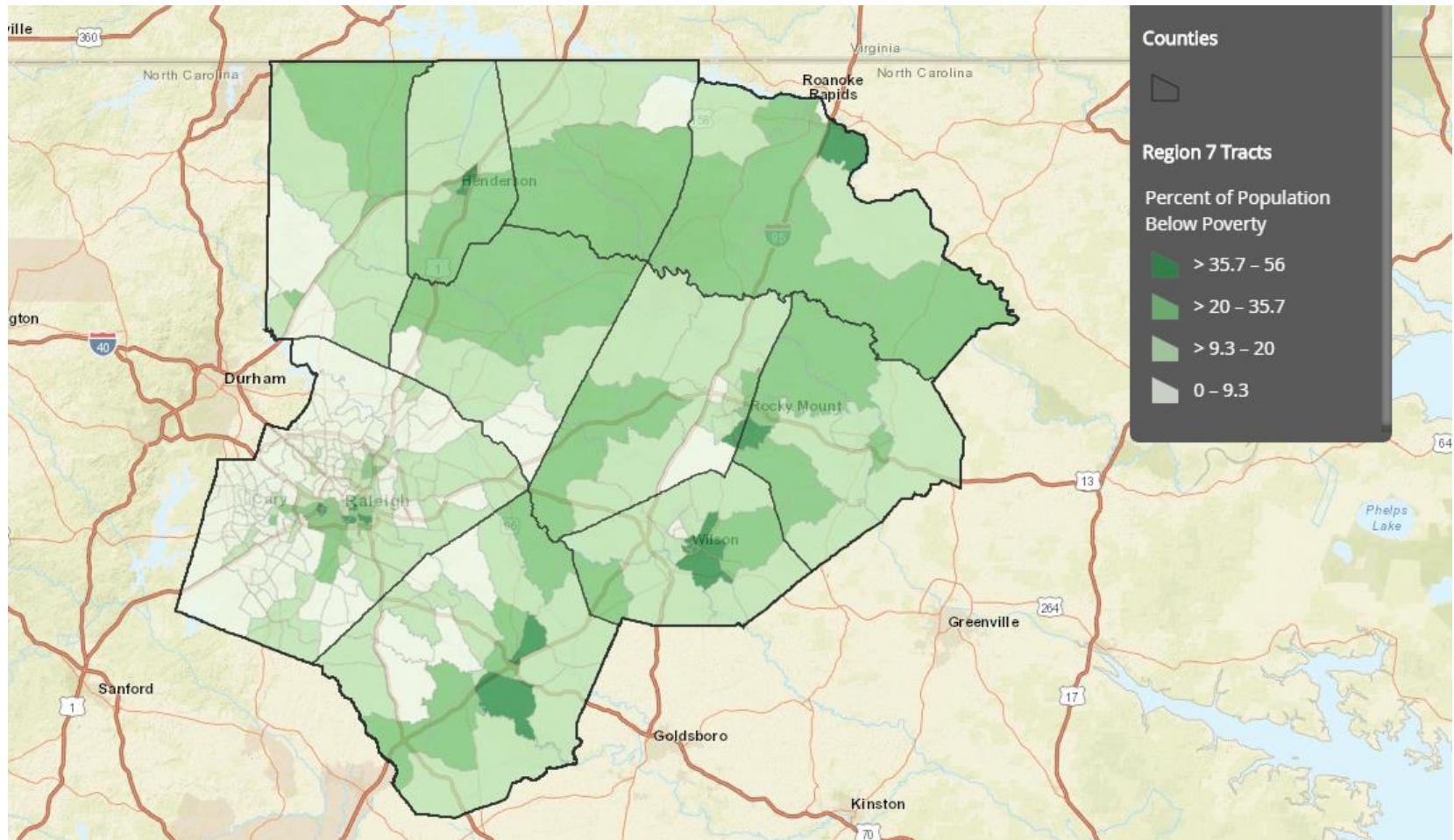
% Paying Greater than 30% of Income on Rent
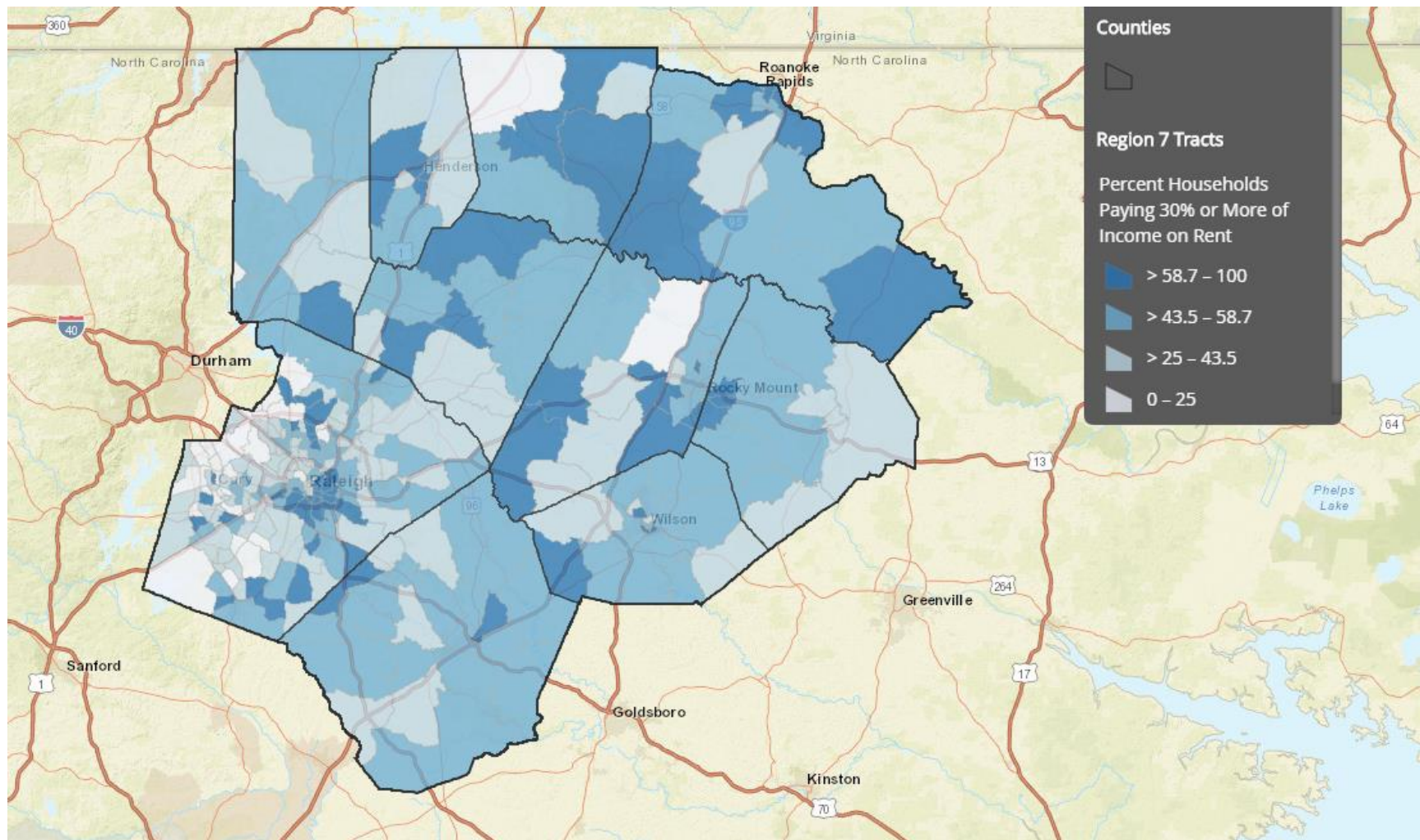
Food Deserts
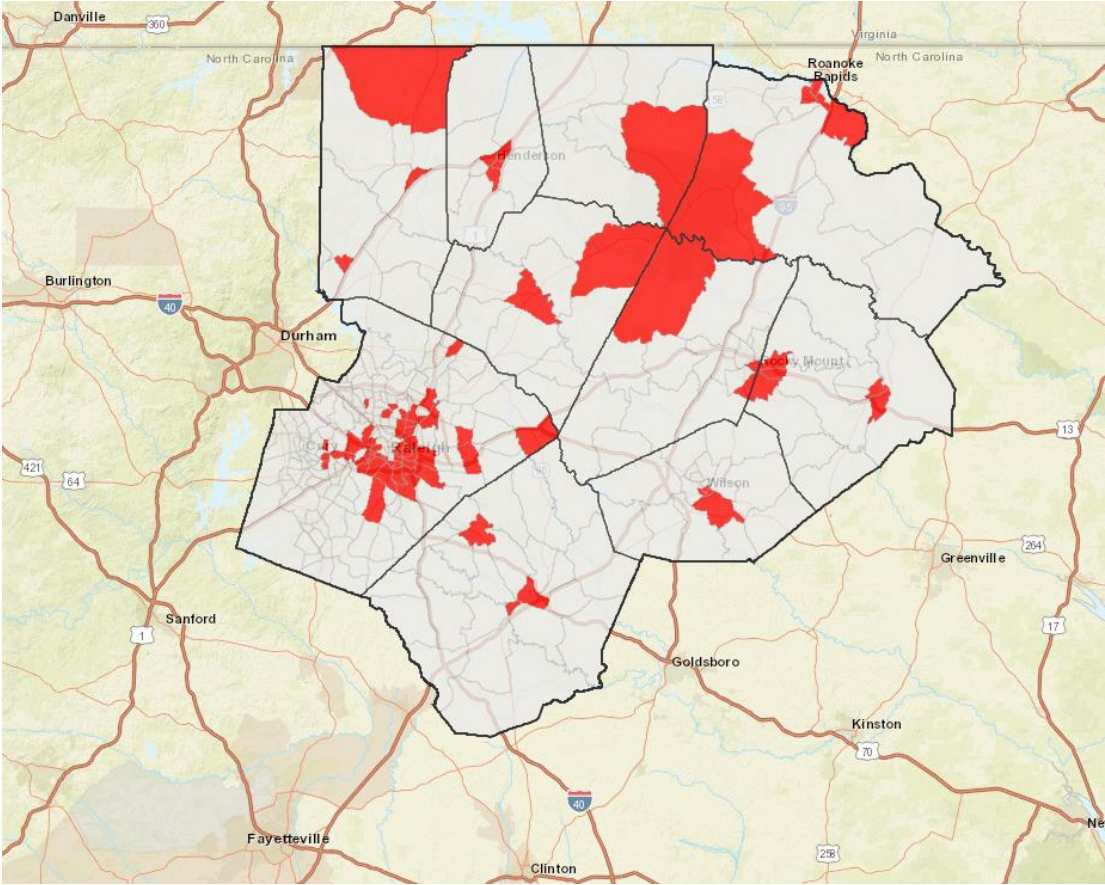
Screening Questions

- **Developed by Technical Advisory Group**
- **Routine identification of unmet health-related resource needs**
- **Statewide collection of data**
- **Implementation**
  - April 2018: Questions released for public comment
  - July 2018: Updated questions released
  - September – December 2018: Validating/ Field Testing Questions
  - Launch of Managed Care
    - PHPs Required to Include in Care Needs Assessment
    - Recommended to be used across settings and populations

Health Screening

We believe everyone should have the opportunity for health. Some things like not having enough food or reliable transportation or a safe place to live can make it hard to be healthy. Please answer the following questions to help us better understand you and your current situation. We may not be able to find resources for all your needs, but we will try and help as much as we can.

Food
1. Within the past 12 months, did you worry that your food would run out before you got money to buy more? (Y/N)
2. Within the past 12 months, did the food you bought just not last and you didn't have money to get more? (Y/N)

Housing
3. Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)? (Y/N)
4. Are you worried about losing your housing? (Y/N)
5. Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed? (Y/N)

Transportation
6. Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living? (Y/N)

Interpersonal Safety
7. Do you feel physically and emotionally unsafe where you currently live? (Y/N)
8. Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by anyone? (Y/N)
9. Within the past 12 months, have you been humiliated or emotionally abused by anyone? (Y/N)

Medicaid Transformation

- Care management
  - Requirements that enable to care team to comprehensively address SDOH
  - Training on trauma informed care
  - Standardized screening questions & navigation to resources (NC Resource Platform)

- Quality Strategy
  - Incentivizes PHPs to focus on effective screening for and navigation/ addressing of unmet resource needs
  - Increasing expectations over time

- Allow health-related services (e.g. food) to count as patient care (e.g. in the numerator of the Medical Loss Ratio (MLR))

- In lieu of services and value-based payments offer opportunities to pay for resource needs that affect health.

- Enhanced Care Management Pilots

Healthy Opportunities Pilots

- <u>Goal</u>: Learn how to "buy health"

- <u>We know</u>: Investments in SDOH improve health and lower cost

- <u>Learn to</u>:
    - Move from targeted evidence-based interventions (e.g. one sub-population, one intervention) to full population level across multiple domains and interventions
    - Test how to right-size interventions cost-effectively for scalability
    - Build community capacity and infrastructure for the work
    - Deliver enhanced services through care management
    - Co-invest Medicaid dollars with philanthropy

- Pilot Population
    - 2 – 4 Pilot Regions – multiple counties; urban & rural
    - Serving 25,000 – 50,000 beneficiaries over 4 years
    - Eligibility – 1 health need & 1 social need

Interventions

- Interventions across 4 domains

- Care manager will work with eligible beneficiary to:
  - Determine lowest intensity service that many reasonably meet the person's need as part of care plan
  - Periodically re-assess beneficiary and increase or decrease intensity of service, as needed

- Lead Pilot Entities
  - Develop, manage, and oversee network of community-based organizations and social service agencies that will provide pilot services
  - Assist care managers with connecting beneficiaries to the right resources

- Rapid Cycle Evaluation

Service Sub-Category	Example of Services allowed for Medicaid dollars
Housing	Tenancy Support and Sustaining Services Housing Quality and Safety Improvement Services Legal Assistance One time payments for security deposit and first month's rent Short-Term housing post-Hospitalization
Food	Food Support Services Meal Delivery Service
Transportation	Non-emergency health-related transportation
Interpersonal Violence (IPV)/Toxic Stress	Interpersonal Violence-Related Transportation IPV and Parenting Support Resources Legal Assistance Child-Parent Support

Workforce

- Develop, train and strengthen workforce needed to support SDOH initiatives/Trauma Informed Care

- Community health workers, case managers, etc.

- Released report on Community Health Workers, May 2018
    - Community Health Workers in North Carolina: Creating an Infrastructure for Sustainability

COMMUNITY HEALTH WORKERS IN NORTH CAROLINA:

CREATING AN INFRASTRUCTURE FOR SUSTAINABILITY

Final Report and Stakeholder Recommendations of the North Carolina Community Health Worker Initiative

May 2018

Connecting Existing Resources

- **Examine Ways to Better Align Existing Resources**
  - Medicaid, WIC, Head Start, Pre-K, SNAP, Low Income Heat and Energy Assistance Program
  - Streamline or improve effectiveness of enrollment strategies

- **Identify Opportunities**
  - <u>Example:</u> Of the 57,650 Medicaid-covered births in 2016, 28.8% of women (17,000) did not have prenatal WIC.

- **Learn From Ongoing Efforts**
  - Only 1/3 of eligible older NC adults are enrolled in SNAP
  - Starting December 2017, Benefits Data Trust working with NC DSS on enhanced outreach and enrollment for dual Medicare/Medicaid recipients

NC Early Childhood Action Plan

- DHHS was directed in an Executive Order by Governor Cooper to draft an action plan supporting children ages 0 – 8 across NC in collaboration with the Early Childhood Advisory Council, to be completed by November 1st

- Goal: <u>Safe and Secure Housing</u> – Babies, toddlers, and young children across North Carolina from all backgrounds will have access to safe, secure, and affordable housing.

- By 2025, reduce the number of children under age six experiencing homeless in North Carolina by 10%.

Back@Home NC

- Funding provides households with:
  - **Housing Navigation Services** – assistance to find and move into housing
  - **Rental Assistance** – financial support for medium-term rental assistance and associated housing costs
  - **Case Management Services** – services to help families stabilize in housing

- Back@Home North Carolina will provide families with the stability to recover from the hurricane and increase their resiliency if another event happens.

- Partners

NC DHHS	Eastpointe
NC Coalition to End Homelessness	First Fruit Ministries
NC Housing Finance Agency	Southeast Family Violence Center
Socialserve.com	Trillium Health Resources
Alliance Behavioral Healthcare	Volunteers of America

Questions