



04/30/2019: Report has been attached, please see below.

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

April 1, 2019

SENT VIA ELECTRONIC MAIL

The Honorable Joyce Krawiec, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 308, Legislative Office Building
Raleigh, NC 27603

The Honorable Josh Dobson, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 307B, Legislative Office Building
Raleigh, NC 27603

The Honorable Donny Lambeth, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 303, Legislative Office Building
Raleigh, NC 27603

Dear Chairmen:

Session Law 2017-57, Section 11E.13.(e) requires the Department of Health and Human Services to submit a final report on the Human Coalition's Continuum of Care Pilot Program. This report should include an estimate of the cost to expand the program incrementally and statewide, an estimate of any potential savings of State funds associated with the expansion of the program and if the expansion is recommended, a timeline for expanding the program. This report is due to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on or before April 1.

On behalf of Secretary Cohen, the Department is notifying you that this report will be delayed.

Should you have any question, please contact Beth Lovette, Interim Director for the Division of Public Health, at 919-707-5000.

Sincerely,

for Mandy Cohen, MD, MPH
Secretary

cc:	Rob Kindsvatter	Matt Gross	Theresa Matula	Katherine Restrepo
	Joyce Jones	Lisa Wilks	Marjorie Donaldson	Erin Matteson
	Kody Kinsley	LT McCrimmon	Deborah Landry	Beth Lovette
	reports@ncleg.net	Mark Benton	Susan Perry-Manning	Zack Wortman
	Steve Owen	Mark Collins	Denise Thomas	Jessica Meed



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MANDY COHEN, MD, MPH
SECRETARY

April 1, 2019

SENT VIA ELECTRONIC MAIL

Mr. Mark Trogdon, Director
Fiscal Research Division
Suite 619, Legislative Office Building
Raleigh, NC 27603-5925

Dear Director Trogdon:

Session Law 2017-57, Section 11E.13.(e) requires the Department of Health and Human Services to submit a final report on the Human Coalition's Continuum of Care Pilot Program. This report should include an estimate of the cost to expand the program incrementally and statewide, an estimate of any potential savings of State funds associated with the expansion of the program and if the expansion is recommended, a timeline for expanding the program. This report is due to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on or before April 1.

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Secretary

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Status of Human Coalition's Continuum of Care Pilot

SL 2017-57, Section 11E.13.(e)



Report to the

**Joint Legislative Oversight Committee on Health and Human
Services**

and

Fiscal Research Division

By

North Carolina Department of Health and Human Services

April 30, 2019

Reporting Requirement

Session Law 2017-57 Section 11E.13.(e) requires the Department to submit a final report on the pilot program authorized by subsection (b) of this section to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division. At a minimum, the Department's final report shall include all of the following:

- (1) An estimate of the cost to expand the program incrementally and statewide.
- (2) An estimate of any potential savings of State funds associated with expansion of the program.
- (3) If expansion of the program is recommended, a time line for expanding the program.

By April 1, 2019, the Department shall report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the status of the pilot program.

Background

In Session Law 2017-57 Section 11E.13.(a), the North Carolina General Assembly appropriated \$1,300,000 in nonrecurring funds for each fiscal year of the 2017-2019 biennium to the Department of Health and Human Services, Division of Public Health, for certain Pregnancy Care Initiatives provided by the Carolina Pregnancy Care Fellowship (CPCF), of which CPCF was to transfer \$300,000 for each fiscal year of the 2017-2019 biennium to the Human Coalition to develop and implement a two-year pilot program as also defined in subsection (b).

In Session Law 2018-5 Section 11E.3, the North Carolina General Assembly amended the above language to (a) remove the \$300,000 earmarked in nonrecurring funds for the Human Coalition from the CPCF appropriation, and (b) make that \$300,000 a standalone direct appropriation to the Human Coalition, through the Department, for the 2017-2018 state fiscal year. Section 11E.4 of that Session Law also appropriated \$300,000 to the Human Coalition, through the Department, for the 2018-2019 state fiscal year.

Despite the Department's best efforts, the Human Coalition has not provided all of the required information for the full and timely completion of this report.

Services Funded by the Human Coalition Pilot Program

Human Coalition has reported the goal of the pilot program is to develop and implement a program at Human Coalition's Raleigh clinic that provides a continuum of care and support to women experiencing crisis pregnancies, so they might carry them to term, by providing assistance and referrals in the following twelve (12) areas:

1. Health Services/WIC referrals – free/reduced cost OBGYN, sonograms, pediatrics, Medicaid, breastfeeding support, nutrition services, health screenings and referrals;
2. Housing – low income public or Section 8 housing, maternity homes;
3. Drug and Alcohol Addiction Services – rehabilitation facilities, outpatient/inpatient programs;

4. Employment Services – resume assistance, job placement, practice interview skills, Dress for Success program;
5. Material Assistance – clothing, furniture, baby supplies, etc.;
6. Legal Services;
7. Financial Resources – Welfare Office, cash assistance, food stamps;
8. Transportation – services that provide free/low cost rides, public transportation, taxi, shuttle;
9. Utility Assistance – CAP program and other charities help with past due bills for any utilities such as water, electric, and gas;
10. Child Care – child care centers accepting CCIS or income based;
11. Adoption Services/Agencies: connections to local adoption agencies and programs for pre-post adoption; and
12. Counseling – in-house lay counseling, participating therapist counseling, referrals to counseling services.

Human Coalition has reported that the Raleigh office (the only site funded under this initiative) served 54 clients during state fiscal year 2017-18, and, 113 clients as of March 1, 2019 in state fiscal year 2018-19 in the areas listed above. It also has reported that 83 (or 73%) of the 113 clients served in the current fiscal year have self-reported they plan to carry their pregnancy to term.

Although connecting people to existing programs like WIC or housing assistance can be helpful, the model being piloted by the Human Coalition has not been subject to independent research or evaluation. Therefore, it cannot be identified as evidence-based or even a best practice.

Budget and list of expenditures for the Human Coalition Pilot Program

Category	Expended SFY17–18	Expended SFY18–19 through 12/31/18
Personnel	\$228,690	\$90,565
Supplies and Materials	\$0	\$6,661
Non-Fixed Operating Expenses	\$47,446	\$3,912
Fixed Expenses	\$16,765	\$5,144
Property and Equipment	\$0	\$587
Contracted Services	\$0	\$303
Other	\$7,099	\$42,828
Total Expended	\$300,000	\$150,000
Total Appropriated	\$300,000	\$300,000
Balance	\$0	\$150,000

Estimate of the cost to expand the program incrementally and statewide

Human Coalition was charged with providing estimated costs and timeline to expand the program to the Division of Public Health (DPH) in their progress report due March 1, 2019. At the time of this report submission, DPH has yet to receive the requested information. Therefore, the Department is unable to determine the effectiveness or cost of expanding the model, whether incrementally or statewide.

Estimate of potential savings of State funds associated with expansion of the program.

No potential savings have been identified.

If expansion of the program is recommended, a time line for expanding the program.

NC DHHS is unable to offer an informed recommendation regarding expansion of the program. DHHS programs should be evidence-based and cost-effective whenever possible and align with a statewide coordinated and integrated services system that leverage existing state and federal initiatives for maternal and child health.