

North Carolina Department of Health and Human Services



# Strategic Plan

2011-2012

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## MESSAGE FROM THE SECRETARY

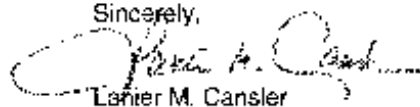
Strategic planning is difficult and often neglected, but an essential responsibility of government. In the face of a rapidly changing State, changing economic and political factors, increased demands for services, decreased resources and greater public scrutiny, strategic planning is more important than ever. I commend Governor Perdue, who, on her first day in office, signed an executive order requiring state departments to complete a strategic plan.

To produce a clear road map for the future, strategic planning takes hard work and significant time. But even more important than the final document is the *commitment to the process of planning*: standing back to critically analyze the status quo, asking and answering the hard questions, developing tools and measures by which to monitor progress, and holding the DHHS team accountable for following the plan and achieving targeted outcomes.

For nearly two years the Department has focused on making DHHS the best it can be through a culture and management change initiative called *DHHS Excels*. We've developed our vision and mission statements and identified the organizational values that are the foundation of this strategic plan: being customer focused, anticipating challenges including changes in demand and resources and populations, practicing transparency in our decision making and collaborating on issues, and finally, holding ourselves accountable for the ultimate outcomes. Those values have provided guidance in the establishment of goals, strategies and measures that are helping DHHS move away from being a collection of independent agencies to a collaborative, unified entity, facing the public with a focus on excellence.

Just as strategic planning is not easy, it is also not static. We anticipate that our tools and goals and measures will be refined and strengthened over time and that strategic planning will become a permanent component of DHHS management. Thanks to everyone in DHHS for what you do every day for all who we serve. Thanks to you also for your commitment to the process of planning and making certain DHHS excels for the people of North Carolina.

Sincerely,



Lantier M. Cansler

## II. INTRODUCTION

The North Carolina Department of Health and Human Services (DHHS) is one of the largest agencies in State government in terms of budget and number of employees. The Department is responsible for protecting the health and safety of all North Carolinians, this includes providing essential human services for persons with mental illness, deafness, blindness, developmental or other disabilities; older adults; caregivers, children, adults and families at risk or experiencing challenges affecting their health and safety; and other vulnerable populations.

The Department touches the lives of virtually every North Carolinian from birth to end-of-life through its many different services such as prenatal services, child development, child and adult protective services, assistive technology, Medicaid, foster care, nutrition services, vocational rehabilitation, regulating long term care and health care facilities, home and community services, and the maintenance of vital records.

DHHS also oversees 14 facilities: developmental centers, psychiatric hospitals, alcohol and drug abuse treatment centers, neuro-medical treatment centers and residential programs for children. DHHS has more than 17,500 employees with an operating budget of \$17.9 billion.

DHHS has embraced the challenges of strengthening its ability to function seamlessly as a unified department. This *Strategic Plan* provides a revised DHHS mission, vision and values, as well as five strategic goals and thirty-two objectives. In addition, it includes the key performance outcomes and measures by which DHHS will continually assess performance and progress. Together, these elements provide the foundation for the DHHS *Plan*.

In submitting this department-wide *DHHS Strategic Plan* rather than a collection of separate agency plans— DHHS is presenting a shared framework where all

can readily see how respective and collective efforts are addressing health and human services needs. The Plan will not only guide the future, it will help better manage resources today. DHHS is constantly evaluating its service provision to meet the needs of a growing and dynamically changing State. In this spirit, it is important to acknowledge that this *Strategic Plan* is a living document and will be revised as needed.

### ***Major Challenges and Trends***

In response to an ever-changing population, resources, and partnerships, DHHS is continually identifying and addressing a myriad of issues and trends. Over the past ten years, DHHS has implemented child welfare reform and mental health transformation; has seen the needs associated with the adult and the aging population more than double; has helped families needing child care to have better access to subsidies; and has managed substantial increases in Medicaid and Food and Nutrition services while reliance on Work First has continued to decline. The current environment is still too much about process and hampered by multiple layers of approvals and “second guessing.” These and other demographic and economic challenges are indicators that change has become the norm and that DHHS must become and create an environment that is more flexible, innovative, accommodating to change and focused on outcomes rather than activities and processes in order to anticipate and react to the change in an effective and timely manner.

### **Assessment of DHHS Infrastructure**

While the Department’s operating budget approaches \$18 billion, 89% of that supports direct services for individuals and families through Medicaid, mental health services, foster care, adoptions, special assistance, long term care, child care, and community services to adults, children and persons with disabilities. The Department’s budget has relied heavily over the last two years on the increases in temporary federal funding through the American Recovery and Reinvestment Act (ARRA), Contingency Temporary Assistance for Needy

Families (TANF), and a few other federal sources to maintain service levels and provide for the increase in eligible persons in some service areas. For the most part, these funds are ending even though the demand for services continues, thereby creating a gap in available resources. Such budget and staff reductions jeopardize performance and timeliness around service delivery. With these current trends and the projected budget deficit, service reductions are inevitable, and reductions will have negative consequences on the health and safety of those served by DHHS. As the Department looks for ways to deliver services in a more flexible, innovative and effective manner, critical areas such as workforce capacity, information technology and physical plant challenges, must be addressed.

### ***Workforce Capacity***

With a considerable percentage of the DHHS workforce eligible to retire within the next five years—including many who serve in leadership positions—it is essential that DHHS create a workforce that is well-prepared, skillful, diverse and committed to excellence. Many DHHS positions require highly-skilled, high-demand professionals who will not necessarily choose public service unless DHHS is able to effectively compete with private sector compensation, market employment opportunities and enhance retention efforts. Critical elements to ensuring success in this area are investing in staff so that they are informed, well-equipped, and clearly understand their role in achieving the department's mission, vision and goals. This requires recruitment and retention efforts beyond traditional means, quality orientation programs for new employees, effective supervision, continuing education and staff development, as well as an effective and accountable performance review process. Creating advancement opportunities and career paths are also essential. Therefore, it is essential that DHHS assess and determine how it will address the following question: How will DHHS obtain employees with the skills that are going to be needed in this environment of change and perform more work with fewer resources and lower wages?



### ***Information Technology***

There has been progress in consolidation and coordination of IT efforts across DHHS in recent years, but further efforts are needed in order to gain maximum benefit. There have also been significant improvements in the identification of common business requirements across the Department that can be met by a single IT solution. In spite of that progress, DHHS continues to have many IT and telecommunications needs. Many services operate on systems that are decades old. Aging equipment, technology, software and infrastructure compete for the time, funding, and staff resources to become more proactive in long-term planning and policy development. Unless investments in these areas are addressed, DHHS will continue to be limited in its ability to track progress in achieving outcomes and evaluating measures necessary for accountability.

### ***Physical Plants***

DHHS operates from twenty five offices in the Raleigh area. Many of these spaces are leased, and others are in older state buildings. Consideration must be given to gaining efficiencies by combining 3,700 Raleigh based employees who are involved in direct service delivery, service implementation, oversight and service support into a central location or physical space. Such efficiencies include: improved customer service; improved collaboration among DHHS employee groups; a better work environment; improved morale; lower energy consumption and optimal use of a valuable State assets.

### ***Service Delivery Demands***

The economy has had a notable impact on DHHS in terms of families and individuals served; and services needed. Some service areas have experienced a 200% increase in numbers being served. The demand for unexpected and emergency services has increased. Family needs are more extensive, requiring a more comprehensive upfront assessment. Waiting lists for many services continue to grow. In addition, many individuals and families currently coming to

DHHS for services already have considerably more technical skills, education and work experience than what has previously been representative of those we serve when the economy is better.

The results of the 2010 census validate that NC continues to be one of the fastest growing states with projected increases in targeted populations that will create on-going demand for services and supports through DHHS. These identified populations include a growing Hispanic-Latino population, a growing aging population, and a growing number of children. With these trends in the client base, some of the current approaches to service delivery will be ineffective and new models will be required to meet today's demands. In the past, traditional delivery models were designed to be service-based, required human interactions that were process driven, and required the individual to navigate multiple avenues to receive assistance. New models of service delivery must be person-centered, family-focused and flexible. The results of the 2010 census validate that NC continues to be one of the fastest growing states with projected increases in targeted populations that will create on-going demand for services and supports through DHHS. These identified populations include a growing Hispanic-Latino population, a growing aging population, and a growing number of children. Streamlining current processes and integrating service requirements as well as using technology will facilitate the development of new delivery models. Such changes as on-line applications, real-time automated updates to case files, expansion of call and change center functionality will enable individuals to access and maintain the benefits they need in a more customer-focused, seamless environment. While human interaction will always be a part of the process, these new approaches to service access will enable the service delivery system to be more efficient and allow for better accountability.

These efficiencies are reflected in the implementation of NC FAST, the Patient Protection and Affordable Care Act (PPACA) (Public Law 111-148), otherwise known as the Health Care Reform Act (HCR), as well as other reform efforts. One of the biggest impacts to DHHS resulting from HCR is the additional

estimated 557,000 North Carolinians who will become eligible for Medicaid in 2014. The eligibility and time-specific changes to the federal Medicaid program will be among the significant reforms affecting DHHS. The Department is working diligently to identify the full impact of HCR on DHHS services and systems and exploring options to address all of the issues identified. The following DHHS divisions and offices are very involved in preparing for these changes: Medical Assistance, Public Health, Mental Health/Developmental Disabilities/Substance Abuse Services, Social Services, Rural Health, and Health Service Regulation. Many of the key components of health care reform and other federal reforms align with the current work of DHHS. For example, helping consumers access affordable care; implementing cost containment solutions; eliminating waste, fraud and abuse; and fostering collaboration and coordination of care all further support DHHS and its work.

## **Planning for the Future**

The North Carolina Department of Health and Human Services is transforming from a siloed approach in the delivery and management of services to one that is coordinated and open—where decisions and actions are informed by integrated data and interactive deliberations. This new work culture requires strong leadership and innovation and a focus on providing the best outcomes for all who are touched by DHHS.

Much of what DHHS achieves is done indirectly through public and private partners across the state. DHHS serves as a funder of their work, enables their work through the securing of grants, oversees their work through regulatory functions, and provides materials and supports to these partners.

This new approach to sharing information, ideas, and resources to solve problems and pursue collaborative opportunities will grow in importance. Secretary Cansler stated in his sentinel message through *DHHS Excels* that “we need to stop serving ‘pieces of people’ and focus on the whole person.” While a

seemingly simple and obvious principle, it is not easily understood or translated into the day-to-day work of a complex organization that has not fully emerged from its siloes. No one division or office can adequately help seniors age well in the community; no one division or office can help prevent child abuse and neglect; no one division or office can help vulnerable populations in times of disaster; and no one division or office can help persons with disabilities and special needs enjoy greater independence. These are but a few examples of the endless and ever-changing challenges we must face together.

### ***DHHS Vision, Mission and Values***

Prior to these efforts every division and office had its own mission and vision which promoted and reinforced a siloed approach. Through a collaborative and cross-departmental process, the Department developed a unified vision and mission and for the first time articulated the values we embrace.

#### **Vision Statement**

All North Carolinians will enjoy optimal health and well-being.

#### **Mission Statement**

The North Carolina Department of Health and Human Services, in collaboration with its partners, protects the health and safety of all North Carolinians and provides essential human services.

*--Adopted by the DHHS Leadership Team, 01/27/2010*

## Values

*When all DHHS employees adhere to the following values, all North Carolinians will view DHHS as the best managed agency in state government:*

**Customer-focused.** North Carolinians are the center of our service design and delivery, and the allocation of human and fiscal resources.

**Anticipatory.** DHHS uses feedback from our customers and partners on all levels—national, state and local—to guide our thinking, planning, policies and practices.

**Collaborative.** DHHS values internal and external partnerships.

**Transparent.** DHHS shares information, planning and decision-making processes and communicates openly with its customers and partners.

**Results-oriented.** DHHS emphasizes accountability and measures its work by the highest standards.

*—Adopted by the DHHS Leadership Team, 01/27/2010*

The efforts of DHHS Excels directly align with the overall goals of the Governor's very first executive order calling for a "comprehensive performance and budget system that incorporates performance management and accountability techniques" and further promotes "open book government."

DHHS took an important step forward in early 2004 when it established for the first time an e-repository of information on programs and services with the goal that the database would proactively drive accountability and performance. Convinced of the viability of this, the Department remained committed to evolving the Performance Management Database into *DHHS Open Window*. *Open*

*Window* is an essential component of *DHHS Excels*—in providing a user-friendly, web-based vehicle for presenting, in one place, information about the full range of services funded through DHHS. *Open Window* is also essential to *DHHS Excels* in that it provides a tool with which to measure performance. Users of *Open Window* will find information on the services provided (e.g., eligibility criteria and age ranges served; how the services are provided; by whom; and for what intended outcome). *Open Window* also offers for each service, budget and expenditure information, and performance measures. By design, *DHHS Open Window* serves as a primary management tool for planning and decision-making. To learn more about DHHS Open Window, visit the following link:

<http://dhhsopenwindow.nc.gov/>.

### ***Goals, Objectives and Measures***

One of the most significant and challenging tasks for DHHS has been to formulate *departmental* goals, objectives, measures and strategies. The Departmental approach is in sharp contrast to what historically has been a loosely connected array of division-specific statements about services, outputs and processes. While clearly still a work in progress, especially relative to measures, DHHS has achieved a major milestone in establishing a set of goals that reflects the mission and vision of the department. There are several characteristics of the goals (as presented below) that laid the groundwork for planning: (1) they were written to be person-centered—given that DHHS exists to help the people of North Carolina; and (2) they are interconnected and progressive—meaning that investment and success in establishing infrastructure and providing education and outreach (goals 1 and 2) will help to mitigate the need for increasingly more intense and costly services to clients (goals 3-5).

- **Goal 1:** Manage resources to provide effective and efficient delivery of services to North Carolinians.

- **Goal 2:** Expand awareness, understanding and use of information to enhance the health and safety of North Carolinians.
- **Goal 3:** Provide outreach, support and services to individuals and families identified as being at risk of compromised health and safety to eliminate or reduce those risks.
- **Goal 4:** Provide services and supports to individuals and families experiencing health and safety needs to assist them in living successfully in the community.
- **Goal 5:** Provide services and protection to individuals and families experiencing serious health and safety needs that are not, at least temporarily, able to assist themselves with the goal of helping them return to independent, community living.

Based on the above goals, the Department established a number of measurable objectives that identify expected outcomes for the delivery of services. The objectives provide the structure by which the Department will gage progress toward the goals and whether the mission is being achieved.

Once the goals and objectives were established, DHHS services and their respective budgets were aligned with the purpose of strengthening the capacity for setting priorities, effectively measuring progress, strengthening accountability, identifying opportunities for efficiencies and collaboration—all of which will help further achieve person-centered outcomes and increased customer satisfaction.

## **Alignment with the Governor’s Priorities**

As stated previously, DHHS touches the lives of all North Carolinians from birth to death. While the Department is recognized for its role in keeping North

Carolina healthy and safe, DHHS also contributes either directly or indirectly to nearly all of the priorities set forth by the Perdue Administration.

### ***Keep North Carolina Safe***

Keeping North Carolina safe is about Child and Adult Protection services. It is about operating quality institutional services be it hospitals, family foster homes or through the licensing of adult care homes or child placing agencies.

Community supports and housing services keep not only the families served safe but contribute to safe communities as well. The efforts of Public Health and its partners to offer health promotion, disease prevention and control strategies also keep North Carolinians safe. It is about protecting North Carolinians from other health hazards as well as increasing access to health care.

### ***Preserve and create jobs, jobs and more jobs.***

DHHS services directly support employment. For example, child care subsidies support over 50,000 families who need help to obtain or maintain employment. DHHS also created temporary subsidized employment for individuals finding it difficult to compete in this very competitive job market. Additionally, targeted individuals may receive specialized services through vocational training and employment programs, housing, transportation and other supports.

In state fiscal year 2009-2010, 5,961 vocational rehabilitation (VR) consumers achieved a successful employment outcome. The average weekly earnings of those consumers prior to receiving employment services was \$49. Upon achieving employment, that average increased to \$280. Successfully employed individuals earned a combined total of \$1.67 million per week through employment gained with VR assistance. 592 individuals who are blind also reached their employment objectives. Of these individuals, 97% had earnings at or in excess of the minimum wage; and, of those, 87% were determined to be individuals with significant disabilities. Their employment generated



approximately \$9.8 million in earned income returned to the economy, and approximately \$2 million in income taxes paid. These are just examples of the role DHHS plays in providing jobs—and thus greater independence—for the people of North Carolina.

### ***Assist Small and Rural Businesses to Stay in Business and Grow***

DHHS service funds also support jobs indirectly as well as assist small and rural businesses to stay in business and grow. Providers of DHHS services include non-profit agencies, independent medical providers, and other small business owners. When service reductions occur, providers such as, local physicians, dentists, mental health professionals and child care providers are affected.

### ***Position North Carolina for Economic Recovery***

DHHS has an integral role in positioning the state for economic recovery. DHHS has expanded eligibility for the Food and Nutrition Program, streamlined eligibility by eliminating asset testing for many families and worked hard to identify all who are eligible for program benefits and to increase program access. USDA's Economic Research Service (ERS) estimates that each \$1 billion of retail demand by Food and Nutrition Services benefits can generate \$340 million in farm production, \$110 million in farm value-added, and 3,300 farm jobs and an additional \$5 of food benefits can generate \$9.20 in total economic activity. The same conclusions can be made for other services such as child care, WIC, Medicaid, Work First and rural health initiatives. These services not only benefit the recipient but also small and rural businesses across North Carolina.

### ***Restore Public Trust in Government***

Restoring public trust is critical to DHHS success. It also underscores what *DHHS Excels* is all about. *DHHS Excels* as represented by the values is how we function in serving North Carolinians. It is about openness, honesty and transparency. DHHS is committed to providing all the facts, good and bad, and

being vigilant in efforts to proactively identify, strategize, correct or eliminate inefficiencies or weaknesses.

DHHS understands that real success in the eyes of North Carolinians is dependent upon the Department working together cooperatively to achieve common goals. Using DHHS Open Window and other tools, DHHS must expand its efforts to measure the success of service activities and regularly monitor and review progress. The Department needs to know when it is not meeting expectations and chart corrective courses as early as possible.

### ***Enforce Zero Tolerance of Fraud and Corruption***

Zero tolerance against patient abuse, fraud and corruption is essential. Given the magnitude and complexity of the services offered, DHHS must constantly be looking for ways to increase integrity. DHHS must ensure that not only are the right benefits and services delivered to the right people but also that they are delivered in the right amount. That is why DHHS is using advanced technology to improve the delivery and management of services by tightening rules around personal care services and aggressively moving forward to hold accountable those providers who commit Medicaid fraud. Recipients will also be held accountable. When benefits are delivered based on misleading and false information, benefit recoupment will be expected and other appropriate actions will be taken.

### ***Do more with less***

It is important that DHHS do more with less. Technologies along with business redesign are critical and necessary components to achieve this goal. DHHS has a number of initiatives under way that will streamline administration, save the tax payer money and create a more efficient and effective service delivery system. NC FAST, MMIS, HIT are examples for DHHS the way we deliver benefits and services.



# DHHS Strategic Performance Goals and Measurement

***“It is an immutable law in business that words are words, explanations are explanations, promises are promises—but only performance is reality”***

***- Harold S. Geneen, Former CEO, ITT***

Over the past year, the Department undertook a comprehensive effort focused on developing departmental performance measures and strategies to support the mission, vision and the newly established performance goals and objectives. To that end, cross-departmental teams for each of the goal areas examined and worked to recommend measures that support the objectives rather than individual service results.

The strategic performance goals and objectives provide the overarching guidance for executing the Department’s mission. Defined, desired strategic outcomes provide the means to assess whether the strategic goals and objectives are being met.

With *Open Window* and this *Strategic Plan*, DHHS is positioned to use performance measures at all levels to assess its progress in achieving the *Strategic Plan* and attaining service delivery success. This allows the Department to keep priorities aligned and link services and their measures to measures associated with departmental goals.

## ***A New Approach to Performance Measures***

The broad composite departmental measures represented in this *Strategic Plan* provide the basis for tracking and assessing contributions by departmental services to achieving Department strategic goals and objectives. The objectives for each goal can be found in Appendix I of this document. The objectives were developed to be measurable, clearly related to the goal and will help those

unfamiliar with DHHS services to understand what the Department is striving to achieve. The strategic objective/outcomes further identify what results or impact from the delivery of the services for DHHS customers and consumers. Thus, individual service performance results can be tied to the Departmental goals and objectives which are aligned with the Department's mission.

One of the most important aspects of this *Strategic Plan* is the Department's commitment to measuring outcomes that describe the effect of its services on the lives of North Carolinians. DHHS has emphasized the development of outcome measures during this process because of the significant role outcomes play in driving a unified, interconnected departmental focus. Critical to this is measuring the effect of services on person-centered outcomes and for measuring how the various services interrelate within and across goals and objectives. While this will require a substantial and ongoing investment of time, this effort is essential to move further toward person-centered outcomes, with the ability to establish baselines and targets. Output and process measures, in contrast, describe the level of activity that will be carried out in a specified period by each agency—for example, how many families are provided important health and economic supports or the rate of complaints received in the regulation of healthcare, child care or other facilities or programs. While monitoring outputs and processes are necessary for resource planning and service delivery management, DHHS must use both sets of performance measures—outcomes and outputs—to assess progress. Taking into account the effects of external and other factors, producing outputs and monitoring processes sufficiently should produce the outcomes that contribute to achieving the goals and mission over time. DHHS must be focused on person-centered outcomes as well to assure that services—albeit well delivered—are what is needed in a changing world.

It is important to further note that the current measures are not the end—but rather are the beginning and will serve as a catalyst for the Department to engage in a more directed process to evaluate strategies and approaches to measurement by placing increased emphasis on linking service outputs to

*objective measurable outcomes.* The ultimate aim of these DHHS efforts will be to develop a more comprehensive and outcome –based view of performance.

**GOAL 1: Manage resources to provide effective and efficient delivery of services to North Carolinians.**

**WHY IS THIS IMPORTANT?**

The Department of Health and Human Services works to ensure that resources are used efficiently and services are managed effectively, and in a manner consistent with applicable state and federal requirements. Critical to this goal is to promote, measure, and enforce existing and emerging standards of service delivery and infrastructure.

**KEY AREAS**

Key service areas under this goal include those that:

- Plan and coordinate the delivery of health and human services
- Ensure preparedness and the development of emergency response plans, policies, and procedures that identify, prioritize, and address public health and healthcare response to all hazards-manmade or natural
- Produce timely, accurate, and relevant health statistics and other information in support of prevention, awareness, deterrence, and response
- Establish and maintain ways, systems and networks to provide the public with quick, accurate and consistently updated information about threats to their health and safety, and what protective measures they should take
- Address the accessibility of health care; assists rural and low-income populations to improve their health and healthcare systems
- Establish and secure effective linkages between North Carolina residents, and health care practitioners

- Develop and administer services to increase and strengthen the health and human services workforce
- Lead and collaborate with partners in health care and human services to create systems, policies and practices that assure access to quality services
- License, certify and regulate providers
- Maintain an effective and efficient system for the investigation of unexplained, violent, or suspicious deaths of public interest.
- Oversee and manage surveillance activities, data management, trend analyses and disease monitoring

The key areas under Goal 1 also include core business functions and systems of budgeting, accounting, auditing, human resources, information technology, and procurement that meet the needs of DHHS. Sound management and oversight are provided to ensure stewardship of resources and compliance with all applicable federal and state regulations, policies, and mandates.

There are three objectives and 59 DHHS services representing 9 divisions and offices across DHHS aligned under Goal 1. The strategic outcomes that follow are key indicators of the expected results and take into consideration all the services aligned under the goal. The exception is a strategic outcome and measure(s) specific to building capacity through effective workforce development which will be developed later.

**Strategic Objective/Outcome 1: Enforce provider standards of quality and safety in the delivery of health and human services.**

**Measures:**

1. Rate of repeat complaints (all provider categories)

**Baseline and Target:** DHHS will use data from the last completed state and federal fiscal years (09-10) to establish baseline and targets.

**Data Source and Methodology:** DHSR and DCD data

Review the complaints for child care regulation and health care facilities as defined by the services within a designated timeframe (quarterly or semi-annually) and average these to track the rate of complaints.

**Description/Significance of Measure(s):** This departmental measure encompasses the commitment at the service level to quality and/or efficiency of regulatory processes necessary to protect customers from harm in a timely and responsive manner. The strategic outcomes for the objectives under Goal 1 are not measured in terms of outcomes. The results of processes and services under these objectives will be used to inform Goals 2-5 and the services provided therein which are measured in terms of outcomes.

**Strategic Objective/Outcome 2:** **Maintain statistical data collection, surveillance, and laboratory services and serve as the official custodian of North Carolina's vital records.**

**Measures:**

1. Number of business days to respond to requests for vital records
2. Annual number of Specimens Tested by the State Laboratory of Public Health (SLPH)
3. Appropriate investigation of potential adverse health and human events: % of hospitals sending their Emergency Department data to the enhanced early event detection surveillance system (NC EDSS); % of reportable communicable diseases to federal Centers for Disease Control as tracked through NC EDSS
4. % of data reports published in established timeframes

**Baseline and Target:** DHHS will use data from the last completed state and federal fiscal years (09-10) to establish baseline and targets.



**Data Source and Methodology:**

Measure 1: NC Vital Records-VRAS = Vital Records Automation System manual counts Measure 2: All required sample/specimen data provided by submitters are entered into the Laboratory Information Management System (LIMS) by clerical or technical staff. Monthly unit reports and SLPH Quality Assurance reports include data gathered by managers and supervisors from LIMS and other laboratory records (e.g., communication). Measure 3: NC EDSS. Measure 4: State Center for Health Statistics (SCHS) Access Database System for SCHS Activity Reports.

**Description/Significance of Measure(s):** The strategic outcomes for the objectives under Goal 1 are not measured in terms of outcomes. The results of processes and services under these objectives will be used to inform Goals 2-5 and the services provided therein which are measured in terms of outcomes.

**Strategic Objective/ Outcome 3:**       **Increase primary care accessibility and availability in underserved areas.**

**Measures:**

1. Increase access for low-income residents to maintain or regain their health at the lowest possible cost

**Baseline and Target:** DHHS will use data from the last completed state and federal fiscal years (09-10) to establish baseline and targets.

**Data Source and Methodology: ORHCC**

The cost savings of the Medication Assistance and Review Program (MARP), along with the cost savings from participation in the 340B Drug Pricing Program will be calculated. The number of patients served as a subset of this outcome may be tracked, however, there is some reluctance to add this population to the first outcome measure, as there is probably a good deal of overlap.

**Description/Significance of Measure(s):** The strategic outcomes for the objectives under Goal 1 are not measured in terms of outcomes. The results of processes and services under these objectives will be used to inform Goals 2-5 and the services provided therein which are measured in terms of outcomes.

A Strategic Objective/Outcome(s) and corresponding measures regarding workforce capacity/development will be developed at a later date as this. As indicated earlier in the *Major Challenges and Trends* section of this *Plan*, recruiting and sustaining a strong workforce is of paramount concern for DHHS. DHHS will tackle this issue in several ways inclusive of those services that are currently addressing workforce capacity and skill retention as well as a focus on succession planning. A cross-departmental team has met to identify the various tasks and research needed to make some plans for long term work force planning and development. These efforts will influence the related outcomes and measures.

**Goal 2: Expand awareness, understanding and use of information to enhance the health and safety of North Carolinians.**

## **WHY IS THIS IMPORTANT?**

The health and safety of the public is enhanced when North Carolinians make healthy choices in their lifestyles and take advantage of preventive health practices (e.g., wellness activities, screenings, falls prevention). Therefore, the development and dissemination of information concerning the extent, causes and prevention of chronic diseases and other risk factors is a key function led by Public Health but shared across DHHS. The use of this type of information is vital to the development of health and safety policies, practices aimed at prevention and to the mitigation of personal and environmental risks.

Education and outreach to persons with disabilities in need of information and assistance necessary to access services and supports is also very critical.

## **KEY AREAS**

Key service areas under this goal include those that:

- Address chronic diseases that have serious long-term health and social consequences
- Distribute health and safety data by which DHHS can implement evidence-informed/ evidence-based services in order to protect and promote the health of North Carolinians (evidence-based services by their nature lead to improved person-centered outcomes)
- Distribute competent health promotion and prevention information to educate North Carolinians as to their overall health status and healthy behaviors
- Provide access to information, assistance and opportunities to enhance health and safety, especially for those who may otherwise face barriers

There are three objectives and 33 DHHS services representing 7 divisions across DHHS aligned under Goal 2. The strategic objective outcomes that follow are key indicators of the expected results across those objectives and take into consideration all services.

**Strategic Objective/Outcome 1: Conduct education and health promotion to minimize risks in the areas of public health, safety; and access for persons with disabilities; and continually evaluate progress toward goal.**

*Healthy People is well established as the nation's prevention agenda and as a scorecard for monitoring health status.*

-----U.S. Department of Health and Human Services

Likewise, Healthy NC 2020: Prevention for the Health of NC represents North Carolina's primary prevention agenda. Through this effort, the leading causes of premature death have been identified along with identifying preventable and

underlying risk factors. As stated by the North Carolina Director of Public Health, the *Prevention Action Plan* for North Carolina includes evidenced –based strategies that, if followed will lead to improved population health in North Carolina. This concept requires concerted effort by multiple partners at multiple levels. This is supported by the interrelatedness of the DHHS service delivery system as well. Therefore, DHHS will further determine which objectives from the Healthy NC 2020 objectives and indicators that DHHS can impact and therefore add to departmental measures to assess progress in Goal 2 and determine Goal 2’s impact on improved outcomes for Goals 3-5.

**Measures:**

1. Percent increase in use of information to improve and/or maintain quality health and safety.
2. Percent increase of adults reporting good, very good, or excellent health status.

**Baseline and Target:** DHHS will use data from the last completed state and federal fiscal years (09-10) to establish baseline and targets.

**Data Source and Methodology:**

In the service areas in which the Department is focused on providing education/information, assess whether there are improved outcomes. This may be determined by the number of messages delivered/number of people reached. Explanation: To estimate the number of health education messages, track the number of earned media (e.g., newspaper articles, broadcast media), paid media (e.g., web ads), web site page views, and presentations given throughout the year. To estimate the number of people reached, use newspaper distribution numbers (for articles), media market population (for broadcast media), and presentation attendance estimates.

The Behavioral Risk Factor Surveillance System (BRFSS) will be used for the cross-cutting objective regarding reported health status.

**Description/Significance of Measure(s):** A healthier and more informed public based on evidence informed practices and prevention strategies are the primary results desired by all objectives under Goal 2. In addition, communication access for persons with disabilities is a critical component to the outcomes. Similar to the statement noted in Goal 1, the results of processes and services under these objectives will be used to inform Goals 3-5 and the services provided therein which are measured in terms of outcomes.

**Strategic Objective/Outcome 2:** Children and adults have access to and are provided quality treatment and support services based on evidence/evidence –informed practices.

**Measures:**

1. Percentage of participation in evidence- based/ evidence-informed activities
2. Percentage of improved service outcomes

As noted above, DHHS will defer to the DPH presented Healthy NC 2020: Prevention for the Health of NC objectives and performance indicators to further define additional objective outcomes and measures.

**Baseline and Target:** DHHS will use data from the last completed state and federal fiscal years (09-10) to establish baseline and targets.

**Data Source and Methodology:** Through the coordination with each division with services that are evidence-based/evidence-informed, a process for obtaining and reporting outcomes will be developed including data collection responsibilities and timetables for reporting. Examples of performance data that may be incorporated in these reports include access to services and outcomes of services. In addition, data that is routinely collected as part of the service's outcome measures (such as consumer survey data) may also be included.

**Description/Significance of Measure(s):** A healthier and more informed public based on evidence informed practices and prevention strategies are the primary

results desired by all objectives under Goal 2. In addition, communication access for persons with disabilities is a critical component to the outcomes. Similar to the statement noted in Goal 1, the results of processes and services under these objectives will be used to inform Goals 3-5 and the services provided therein which are measured in terms of outcomes.

The overall commitment to quality and accountability remains constant. Although there are many ways to address achieving quality and accountability, the implementation of evidence-based/evidence -informed services is considered crucial to improved quality outcomes.

**Goal 3: Provide outreach, support and services to individuals and families identified as being at risk of compromised health and safety to eliminate or reduce those risks.**

## **WHY IS THIS IMPORTANT?**

It is imperative that DHHS provide and strengthen its access and service delivery to children, adults and families so that those at risk receive what they need to mitigate those risks. Provision of services and benefits that support the well-being and advance families toward attaining and sustaining self-sufficiency are a significant part of this goal. It is also important to ensure that multiple services when applicable are well coordinated and reflect the changing strengths and needs of the affected children, adults and families.

## **KEY AREAS**

Key service areas under this goal include those that:

- Promote family stability
- Protect children

- Provide economic assistance to low income families/individuals
- Provide nutrition services and benefits
- Provide subsidized child care that allows parents to work
- Provide financial assistance to low income families/individuals
- Promote sufficiency
- Collect child support to improve the lives of children
- Prevent /Protect individuals and families from violence and injury
- Identify clinical conditions that, if not detected and treated early, may result in significant morbidity and mortality to infants and children
- Provide eligible children, adolescents, and families with healthcare benefits, services and community resources-- inclusive of family planning, prevention and reduction of risky behavior in youth
- Offer access to medication assistance to eligible adults

Goal 3 indicates the beginning of more targeted service delivery for those receiving DHHS services. The 10 objectives under which 76 DHHS services are aligned, define how DHHS addresses services for children, adults, and families who are at risk of compromised health and safety without preventative intervention. The 76 services under Goal 3 are provided across 8 divisions or offices. The strategic objective outcomes that follow are key indicators of the expected results across those objectives and take into consideration all services.

**Strategic Objective/Outcome 1: Ensure access and provision of prevention services to children who are at risk.**

**Measures:**

1. Percent of Medicaid enrolled pregnant women receiving prenatal care in the first trimester
2. Teen pregnancy rate
3. WIC participation rate
4. Percent of two-year old children in North Carolina who are appropriately immunized
5. Rate of infant mortality

6. Percent of children reporting tobacco, drug, alcohol use

**Baseline and Target:** DHHS will use data from the last completed state and federal fiscal years (09-10) to establish baseline and targets.

**Data Source and Methodology:** Matched birth/Medicaid file, State Center for Health Statistics, Pregnancy Risk Assessment Monitoring Survey (PRAMS), Sickle Cell Database; Child Health Report Card, OHS Surveillance Database; Youth Risk Behavior Survey; Youth Tobacco Survey; National Immunization Survey.

In the service areas in which the Department is focused on prevention for at risk children, outcomes are improved when the rate of children screened are averaged and tracked against the support and treatment provided to those served.

**Description/Significance of Measure(s):** Access to care and preventive health and safety benefits and services are key results across all the objectives for Goal 3. Addressing preventable health risk behaviors represents the primary focus of the services.

**Strategic Objective/Outcome 2:** Ensure access and provision of prevention services to adults who are at risk.

**Measures:**

1. Access to medication assistance for low-income residents to maintain or regain health at the lowest possible cost (increase).
2. Percent of at risk adults screened for potentially fatal conditions who Receive the recommended follow up (increase).
3. Rate of new HIV diagnoses (reduce).

**Baseline and Target:** DHHS will use data from the last completed state and federal fiscal years (09-10) to establish baseline and targets.



**Data Source and Methodology:** ORHCC (MARF database); State Lab test records, stored in LIMS (State Lab Information System); Performance Reports produced from the Health Information System database.

In the service areas in which the Department is focused on providing prevention for at risk adults, outcomes are improved when the rate of adults screened are averaged and tracked against the support and treatment provided to those served.

**Description/Significance of Measure(s):** Access to care and preventive health and safety benefits and services are key results across all the objectives for Goal 3. Addressing preventable health risk behaviors represents the primary focus of the services.

**Strategic Objective/Outcome 3: Families who are at risk have improved capacity to meet their basic medical and economic needs.**

**Measures:**

1. Percent change in Medicaid enrollment over prior year (unduplicated count)
2. Percent of eligible individuals linked to a Community Care of North Carolina (CCNC) primary care physician
3. Percent of families being served for nutrition, emergency assistance or medical services of the total number of families in North Carolina who are potentially eligible for services.

**Baseline and Target:** DHHS will use data from the last completed state and federal fiscal years (09-10) to establish baseline and targets.

**Data Source and Methodology:** Medicaid Management Information System (MMIS) ; DHHS Client Data Warehouse; Food/Nutrition/Energy program participation data; Aging Resources Management System (ARMS); ACTS; Child Subsidy System; Accountable Results for Community Action (AR4CA) and local Agency Reports .

The number of individuals served in comparison to the number of potentially eligible based on poverty data will indicate the level of need.

**Description/Significance of Measure(s):** Access to care and preventive health and safety benefits and services are key results across all the objectives for Goal 3. Addressing preventable health risk behaviors represents the primary focus of the services.

**Goal 4: Provide services and supports to individuals and families experiencing health and safety needs to assist them in living successfully in the community.**

## **WHY IS THIS IMPORTANT?**

The focus of this goal is to that help individuals with identified needs remain in their residence of choice and/or least restrictive setting, obtain employment, and live more independently through the provision of such supports as counseling, medical and psychological services, job training and other individualized services. The goal also includes services that support cost-effective long-term family caregiving, and assure the protection of children.

## **KEY AREAS**

Key service areas under this goal include those that:

- Provide community mental health, intellectual disability, and substance abuse services
- Provide emergency and crisis support
- Provide rehabilitation and vocational rehabilitation  
Provide case management, employment, and training
- Infant and toddler early intervention
- Provide home and community services that support natural support systems and promote independent living

- Strengthen person-centered planning and service delivery through Medicaid waivers
- Help populations with special needs (e.g., traumatic brain injury, sickle cell, homeless)

Goal 4 has 10 objectives and represents more intensive and individualized service delivery for those children, adults, and families with identified challenges that address self-sufficiency of families and individuals through opportunities for, employment, income assistance, and health care. The 10 objectives, under which 68 DHHS services are aligned, are provided across 9 divisions. The strategic objective outcomes that follow are key indicators of the expected results across those objectives and take into consideration all services.

**Strategic Objective/Outcome 1: Children receive comprehensive person-centered community services and supports that promote self-determination and community participation.**

**Measures:**

1. Percent of children in target populations that receive the health and mental health services and supports needed (increase).
2. Rate of child repeat maltreatment (reduce).

**Baseline and Target:** DHHS will use data from the last completed state and federal fiscal years (09-10) to establish baseline and targets.

**Data Source and Methodology:** North Carolina Partnership for Children; CDW; NC TOPPS; Community Systems Progress Data; Central Registry; Child Welfare Experiences Data--Survey in order to determine, of those children referred for CPS, early intervention and community-based mental health services—how many received services and have not needed repeat services for twelve months and are maintained in community settings. This will be a combined figure of all services.

**Description/Significance of Measure(s):** Achieving and maintaining levels of functionality and improvement in indicators of independence and ability to stay in-home and within the community through community based services for children, adults; and families with identified challenges are the key results across the objectives and services; and denoted by the measures.

**Strategic Objective/Outcome 2:** Adults receive comprehensive person-centered community services and supports that promote self-determination and community participation.

**Measures:**

1. Percent of Adults in target populations that receive the health and mental health supports needed.

**Baseline and Target:** DHHS will use data from the last completed state and federal fiscal years (09-10) to establish baseline and targets.

**Data Source and Methodology:** CDW; NC TOPPS; Community Systems Progress Data; Aging Resources Management System (ARMS).

Of those adults referred for adult home and community-based mental health services, how many received services and have not needed repeat services for twelve months and are maintained in community settings. This will be a combined figure of all services.

**Description/Significance of Measure(s):** Achieving and maintaining levels of functionality and improvement in indicators of independence and ability to stay in-home and within the community through community based services for children, adults; and families with identified challenges are the key results across the objectives and services; and denoted by the measures.

**Strategic Objective/Outcome 3:** Families receive services necessary to address crisis situations and therefore improve safety and stability.

**Measures:**

1. Number of families served.

**Baseline and Target:** DHHS will use data from the last completed state and federal fiscal years (09-10) to establish baseline and targets.

**Data Source and Methodology:** FVPSA End of the Year Report; CIP Summary Report.

Data will be gathered regarding individuals and families receiving benefits compared to those potentially eligible as defined by the corresponding poverty level using census data.

**Description/Significance of Measure(s):** Achieving and maintaining levels of functionality and improvement in indicators of independence and ability to stay in-home and within the community through community based services for children, adults; and families with identified challenges are the key results across the objectives and services; and denoted by the measures.

**Strategic Objective/Outcome 4:** Individuals and families receive employment and employment supports to improve quality of life.

**Measures:**

1. Percent of targeted employment participants who successfully complete their employment plan.

**Baseline and Target:** DHHS will use data from the last completed state and federal fiscal years (09-10) to establish baseline and targets.

**Data Source and Methodology:** Services Information System (SIS), Employment Program Integrity Control System (EPICS), Employment Programs Information System (EPIS); Vocational Rehabilitation Electronic Casework Accounting System and Electronic Utilization Reporting System; ESC Employment & Training Report; Workfare Participation Report; Other respective employment services data from responsible divisions and offices.

Of those individuals referred for employment services--- how many received services and maintained employment for minimum of 90 days or more. This will be a combined figure of all employment services.

**Description/Significance of Measure(s):** Achieving and maintaining levels of functionality and improvement in indicators of independence and ability to stay in-home and within the community through community based services for children, adults; and families with identified challenges are the key results across the objectives and services; and denoted by the measures.

**Goal 5: Provide services and protection to individuals and families experiencing serious health and safety needs who are not, at least temporarily, able to assist themselves with the goal of helping them return to independent, community living.**

### **WHY IS THIS IMPORTANT?**

This goal relates to services provided by state facilities that prepare individuals for successful integration back into the community when appropriate and to publicly-funded services offered to those who can no longer care for themselves. In the provision of these services, efforts are made to offer them as close to the individual's home and natural supports as possible.

### **KEY AREAS**

Key service areas under this goal include those that:

- Provide individualized care to persons with developmental disabilities, substance abuse disorders, and psychiatric illnesses and whose needs exceed the level of care available in the community
- Provide rehabilitative, custodial, long-term and end-of-life care to older adults and persons with disabilities

- Provide protection to adults vulnerable to abuse, neglect and exploitation and in need to assistance in exercising their rights

Goal 5 represents the significant service delivery to children, adults and families with serious challenges, not easily improved. Out of home placement and protection are key components of the 7 objectives and 29 services under Goal 5. Services are provided across 4 divisions.

**Strategic Objective/Outcome 1: Children have permanence and stability in their living situations.**

**Measures:**

1. The number of children leaving care without legal permanency.

**Baseline and Target:** DHHS will use data from the last completed state and federal fiscal years (09-10) to establish baseline and targets.

**Data Source and Methodology:** DSS child welfare service data; Adoption Information Management System (AIMS); Of those children who are placed in foster care, how many are returned home or receive permanency within twelve months.

**Description/Significance of Measure(s):** Specialized facility-based treatment and supports as well as other out-of-home placement services, interventions and protection are an integral component in the continuum of care for the children, adults and families requiring these services through DHHS. It is imperative that the most appropriate options are provided and sustained for these individuals, often with the most significant or complex service needs.

**Strategic Objective/Outcome 2: Children receive comprehensive person-centered facility-based/inpatient services and supports that promote self-determination and return to community participation.**

**Measures:**

1. The proportion of children served in intensive community services per occupied state facility bed (increase).
2. Of those children who receive inpatient care, the number of children who are returned to a community setting and are not readmitted for a twelve month period (increase).

**Baseline and Target:** DHHS will use data from the last completed state and federal fiscal years (09-10) to establish baseline and targets.

**Data Source and Methodology:** HEARTS database; Community Systems Progress Data.

**Description/Significance of Measure(s):** Specialized facility-based treatment and supports as well as other out-of-home placement services, interventions and protection are an integral component in the continuum of care for the children, adults and families requiring these services through DHHS. It is imperative that the most appropriate options are provided and sustained to these individuals, often with the most significant or complex service needs.

**Strategic Objective/Outcome 3: Adults receive comprehensive person-centered facility-based/inpatient services and supports that promote self-determination and return to community participation.**

**Measures:**

1. Of those adults who receive inpatient care, the number of adults who are returned to a community setting and are not readmitted for a twelve month period (increase).

**Baseline and Target:** DHHS will use data from the last completed state and federal fiscal years (09-10) to establish baseline and targets.

**Data Source and Methodology:** HEARTS database; Community Systems Progress Data



**Description/Significance of Measure(s):** Specialized facility-based treatment and supports as well as other out-of-home placement services, interventions and protection are an integral component in the continuum of care for the children, adults and families requiring these services through DHHS. It is imperative that the most appropriate options are provided and sustained to these individuals, often with the most significant or complex service needs.

**Strategic Objective/Outcome 4: Adults have permanence and stability in their living situations.**

**Measures:**

1. Number of individuals served.

**Baseline and Target:** DHHS will use data from the last completed state and federal fiscal years (09-10) to establish baseline and targets.

**Data Source and Methodology:** Aging and Adult Services; Medicaid; LTC

Data will be gathered regarding individuals receiving services.

**Description/Significance of Measure(s):** Specialized facility-based treatment and supports as well as other out-of-home placement services, interventions and protection are an integral component in the continuum of care for the children, adults and families requiring these services through DHHS. It is imperative that the most appropriate options are provided and sustained to these individuals, often with the most significant or complex service needs.

## **Management Goals and Measures**

As an agency subject to Executive Order 3 the following management goals and measures are provided in the *Plan*. Per guidance, DHHS will evaluate past performance for each of these goals and identify reasonable targets for improving performance in each area. Therefore, at a minimum the following will be tracked by DHHS:

## **Budget and Financial**

**Goal 1: Agency financial reports are accurate and complete by the required due date at the end of every month.**

**Measure: Timeliness of month end reporting**

**Data Source:** OSC report on close-out status

**Methodology:** Each agency is responsible for certifying that the month end reports on transactions from appropriations and/or receipts are accurate and complete by the 10th working day of the following month (unless an alternate due date is defined by OSC). Agencies should track the number of days past the due date on a monthly basis and establish a reasonable target based on past performance.

**Goal 2: Agency is effectively monitoring expenditures and managing resources to ensure accounts are not overextended.**

**Measure: Percent of accounts overextended at the end of each quarter**

**Data Source:** North Carolina Accounting System, Monthly budget report (C-D-GL-BD701- CERT-REPORT)

**Methodology:** Over-expenditures should be calculated at the end of each quarter as the difference between actual expenditures and the authorized budget (BD 307 plus all approved budget revisions) at the certified level of detail for each fund. The measure should apply to all general fund operating codes.

## **Capital/Infrastructure**

**Goal 1: Design contracts are signed within the same fiscal year funds are authorized for capital projects. (G.S. 143C-8-11)**

**Measure: Percent of capital projects under a design contract within the same fiscal year that funds are authorized**

**Data Source:** Agency records & monthly revenue/expenditure report (BD 725)

**Methodology:** Measure should include all appropriated, repair and renovation, and debt funded capital projects in the previous two fiscal years. The measure

should not include the current fiscal year because agencies and institutions have until the end of the fiscal year to award a design contract.

**Goal 2: Capital projects funded from the Repair and Renovation Reserve are completed within three years of authorization.**

**Measure: Percent of R&R projects completed within three years of authorization**

**Data Source:** Agency records & monthly revenue/expenditure report (BD 725)

**Methodology:** Measure should include all Repair & Renovation (R&R) projects that have been authorized for at least three years and not more than five years.

**Goal 3: 85% of capital projects are completed within original State Construction project cost estimate (OC-25).**

**Measure: Percent of capital projects completed within the original (OC-25) cost estimate.**

**Data Source:** Agency records, monthly revenue/expenditure report (BD 725), & project cost estimate certified by State Construction (OC-25).

**Methodology:** Measure should include projects that were authorized in the current and previous biennium and are completed. The agency should identify all projects that are completed and use the original OC-25 cost estimate to establish the baseline budget.

## **Human Resources**

**Goal 1: Agencies are targeting retention efforts to reduce voluntary turnover.**

**Measure: Voluntary turnover rate**

**Data Source:** BEACON Business Intelligence (BI) Report (B0043)

**Methodology:** The agency should use the BEACON BI Employee Turnover from State Government report to obtain data on total number of employee separations and rate of separations by agency; The report includes voluntary vs. involuntary

vs. retirements, but agencies should only use voluntary turnover for this measure. The measure should be annualized to reflect the most recent twelve month period. If a position is eliminated, it does not count as a separation and is not reflected in this report.

**Goal 2: Agencies are effectively retaining new employees.**

**Measure: Turnover rate of new employees**

**Data Source:** BEACON Business Intelligence (BI) Report (B0090)

**Methodology:** The agency should use the BEACON BI New Employee Turnover Rate Report to obtain data on separations of "new" employees (defined as 0-2 years) and is based on employee's original hire date with the State, so transfers between agencies are not counted. The measure should be annualized to reflect the most recent twelve month period.

**Goal 3: All separations are processed within 30 days, avoiding unnecessary costs to the state through incorrect payments. Measure: Percent of separations processed within 30 days**

**Data Source:** BEACON Business Intelligence (BI) Report (B0098)

**Methodology:** The agency should use the BEACON BI Time to Process Separations Report to calculate the percentage of separations processed more than 30 days retroactively. The report determines the number of days retroactive by taking the difference between the date on which the transaction was entered and the effective date of the transaction.

**Goal 4: All position pay changes are processed within 30 days, avoiding errors in employee pay and reducing unnecessary costs to the state. Measure: Percent of position changes processed within 30 days**

**Data Source:** BEACON Business Intelligence (BI) Report (B0152)

**Methodology:** The agency should use the BEACON BI Time to Process Position Changes Report to calculate the percentage of position changes

processed more than 30 days retroactively. The report determines the number of days retroactive by taking the difference between the date on which the transaction was entered and the effective date of the transaction.

### **Information Technology**

**Goal 1: Critical applications have adequate back-up and have been tested successfully.**

**Measures: Percent of critical applications with adequate back-up**

**Percent of critical applications successfully tested**

**Data Source:** Agency reported data in the Application Portfolio Management (APM) tool; agency business continuity plans; ITS operational disaster recovery test records

**Methodology:** The agency should analyze data reported in the APM tool to calculate the percentage of critical applications with back-up and the percent that have been successfully tested.

**Goal 2: IT projects will be completed on time and on budget.**

**Measures: Variance from original baseline budget**

**Variance from baseline end date**

**Data Source:** Office of Information Technology Services (ITS) Project and Portfolio Management (PPM) tool

**Methodology:** The agency should use data reported in the PPM tool to determine the cost variance for all active projects (use variance between the forecasted budget and the original baseline budget as determined after the planning and design phase); The agency should also use data reported in the PPM tool to determine the variance from the baseline end date for all active project (use variance between the forecast end date and original baseline end date). The agency should establish target variances for all projects to meet (e.g. no projects exceed baseline budget by more than 10%; all projects on track for completion within 180 days of baseline end date) and report number and percentage of total projects meeting targets.

## DHHS Planning Process

In constructing the *Strategic Plan*, DHHS sought to respond to the requirements of Executive Order 3 with the guidance issued from the Office of State Budget and Management (OSBM) and the Governor's Policy Office. Executive Order 3 addresses performance management and accountability and challenges North Carolina to be one of the best managed states in the nation through the development of several performance initiatives, including strategic planning. Executive Order 3 further requires strategic plans to reflect the Governor's priorities which are listed below. The DHHS response can be found on pages 15-18 of this document. In addition, plans must include the state management goals and measures which are contained on pages 39-43.

1. Preserve and create jobs, jobs and more jobs.
2. Position North Carolina for economic recovery.
3. Assist small and rural businesses to stay in business and grow.
4. Ensure all students graduate Career and College ready.
5. Recruit and retain quality teachers and principals.
6. Turn around low-performing schools.
7. Restore public trust in government.
8. Enforce zero tolerance of fraud and corruption.
9. Do more with less.
10. Keep North Carolina safe.

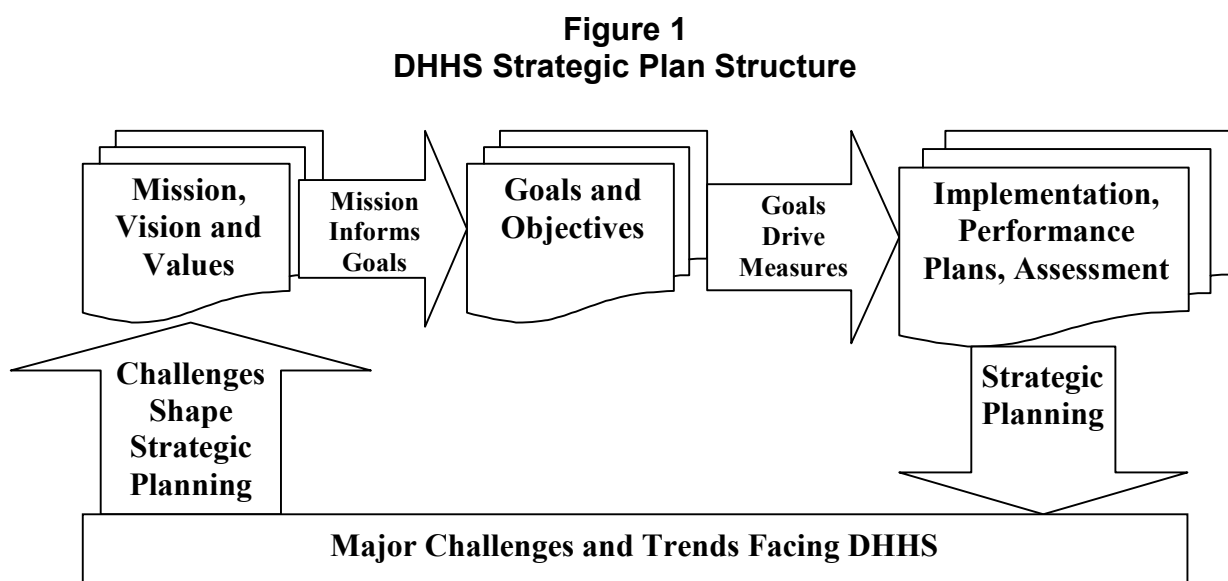
The planning process for DHHS is driven by the same four questions that frame the North Carolina state government planning process outlined in the OSBM guidance:

1. *Where are we now?*
2. *Where do we want to be?*
3. *How do we get there?*
4. *How to we evaluate our progress?*

The strategic planning process further provided a critical platform for translating the Department's vision into measurable performance goals to drive effective performance management for results.

Each of the Department's divisions and staff contributed to the development of this *Strategic Plan*, from the goals and the broad strategic objectives to the performance indicators. Several cross-departmental teams have been engaged over the past year to address the multi-faceted and complex nature of those questions within the context of the DHHS values and the Department's efforts to function as a whole rather than through divisional silos. Under the leadership of the DHHS Performance Goals Committee and the DHHS Excels Steering Committee, a participatory process addressed question 1: *where are we now?* by revising the DHHS mission and adopting a single mission for the entire Department---replacing all other mission statements previously used. In addition, all areas of the Department re-assessed their challenges, risks and opportunities to further define current status. Also through a collaborative process, DHHS defined "where we want to be" by revising its vision statement and developing five strategic goals and corresponding objectives that support the revised mission of DHHS, the vision and incorporate the newly established values.

Figure 1 shows an overview of the strategic planning landscape.



## Next Steps and Plan Implementation

By design, this *Strategic Plan* represents the planning phase of the performance cycle. DHHS has undertaken an aggressive agenda to change how it operates in order to improve outcomes for those served. Considerable work has been done to get the Department of Health and Human Services to this juncture. A critical next step is to further address the question: “how do we get there?” Implementing the *Plan* requires ongoing coordination and commitment on all levels and across all areas. The collaborative and deliberative process that DHHS went through was an effective yet massive undertaking. DHHS has the performance management framework needed to continue building and integrating a systematic approach to *performance improvement* by analyzing and reviewing its performance data as related to the goals and the *Strategic Plan* and *using that data to drive improvement*.

The use of cross-departmental teams will continue to play a critical role in further establishing accountability for performance and in finalizing processes to support the collection of data and other specific actions needed to take place at the service level to accomplish departmental goals. DHHS will establish cross-departmental performance evaluation teams to analyze and recommend processes to operationalize as well as to recommend an evaluative process for the regular assessment of performance. Such teams allow DHHS to utilize the analytical expertise of program evaluation and other subject matter experts across the department as well as to develop the capacity for performance evaluation across DHHS. It is important that this process identify opportunities for developing or improving cross-cutting outcomes; defining or refining applicable strategies; and establishing best practices, while emphasizing the need to achieve planned levels of outputs and results. Acting on these findings is an important step in realizing the Department’s outcome goals.

At every level within DHHS, a common understanding of how the goals factor into the work of the Department is required for success. This ambitious change management agenda will require extensive coordination, effective communication and astute analysis throughout the Department; but in the end



this approach will produce a stronger, more responsive Department of Health and Human Services.

DHHS recognizes that it cannot consider its long-term strategy in a vacuum. It is important for the Department to solicit external input for the implementation of this *Plan* from its partners and stakeholders on all levels within government and the private sector.



# APPENDICES



Summary of DHHS Goals and Objectives

**Goal 1: Manage resources to provide effective and efficient delivery of services to North Carolinians.**

**Goal 2: Expand awareness, understanding and use of information to enhance the health and safety of North Carolinians.**

**Goal 3: Provide outreach, support and services to individuals and families identified as being at risk of compromised health and safety to eliminate or reduce those risks.**

**Goal 4: Provide services and supports to individuals and families experiencing health and safety needs to assist them in living successfully in the community.**

**Goal 5: Provide services and protection to individuals and families experiencing serious health and safety needs who are at, at least temporarily, able to assist themselves with the goal of helping them to return to independent, community living.**

Service Infrastructure

Education/Access/Promotion

(Fund 11xx)

(Fund 12xx)

Children and/or Adults

Objective A (Fund xx50) # of Services)	21	0
Ensure that <i>children and/or adults</i> are protected from harm through <i>enforcing</i> and communicating <i>information</i> from <i>regulatory standards</i> for multiple health related facilities and professions.	21	0
Objective B (Fund xx60)	30	21
Ensure the capacity to deliver health and safety services to <i>children and/or adults</i> through collaboration, networks, partnerships and workforce development.	30	21
Objective C (Fund xx70)	8	12
Ensure that <i>children and/or adults</i> receive needed and effective health and safety services through <i>data tracking, research and evaluation</i> .	8	12
Goal 1 Service Totals	59	33
Goal 2 Service Totals	33	12

People at Risk Targeted Prevention  
(Fund 13xx)

Children and/or Adults

(Fund 15xx)

Objective #1a (Fund xx40)	5	2	here are no DHHS services for Objective 1, Goal 45. These children may enter the price system for adults.
Ensure that <i>children at risk of</i> compromised health and safety receive <i>support services</i> to mitigate those risks.	5	2	here are no DHHS services for Objective 1, Goal 45. These children may enter the price system for adults.
Objective #1b (Fund xx80)	1	0	here are no DHHS services for Objective 1, Goal 45. These children may enter the price system for adults.
Ensure that <i>children at risk of</i> compromised health and safety receive <i>assessment and treatment services</i> to mitigate those risks.	1	0	here are no DHHS services for Objective 1, Goal 45. These children may enter the price system for adults.
Objective #2a (Fund xx10)	3	2	Ensure that <i>adults</i> needing assistance to get for themselves are safe from abuse, neglect and exploitation through provision of <i>support services</i> .
Ensure that <i>adults at risk of</i> compromised health and safety receive <i>support services</i> before those needs worsen or become irreversible.	3	2	Ensure that <i>adults</i> needing assistance to get for themselves are safe from abuse, neglect and exploitation through provision of <i>support services</i> .
Objective #2b (Fund xx20)	4	7	0
Ensure that <i>adults at risk of</i> compromised health and safety receive <i>assessment and treatment services</i> before those needs worsen or become irreversible.	4	7	0
Objective #3a (Fund xx30)	11	1	2
Ensure that <i>children at risk of</i> compromised health or safety which could jeopardize their ability to remain live successfully in the community receive <i>support services</i> to mitigate those risks.	11	1	2
Objective #3b (Fund xx40)	0	6	8
Ensure that <i>children at risk of</i> compromised health or safety which could jeopardize their ability to remain live successfully in the community receive <i>assessment or treatment services</i> to mitigate those risks.	0	6	8
Objective #4a (Fund xx50)	0	23	3
Ensure that <i>adults at risk of</i> compromised health or safety which could jeopardize their ability to remain live successfully in the community receive <i>support services</i> to mitigate those risks.	0	23	3
Objective #4b (Fund xx60)	0	2	13
Ensure that <i>adults at risk of</i> compromised health or safety which could jeopardize their ability to remain live successfully in the community receive <i>assessment and treatment services</i> to mitigate those risks.	0	2	13
Objective #5a (Fund xx70)	40	17	1
Ensure that <i>families at risk of economic challenges</i> receive <i>health and safety benefits</i> to mitigate those risks.	40	17	1
Objective #5b (Fund xx80)	6	18	
Ensure that <i>families at risk of economic challenges</i> receive <i>employment benefits</i> to mitigate those risks.	6	18	
Objective #5c (Fund xx90) # of Services)	0	2	9
Ensure that <i>families</i> who are experiencing economic jeopardy receive <i>emergency assistance services</i> to mitigate health and safety risks.	0	2	9
Goal 3 Service Totals	76	68	29
Goal 4 Service Totals	68	29	265
Goal 5 Service Totals	29	265	
Total for All Services	265		

**Goal 1: Manage resources to provide effective and efficient delivery of services to North Carolinians.**

	Division of Aging and Adult Services	Division of Child Development	Division of Medical Assistance	Division of Mental Health/PTSD	Division of Public Health	Division of Social Services	Division of Voluntary Organizations	Division of Services for the Elderly/Deaf and Hard of Hearing	Division of Health Service Regulation	Secretary of Health, Senior Care, and Human Resources
<b>Strategic Objective/Outcome 1: Enforce provider standards of quality and safety in the delivery of health and human services.</b>										
Rate of repeat complaints (all provider categories)	✓	✓	✓		✓			✓		
<b>Strategic Objective/Outcome 2: Maintain statistical data collection, surveillance, and laboratory services and serve as the official custodian of North Carolina's vital records.</b>										
Number of business days to respond to requests for vital records				✓						
Annual number of Specimens Tested by the State Laboratory of Public Health (SLPH)				✓						
Percent of hospitals sending their Emergency Department data to the enhanced early event detection surveillance system (NC EDSS); Percent of reportable communicable diseases to federal Centers for Disease Control as tracked through NC EDSS				✓				✓		✓
Percent of data reports published in established timeframes				✓						
<b>Strategic Objective/ Outcome 3: Increase primary care accessibility and availability in underserved areas</b>										
Increase access for low-income residents to maintain or regain their health at the lowest possible cost		✓		✓	✓					✓

**Goal 2: Expand awareness, understanding and use of information to enhance the health and safety of North Carolinians.**

	Division of Aging and Adult Services	Division of Child Development	Division of Social Assistance	Division of Mental Health/DSM-5	Division of Public Health	Division of Social Services	Division of Vocational Rehabilitation	Division of Services for the Blind/Deaf and/or Deafblind	Division of Health Service Regulation	Secretary's Office/ Rural Health, Economic Opportunity, Housing/Transportation
<b>Strategic Objective/Outcome 1:</b> Conduct education and health promotion to minimize risks in the areas of public health, safety, and access for persons with disabilities; and continually evaluate progress toward goal.										
Percent increase in use of information to improve and/or maintain quality health and safety.			✓		✓	✓				
Percent increase of adults reporting good, very good, or excellent health status.	✓		✓	✓	✓	✓				✓
<b>Strategic Objective/Outcome 2:</b> Children and adults have access to and are provided quality treatment and support services based on evidence/evidence-informed practices.										
Percentage of participation in evidence-based/evidence-informed activities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Percentage of Improved service outcomes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

**Goal 3: Provide outreach, support and services to individuals and families identified as being at risk of compromised health and safety to eliminate or reduce those risks.**

	Division of Adult and Elder Services	Division of Child Development	Division of Medical Assistance	Division of Mental Health/DBH/HS	Division of Public Health	Division of Social Services	Division of Substance Abuse/Recovery	Division of Services for the Sensory/Intellectual and Physical Disabilities	Division of Health Services	Secretary's Office, Office of Health Equity/Disparities
<b>Strategic Objective/Outcome 1: Ensure access and provision of prevention services to children who are at risk.</b>										
Percent of Medicaid-enrolled pregnant women receiving prenatal care in the first trimester			✓	✓	✓				✓	
Teen pregnancy rate			✓	✓	✓					
WIC participation rate			✓	✓	✓				✓	
Percent of two-year-old children in North Carolina who are appropriately immunized		✓		✓	✓					
Rate of infant mortality		✓	✓	✓	✓					
Percent of children reporting tobacco, drug, alcohol use			✓	✓	✓					
Percentage of Medicaid children who are enrolled in WIC			✓	✓	✓					
<b>Strategic Objective/Outcome 2: Ensure access and provision of prevention services to adults who are at risk.</b>										
Access for low-income residents to maintain or regain health through medication assistance at the lowest possible cost			✓	✓	✓				✓	
Percentage of at-risk adults screened for potentially fatal conditions who receive the recommended follow-up			✓	✓					✓	
Rate of new HIV diagnoses			✓	✓						
<b>Strategic Objective/Outcome 3: Families who are at risk have improved capacity to meet their basic medical and economic needs.</b>										
Percent change in Medicaid enrollment over prior year (unduplicated count)			✓	✓	✓				✓	
Percent of eligible individuals linked to a Community Care of North Carolina (CCNC) primary care physician			✓	✓	✓				✓	
Percent of families being served for nutrition, emergency assistance or medical services of the total number of families in North Carolina who are potentially eligible for services	✓		✓		✓				✓	



Goal 4: Provide services and supports to individuals and families experiencing health and safety needs to assist them in living successfully in the community.		<div>Division of Aging and Adult Services</div> <div>Division of Child Development</div> <div>Division of Mental Health</div> <div>Division of Substance Abuse</div> <div>Division of Public Health</div> <div>Division of Social Services</div> <div>Division of Vocational Rehabilitation</div> <div>Division of Services for the Blind/Deaf and Hard of Hearing</div> <div>Division of Health Services</div> <div>Division of Offender Health Services</div>									
receive comprehensive person-centered community services and supports that promote self-determination and community participation.											
Percent of children in target populations that receive the health and mental health services and supports needed (increase)		✓	✓	✓	✓	✓				✓	
Rate of child repeat maltreatment (reduce).		✓	✓	✓	✓	✓					
<b>Strategic Objective/Outcome 2:</b> Adults receive comprehensive person-centered community services and supports that promote self-determination and community participation.											
Percent of Adults in target populations that receive the health and mental health supports needed	✓		✓	✓	✓	✓	✓	✓	✓		✓
<b>Strategic Objective/Outcome 3:</b> Families receive services necessary to address crisis situations and therefore improve safety and stability											
Number of families served	✓		✓	✓	✓	✓					✓
<b>Strategic Objective/Outcome 4:</b> Individuals and families receive employment and employment supports to improve quality of life.											
1. Percent of targeted employment participants who successfully complete their employment plan	✓	✓					✓	✓	✓		✓

Goal 5: Provide services and protection to individuals and families experiencing serious health and safety needs who are not, at least temporarily, able to assist themselves with the goal of helping them return to independent, community living.

	Division of Adult and Adult Services	Division of Child Development	Division of Medical Assistance	Division of Mental Health/OSHC	Division of Public Health	Division of Social Services	Division of Vocational Rehabilitation	Division of Services for the Blind/Deaf and Hard of Hearing	Division of Health Services	Secretary's Office - Rural Health, Economic Opportunity, Housing/Homeliness
<b>Strategic Objective/Outcome 1: Children have permanence and stability in their living situations.</b>										
1. The number of children leaving care without legal permanency.			✓	✓						
<b>Strategic Objective/Outcome 2: Children receive comprehensive person-centered facility-based/inpatient services and supports that promote self-determination and return to community participation.</b>										
1. The proportion of children served in intensive community services per occupied state facility bed (increase).		✓	✓	✓				✓		
2. Of those children who receive inpatient care, the number of children who are returned to a community setting and are not readmitted for a twelve month period (increase).		✓	✓	✓				✓		
<b>Strategic Objective/Outcome 3: Adults receive comprehensive person-centered facility-based/inpatient services and supports that promote self-determination and return to community participation.</b>										
1. Of those adults who receive inpatient care, the number of adults who are returned to a community setting and are not readmitted for a twelve month period (increase).	✓		✓		✓	✓		✓		
<b>Strategic Objective/Outcome 4: Adults have permanence and stability in their living situations.</b>										
Number of individuals served.	✓				✓			✓		✓
Percent of state costs saved by serving Special Assistance recipients through In-Home Program versus Adult Care Home.	✓				✓			✓		



# Strategic Plan



North Carolina Department of Health and Human Services

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