

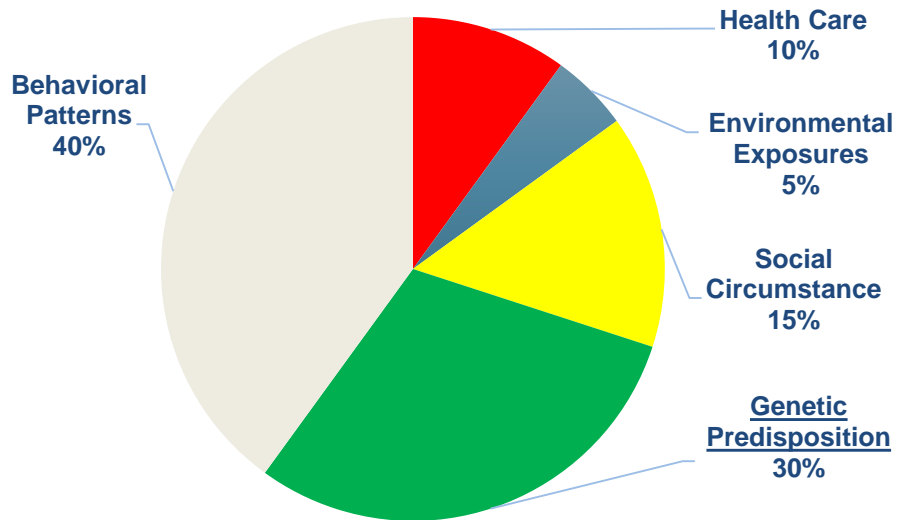


Vision for Improving Early Childhood Health, Safety & Education

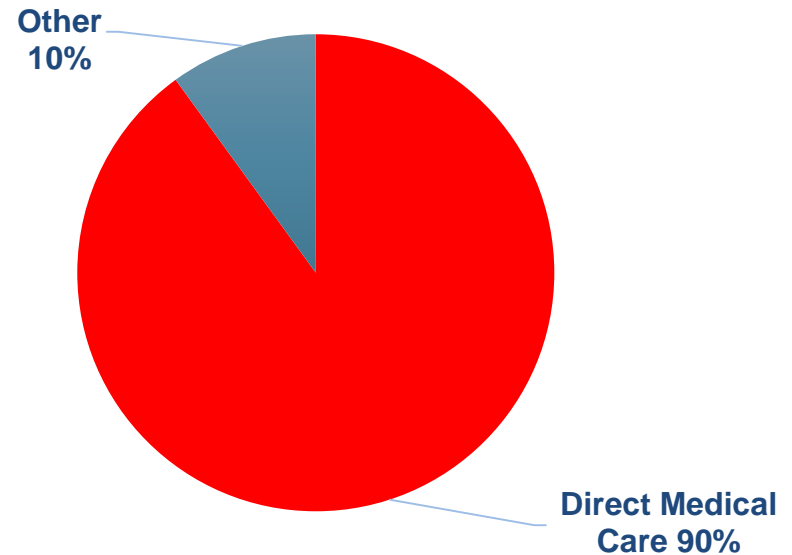
Mandy Cohen MD, MPH
Secretary, DHHS
May 11, 2018

Buying Health

Drivers of Health



Health Care Spending



The single greatest opportunity to improve health lies in addressing a person's unmet social needs.

DHHS Priorities

**Medicaid
Transformation**

Opioid Crisis

**Early Childhood Health
and Education**

Medicaid Transformation

Medicaid Transformation

- Transforming from state run Medicaid program to a managed care administered system. Earliest start – July 2019
- Using best practices from other states and building on the existing infrastructure in NC

1. Whole Person Focused

- Integrate Physical and Behavioral Health
- Focus on unmet social needs

2. Driving towards Value

- Advanced Medical Home Plan
- Move to alternative payment models
- Support Clinicians through the transformation

Addressing Social Determinants as a Part of Overall Health

Hot Spot Map

- Interactive GIS map of Social determinants of health indicators at neighborhood level statewide

Screening Questions

- Standardized screening tool for statewide implementation
- Domains: Housing, food access, transportation, interpersonal violence

Resource Platform

- Connect people with resource needs to community resources. Shared electronic record.
- Robust & up-to-date; feedback loop; integrate with EHRs

Pilots

- 2-3 regional pilots to understand how to scale up evidence-based interventions that more closely link healthcare and social services

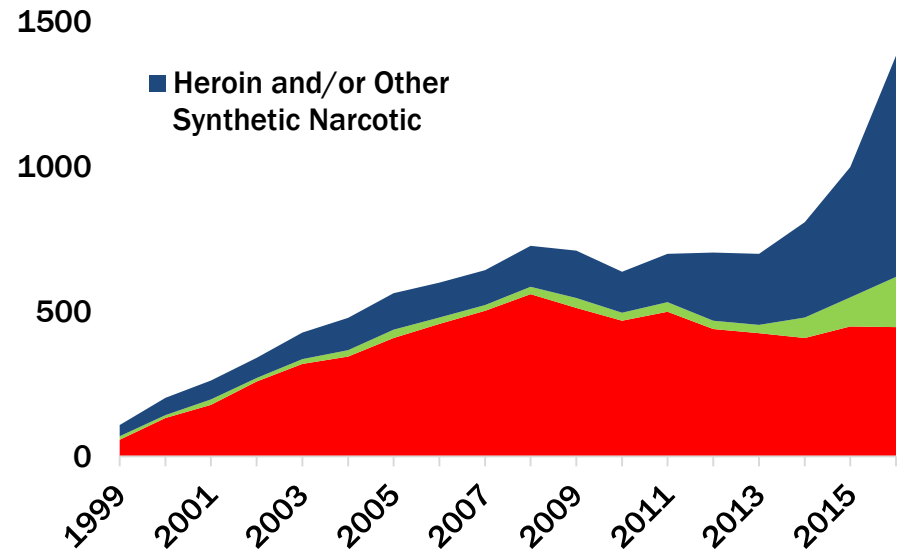
Opioid Epidemic

North Carolina's Opioid Crisis

- **1,360 people died from an opioid overdose in 2016– a more than 25% increase over 2015.**
- **EMTs reversed more than 16,000 overdoses in 2017 with naloxone.**
- **In 2017, about 3 in 4 opioid overdoses were positive for heroin, fentanyl and/or fentanyl analogues.**

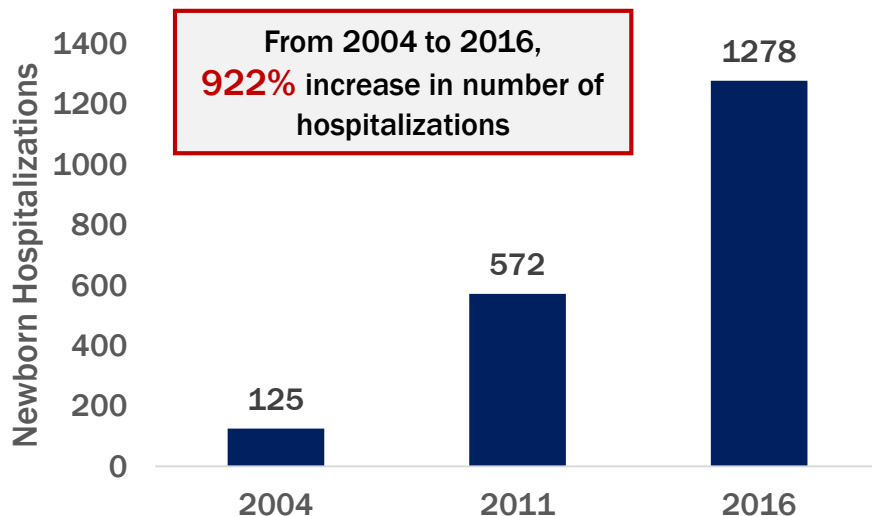
Opioid Overdose Deaths by Opioid Type

North Carolina Residents, 1999-2016



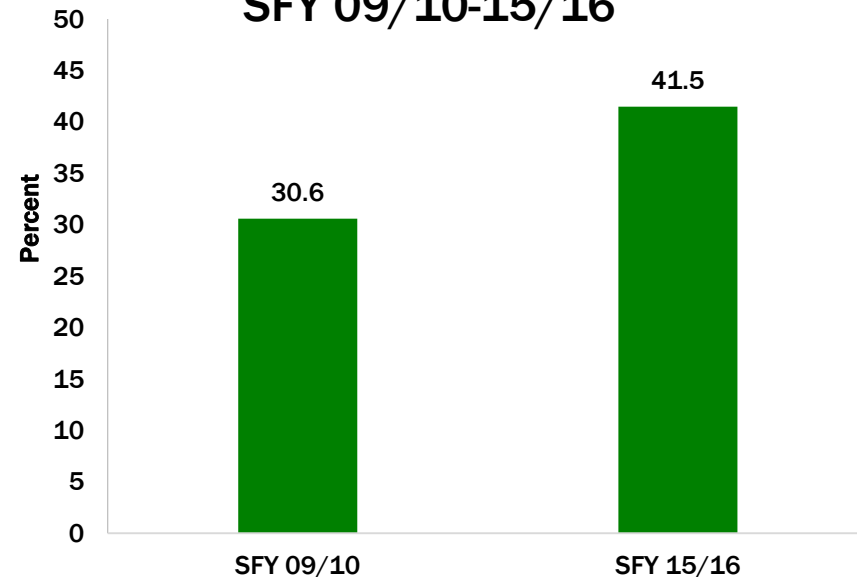
The opioid crisis is devastating our families...

**Number of Hospitalizations
Associated with Drug Withdrawal
in Newborns
North Carolina Residents, 2004-
2016**



Source: N.C. State Center for Health Statistics, Hospital Discharge Dataset, 2004-2015 and Birth Certificate records, 2004-2015
Analysis by Injury Epidemiology and Surveillance Unit

**Percent of Children Entering
Foster Care in NC with Parental
Substance Use as a Factor in Out-
of-Home Placement
SFY 09/10-15/16**



Source: NC DHHS Client Services Data Warehouse, Child Placement and Payment System
Prepared by Performance Management/Reporting & Evaluation Management, July 2016

Work to Date

- **New legislation to limit opioid scripts and dosage; Narcan without a Rx**
- **Changes to Medicaid coverage policy for alternative pain control options**
- **Purchase of nearly 40,000 naloxone kits**
- **Projected to treat an additional 5,000 people through CURES grant dollars and new state funds in FY 2017-18**
- **Collected & disposed of 89.2 million pills through Operation Medicine Drop since 2010**
- **Launched first Law Enforcement Assisted Diversion (LEAD) program in the Southeast and have expanded to 4 programs statewide**
- **Track and report opioid data regularly with goal of reducing number of unintentional opioid-related deaths by 20%**

Early Childhood Health & Education

Why a Focus on Early Childhood

- **The foundation for future learning, health and well-being is built during early childhood**
- **Early experiences build brain architecture through a dynamic, interactive process that is not predetermined**
- **The return on investment in evidence-informed early childhood investments is high – the costs of not investing are also high**

Early Experiences Shape Brain Architecture

**36 weeks
gestation**

Newborn

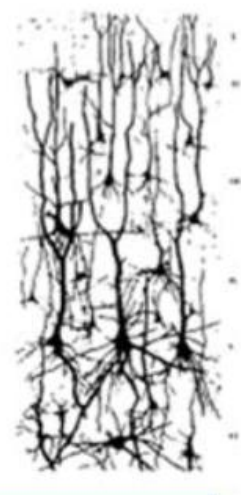
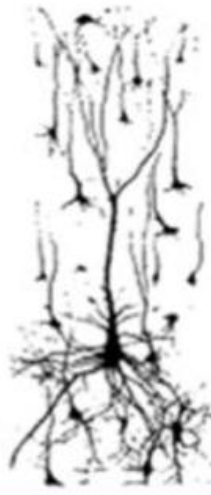
3 months

6 months

2 years

4 years

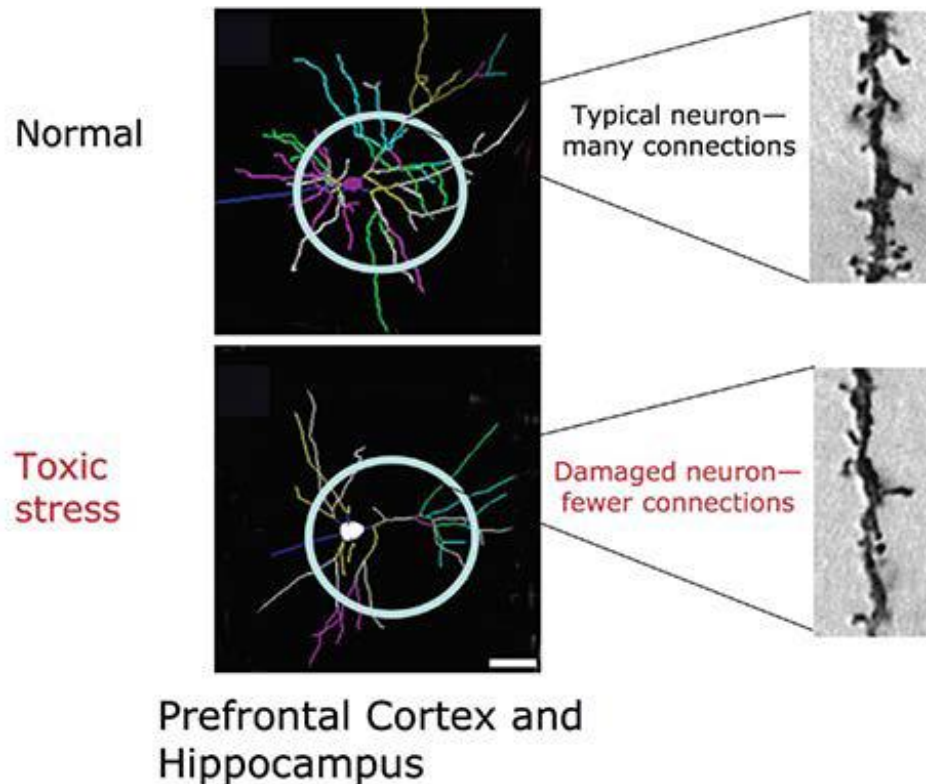
6 years



Synapse formation

Synapse pruning

Persistent Stress Changes Brain Architecture



Adverse Childhood Experiences

- ACEs are traumatic or stressful life events experienced before age 18
- ACEs include:
 - Childhood abuse (i.e. physical, sexual, emotional)
 - Household dysfunction (i.e. household member with mental illness or substance use disorder, violence in home, parental divorce)
- NC ranks 30th in US in ACEs prevalence
 - 24.3% of NC kids experienced 2+ ACEs
- High ACE score increases risk of physical and mental health issues

NC Kid's Wellbeing Indicators

	<u>National Rank</u>
NC Children's Health Overall Ranking	31
62% of NC kids are below proficient in end of 3rd grade reading	15
57% of 3 & 4 year old NC kids are not in school	31
9.4% of NC kids are uninsured	42
23.7% of NC kids live in poverty	43
25% of NC kids are food insecure	49
25% increase in the # of NC kids in foster care over last 5 years	N/A
73,333 of NC kids (age 0-8) were assessed for child abuse, neglect or dependency	N/A

NC DHHS's Reach to Young Children

NC DHHS		
Health <ul style="list-style-type: none">• Medicaid• Home Visiting• Women, Infants and Children (WIC) Program• Supplemental Nutrition Assistance Program (SNAP)• Care Coordination for Children (CC4C)	Safety <ul style="list-style-type: none">• Foster Care• Adoption• Child Protective Services	Development & Education <ul style="list-style-type: none">• Child Care Subsidy• NC Pre-K• Smart Start

NC DHHS's Reach to Young Children

606,390	of kids 0– 5 in NC
54.7%	of births in North Carolina are paid for by Medicaid
172,255	of NC kids 0 – 5 are served through WIC
110,317	of NC kids are served through SNAP
183,731	of NC kids 0 – 5 are in licensed childhood programs
28,365	of NC kids are in NC Pre-K
40,304	of children 0-5 receiving child care subsidies
4,300	of NC foster kids are 0– 5

In Development :

Early Childhood Action Plan

- **Healthy and Safe:** Children are healthy beginning prenatally and thrive in safe environments that support their optimal health and well-being
- **Nurtured:** Children grow confident, resilient and independent in stable and nurturing families, schools and communities
- **Learning and Ready to Succeed:** Children build strong brain architecture and school readiness skills that support their success in school and life



I. Children's Health

Problem

- Overall health ranking for kids is 31st in the country
- 9.4% of kids are uninsured
- 55% of pregnancies are unintended
- NC's infant mortality rate is 7.3 ranking ranks 42nd in the country
- 25% of NC's young children are food insecure – 2nd highest in nation

DHHS Work

- Close the health insurance gap
- Medicaid Transformation
- WIC/SNAP/CACFP



II. Children's Safety

- **Problem**

- 24.3% of NC kids experience 2+ Adverse Childhood Experiences (ACEs)
- Opioid Crisis
- 25% increase in kids in foster care (11,324 total kids)

- **DHHS Work**

- Opioid Action Plan
- Social Services and Child Welfare Reform
- Addressing ACEs

Social Services Reform: Family-Child Protection and Accountability Act

- **Legislatively appointed working group to create regional supervision structure of county DSS and recommend regulatory and/or legislative changes to improve social services**
- **Selected third-party organization to work with DSS to develop reform plan**
- **Working with NC Association of County Departments of Social Services to establish written agreements between county DSS and DHHS**
 - **Performance & outcome measures at program level: child support, child welfare, child care, adult services, economic benefits**
 - **Will go into effect July 1, 2018**

III. Early Learning

- **Problem**

- Over 50,000 children on subsidy waiting list
- 57% of 3 & 4 year old are not in school
- 62% of NC kids are below proficient in end of 3rd grade reading

- **DHHS Work**

- Support expansion of NC Pre-K and Smart Start
 - Increase NC Pre-K slots and administrative and program rates
 - Support additional Smart Start funding
 - Increase supports for child care workforce – education, compensation, coaching
- Plan for Child Care Development Block Grant Fund Increase

Priority Areas for Development

- More strategy work needed to develop scalable approach to strengthening family interventions to promote childhood resiliency
- Need population level measures for young children's healthy social-emotional development and early language and literacy development
- Need to continue to raise the bar on child care quality - especially in building the education, competencies, and compensation of the workforce

Questions