

NORTH CAROLINA DEPARTMENT OF HEALTH & HUMAN SERVICES

**REQUEST FOR APPLICATIONS NPRFA
State Fiscal Year 2021-2023**

For eligible non-profit grantees to provide state-wide services in defined programmatic areas to the North Carolina Department of Health and Human Services, through:

**Competitive Process for Non-Profit
Grant Funding for
Statewide Health and Human Service Initiatives**

RFA Release Date:	Thursday, May 6, 2021
Deadline for Questions:	Thursday May 13, 2021 by 5:00 pm
Responses Posted on DHHS Website:	Wednesday, May 19, 2021 by 5:00 pm
Deadline for Applications:	Monday, June 7, 2021 at 5:00 pm
Submit Signed Original to:	
Mailing Address (USPS):	NC Department of Health and Human Services Attn: bj Avent-Farmer Mail Service Center 2001 Raleigh, NC 27699-2001
Hand Delivery/Overnight Delivery: (i.e., FedEx, UPS, DHL)	NC Department of Health and Human Services Attn: bj Avent-Farmer Adams Building – Dix Campus 101 Blair Drive Raleigh, North Carolina 27603
Direct/Questions and Letter of Intent to:	<u>NonprofitRFA@dhhs.nc.gov</u>
Submission Instructions:	Late Applications will not be accepted. Faxed Applications will not be accepted

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GENERAL INFORMATION

A. PURPOSE OF REQUEST

The Department of Health and Human Services (DHHS) is responsible for protecting the health and safety of all North Carolinians, which includes providing essential human services for persons with special needs such as 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. DHHS seeks proposals from eligible nonprofit organizations to fulfill these responsibilities in the areas described in Section II below.

The Department will give priority to programs serving persons experiencing or at risk for significant health and safety needs.

To evaluate proposed activities' contributions toward achieving its mission, DHHS will consider how the initiative described in each application supports and advance the goals and priorities of the current DHHS Strategic Plan provided to you at the end of this document and that supports one or more of the following DHHS service objectives:

- 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.
- Provide services and supports to individuals and families experiencing health and safety needs to assist them in living successfully in the community.
- 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 to return to independent, community living.

More information on DHHS goals, values and objectives is available at <https://openwindow.dhhs.state.nc.us/>

B. AWARD AMOUNT AND TERM

Session Law 2017-57, Section 11A.14 and as amended by Session Law 2018-5 Section 11A.14, allows grants to be awarded to nonprofits for up to two years. A minimum of five percent (5%) of the grants must be awarded to new grant recipients who did not receive grant awards during the previous competitive grants process.

The Department of Health and Human Services will make awards based on the state budget allocation for this program in the Appropriations Act currently in effect. All awards are subject to continuing availability of funds and legislative priorities. Projects will be selected for funding for the period of **July 1, 2021 and up to June 30, 2023**. Awards are anticipated in the following categories:

Grants not to exceed \$3,000,000 for statewide delivery of services reflecting one or more of the defined initiatives listed in Section II. The Department anticipates making no more than three awards at this level.

Grants not to exceed \$500,000 for state-wide delivery of services reflecting one or more of the defined initiatives listed in Section II. Applications for regional delivery of services will be accepted in this category if Applicants are willing to collaborate as part of a state-wide network.

Demonstration programs not to exceed \$75,000 for programs demonstrating innovative approaches to a defined initiative listed in Section II, that are scalable to state-wide implementation. Awards in this category will not exceed 20% of total funds awarded.

An applicant organization may submit no more than one application in each category.

Matching Funds: This program requires grantees to contribute matching funds at a minimum of fifteen percent (15%) of the total amount of the grant award.

Funds will be awarded solely for costs associated with the implementation of the selected initiative. Funding may not be used for expenses incurred prior to the contract start date. Funds from the award may not be used to supplant other funds. **Funds for this grant program are subject to availability and legislative priorities.**

C. ELIGIBILITY

Any tribal government, community-based, public or private nonprofit, tax-exempt organization (including faith-based), school system or local government agency that is duly incorporated and registered under North Carolina Statutes is eligible to apply. Applicants for funding greater than \$75,000 shall demonstrate that the organization has been operational and financially solvent in the last 18 months; and have demonstrated experience working in one or more of the initiatives defined in Section II.

Please see limitations on number of applications per organization in Section B above.

D. QUESTIONS

Applicants may submit questions regarding this RFA by **Thursday, May 13, 2021 by 5:00 pm** to NonprofitRFA@dhhs.nc.gov. The Department will not respond to questions submitted thereafter. Questions will only be accepted via email for tracking purposes. Please send questions as soon as possible for due consideration. A summary of all questions and answers regarding this RFA will be posted on the DHHS Website by **5:00 pm** on or before **Wednesday, May 19, 2021**.

E. NUMBER OF APPLICATION COPIES

Required:

By **Monday, June 7, 2021 at 5:00 pm**, the Applicant must submit:

1. an electronic copy of the complete signed application to NonprofitRFA@dhhs.nc.gov and
2. one complete original application including the signed Cover Page to the address found on page one of this RFA.

F. DEADLINE

The closing date for submission of applications is **Monday, June 7, 2021 at 5:00 pm** *Applications received after 5:00 pm will be classified as late and will not be considered for funding. No faxed applications will be accepted.*

G. SELECTION PROCESS

All applications received by the published deadline will be reviewed to ensure all required application components and supporting documents are included. Nothing may be added to any application after it has been submitted.

To be considered complete and responsive to the RFA, applications must (1) address one or more of the eligible initiatives described in Section II, (2) include all required components listed in Section III, and (3) demonstrate ability to meet the legislatively mandated 15% matching requirement.

Complete and responsive applications will then be forwarded to subject matter experts for evaluation of program quality, feasibility and financial soundness. Although a primary factor, subject matter expert recommendations will not be the sole determinant for awards. DHHS will consider overall factors involving the applications as a whole, such as geographic distribution, program variety, organizational capacity and population to be served when determining final award decisions.

DHHS anticipates issuing award notices within four weeks after passage of the 2021 Appropriations Act. The Department of Health and Human Services' decision will be final.

H. PROGRAMMATIC REPORTING REQUIREMENTS

For programs selected for funding, the following are required reporting for all agencies:

- Monthly expenditure reports by the 10th of each month for services provided the previous month. Expenditure Reports must be submitted monthly even if no costs are incurred.
- No later than December 1 of each fiscal year awarded, each nonprofit organization receiving funding pursuant to this application in the respective fiscal year shall submit to the Division of Central Management and Support a written report of all activities funded by State appropriations.
- The report shall include the following information about the fiscal year preceding the year in which the report is due:
 - a. The entity's mission, purpose, and governance structure.
 - b. A description of the types of programs, services, and activities funded by State appropriations.
 - c. Statistical and demographical information on the number of persons served by these programs, services, and activities, including the counties in which services are provided.
 - d. Outcome measures that demonstrate the impact and effectiveness of the programs, services, and activities.
 - e. A detailed program budget and list of expenditures, including all positions funded, matching expenditures, and funding sources.

I. NOTICE OF CERTAIN REPORTING AND AUDIT REQUIREMENTS

Contracts resulting from this RFA are classified as financial assistance, and are subject to the Reporting Requirements of N.C.G.S. § 143C-6-22 & 23. There are three levels of reporting. If additional reporting is determined applicable by the Division, required forms may be downloaded from <http://ncgrants.gov/PublicReportsRegulations.jsp>. Reports must be filed with the disbursing agency no later than three months after the end of the agency's fiscal year through NCGrantsReporting@dhhs.nc.gov.

*Audits (if required) must be submitted no later than nine months after the end of the agency's fiscal year.

J. REQUIREMENTS FOR PASS-THROUGH ENTITIES (Federal Funding Only)

Per U.S. Office of Management and Budget, 2 CFR, Chapter II, Part 200, the Division shall ensure that every subaward is identified to the grantee as a subaward and include certain data elements.

K. FEDERAL FUNDING ACCOUNTABILITY and TRANSPARENCY ACT of 2000

Agency agrees to provide Division with all information requested by Division to enable Division to comply with the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (P.L. 109-282, as amended by section 6202 of P.L. 110-252).

L. DUNS NUMBER

Agency is required to provide a Duns number. The DUNS number is the nine-digit number established and assigned by Dun and Bradstreet, Inc. to uniquely identify business entities. DUNS numbers can be obtained online at <http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>.

M. REQUIRED BACKGROUND CHECKS

Applicant agency shall document for all staff and volunteers having direct contact with children or families on an ongoing basis, completion of a criminal history background check. This check shall also include a check of the National Sex Offender Registry. Any prior felony convictions or other abnormalities must have written evidence of supervisory review and acknowledgement, which justifies employment. This documentation shall be kept within the volunteer or employee personnel file and will be subject to review during an on-site monitoring visit.

N. MONITORING AND EVALUATION

Division Duties:

The Division shall monitor, evaluate and provide guidance and direction to grantee in the conduct of Approved Services performed under this Agreement. The Division has the responsibility to determine whether the grantee has spent funds in accordance with applicable laws, regulations, including the federal audit requirements and agreements and shall monitor grantee activities to ensure that the grantee has met such requirements. The Division may require grantee to take corrective action if deficiencies are found.

II. GOVERNING LEGISLATION, FUNDING SOURCES, and ELIGIBLE INITIATIVES

NC Session Law 2017-57, Section 11A.14 and as amended by Session Law 2018-5, Section 11A.14, directed the Department of Health and Human Services to implement a competitive grants process. This process awards grants to nonprofit organizations that have the capacity to provide services on a statewide basis and that support any of the following State health and wellness initiatives:

- A. A program targeting advocacy, support, education, or residential services for persons diagnosed with autism.
- B. A system of residential supports for those afflicted with substance abuse addiction.
- C. A program of advocacy and supports for individuals with intellectual and developmental disabilities or severe and persistent mental illness, substance abusers, or the elderly.
- D. Supports and services to children and adults with developmental disabilities or mental health diagnoses.
- E. A food distribution system for needy individuals.
- F. The provision and coordination of services for the homeless.
- G. The provision of services for individuals aging out of foster care.
- H. Programs promoting wellness, physical activity, and health education programming for North Carolinians.
- I. The provision of services and screening for blindness.
- J. Provision for the delivery of after-school services for apprenticeships or mentoring at-risk youth.
- K. The provision of direct services for amyotrophic lateral sclerosis (ALS) and those diagnosed with the disease.
- L. A comprehensive smoking prevention and cessation program that screens and treats tobacco use in pregnant women and postpartum mothers.
- M. A program providing short-term or long-term residential substance abuse services. For purposes of this sub-division, “long-term” means a minimum of 12 months.
- N. A program that provides year-round sports training and athletic competition for children and adults with disabilities

In addition, the authorizing legislation requires:

- That nonprofits match a minimum of fifteen percent (15%) of the total amount of the grant award.
- Priority for those nonprofits that are able to leverage non-State funds in addition to the grant award.

Awards are contingent upon availability of funds and legislative priorities.

Contracts resulting from the RFA shall be governed by the following statutes, regulations rules and policies.

- (1) Applicable Federal Regulations (Uniform Guidance and agency rules in the Code of Federal Regulations, 2 CFR Part 200) incorporated by reference
- (2) 143C-6-22. Use of State funds by non-State entities
- (3) State grant funds: administration; oversight and reporting requirements § 143C-6-23
- (4) Rules for Administration of State awards to Non-State Entities (09 NCAC 03M) incorporated by reference

III. GENERAL INSTRUCTIONS and FORMAT

General Instructions

- Type should be Arial 12-point font size and single spaced.
- The proposal should be typed on 8 ½” x 11” white paper and single sided.
- Adhere to page limits. **Do not** add additional pages when responding to this application.
- Proposals **should not** be stapled or bound – instead use binder clips or paperclips.
- Respond to each requirement listed in this RFA in the order requested. **Include section headings** as listed in the Required Components. **Do not** insert page dividers.

REQUIRED APPLICATION COMPONENTS

A. Cover Page

All sections of the Cover Page (p.15) must be completed. One submitted copy of the application must include the original signature of an authorized agency official.

Note the meaning of these sections:

- Program Title: A brief description of the service activity proposed in your application.
- Eligible Initiative(s) addressed by this application: Identify which of the lettered initiatives in Section II align most closely with your application.
- Funding Request: The amount you are asking DHHS to provide. This does not include your organization’s expenditures to meet the 15% matching requirement.

B. Organizational Overview (Recommend limit to one page*)

Describe:

- Your organization’s mission, history, primary purpose(s) and governance structure.
- The geographic area your organization currently serves.
- Your organization’s capacity to provide services to areas of identified need across the State of North Carolina, either independently or in partnership with other organizations.

Supporting documentation related to organizational structure and governance is requested in Item **J. Organization Documents**, and does not count against the page limit.

C. Alignment with DHHS Strategic Plan (Recommend limit to one-half page*) **(See attached DHHS Strategic Plan)**

Briefly describe how your proposed program will advance one or more of the following DHHS

Goals:

- Advance the health and well-being of North Carolinians utilizing the programmatic tools of our Department.
- Build an innovative, coordinated, and whole-person centered system that addresses both medical and non-medical drivers of health.
- Turn the tide on North Carolina’s opioid crisis.
- Ensure all North Carolina children get a healthy start and develop to their full potential in safe and nurturing families, schools and communities.
- Achieve operational excellence.

These goals support our key work to:

- Buy health for people through our Medicaid program, including working with underserved communities to improve access to quality health care and reduce health disparities
- Safeguard public health by protecting communities from communicable and chronic diseases, epidemics, and contaminated food/water
- Protect the safety, security and well-being of children and vulnerable adults
- Support individuals with disabilities and older adults in leading healthy and fulfilling lives
- Promote family economic independence and self-sufficiency
- Ensure high standards in the many health care facilities we operate or regulate

Further, address how your organization and proposal align with the Department’s Organization Values below:

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

D. Population to be Served (Recommend limit to one page*)

Describe the population to be served with the funding requested in this application, including:

- Number of individuals who will be served.
- North Carolina counties in which services will be provided.

- Eligibility requirements to receive service.
- Additional characteristics of your service community, such as special needs, underserved geographic areas, or targeted demographics.

Include a description of any relevant needs assessment(s) conducted by your agency or others.

E. Program Description, Anticipated Outputs and Expected Outcomes (Recommend limit to 3-4 pages*)

Describe the specific activities to be conducted with the requested funds in a manner that can be understood by individuals who are not familiar with the program/service you are proposing and your organization.

This section should include:

- Detailed description of the proposed program/service and how you would implement.
- Rationale for selecting the proposed program.
- Description of performance outputs resulting from your major activities stated using the measurable SMART format (Specific, Measurable, Activity-Based/Attainable, Realistic, and Time-bound). *NOTE: In general, the outputs are the direct results or products of your major grant activities during a specified period of time.*
- Identification and description of the major performance outcomes (changes/benefit/impact to the targeted population) you expect to achieve from the activities defined; and how it impacts or contributes to the purpose and achievement of the DHHS goal(s). Outcomes should also be stated using the measurable SMART format (Specific, Measurable, Activity-Based, Realistic, and Time-bound).
- Barriers to effective service you have encountered or anticipate, and how you propose to overcome them.
- Describe plans for sustaining service beyond the award period.
- For Demonstration Programs, identify what measures you will use to evaluate the program's suitability for expansion to a state-wide program.
- Roles of any significant community partners in this effort.
- A timeline is not required, but may be useful to assist understanding of proposed program activities.

****Sections B-E may not exceed a total of SIX (6) pages.***

F. Past Performance (Recommend limit to one page)

Describe your organization's past experience in providing services. If your organization has received grant funding from any source in the last five years, please list the funding sponsor/funder, awarded amount, purpose, and accomplishments that resulted. If your organization received more than five grants in the last five years, please select the five most relevant to this application.

G. Budget and Budget Narrative

Please see the budget template accompanying this RFA. Substitute budgets that do not include identical information and may not be accepted without prior approval.

The budget narrative must explain each line item entry and how the expenditures will help the applicant organization meet the proposed program deliverables within the award period.

All funds are distributed on a reimbursement after expenditure basis. Funds from this grant may not be used to supplant other funds.

- Reimbursed expenditures for travel and daily subsistence must be in accordance with state approved rates. The Office of State Budget and Management (OSBM) prepares the Budget Manual which includes current state approved travel and daily subsistence rates and can be located through the following link:
<https://www.osbm.nc.gov/budget/budget-manual#5-travel-policies>
- Capital improvement, maintenance, rent and utility costs may be included only if justified as essential to program performance and sustainability.
- Equipment purchases may be allowed if the equipment will be dedicated to the funded program and is shown to be essential to the outcomes of the program.
- Administrative costs: Direct program service costs must be at least 85% of total proposed expenditures (DHHS and matching funds). If indirect or allocated administrative costs are listed, include a copy of your organization's approved indirect cost rate agreement or cost allocation plan.
- Audit costs are allowed for grants exceeding the threshold where an audit is required by the State, currently five hundred thousand dollars (\$500,000).
- If you will engage subcontractors in the proposed activity, include a line item budget and narrative for each subcontractor.
- State the funding source(s) and dollar amount(s) that will be used to meet the cost-sharing requirement (minimum 15% of funding requested from DHHS).

Successful 2021-2023 NPRFA awards will be required to negotiate final budgets with DHHS.

H. Ability to Leverage Non-State Funds to Enhance Services

Provide a table of additional funding sources and amounts that will contribute to the service program described in this application. Pending awards may be listed if noted as such. Describe how your organization will leverage non-state funds to enhance delivery of the services proposed in this application.

I. Letters of Support

A letter of support, not to exceed one page, is required of each proposed subcontractor. Additional letters of support, not exceeding one page each, from funders and partnering agencies contributing to the proposed program may be submitted but are not required.

J. Organization Documents

The following documents are required at time of application:

- (1) Charter
- (2) Bylaws
- (3) List of Board Members and their offices or professional affiliations
- (4) A statement that the Board has met within the last 12 months and that recorded minutes are available upon request (if no meetings have occurred, so state)
- (5) Organizational Chart
- (6) Audited financial statements for most recent fiscal year
- (7) Conflict of Interest Certification and organizational conflict of interest policy (§ 143C-6-23(b)) (Attached)
- (8) No Overdue Tax Form § 143C-6-23(c)) (Attached)
- (9) IRS letter verifying your organization's tax-exempt status
- (10) Federal Certifications (Attached)
- (11) State Certifications (Attached)
- (12) Iran Divestment Act (Attached)
- (13) Indirect Cost Plan

A sample of Items 7, 8, 10, 11 and 12 above are attached along with the standard contract terms and conditions (General Terms and Conditions for Nonprofit Organizations) that will apply to awards resulting from this RFA appears in the following pages.

APPLICATION CHECKLIST

_____ Cover Page (signed)

Required Proposal Components:

_____ Organizational Overview

_____ Alignment with DHHS Goals

_____ Population to be Served

_____ Program Description

_____ Past Performance

_____ Budget and Budget Narrative (must use form provided in the RFA)

_____ Indirect Cost Rate Agreement/Cost Allocation Plan (if applicable)

_____ Ability to Leverage Non-State Funds to Enhance Services

_____ Letters of Support (if applicable)

Organizational Documents:

_____ Charter

_____ Bylaws (if none, so state)

_____ List of Board Members and their offices or professional affiliations

_____ Statement certifying that the Board has met within the last 12 months and recorded minutes are available upon request or a statement certifying the Board has not met within the last 12 months and no minutes are available

_____ Organizational Chart

_____ Audited Financial Statements for most recent fiscal year

_____ Conflict of Interest Certification and organizational conflict of interest policy

_____ No Overdue Tax Form

_____ IRS Federal Tax-Exempt Letter 501 (c) (3)

_____ Federal Certifications

_____ State Certifications

_____ Iran Divestment Act

COVER PAGE
SFY 2021-2023 Competitive Grant Program for State-
wide
Health and Human Service Initiatives (NPRFA-2021)

Organization Name: _____

Organization EIN: _____

Organization DUNS: _____

Mailing Address: _____

Organization Fiscal Year: MM/DD – MM/DD _____

Program Title: _____

Eligible Initiative(s) addressed by this Application (See Section II):

Application Type: Grant (max. \$3M) Grant (max. \$500K) Demonstration
Project (max \$75K)

Funding Request: \$ _____

NC Counties to be served: _____

Contact Person: _____

Email Address: _____

Phone Number: _____

Authorized Agency Signature: The undersigned hereby submits the following application and certifies that: (1) he or she is authorized to bind the named Applicant Organization; (2) this proposal is submitted competitively and without collusion; (3) none of the Organization’s officers, directors, or owners have been convicted of any violation of Chapter 78A of the North Carolina General Statutes, the Securities Act of 1933, or the Securities Exchange Act of 1934 (G.S. 143-59.2); and (4) the Organization is not debarred from federal funding or an ineligible Contractor as set forth in G.S. 143-59.1.

Signature: _____ Date: _____

Name: _____ Title: _____

CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY

State of _____

County _____

I, _____, Notary Public for said County and State, certify that
_____ personally, appeared before me this day and acknowledged
that he/she is _____ of _____
[name of Organization]

and by that authority duly given and as the act of the Organization, affirmed that the foregoing Conflict of
Interest Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the
_____ day of _____, _____.

Sworn to and subscribed before me this _____ day of _____, _____.

(Official Seal)

Notary Public

My Commission expires _____, 20 ____

Instruction for Organization:

Sign and attach the following pages after adopted by the Board of Directors/Trustees or other governing body OR replace the following with the organization's current adopted conflict of interest policy.

Name of Organization

Signature of Organization Official

Conflict of Interest Policy Example

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors/Trustees or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

D. **Duty to Disclosure** -- Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

E. **Board Action** -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

F. **Violations of the Conflicts of Interest Policy** -- If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body

Determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

G. Record of Conflict -- The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

##ContractorName##

Name of Organization

Signature of Organization Official

Date

Conflict of Interest Verification (Annual)

We, the undersigned entity, hereby testify that our Organization’s Conflict of Interest Acknowledgement and Policy adopted by the Board of Directors/Trustees or other governing body, is on file with the North Carolina Department of Health and Human Services (DHHS). If any changes are made to the Conflict of Interest Policy, we will submit a new Conflict of Interest Acknowledgment and Policy to the Department (DHHS).

Name of Organization

Contractor’s Authorized Agent

Date

Printed Name of Contractor’s Authorized Agent

Title

Signature of Witness

Date

Printed Name of Witness

Title

State Grant Certification – No Overdue Tax Debts

Grantee/Contractor should complete this certification for all state funds received. Entity should enter appropriate data in the yellow highlighted areas. The completed and signed form should be provided to the state agency funding the grant to be attached to the contract for the grant funds. A copy of this form, along with the completed contract, should be kept by the funding agency and available for review by the Office of State Budget and Management.

Note: If you have a contract that extends more than one state fiscal year, you will need to obtain an updated certification for each year of the contract.

**PRINT THIS
CERTIFICATION
ON Applicant
Entity's Letterhead**

[Date of Certification (mm/dd/yyyy)]

To: State Agency Head and Chief Fiscal Officer

Certification:

We certify that the **[insert organization's name]** does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of N.C.G.S. 143C-6-23(c) is guilty of a criminal offense punishable as provided by N.C.G.S.) 143C-10-1b.

Sworn Statement:

[Name of Board Chair] and **[Name of Second Authorizing Official]** being duly sworn, say that we are the Board Chair and **[Title of the Second Authorizing Official]**, respectively, of **[insert name of organization]** of **[City]** in the State of **[Name of State]**; and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

Board Chair

[Title of Second Authorizing Official]

Sworn to and subscribed before me on the day of the date of said certification.

(Notary Signature and Seal)

My Commission Expires: _____

If there are any questions, please contact the state agency that provided your grant. If needed, you may contact the North Carolina Office of State Budget and Management:

NCGrants@osbm.nc.gov-(919)807-4795

¹ G.S. 105-243.1 defines: Overdue tax debt. – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement.”

**IRS Tax Exemption Letter
(Applicant MUST include)**

IRS Tax Exemption Annual Verification Form

We, the undersigned entity, hereby testify that the 501 (c) (3) status is on file with the North Carolina Department of Health and Human Services and is still in effect.

Name of Agency _____

Chairman, Executive Director, or another Authorized Official

Sworn to and subscribed before me, this _____ day of _____, _____.

Notary Public

My Commission expires: _____

FEDERAL CERTIFICATIONS

The undersigned states that:

1. He or she is the duly authorized representative of the Contractor named below;
 2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
 - a. The Certification Regarding Nondiscrimination;
 - b. The Certification Regarding Drug-Free Workplace Requirements;
 - c. The Certification Regarding Environmental Tobacco Smoke;
 - d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
 - e. The Certification Regarding Lobbying;
 3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
 4. [Check the applicable statement]
 - [] He or she **has completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has made, or has an agreement to make**, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;
- OR**
- [] He or she **has not completed** the attached **Disclosure Of Lobbying Activities** because the Contractor **has not made, and has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.
5. The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

Signature

Title

Contractor Name

Date

[This Certification Must be Signed by the Same Individual Who Signed the Proposal Execution Page]

I. Certification Regarding Nondiscrimination

The Contractor certifies that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

II. Certification Regarding Drug-Free Workplace Requirements

1. The Contractor certifies that it will provide a drug-free workplace by:
 - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - b. Establishing a drug-free awareness program to inform employees about:
 - i. The dangers of drug abuse in the workplace;
 - ii. The Contractor's policy of maintaining a drug-free workplace;
 - iii. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - iv. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
 - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
 - i. Abide by the terms of the statement; and
 - ii. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
 - e. Notifying the Department within ten days after receiving notice under subparagraph (d)(ii) from an employee or otherwise receiving actual notice of such conviction;
 - f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(ii), with respect to any employee who is so convicted:
 - i. Taking appropriate personnel action against such an employee, up to and including termination; or
 - ii. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
 - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):

Address

Street

City, State, Zip Code

Street

City, State, Zip Code

3. Contractor will inform the Department of any additional sites for performance of work under this agreement.
4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

III. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000.00 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor certifies that it will comply with the requirements of the Act. The Contractor further agrees that it will require the language of this certification be included in any subawards that contain provisions for children's services and that all subgrantees shall certify accordingly.

IV. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Instructions

[The phrase "prospective lower tier participant" means the Contractor.]

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

Certification

1. **The prospective lower tier participant certifies**, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

V. Certification Regarding Lobbying

The Contractor certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federally funded contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form SF-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of \$100,000.00 or more and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.

VI. Disclosure of Lobbying Activities

Instructions

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.
(b) Enter the full names of the individual(s) performing services and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D. C. 20503

**Disclosure of Lobbying Activities
(Approved by OMB 0344-0046)**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

<p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance</p>	<p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. Bid/offer/application <input type="checkbox"/> b. Initial Award <input type="checkbox"/> c. Post-Award</p>	<p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change</p> <p>For Material Change Only: Year _____ Quarter _____ Date Of Last Report: _____</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier (if known) _____</p> <p>Congressional District (if known) _____</p>	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District (if known) _____</p>	
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p> <p>CFDA Number (if applicable) _____</p>	
<p>8. Federal Action Number (if known)</p>	<p>9. Award Amount (if known) \$</p>	
<p>10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI):</p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	<p>b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI):</p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	
<p>11. Amount of Payment (check all that apply):</p> <p>\$ _____ € actual € planned</p>	<p>13. Type of Payment (check all that apply):</p> <p><input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____</p>	
<p>12. Form of Payment (check all that apply):</p> <p><input type="checkbox"/> a. cash <input type="checkbox"/> b. In-kind; specify: Nature _____ Value _____</p>		
<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11 (attach Continuation Sheet(s) SF-LLL-A, if necessary):</p>		
<p>15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____ Print Name: _____ Title: Telephone No: _____ Date: _____</p>	
<p>Federal Use Only</p>		<p>Authorized for Local Reproduction Standard Form - LLL</p>

State Certifications

Contractor Certifications Required by North Carolina Law

Instructions: The person who signs this document should read the text of the statutes and Executive Order listed below and consult with counsel and other knowledgeable persons before signing. The text of each North Carolina General Statutes and of the Executive Order can be found online at:

- Article 2 of Chapter 64: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- G.S. 133-32: <http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=133-32>
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): <http://www.ethicscommission.nc.gov/library/pdfs/Laws/EO24.pdf>
- G.S. 105-164.8(b): http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- G.S. 143-48.5: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html
- G.S. 143-59.1: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- G.S. 143-59.2: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- G.S. 143-133.3: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html
- G.S. 143B-139.6C: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf

Certifications

- (1) Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009), the undersigned hereby certifies that the Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.
- (2) Pursuant to G.S. 143-48.5 and G.S. 143-133.3, the undersigned hereby certifies that the Contractor named below, and the Contractor’s subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov
- (3) Pursuant to G.S. 143-59.1(b), the undersigned hereby certifies that the Contractor named below is not an “ineligible Contractor” as set forth in G.S. 143-59.1(a) because:
 - (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**
 - (b) [check **one** of the following boxes]
 - Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a “tax haven country” as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**
 - The Contractor or one of its affiliates **has** incorporated or reincorporated in a “tax haven country” as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **but** the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
- (4) Pursuant to G.S. 143-59.2(b), the undersigned hereby certifies that none of the Contractor’s officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.
- (5) Pursuant to G.S. 143B-139.6C, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.
- (6) The undersigned hereby certifies further that:
 - (a) He or she is a duly authorized representative of the Contractor named below;
 - (b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
 - (c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

Contractor’s Name: _____

Contractor’s Authorized Agent: Signature _____ Date _____

Printed Name _____ Title _____

Witness: Signature _____ Date _____

Printed Name _____ Title _____

The witness should be present when the Contractor’s Authorized Agent signs this certification and should sign and date this document immediately thereafter.

**CERTIFICATION OF ELIGIBILITY
Under the Iran Divestment Act**

Pursuant to G.S. 147-86.59, any person identified as engaging in investment activities in Iran, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to G.S. 147-86.58, is ineligible to contract with the State of North Carolina or any political subdivision of the State. The Iran Divestment Act of 2015, G.S. 147-86.55 *et seq.** requires that each vendor, prior to contracting with the State certify, and the undersigned on behalf of the Vendor does hereby certify, to the following:

1. that the vendor is not identified on the Final Divestment List of entities that the State Treasurer has determined engages in investment activities in Iran;
2. that the vendor shall not utilize on any contract with the State agency any subcontractor that is identified on the Final Divestment List; and
3. that the undersigned is authorized by the Vendor to make this Certification.

Vendor: _

By: _____
Signature Date

Name Title Printed

The State Treasurer's Final Divestment List can be found on the State Treasurer's website at the address:
<https://www.nctreasurer.com/inside-the-department/OpenGovernment/Pages/Iran-Divestment-Act-Resources.aspx>
and will be updated every 180 days. For questions about the Department of State Treasurer's Iran Divestment Policy, please contact Meryl Murtagh at Meryl.Murtagh@nctreasurer.com or (919) 814-3852.

* Note: Enacted by Session Law 2015-118 as G.S. 143C-55 *et seq.*, but has been renumbered for codification at the direction of the Revisor of Statutes.

GENERAL TERMS AND CONDITIONS

Relationships of the Parties

Independent Contractor: The Contractor is and shall be deemed to be an independent contractor in the performance of this contract and as such shall be wholly responsible for the work to be performed and for the supervision of its employees. The Contractor represents that it has, or shall secure at its own expense, all personnel required in performing the services under this agreement. Such employees shall not be employees of, or have any individual contractual relationship with, the Division.

Subcontracting: The Contractor shall not subcontract any of the work contemplated under this contract without prior written approval from the Division. Any approved subcontract shall be subject to all conditions of this contract. Only the subcontractors specified in the contract documents are to be considered approved upon award of the contract. The Division shall not be obligated to pay for any work performed by any unapproved subcontractor. The Contractor shall be responsible for the performance of all of its subcontractors.

Assignment: No assignment of the Contractor's obligations or the Contractor's right to receive payment hereunder shall be permitted. However, upon written request approved by the issuing purchasing authority, the State may: (a) Forward the Contractor's payment check directly to any person or entity designated by the Contractor; or (b) Include any person or entity designated by Contractor as a joint payee on the Contractor's payment check. In no event shall such approval and action obligate the State to anyone other than the Contractor and the Contractor shall remain responsible for fulfillment of all contract obligations.

Beneficiaries: Except as herein specifically provided otherwise, this contract shall inure to the benefit of and be binding upon the parties hereto and their respective successors. It is expressly understood and agreed that the enforcement of the terms and conditions of this contract, and all rights of action relating to such enforcement, shall be strictly reserved to the Division and the named Contractor. Nothing contained in this document shall give or allow any claim or right of action whatsoever by any other third person. It is the express intention of the Division and Contractor that any such person or entity, other than the Division or the Contractor, receiving services or benefits under this contract shall be deemed an incidental beneficiary only.

Indemnity and Insurance

Indemnification: The Contractor agrees to indemnify and hold harmless the Division, the State of North Carolina, and any of their officers, agents and employees, from any claims of third parties arising out of any act or omission of the Contractor in connection with the performance of this contract.

Insurance: (a) During the term of the contract, the Contractor shall provide, at its sole cost and expense, commercial insurance of such types and with such terms and limits as may be reasonably associated with the contract. At a minimum, the Contractor shall provide and maintain the following coverage and limits:

- (1) **Worker's Compensation Insurance:** The Contractor shall provide and maintain worker's compensation insurance, as required by the laws of the states in which its employees work, covering all of the Contractor's employees who are engaged in any work under the contract.
- (2) **Employer's Liability Insurance:** The Contractor shall provide employer's liability insurance, with minimum limits of \$500,000.00, covering all of the Contractor's employees who are engaged in any work under the contract.
- (3) **Commercial General Liability Insurance:** The Contractor shall provide commercial general liability insurance on a comprehensive broad form on an occurrence basis with a minimum combined single limit of \$1,000,000.00 for each occurrence.
- (4) **Automobile Liability Insurance:** The Contractor shall provide automobile liability insurance with a combined single limit of \$500,000.00 for bodily injury and property damage; a limit of

\$500,000.00 for uninsured/under insured motorist coverage; and a limit of \$2,000.00 for medical payment coverage. The Contractor shall provide this insurance for all automobiles that are:

- (A) owned by the Contractor and used in the performance of this contract;
- (B) hired by the Contractor and used in the performance of this contract; and
- (C) owned by Contractor's employees and used in performance of this contract ("non-owned vehicle insurance"). Non-owned vehicle insurance protects employers when employees use their personal vehicles for work purposes. Non-owned vehicle insurance supplements, but does not replace, the car-owner's liability insurance.

The Contractor is not required to provide and maintain automobile liability insurance on any vehicle – owned, hired, or non-owned -- unless the vehicle is used in the performance of this contract.

- (b) The insurance coverage minimums specified in subparagraph (a) are exclusive of defense costs.
- (c) The Contractor understands and agrees that the insurance coverage minimums specified in subparagraph (a) are not limits, or caps, on the Contractor's liability or obligations under this contract.
- (d) The Contractor may obtain a waiver of any one or more of the requirements in subparagraph (a) by demonstrating that it has insurance that provides protection that is equal to or greater than the coverage and limits specified in subparagraph (a). The Division shall be the sole judge of whether such a waiver should be granted.
- (e) The Contractor may obtain a waiver of any one or more of the requirements in paragraph (a) by demonstrating that it is self-insured and that its self-insurance provides protection that is equal to or greater than the coverage and limits specified in subparagraph (a). The Division shall be the sole judge of whether such a waiver should be granted.
- (f) Providing and maintaining the types and amounts of insurance or self-insurance specified in this paragraph is a material obligation of the Contractor and is of the essence of this contract.
- (g) The Contractor shall only obtain insurance from companies that are authorized to provide such coverage and that are authorized by the Commissioner of Insurance to do business in the State of North Carolina. All such insurance shall meet all laws of the State of North Carolina.
- (h) The Contractor shall comply at all times with all lawful terms and conditions of its insurance policies and all lawful requirements of its insurer.
- (i) The Contractor shall require its subcontractors to comply with the requirements of this paragraph.
- (j) The Contractor shall demonstrate its compliance with the requirements of this paragraph by submitting certificates of insurance, if requested, to the Division before the Contractor begins work under this contract.

Default and Termination

Termination Without Cause: The Division may terminate this contract without cause by giving 30 days written notice to the Contractor.

Termination for Cause: If, through any cause, the Contractor shall fail to fulfill its obligations under this contract in a timely and proper manner, the Division shall have the right to terminate this contract by giving written notice to the Contractor and specifying the effective date thereof. In that event, all finished or unfinished deliverable items prepared by the Contractor under this contract shall, at the option of the Division, become its property and the Contractor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such materials, minus any payment or compensation previously made. Notwithstanding the foregoing provision, the Contractor shall not be relieved of liability to the Division for damages sustained by the Division by virtue of the Contractor's breach of this agreement, and the Division may withhold any payment due the Contractor for the purpose of setoff until such time as the exact amount of damages due the Division from such breach can be determined. In case of default by the Contractor, without limiting any other remedies for breach available to it, the Division may procure the contract services from other sources and hold the Contractor responsible for any excess cost occasioned thereby. The filing of a petition for bankruptcy by the Contractor shall be an act of default under this contract.

Waiver of Default: Waiver by the Division of any default or breach in compliance with the terms of this contract by the Contractor shall not be deemed a waiver of any subsequent default or breach and shall not be construed to be modification of the terms of this contract unless stated to be such in writing, signed by an authorized representative of the Department and the Contractor and attached to the contract.

Availability of Funds: The parties to this contract agree and understand that the payment of the sums specified in this contract is dependent and contingent upon and subject to the appropriation, allocation, and availability of funds for this purpose to the Division.

Force Majeure: Neither party shall be deemed to be in default of its obligations hereunder if and so long as it is prevented from performing such obligations by any act of war, hostile foreign action, nuclear explosion, riot, strikes, civil insurrection, earthquake, hurricane, tornado, or other catastrophic natural event or act of God.

Survival of Promises: All promises, requirements, terms, conditions, provisions, representations, guarantees, and warranties contained herein shall survive the contract expiration or termination date unless specifically provided otherwise herein, or unless superseded by applicable Federal or State statutes of limitation.

Intellectual Property Rights

Copyrights and Ownership of Deliverables: All deliverable items produced pursuant to this contract are the exclusive property of the Division. The Contractor shall not assert a claim of copyright or other property interest in such deliverables.

Federal Intellectual Property Bankruptcy Protection Act: The Parties agree that the Division shall be entitled to all rights and benefits of the Federal Intellectual Property Bankruptcy Protection Act, Public Law 100-506, codified at 11 U.S.C. 365 (n) and any amendments thereto.

Compliance with Applicable Laws

Compliance with Laws: The Contractor shall comply with all laws, ordinances, codes, rules, regulations, and licensing requirements that are applicable to the conduct of its business, including those of federal, state, and local agencies having jurisdiction and/or authority.

Equal Employment Opportunity: The Contractor shall comply with all federal and State laws relating to equal employment opportunity.

Health Insurance Portability and Accountability Act (HIPAA): The Contractor agrees that, if the Division determines that some or all of the activities within the scope of this contract are subject to the Health Insurance Portability and Accountability Act of 1996, P.L. 104-91, as amended ("HIPAA"), or its implementing regulations, it will comply with the HIPAA requirements and will execute such agreements and practices as the Division may require to ensure compliance.

Confidentiality

Confidentiality: Any information, data, instruments, documents, studies or reports given to or prepared or assembled by the Contractor under this agreement shall be kept as confidential and not divulged or made available to any individual or organization without the prior written approval of the Division. The Contractor acknowledges that in receiving, storing, processing or otherwise dealing with any confidential information it will safeguard and not further disclose the information except as otherwise provided in this contract.

Data Security: The Contractor shall adopt and apply data security standards and procedures that comply

with all applicable federal, state, and local laws, regulations, and rules.

Duty to Report: The Contractor shall report a suspected or confirmed security breach to the Division's Contract Administrator within twenty-four (24) hours after the breach is first discovered, provided that the Contractor shall report a breach involving Social Security Administration data or Internal Revenue Service data within one (1) hour after the breach is first discovered. During the performance of this contract, the contractor is to notify the Division contract administrator of any contact by the federal Office for Civil Rights (OCR) received by the contractor.

Cost Borne by Contractor: If any applicable federal, state, or local law, regulation, or rule requires the Division or the Contractor to give affected persons written notice of a security breach arising out of the Contractor's performance under this contract, the Contractor shall bear the cost of the notice.

Oversight

Access to Persons and Records: The State Auditor shall have access to persons and records as a result of all contracts or grants entered into by State agencies or political subdivisions in accordance with General Statute 147-64.7. Additionally, as the State funding authority, the Department of Health and Human Services shall have access to persons and records as a result of all contracts or grants entered into by State agencies or political subdivisions.

Record Retention: Records shall not be destroyed, purged or disposed of without the express written consent of the Division. State basic records retention policy requires all grant records to be retained for a minimum of five years or until all audit exceptions have been resolved, whichever is longer. If the contract is subject to federal policy and regulations, record retention may be longer than five years. Records must be retained for a period of three years following submission of the final Federal Financial Status Report, if applicable, or three years following the submission of a revised final Federal Financial Status Report. Also, if any litigation, claim, negotiation, audit, disallowance action, or other action involving this Contract has been started before expiration of the five-year retention period described above, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular five-year period described above, whichever is later. The record retention period for Temporary Assistance for Needy Families (TANF) and MEDICAID and Medical Assistance grants and programs must be retained for a minimum of ten years.

Warranties and Certifications

Date and Time Warranty: The Contractor warrants that the product(s) and service(s) furnished pursuant to this contract ("product" includes, without limitation, any piece of equipment, hardware, firmware, middleware, custom or commercial software, or internal components, subroutines, and interfaces therein) that perform any date and/or time data recognition function, calculation, or sequencing will support a four digit year format and will provide accurate date/time data and leap year calculations. This warranty shall survive the termination or expiration of this contract.

Certification Regarding Collection of Taxes: G.S. 143-59.1 bars the Secretary of Administration from entering into contracts with vendors that meet one of the conditions of G.S. 105-164.8(b) and yet refuse to collect use taxes on sales of tangible personal property to purchasers in North Carolina. The conditions include: (a) maintenance of a retail establishment or office; (b) presence of representatives in the State that solicit sales or transact business on behalf of the vendor; and (c) systematic exploitation of the market by media-assisted, media-facilitated, or media-solicited means. The Contractor certifies that it and all of its affiliates (if any) collect all required taxes.

Miscellaneous

Choice of Law: The validity of this contract and any of its terms or provisions, as well as the rights and duties of the parties to this contract, are governed by the laws of North Carolina. The Contractor, by signing this contract, agrees and submits, solely for matters concerning this Contract, to the exclusive jurisdiction of the courts of North Carolina and agrees, solely for such purpose, that the exclusive venue for any legal proceedings shall be Wake County, North Carolina. The place of this contract and all transactions and agreements relating to it, and their situs and forum, shall be Wake County, North Carolina, where all matters, whether sounding in contract or tort, relating to the validity, construction, interpretation, and enforcement shall be determined.

Amendment: This contract may not be amended orally or by performance. Any amendment must be made in written form and executed by duly authorized representatives of the Division and the Contractor. The Purchase and Contract Divisions of the NC Department of Administration and the NC Department of Health and Human Services shall give prior approval to any amendment to a contract awarded through those offices.

Severability: In the event that a court of competent jurisdiction holds that a provision or requirement of this contract violates any applicable law, each such provision or requirement shall continue to be enforced to the extent it is not in violation of law or is not otherwise unenforceable and all other provisions and requirements of this contract shall remain in full force and effect.

Headings: The Section and Paragraph headings in these General Terms and Conditions are not material parts of the agreement and should not be used to construe the meaning thereof.

Gender and Number: Masculine pronouns shall be read to include feminine pronouns and the singular of any word or phrase shall be read to include the plural and vice versa.

Time of the Essence: Time is of the essence in the performance of this contract.

Key Personnel: The Contractor shall not replace any of the key personnel assigned to the performance of this contract without the prior written approval of the Division. The term "key personnel" includes any and all persons identified by as such in the contract documents and any other persons subsequently identified as key personnel by the written agreement of the parties.

Care of Property: The Contractor agrees that it shall be responsible for the proper custody and care of any property furnished to it for use in connection with the performance of this contract and will reimburse the Division for loss of, or damage to, such property. At the termination of this contract, the Contractor shall contact the Division for instructions as to the disposition of such property and shall comply with these instructions.

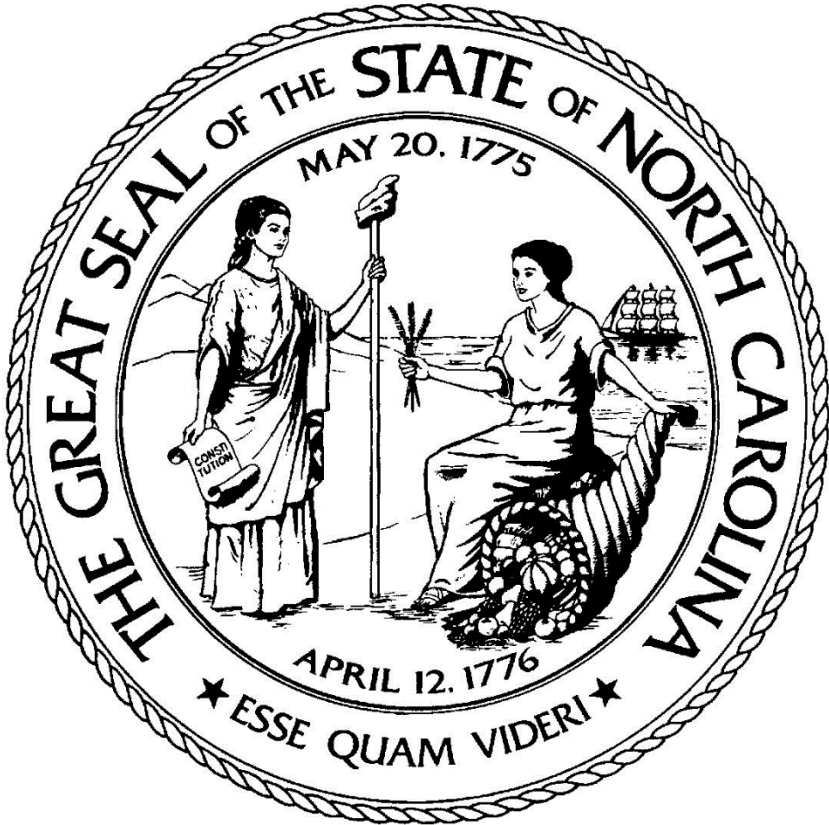
Travel Expenses: Reimbursement to the Contractor for travel mileage, meals, lodging and other travel expenses incurred in the performance of this contract shall not exceed the rates published in the applicable State rules. International travel shall not be reimbursed under this contract.

Sales/Use Tax Refunds: If eligible, the Contractor and all subcontractors shall: (a) ask the North Carolina Department of Revenue for a refund of all sales and use taxes paid by them in the performance of this contract, pursuant to G.S. 105-164.14; and (b) exclude all refundable sales and use taxes from all reportable expenditures before the expenses are entered in their reimbursement reports.

Advertising: The Contractor shall not use the award of this contract as a part of any news release or commercial advertising.

North Carolina Department of Health and Human Services

Strategic Plan
2019 – 2021



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1. Strategic Plan Executive Summary

The Department of Health and Human Services works to advance the health, safety, and well-being of all North Carolinians in collaboration with a wide array of partners and stakeholders. Much of this work involves managing the delivery of services to North Carolina's most vulnerable populations, including children, seniors, people with disabilities, and low-income individuals and families. DHHS touches the lives of millions of North Carolinians and our goals reflect the wide range of programs we administer and populations we work with.

Goals for 2019- 2021 are to:

1. Advance the health and well-being of North Carolinians utilizing the programmatic tools of our Department.
2. Build an innovative, coordinated, and whole-person centered system that addresses both medical and non-medical drivers of health.
3. Turn the tide on North Carolina's opioid crisis.
4. Ensure all North Carolina children get a healthy start and develop to their full potential in safe and nurturing families, schools and communities.
5. Achieve operational excellence.

These goals support our key work to:

- Buy health for people through our Medicaid program, including working with underserved communities to improve access to quality health care and reduce health disparities
- Safeguard public health by protecting communities from communicable and chronic diseases, epidemics, and contaminated food/water
- Protect the safety, security and well-being of children and vulnerable adults
- Support individuals with disabilities and older adults in leading healthy and fulfilling lives
- Promote family economic independence and self-sufficiency
- Ensure high standards in the many health care facilities we operate or regulate

During the 2019-2021 biennium, DHHS will continue to focus on three key priority areas:

First, the Medicaid program will transition from a predominantly fee-for-service structure to managed care, the biggest change to that program in decades. As DHHS undertake this transformation, we are committed to improving the health and well-being of North Carolinians through an innovative, whole-person centered and well-coordinated system of care that addresses both medical and non-medical drivers of health. Towards this goal, DHHS is integrating physical health and behavioral health services in managed care; addressing key drivers that directly impact health, including housing, food, transportation, employment, and interpersonal safety; and promoting quality, value, and access in North Carolina's health care system.

Second, DHHS is working with many other stakeholders to do everything possible to address the opioid crisis. The epidemic is devastating families and communities throughout the state. From 1999-2016, nearly 11,000 North Carolinians lost their lives to unintentional opioid overdose. In 2017 alone there were 1,700 deaths. Overdose death are preventable. North Carolina has achieved some successes to date, but there is much more work left to do. Given that the opioid epidemic is complex, we will continue to implement a wide array of strategies in seven focus areas to reduce opioid addiction and overdose death. These include coordinating the state's infrastructure to tackle the opioid crisis; reducing the oversupply of prescription opioids; reducing the diversion of prescription drugs and the flow of illicit drugs; increasing community awareness and prevention; making naloxone widely available; expanding treatment and recovery systems of care; and measuring the effectiveness of these strategies based on results.

Third, we will launch and begin implementing our Early Childhood Action Plan. DHHS wants all North Carolina children to get a healthy start and develop to their full potential in safe and nurturing families, schools and communities. The development of young children plays a critical role in their lifelong well-being. During a child's first eight years, brain architecture is forming a foundation for all future learning, behavior and health. The Early Childhood Action Plan focuses around three central themes: that North Carolina's children are 1) healthy, are 2) safe and nurtured, and are 3) learning and ready to succeed.

Ultimately, our work in the coming biennium will strengthen our ability to deliver on our mission and our highest priority: to advance the health, safety, and well-being of the people we serve.

2. Mission, Vision, and Values

Mission Statement

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

Vision Statement

Advancing innovative solutions that foster independence, improve health, and promote well-being for all North Carolinians.

Organizational Values



People-Focused: Focus on the people we serve, deliver value and make a positive impact on their lives and communities.



Teamwork: We are all one department, one team, working toward one goal: to improve the health, safety and well-being of all North Carolinians.



Proactive Communication: Maintain an open and trusting environment for collaboration and continuous improvement with our team, stakeholders, and the people we serve.



Transparency: Share expertise, information and honest feedback with the Department and with stakeholders and the community. Ask for help when needed.



Stewardship: Be good stewards of resources and time to create a positive impact for those we serve.



Joy: Have joy and balance at work, so we all bring our A-game when serving the people of North Carolina.

3. Goals, Objectives, and Performance Measures

Goal 1 - Advance the health and well-being of North Carolinians utilizing the programmatic tools of our Department.

Objective 1.1 – Promote access to DHHS benefit programs that improve health and well-being.

1.1.1 – Performance Measure: Percentage of eligible individuals enrolled in Medicaid, FNS, and WIC programs.	Strategy Increase the percentage of eligible individuals enrolled in Medicaid, FNS, and WIC programs. Benefit programs like Medicaid, FNS, and WIC have been demonstrated to improve health and well-being for enrollees, but not everyone who is eligible is enrolled. DHHS is currently working with a group from the UNC Gillings School of Global Public Health to explore best practices for increasing uptake rates in these and other DHHS benefit programs. <i>(Cross-departmental objective)</i>
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Objective 1.2 – Protect the health and safety of children and vulnerable adults.

1.2.1 – Performance Measure: For all children who were victims of maltreatment during a twelve-month period, percent receiving a subsequent finding of maltreatment.	Strategy Reduce the number of maltreated children who receive a subsequent finding of maltreatment. DHHS will continue to work closely with county Departments of Social Services to improve and strengthen the child welfare system, provide supervision, program monitoring and technical assistance to the counties. DHHS is also using recommendations being developed by an independent contractor, Center for the Support of Families, as a roadmap to identify ways to improve support to and oversight of social services programs, enhance child safety and protect children from harm. <i>(Division of Social Services)</i>
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1.2.2 – Performance Measure: Percentage of children who enter foster care in a 12-month period who are discharged to permanency within 12 months of entering foster care.	Strategy Decrease the time to permanency for children in foster care. DHHS will continue to work closely with county Departments of Social Services to improve and strengthen the child welfare system, provide supervision, program monitoring and technical assistance to the counties. DHHS is also using recommendations under development with the independent contractor, Center for the Support of Families, as a roadmap to identify ways to strengthen the statewide capacity to improve permanency outcomes for children in foster care. <i>(Division of Social Services)</i>
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1.2.3 – Performance Measure: Percentage of adult protective services (APS) evaluations involving allegations of abuse or neglect completed within 30 days of the report.	Strategy Ensure allegations of adult abuse/neglect are evaluated promptly. Adults with disabilities may be vulnerable to abuse, neglect and exploitation. County Departments of Social Services receive and evaluate reports to determine whether disabled adults need protective services. County agencies protect adults by receiving reports and evaluating the need for protective services; planning with the disabled adult, family or caregiver to identify and prevent abuse, neglect or exploitation; reporting evidence of mistreatment to the DA and regulatory agencies; initiating court action as necessary to protect the adult; and mobilizing essential services. <i>(Division of Social Services)</i>
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Objective 1.3 – Protect communities from communicable and chronic diseases, epidemics, and contaminated food/water.

1.3.1 – Performance Measure: Percentage of children who receive the recommended vaccines.	Strategy Increase the percentage of children who receive recommended vaccines. Through the North Carolina Immunization Program (NCIP), DHHS distributes vaccines to health care providers at no charge. More than 95 percent of pediatricians who administer vaccines to children in NC participate in this program. DHHS is also working with immunizing providers to transition them to a new version of the NC immunization registry that makes it easier for providers to access information.
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1.3.2– Milestones: 1) Convening of HNC 2030 Task Force 2) Publishing HNC 2030 objectives and road map	Strategy Develop statewide health improvement plan, Healthy NC 2030.
	Consistent with the national 10-year health improvement plan, Healthy People 2030, DHHS is embarking on a planning process with the NC Institute of Medicine (NCIOM) to develop a vision for improving the health of North Carolinians. NCIOM will convene a task force consisting of representation from multiple sectors that impact health to develop attainable and practical health improvement objectives for 2030. <i>(Cross-departmental objective)</i>

Objective 1.4 –Help North Carolinians with disabilities and older adults lead healthy and fulfilling lives.

1.4.1 – Performance Measure: Percentage of individuals with intellectual/developmental disabilities living in non-institutional settings.	Strategy Increase the percentage of individuals with intellectual/developmental disabilities living in non-institutional settings. The NC Innovations Waiver is a Medicaid program that serves people who would otherwise live in an intermediate care facility for people with intellectual disabilities (ICF/IID). This program gives people the opportunity to live in a community setting instead of an institution or group home. Home and Community Based Services (HBCS) regulations also help eligible individuals gain full access to the benefits of community living and can access services in the most integrated setting. <i>(Multiple divisions)</i>
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1.4.2 – Performance Measure: Percentage of seniors and people with physical disabilities who are able to participate in preferred activities outside of home when and with whom they want.	Strategy Help seniors and people with physical disabilities participate in their communities. DHHS monitors and assesses aging services and programs funding through the Older Americans Act and State Allocations; provides training to support adult programs and services; and produces demographic and statistical data for the public and partners. DHHS also oversees both state and federally funded programs that provides and procures goods and services; allowing individuals with physical disabilities to be included and active within their respective communities. <i>(Multiple divisions)</i>
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Objective 1.5 – Work with underserved and underrepresented communities to improve access to quality health care to promote health equity.

1.5.1 – Performance Measure: Racial and ethnic health disparity in mortality rates from chronic diseases (e.g., heart disease, diabetes, stroke, cancer, chronic respiratory disease, and other relevant health indicators).	Strategy Promote health equity.
	DHHS is dedicated to the promotion, achievement, and advancement of health equity for underserved and underrepresented populations in North Carolina. Focus areas include improving the quality and availability of health information, data collection and analysis and collaborating with partners, to improve and enhance minority health programs and services. <i>(Cross-departmental objective)</i>

1.5.2 – Performance Measure: Number of new primary care	Strategy Coordinate rural residency training with partners to support rural health centers and other rural practice settings.
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<p>residents trained and recruited to rural NC designated health care professional shortage areas for primary care, dental, and mental/behavioral health.</p>	<p>DHHS administers over \$23.7M in contracts designed to expand access to high quality health care for rural and underserved areas and provides in-depth technical assistance to North Carolina’s safety net system. DHHS also partners with other state agencies to prepare the workforce needed to support rural communities. This funding is further leveraged through our partnership with state universities and the state AHEC system. <i>(Office of Rural Health)</i></p>	
<p>1.5.3 – Performance Measure: Number of new telehealth sites operating in NC’s rural communities/counties with a HPSA score of 15 – 25.</p>	<p>Strategy</p>	<p>Increase access to care and innovative delivery models via telehealth.</p>
<p>DHHS will coordinate efforts with DIT to match broadband capacity to ORH listing of “telehealth ready” sites to build capacity for innovative delivery models including the delivery of specialty physical health and dental services, behavioral health, and substance use services into rural areas. <i>(Medicaid, Office of Rural Health, Division of Public Health)</i></p>		

Objective 1.6 – Ensure high standards in health care facilities operated or regulated by DHHS.

<p>1.6.1 – Milestone: Become a system of state operated healthcare facilities that is trauma informed.</p>	<p>Strategy</p>	<p>Become a system of state operated healthcare facilities that is trauma informed. We want to build a system of state operated health care facilities that is trauma informed to ensure whole person care. DHHS wants to increase the percent of DHHS facility staff that are trained in trauma informed care. This will be part of our dashboard reporting and is built into facility staff VIP goals. <i>(Division of State Operated Health Facilities)</i></p>
<p>1.6.2 – Performance Measure: For nursing homes, average time interval between consecutive standard health surveys.</p>	<p>Strategy</p>	<p>Use regulatory authority to help ensure people receive appropriate care in safe and therapeutic settings. CMS’ timeliness standards require us to conduct a standard health survey not later than 15.9 months from the last day of the previous survey for 100% of nursing homes and to maintain a statewide average time interval between consecutive standard health surveys of 12.9 months or less. <i>(Division of Health Service Regulation)</i></p>

Goal 2 - Build an innovative, coordinated, and whole-person centered system that addresses both medical and non-medical drivers of health.

Objective 2.1 – Integrate behavioral health and physical health.

<p>2.1.1 –Milestone: Integrate physical health and behavioral health as part of Medicaid Transformation <i>(launch expected November 2019)</i></p>	<p>Strategy</p>	<p>Integrate physical health and behavioral health as part of Medicaid Transformation. In Medicaid managed care, Standard Plans will provide integrated physical health, behavioral health and pharmacy services to the majority of beneficiaries, including those with lower intensity behavioral health needs. Beginning in 2021, most individuals with a serious mental illness, a serious emotional disturbance, a severe substance use disorder, an intellectual/developmental disability or a traumatic brain injury will receive integrated physical health, behavioral health, pharmacy services and I/DD services through Behavioral Health Intellectual/Developmental Disability Tailored Plans, an integrated specialized managed care product. <i>(Division of Health Benefits)</i></p>
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Objective 2.2 – Promote quality and value in North Carolina’s health care system.

<p>2.2.1 – Milestone: Implement robust</p>	<p>Strategy</p>	<p>As part of the state’s Medicaid Transformation, implement a robust strategy to improve quality and value in our Medicaid program.</p>
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statewide Quality Strategy as part of Medicaid transformation (*draft released March 2018*)

To ensure that Prepaid Health Plans (PHPs) in Medicaid managed care are held accountable for quality and outcomes, DHHS has developed a data-driven, outcomes-based quality improvement strategy that requires PHPs to meet relevant targets and benchmarks to improve care delivery, support healthy people and communities, and pay for health. PHPs will track and report on specific measures, submit annual improvement plans, implement improvement projects and support clinicians in quality improvement efforts. Eighteen months after managed care launch, certain quality measures will be tied to financial incentives. All measures will be stratified by demographics to ensure plans are identifying and addressing health disparities. (*Division of Health Benefits*)

2.2.2 – Milestone:
Launch of Advanced Medical Home Program (*anticipated November 2019*)

Strategy Promote high-quality, local care management via a groundbreaking Advanced Medical Home (AMH) program.
As part of Medicaid Transformation and building on the success of NC’s current medical home model, the AMH program will preserve broad access to primary care services for Medicaid enrollees while strengthening the role of primary care in local care management, care coordination and quality improvement. The AMH program keeps the current Carolina ACCESS program payments to practices while also introducing new performance incentives for practices to become more focused on cost and quality outcomes over time by aligning payments for practices to specified measures, including total cost of care and health outcomes measures—which in turn links to PHPs’ quality incentives set by DHHS. (*Division of Health Benefits*)

2.2.3 – Performance Measure: Percentage of each Prepaid Health Plan’s medical expenditures governed under VBP arrangements

Strategy Require adoption of Value Based Payments (VBP) in Medicaid managed care.
To ensure payments to providers are focused on improving population health and appropriateness of care in the most cost-effective manner, DHHS is requiring PHPs to establish value-based payment (VBP) arrangements. PHPs must develop a Value Based Purchasing Strategy over an initial 3-year period that aligns to DHHS’ short- and long-term goals to shift from FFS to VBP. The VBP Strategy must detail required incentive programs for AMHs and provide annual expenditure targets in VBP arrangements. DHHS requires that by the end of the second contract year, the portion of each PHP’s medical expenditures governed under VBP arrangements will either increase by 20 percentage points or represent at least 50% of total medical expenditures. (*Division of Health Benefits*)

Objective 2.3 – Promote timely access to high quality care, including through closing the health insurance coverage gap.

2.3.1 – Performance Measure: Percentage of North Carolinians without health insurance.

Strategy Decrease the uninsured rate through closing the health insurance coverage gap using the Medicaid Program.
900,000 North Carolinians are uninsured today. The “coverage gap” refers to people who do not qualify for Medicaid today but who are too poor to qualify for subsidies on the Health Insurance Marketplace (healthcare.gov). If NC closed the coverage gap it would give more than 400,000 people access to affordable health insurance. (*Cross departmental objective*)

2.3.2 – Performance Measure: Provider networks meet DHHS network adequacy standards for all PHPs in all regions.

Strategy Maintain strong provider networks in Medicaid.
DHHS wants to ensure strong provider networks for people in Medicaid, including both fee-for-service and managed care. DHHS is dedicated to maintaining broad clinician participation in Medicaid by reducing/mitigating clinician administrative burden whenever feasible and by ensuring fair payments to providers of care. In managed care, PHPs will be held to specific standards around network adequacy, including time and distance and appointment wait time standards and must contract with a strong network of providers to meet those standards. (*Division of Health*)

Benefits)

Objective 2.4 – Comprehensively address key drivers that directly impact health, including housing, food, transportation, employment, and interpersonal safety.

2.4.1 – Milestones:
 1): Implementation of Healthy Opportunities pilot program.
 2): Launch of Healthy Opportunities resource platform.

Strategy Develop policies and programs to address these five areas. Research shows that overall health is driven by many things outside the four walls of a hospital or clinic. DHHS has identified five priority domains for making smart investments in Healthy Opportunities: housing, food, transportation, employment and interpersonal safety. Interventions include: implementing an innovative Healthy Opportunities pilot program to improve health and reduce health care costs; building a statewide resource platform to connect those with an identified need to community resources; developing a set of standardized screening questions to identify and assist patients with unmet health-related resource needs; and Creating an interactive statewide map of SDOH indicators that can guide community investment and prioritize resources. *(Cross departmental objective)*

Objective 2.5 – Reform North Carolina’s child welfare and social services systems to improve child safety and increase transparency and accountability.

2.5.1 –Milestone:
 Finalization and implementation of North Carolina’s social services and child welfare reform plans.

Strategy Finalize and implement North Carolina’s social services and child welfare reform plans. Goals of work underway include improving outcomes for children and families by developing and implementing social services and child welfare plans to enhance regional support and supervisions to county departments of social services; improving accountability for outcomes at the local, regional and state levels, creating a data dashboard, and developing a plan for consistent quality improvement for social services. *(Division of Social Services)*

Goal 3 – Turn the tide on North Carolina’s opioid crisis.

Objective 3.1 – Coordinate the state’s infrastructure to tackle the opioid crisis.

3.1.1 –Milestone: Hold statewide Opioid Summit and quarterly OPDAAC meetings.	Strategy	Increase engagement from stakeholders and alignment of efforts.
	Convene stakeholders and facilitate activities in monthly and quarterly Opioid and Prescription Drug Abuse Advisory Committee meetings and host statewide Opioid Summit to rollout updates to the NC Opioid Action Plan. <i>Division of Public Health (DPH) and Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS)</i>	

Objective 3.2 – Reduce the oversupply of prescription opioids.

3.2.1 – Performance Measure: Rate of multiple provider episodes for prescription opioids.	Strategy	Support utilization of the CSRS by prescribers and dispensers.
	Provide better visualization of data, develop connections that enable providers to make CSRS queries from electronic health records, and report data to the NC professional boards. <i>(DMHDDSAS)</i>	

Objective 3.3 – Reduce diversion and flow of illicit drugs

3.3.1 – Performance Measure:	Strategy	Coordinate efforts with stakeholders to reduce diversion and trafficking.
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Percent of opioid deaths involving heroin or fentanyl/fentanyl analogues.	Support trafficking investigations and law enforcement. Train law enforcement and public-sector employees in recognizing presence of opioids. Educate public on safe storage of opioids. Assist with developing and providing technical assistance on model healthcare worker diversion prevention protocols.	
Objective 3.4- Increase community awareness and prevention.		
3.4.1 – Performance Measure: Reach and number of impressions for educational campaigns.	Strategy	Support large-scale public education campaigns.
	Support multiple ongoing education campaigns to educate the public on a variety of related topics such as the impact of opioid epidemic and safe storage practices. <i>(DPH and DMHDDSAS)</i>	
Objective 3.5- Make naloxone widely available.		
3.5.1 – Performance Measure: Number of syringe exchange programs.	Strategy	Support the Safer Syringe Initiative.
	Increase the number of syringe exchange programs, including distribution of naloxone and referrals to treatment thru these programs. <i>(DPH and DMHDDSAS)</i>	
Objective 3.6- Expand treatment and recovery systems of care.		
3.6.1 – Performance Measure: Number of uninsured individuals with an opioid use disorder served by treatment programs.	Strategy	Dedicate funding to expanding access to MAT.
	Utilize state and federal funding to serve a greater number of North Carolinians who need treatment. <i>(DMHDDSAS)</i>	
Objective 3.7- Measure the effectiveness of these strategies based on results.		
3.7.1- Milestone: Dashboard and data reports are created.	Strategy	Create publicly accessible data dashboard.
	Continue to increase and improve the data provided to partners and stakeholders to evaluate progress on epidemic and inform response efforts. <i>(DPH and DMHDDSAS)</i>	

Goal 4 – Ensure all North Carolina children get a healthy start and develop to their full potential in safe and nurturing families, schools and communities.

Objective 4.1 – Ensure children are healthy at birth and thrive in environments that support their optimal health and well-being.

4.1.1 – Performance Measure: By 2025, decrease the statewide infant mortality disparity ratio.	Strategy	North Carolina will work to decrease disparities in infant mortality, thereby improving overall birth outcomes for all children. Infant mortality is widely used as a measure of population health, as well as the health and well-being of children and families across the world. It is not only a measure of the risk of infant death, but also used more broadly as a crude indicator of community health status, poverty and socioeconomic status levels in a community, and availability and quality of health services. Of great importance in
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assessing population health with infant mortality are the disparities in infant mortality, which is most prominent between African-American and white infants. The goal to decrease the statewide infant mortality disparity ratio from 2.68 to 1.92 aligns with a current Healthy North Carolina 2020 goal from the Division of Public Health. While the state would like to decrease the ratio to 1.00, an achievable and hopefully surpassable target was set. *(Cross-departmental objective)*

4.1.2 – Performance Measure: By 2025, increase percentage of NC’s young children enrolled in Medicaid and Health Choice who receive regular well-child visits.

Strategy North Carolina will work to ensure that all young children receive regular, ongoing access to high-quality healthcare.

Well-child visits provide an opportunity for providers to influence health and development of young children and are a critical opportunity for screening. Well child visits allow health care providers to carefully monitor and foster a child’s overall health and development, support parents as they care for their child, provide anticipatory guidance, provide preventive care, and identify and address health concerns early. *(Cross-departmental objective)*

4.1.3 – Performance Measure: By 2025, decrease the percentage of children living across North Carolina in food insecure homes.

Strategy North Carolina will work to ensure that all young children have regular access to healthy foods.

Food insecurity among children is associated with negative health, social, and academic outcomes. Multiple reports indicate that North Carolina’s families face food insecurity at higher rates than much of the country. The most recent USDA report on overall food insecurity across the country ranks NC as the 10th state. While the USDA does not have a current report that includes rankings for households with children, they do have a report based on slightly older data. In this analysis, NC is ranked #8 for households with children. Feeding America reports that approximately 1 in 5 children in NC live in food insecure households, with that rate rising in some counties to more than 1 in 3. Feeding America ranks NC as #11 in the country for percent of children with food insecurity. *(Cross-departmental objective)*

Objective 4.2 – Help children grow confident, resilient and independent in safe, stable and nurturing families, schools and communities.

4.2.1 – Performance Measure: By 2025, reduce the number of children under age six experiencing homelessness in North Carolina by 10%.

Strategy North Carolina will work to ensure that all young children have access to safe, secure, and affordable housing.

The physical, financial, and psychological features of a home can affect child development and well-being. For children in low-income families, housing instability during the first 5 years of life was associated with attention problems, internalizing and externalizing behaviors. Similarly, for caregivers of young children, housing instability has been associated with worse health, maternal depressive symptoms, and household material hardship and including food insecurity. Homelessness in early childhood is a risk factor for poor health, low social engagement in first grade, and low functioning in language and communication skills. *(Cross-departmental objective)*

4.2.2 – Performance Measure: By 2025, decrease by

Strategy North Carolina will work to increase the percentage of children across the state who have consistent safe relationships with their parents or primary caregivers.

20% the rate of children in NC who are victims of maltreatment.*

In early childhood, major adversity (including conditions like extreme poverty, neglect, abuse, or severe maternal depression) can weaken the architecture of the developing brain and permanently set the body's stress response system on high alert resulting in long-term consequences for learning, behavior, and both physical and mental health. This is especially true when children do not have the benefit of caring adults with capacity to buffer children from the effects of unrelenting or toxic stress. (See more from [Harvard's Center on the Developing Child](#) on this topic.)

(Cross-departmental objective)

**In setting this target, it is critical to note that few children are the subject of formal abuse and neglect reports and substantiations, and minority populations are disproportionately reported, investigated and substantiated.*

4.2.3 – Performance Measure:

1) *Reunification:* By 2025, decrease the number of days it takes for a child in the foster care system to be reunified with his or her family, if appropriate.

2) *Adoption:* By 2025, decrease the number of days it takes for a child in the foster care system to be adopted, if reunification is not appropriate.

Strategy

North Carolina will work to increase the percentage of children in foster care across the state who grow up in a home environment with stable, consistent, and nurturing family relationships, whether that is with the child's birth family, or through an adoptive family.

Young children need safe, permanent homes with nurturing and secure attachments to adults for healthy growth and development. For children who must be placed in foster care, the stress of being removed from the home and placed in out-of-home care can aggravate the original insult of the maltreatment and prolong the activation of the child's stress response system, which impacts the child's developing brain. A recent study suggests that trauma-informed approaches to removing children from home and placing them in foster care can reduce the amount of reoccurring maltreatment, reduce time to permanency, limit the number of placements, increase use of supportive services and increase parent-child contact.

(Cross-departmental objective)

4.2.4 – Milestone:

By 2025, North Carolina will have a reliable, statewide measure of young children's social-emotional health at the population level.

Strategy

North Carolina will work to increase the percentage of children who show healthy expression and regulation of emotion, empathy, and a positive sense of self.

Measuring children's social-emotional health, particularly at the population level, is a challenge. There is an ongoing national debate about what the best measures might be, and what data sources could be used. At this time, no state has identified any one indicator and data source to measure children's social-emotional health at the population level. *(Cross-departmental objective)*

Objective 4.3 – Help children experience the conditions they need to build strong brain architecture and school readiness skills that support their success in school and life.

4.3.1 – Performance Measure:

Part 1) By 2025, increase the percentage of income-eligible children enrolling in high-

Strategy

North Carolina will work to ensure that families have access to high quality early care and education programs.

High quality early care and education programs help prepare children for school and life academically, socially, and emotionally. While children from all backgrounds benefit from the availability of high quality, affordable child care, at-risk children (such as those from low-income families or with disabilities or limited English proficiency) often show the greatest gains in cognitive, language, and social skills ([NC](#)

quality early care across North Carolina by 10%. High quality programs include: NC Pre-K, Head Start, Early Head Start, and 4 and 5-star programs. Part 2) By 2025, decrease the percent of income a family is spending on childcare to 7%.

4.3.2 – Performance Measure:

By 2025, increase the percentage of children across North Carolina who enter kindergarten developmentally on track (according to a broad set of domains of readiness).

4.3.3 – Performance Measure:

By 2025, increase the percentage of young children across the state achieving reading proficiency or above in early elementary grades.

[Child](#)).

Studies reveal that a high-quality child care program will help children become more ready for school which increases their chances to succeed. Research also indicates that employers benefit when their employees' children are in quality child care arrangements. Parents are more productive and focused on work knowing their children are being nurtured and interacted with in ways that promotes all areas of their development. This confidence in care creates a win-win situation for everyone: parents, children and employers. *(Cross-departmental objective)*

Strategy North Carolina is committed to ensuring that all children and families have the tools needed to support early development and meet developmental milestones so that they can succeed in school and beyond.

Kindergarten Entry Assessment (KEA) is administered statewide by the Department of Public Instruction (DPI). At this time, however, there is no state and county level reporting on this assessment. While there is no current access to KEA data in order to set a 2025 target and track ongoing progress, the choice was nonetheless made to highlight this assessment in the NC Early Childhood Action Plan. There is currently no other statewide assessment that provides a comprehensive look at child-level outcomes upon entry into school. *(Cross-departmental objective)*

Strategy North Carolina will work to decrease disparities in reading performance in early grade levels, thereby improving reading proficiency rates for all children.

A broad and ongoing array of research continues to demonstrate that reading proficiency by the end of third grade matters. Children who read proficiently by the end of third grade are more likely to succeed academically, graduate from high school ready for college and careers, and become successful, productive adults. [A recent report](#) from the NC Early Childhood Foundation underscores the importance of looking at these data for subgroups of the population since there are significant disparities in reading proficiency by race, ethnicity and whether or not a student is an English language learner or not. *(Cross-departmental objective)*

Goal 5 - Achieve Operational Excellence

Objective 5.1 – Engage the workforce through common values and a shared mission.

5.1.1 –Milestone:

Submission of updated mission and values and communication plan. Cascade values into individual performance plans.

Strategy Align division mission and values with departmental mission and values and disseminate at departmental and division level events. Each division will evaluate and edit their mission and values to align with departmental mission and values. Divisions will identify and schedule appropriate events and times to re-enforce those values (ex: division all-staff meetings). *(Cross-departmental objective)*

Objective 5.2 – Manage workforce skills and capacities strategically to align with needs of the organization.

5.2.1 –Milestone: Human Resources team creates a summary and human capital skills “risk” and companion strategy to mitigate.	Strategy Conduct a gaps analysis comparing the future-state needs of the organization against the current capacity; develop a retooling and recruiting program. Define strategic skillsets needed and then quantify the current level of those skillsets within each division down to the individual employee level. Utilize information to develop division and individual employee strategic development plans (including individual career planning and division/divisional succession planning). <i>(Cross-departmental objective)</i>
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Objective 5.3 – Create systems and controls to ensure effective financial stewardship and transparency.

5.3.1 – Milestone: Budget and Analysis team creates an array of financial performance dashboards to ensure careful stewardship of resources	Strategy Develop metric dashboards for the tracking and reporting of each division’s financial health and utilization; including a timeline for consistent departmental review and measurement. Develop dashboard of key performance indicators for each division, giving insights into the financial health of each division and the utilization of available funds. This includes the identification of key performance indicators, timeline for reporting and review, and setting of goals to drive progress. <i>(Cross-departmental objective)</i>
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Objective 5.4 – Unify staff focus to accomplish strategic goals.

5.4.1 - Performance Measure: Require goals in the individual performance plan to have clear tie to the strategic plan. Report percent complete and rating.	Strategy Tie organizational goals to individual performance plans. Matrix strategic goals and objectives against the organizational structure of the Department, establishing clear leads and contributors. Cascade these goals, objectives, and subsidiary projects into performance plans of individuals in those organizations. <i>(Cross-departmental objective)</i>
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Objective 5.5 – Relentlessly pursue customer value.

5.5.1 - Performance Measure: Improve timeliness and quality of each key service measure. Work towards longer term strategic systems management.	Strategy Measure and improve processes and systems of service. Create array of customer service metrics that measure performance of key regulatory, licensing, ombudsperson, contracting, financial allocation, and/or other similar processes that serve residents and businesses of North Carolina. Each Division will identify the top service processes in their arena and produce timeliness and quality measures to evaluate performance. Future efforts will involve using these metrics to inform the corresponding system (e.g. a preponderance of complaints about a certain regulatory requirement) and thoughtfully evaluating the system to ensure it’s designed for high performance and high-quality. <i>(Cross-departmental objective)</i>
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4. Highlights and Opportunities

DHHS touches the lives of every North Carolinian and our priorities highlight the vast range of programs we administer and populations we work with. Below are five priorities areas we'd like to highlight:

Healthy Opportunities

Research shows that overall health is driven by many things outside the four walls of a hospital or clinic. To ensure the most efficient managed care program and to build on work already being done by pediatricians, family physicians, community-based organizations, and others, DHHS has identified five priority domains for making smart investments in Opportunities for Health: housing, food, transportation, employment, and interpersonal safety.

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

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

Opioid Action Plan

The opioid epidemic is having ongoing and devastating impacts on communities across North Carolina and the country. North Carolina's Opioid Action Plan was developed with community partners to combat the opioid crisis. The Action Plan aims to change the trajectory of opioid deaths and reduce opioid overdose deaths by 20% over the next five years. To support the implementation, DHHS convenes the Opioid Prescription Drug Abuse Advisory Committee (OPDAAC) quarterly to educate and discuss efforts and ensure continued alignment.

The Action Plan is a living document that will be updated as we make progress on the epidemic and are faced with new issues and solutions. Strategies in the plan include:

- Coordinating the state's infrastructure to tackle the opioid crisis.
- Reducing the oversupply of prescription opioids.
- Reducing the diversion of prescription drugs and the flow of illicit drugs.
- Increasing community awareness and prevention.
- Making naloxone widely available.
- Expanding treatment and recovery systems of care.
- Measuring the effectiveness of these strategies based on results.

A data dashboard developed by DHHS helps to track and monitor the metrics in the Opioid Action Plan. These metrics show the state beginning to see success in its efforts to combat the opioid crisis. The oversupply of prescription opioids is being reduced and access to treatment and recovery services has increased.

Early Childhood Action Plan

Another key priority and population group for the Department is a focus on early childhood. DHHS wants all North Carolina children get a healthy start and develop to their full potential in safe and nurturing families, schools and communities.

Towards that vision, DHHS is spearheading the development of a statewide Early Childhood Action Plan to be released in early 2019. The North Carolina Early Childhood Action Plan seeks to create a cohesive vision, set benchmarks for impact by the year 2025, and establish shared stakeholder accountability to achieve statewide goals for early childhood.

By 2025, DHHS envisions that all North Carolina's young children from birth to age eight will be:

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

Medicaid Transformation

In 2015, the NC General Assembly enacted Session Law 2015-245, directing the transition of Medicaid from a predominantly fee-for-service (FFS) structure to managed care. In managed care, DHHS will remain accountable for all aspects of the Medicaid and NC Health Choice programs. DHHS will delegate the direct management of certain health services and financial risks to PHPs, who will contract with care providers to provide services for their members.

Since 2015, DHHS has collaborated with and solicited extensive feedback on its transition to managed care from clinicians, hospitals, beneficiaries, counties, health plans, elected officials, advocates, and other stakeholders. Throughout this process - from hosting listening sessions across the state, reviewing more than one thousand written public comments, and holding hundreds of meetings with various stakeholders - stakeholder feedback has shaped the program design.

DHHS has five goals for Medicaid Transformation:

1. Create an innovative, integrated, and well-coordinated system of care
2. Support clinicians and beneficiaries during and after the transition
3. Promote access to care
4. Promote quality and value
5. Ensure a successful managed care program

Social Services Reform

As required by the Family-Child Protection and Accountability Act, DHHS is leading a reform effort to bring meaningful improvements in supervision and accountability to our child welfare and social services systems, with the goal of ensuring North Carolinians receive consistent quality and access to services statewide.

This work includes developing a child welfare reform plan that improves child protective services by enhancing preventive and in-home services to help children remain safely with their families, streamlining child fatality oversight reviews, reduce placement of children in foster care and strengthen reunification and permanency services, improve assistance for older youth in foster care or those who aged out, and identify strategies to ensure a well-trained and adequately compensated staff. Reform plans will also allow for enhanced state supervision and support of county social services offices through the creation of new regional offices.

Potential Initiatives/ Collaborative Opportunities

Resource Platform

The NC Resource Platform is a statewide public-private partnership of philanthropy, healthcare and community partners administered by the Foundation for Health Leadership and Innovation (FHLI). While DHHS will not administer the NC Resource Platform, the tool is an integral component of the state's Healthy Opportunities strategy. To truly achieve health and well-being for all North Carolinians, it is critical to unite our healthcare sector and communities. The platform will be the foundation for connecting people with community resources they need to improve their health and well-being and to decrease health care costs and utilization.

The NC Resource Platform will be a robust statewide resource database that will include a call center and will serve as a referral platform for providers, social workers, care coordinators and others to connect patients directly to community resources. It will foster resource connections, link health and social services in communities and develop high-quality data regarding the non-clinical factors impacting health outcomes and costs. Importantly, it will track outcomes. The platform will be open to all providers, payers, community-based organizations, agencies and residents across North Carolina.

Disaster Response and Recovery

Within two years, North Carolinians experienced two natural disasters – Hurricanes Matthew and Florence—that impacted thousands. DHHS leads many components of the State's coordinated response and recovery efforts, supporting affected communities and individuals in stabilizing and building resiliency after the storm.

In addition to a wide variety of other actions and initiatives, much of the Department's disaster response work focuses on housing. DHHS works in close partnership with the Federal Emergency Management Agency (FEMA) programs designed to assist homeowners and renters with hurricane impacts not covered by insurance. For households not eligible for FEMA Individual Assistance, DHHS, in collaboration with its partners, created Back@Home North Carolina, a \$12 million initiative that uses the cost-effective rapid rehousing model to create a much-needed resource. Back@Home creates better outcomes and self-sufficiency for individuals and families and provides a cost-savings as compared to maintaining congregate shelters.