

# NORTH CAROLINA GENERAL ASSEMBLY



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## JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES

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### REPORT TO THE 2016 SESSION of the 2015 GENERAL ASSEMBLY OF NORTH CAROLINA

APRIL 2016

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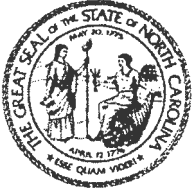
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# TRANSMITTAL LETTER

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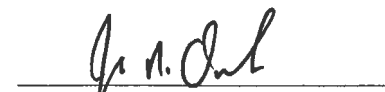
April 12, 2016

To: Members of the 2016 Regular Session of the 2015 General Assembly

Pursuant to Article 23A of Chapter 120 of the North Carolina General Statutes, the Joint Legislative Oversight Committee on Health and Human Services has been meeting to examine the systemwide issues affecting the development, budgeting, financing, administration and delivery of health and human services. Accordingly, the Committee respectfully submits the following report on issues studied during the 2015-16 interim.

Respectfully,

  
Representative Marilyn Avila  
Co-Chair

  
Representative Josh Dobson  
Co-Chair

  
Senator Louis Pate  
Co-Chair

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# EXECUTIVE SUMMARY OF RECOMMENDATIONS

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The following is an executive summary of the recommendations from the Joint Legislative Oversight Committee on Health and Human Services. These recommendations, and the findings upon which they are based, can be found under the Committee Findings and Recommendations section of this report. These recommendations have been arranged by topic and represent the work of Committee and the two subcommittees.

## **Topic 1: Training Program on Contract Development and Management**

### **CONTRACTING PROCESS RECOMMENDATION: DHHS CONTRACTING SPECIALIST PROGRAM**

The Joint Legislative Oversight Committee on Health and Human Services recommends the General Assembly enact legislation [[2015-MGz-146](#)] directing the School of Government at The University of North Carolina at Chapel Hill, in collaboration with the Director of Procurement, Contracts and Grants for the Department of Health and Human Services, to prepare a proposal to design a contracting specialist training program for the Department of Health and Human Services that is based on both national standards and the Certified Local Government Purchasing Officer (CLGPO) Program and submit the proposal to the Joint Legislative Oversight Committee on Health and Human Services no later than August 1, 2016.

Based on the requirements of the program design, the School of Government at The University of North Carolina at Chapel Hill, in collaboration with the Director of Procurement, Contracts and Grants for the Department of Health and Human Services, will prepare and submit a proposal for the implementation and administration of the contract management specialist training program to the House and Senate Appropriation Committees on Health and Human Services for consideration during the 2017 Regular Session of the North Carolina General Assembly. The proposal shall include budget estimates for implementation and administration based on the requirements of the program design.

## **Topic 2: Regulation of Advanced Practice Nurses**

### **REGULATION OF ADVANCED PRACTICE REGISTERED NURSES RECOMMENDATION**

The Joint Legislative Oversight Committee on Health and Human Services will continue to examine the potential impact of less restrictive regulation of advanced practice registered nurses on health care expenditures and identified shortages of health care personnel in this State during interim period between the 2016 and 2017 Regular Sessions of the North Carolina General Assembly, with the goal of recommending legislation to the 2017 General Assembly.

## **Topic 3: Child Welfare System**

### **CHILD WELFARE SYSTEM RECOMMENDATION**

The Joint Legislative Oversight Committee on Health and Human Services recommends the General Assembly enact legislation [[2015-LUz-125](#)] that:

- Addresses the requirements of the federal Program Improvement Plan. It is further recommended that the Department of Health and Human Services report on the implementation and outcomes of the Program Improvement Plan to the Joint Legislative Oversight Committee on Health and Human Services twice per year, on August 1 and February 1, beginning August 1, 2016 and ending February 2019.
- Requires the Department of Health and Human Services to develop a statewide strategic plan for Child Protective Services that complements the required federal Program Improvement Plan. The State strategic plan must address, at a *minimum*, the findings of the North Carolina Statewide Child Protective Services Evaluation in the areas of county performance, caseload sizes, administrative structure, adequacy of funding, social worker turnover, and monitoring and oversight. The plan should be received by the Joint Legislative Oversight Committee on Health and Human Services by December 1, 2016 for consideration in the 2017 Session.
- Supports the completion of the child welfare component of the NC FAST system, in order to bring the State into compliance with the Statewide Information System systematic factor of the CSFR and to ensure that data quality meets federal standards and adequate information is collected and available to counties to be able to *track children and outcomes across counties*. The Committee also recommends that the Department of Health and Human Services report on the development, implementation and outcomes of the child welfare component of the NC FAST system to the Joint Legislative Oversight Committee on Health and Human Services quarterly beginning July 1, 2016, and ending with a final report on October 1, 2018. The report must include, at a minimum, the current timeline, any adjustments and justifications for adjustments to the timeline, progress on the development, and ultimately the implementation of the system. The report should address any identified issues and solutions to address those issues, the level of county participation and involvement in each phase of the project, and budget and expenditure reports that include overall project budget and expenditures and current fiscal year budget and expenditures.

#### **Topic 4: Suicide Prevention**

##### **SUICIDE PREVENTION RECOMMENDATION**

To improve detection and treatment of North Carolinians at risk for suicide, the Joint Legislative Oversight Committee on Health and Human Services recommends the General Assembly enact legislation [2015-MGz-147] requiring the Joint Legislative Oversight Committee on Health and Human Services to appoint a subcommittee to meet during the interim period between the 2016 and 2017 Regular Sessions of the North Carolina General Assembly to study the role of health care providers and other key gatekeepers in suicide prevention, particularly among individuals under age 25, firefighters, law enforcement officers, emergency medical services personnel as defined in G.S. 131E-155, active duty military personnel, and veterans. The subcommittee may study any other issues it deems necessary to complete its report.

#### **Topic 5: Behavioral Health**

##### **BEHAVIORAL HEALTH SERVICES RECOMMENDATION**

The Joint Legislative Oversight Committee on Health and Human Services recommends the Department of Health and Human Services report to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Medicaid and NC Health Choice no later than December 30, 2016, on the foundation for behavioral health



decision making, accountability measures, and targeting of resources in a way that makes a positive impact and achieves desired outcomes. The report should address the following areas:

- A summary of the requirements in the annual determination of statewide assessment of gaps and needs provided by Local Management Entities/Managed Care Organizations (LME/MCOs) for mental health, developmental disabilities, and substance abuse services by region.
- A summary and appended copy of the DMH/DD/SAS State strategic plan that articulates the Department's priorities and minimum services, and provides the basis for decision-making, including measurable outcomes for the identified priority areas.
- The identification of specific measurable outcomes for mental health, developmental disabilities, and substance abuse services funded both through Medicaid and through State-only appropriations and how these measures are incorporated into contracts with LME/MCOs.
- The establishment by the State of specific solvency standards for LME/MCOs that (i) define appropriate cash balances, predictors of sustainability, and measures for performance; (ii) will be monitored and reported monthly, quarterly, and annually; and (iii) will be incorporated into LME/MCO contracts.

## **Topic 6: Alzheimer's Disease and Related Dementias**

### **ALZHEIMER'S DISEASE AND RELATED DEMENTIAS RECOMMENDATION 1: STUDY WORKING CAREGIVER SUPPORT AND UNIFORM GUARDIANSHIP LAWS**

The Joint Legislative Oversight Committee on Health and Human Services recommends the General Assembly enact House Bill 816 Study the Needs of Working Caregivers in response to the Task Force on Alzheimer's Disease and Related Dementias Recommendation 5.4 and House Bill 817 Enact Uniform Law on Adult Guardianship in response to Task Force Recommendation 6.3.

### **ALZHEIMER'S DISEASE AND RELATED DEMENTIAS RECOMMENDATION 2: CAREGIVER AND FAMILY SUPPORT**

The Joint Legislative Oversight Committee on Health and Human Services recommends the General Assembly enact legislation [2015-MGza-148] to ensure adequate funding for family caregiver support and respite through the appropriation of \$300,000 to support Project CARE; to appropriate \$200,000 to support North Carolina's No Wrong Door initiative; and to direct the Department of Health and Human Services to explore expansion of Medicaid Home and Community Based Services Waiver Programs and report back to the Joint Legislative Oversight Committee on Health and Human Services and to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice on or before October 1, 2016.

## **Topic 7: Justice and Public Safety and Behavioral Health**

### **JUSTICE AND PUBLIC SAFETY AND BEHAVIORAL HEALTH RECOMMENDATION 1: GOVERNOR'S TASK FORCE ON MENTAL HEALTH AND SUBSTANCE ABUSE**

The Joint Legislative Oversight Committee on Health and Human Services appreciates the work of the Joint Study of Justice and Public Safety and Behavioral Health Subcommittee and encourages the Governor's Task Force on Mental Health and Substance Abuse to continue to

study and make recommendations in the areas of adults, children/youth, and families, and opioid abuse and heroin resurgence.

## **JUSTICE AND PUBLIC SAFETY AND BEHAVIORAL HEALTH RECOMMENDATION 2: TREATMENT RELAPSE OPTION**

The Joint Legislative Oversight Committee on Health and Human Services appreciates the work of the Joint Study of Justice and Public Safety and Behavioral Health Subcommittee and encourages the Department of Health and Human Services and the Department of Public Safety to investigate the use of Vivitrol as part of the State-funded alcohol and opioid abuse treatment services offered by these agencies.

### **Topic 8: Overdose Epidemic and Opioid Antagonist Availability**

#### **OVERDOSE EPIDEMIC & OPIOID ANTAGONIST AVAILABILITY RECOMMENDATION: STATEWIDE STANDING ORDER**

The Joint Legislative Oversight Committee on Health and Human Services recommends the General Assembly enact [2015-MGz-145A] to combat the overdose epidemic and increase availability of an opioid antagonist.

### **Topic 9: Statewide Early Education and Family Support Programs**

#### **STATEWIDE EARLY EDUCATION AND FAMILY SUPPORT PROGRAMS RECOMMENDATION 1: STRENGTHEN THE COORDINATION OF STATE LEVEL GOVERNANCE OF EARLY EDUCATION PROGRAMS**

The Joint Legislative Oversight Committee on Health and Human Services appreciates the work of the Statewide Early Education and Family Support Programs Subcommittee and recommends that the General Assembly enact legislation (2015-LUz-115) to strengthen the coordination of State level governance by formalizing collaboration of early education administrative leaders to do the following:

- Inventory and evaluate all state programs and services in the area of early childhood education.
- Study the transition from NC Pre-K to public kindergarten and make any recommendations to ensure the successful transition of children from NC Pre-K to public kindergarten.
- Develop a comprehensive approach to early childhood education, birth through 3rd grade, including creating cross agency accountability with a comprehensive set of data indicators to monitor and measure success of the early childhood systems.
- Require the committee to report to the Joint Legislative Oversight Committee on Health and Human Services on any issues and recommendations that are a result of this initiative.

#### **STATEWIDE EARLY EDUCATION AND FAMILY SUPPORT PROGRAMS RECOMMENDATION 2: STUDY THE COSTS OF NC PRE-K**

The Joint Legislative Oversight Committee on Health and Human Services appreciates the work of the Statewide Early Education and Family Support Programs Subcommittee and recommends that the Oversight Committee recommend the General Assembly enact legislation (2015-LUz-116) to direct the Department of Health and Human Services, Division of Child Development study the costs of NC Pre-K and report to the legislature the following:

- The total cost to fund a NC Pre-K slot.
- The State share needed to fund a slot by each setting, public schools, child care facilities and Head Start.
- The amount needed to keep the current number of slots if the per slot cost were increased to the amount from the study.
- Recommendations on how often the NC Pre-K slot costs should be evaluated and reported to the General Assembly.

**STATEWIDE EARLY EDUCATION AND FAMILY SUPPORT PROGRAMS  
RECOMMENDATION 3: STUDY ALLOCATION OF CHILD CARE  
SUBSIDIES AND THE WAITLIST**

The Joint Legislative Oversight Committee on Health and Human Services appreciates the work of the Statewide Early Education and Family Support Programs Subcommittee and recommends that the General Assembly enact legislation (2015-TAz-8) to direct the Division of Child Development and Early Education in the Department of Health and Human Services to study and report on the allocation of child care subsidies, and in particular, how subsidies may follow an eligible child who moves from one county to another.

**STATEWIDE EARLY EDUCATION AND FAMILY SUPPORT PROGRAMS  
RECOMMENDATION 4: STUDY ALIGNMENT OF CHILD CARE  
SERVICES APPLICATIONS**

The Joint Legislative Oversight Committee on Health and Human Services appreciates the work of the Statewide Early Education and Family Support Programs Subcommittee and recommends the General Assembly enact legislation (2015-TAz-9) to direct the Division of Child Development and Early Education to study and report on the feasibility and desirability of developing a streamlined application process by which eligible families may apply for and obtain available services and assistance.

**STATEWIDE EARLY EDUCATION AND FAMILY SUPPORT PROGRAMS  
RECOMMENDATION 5: TECHNICAL & CONFORMING BILL DRAFT**

The Statewide Early Education and Family Support Programs Subcommittee included an additional legislative proposal in its report to the Joint Legislative Oversight Committee on Health and Human Services. The proposal makes technical and conforming changes to references to the More at Four program. The Joint Legislative Oversight Committee on Health and Human Services recommends the General Assembly enact legislation (2015-TAz-10) to make technical and conforming changes to remove obsolete statutory references for the More at Four program.

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# COMMITTEE PROCEEDINGS

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The Joint Legislative Oversight Committee on Health and Human Services met four (4) times between January 2016 and April 2016. This section of the report provides a brief overview of topics and presenters for each meeting. Detailed minutes and handouts from each meeting are available in the Legislative Library. Agendas and handouts for each meeting are available at the following link:

<http://www.ncleg.net/gascripts/DocumentSites/browseDocSite.asp?nID=144>

## Overview of Topics and Presenters

### January 12, 2016

- **Comments from the Secretary of the Department of Health and Human Services**  
Rick Brajer, Secretary, Department of Health and Human Services (DHHS)
- **Resource Materials & Overview of the Committee's Purpose**  
Joyce Jones, Committee Staff
- **Implementation of Budget Items**  
Rod Davis, Chief Financial Officer, DHHS
- **Local Management Entity/Managed Care Organization Reduction**  
Courtney Cantrell, Director, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, DHHS
- **Health Information Exchange (HIE) Update**  
John Correllus, Director, Government Data Analytics Center (GDAC)  
Carol Burroughs, Interim HIE Director, GDAC
- **Traumatic Brain Injury & Medicaid Waiver Report**  
Courtney Cantrell, Director, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, DHHS  
Dave Richard, Deputy Secretary, Medical Assistance, DHHS
- **Medicaid Waiver for Children with Serious Emotional Disturbance Report**  
Dave Richard, Deputy Secretary, Medical Assistance, DHHS
- **Update on DHHS Capital Projects**  
Dale Armstrong, Deputy Secretary, Behavioral Health & Developmental Disability Services, DHHS
- **Department of Justice Settlement Agreement Status**  
Jessica Keith, Special Advisor on ADA, DHHS
- **Subcommittee Appointments**  
Co-Chairs

## February 9, 2016

- **Comments from the Secretary of DHHS**  
Rick Brajer, Secretary, DHHS
- **Contracting Specialist & Certification Program, Design & Implementation Study**  
Joyce Jones, Committee Staff  
Norma Houston, Albert and Gladys Hall Coates Term Lecturer for Teaching Excellence,  
University of North Carolina at Chapel Hill School of Government
- **Contracting for Mental Health Services**  
Dave Richard, Deputy Secretary, Medical Assistance, DHHS  
Courtney Cantrell, Director, Division of Mental Health, Developmental Disabilities and  
Substance Abuse Services, DHHS
- **LME/MCO Single Stream Funding Update**  
Courtney Cantrell, Director, Division of Mental Health, Developmental Disabilities and  
Substance Abuse Services, DHHS
- **Overview of 2016 State Medical Facilities Plan**  
Shelley R. Carraway, Chief, Division of Health Service Regulation, Healthcare Planning &  
Certificate of Need Section, DHHS  
Dale Armstrong, Deputy Secretary for Behavioral Health & Developmental Disability  
Services, DHHS  
Courtney Cantrell, Director, Division of Mental Health, Developmental Disabilities and  
Substance Abuse Services, DHHS
- **Economic Benefits of Less Restrictive Regulation of Advanced Practice Registered  
Nurses in North Carolina**  
Dr. Chris Conover, Research Scholar, Center for Health Policy & Inequalities, Duke  
University
- **Implementation Update on Drug Testing for Work First Program Assistance**  
Wayne Black, Director, Division of Social Services, DHHS  
Sharon D. Moore, Work First Policy Consultant, DSS, Economic and Family Services,  
DHHS
- **Health Information Exchange Implementation Update**  
John Correllus, Director, Government Data Analytics Center  
Kelly L. Fuller, Executive Director, North Carolina Health Information Exchange Authority

## March 8, 2016

- **Comments from the Secretary of DHHS**  
Rick Brajer, Secretary, DHHS
  - ***Follow-up Items from February Meeting***  
Dale Armstrong, Deputy Secretary for Behavioral Health and Developmental Disability  
Services, DHHS

**March 8, 2016 (continued)**

- **Statewide Evaluation of the Child Protective Services System**  
Lisa Wilks, Committee Staff  
Sherry Bradsher, Deputy Secretary for Human Services, DHHS  
Beth Maxcy, Associate Manager, Public Consulting Group
- **Federal Review and Final Report of North Carolina's Child Welfare System**  
Sherry Bradsher, Deputy Secretary for Human Services, DHHS  
Kevin Kelley, Section Chief, Division of Social Services, Child Welfare Section, DHHS
- **Report on Plan to Expand Foster Care Services to Age 21**  
Lisa Wilks, Committee Staff  
Kevin Kelley, Section Chief, Division of Social Services, Child Welfare Section, DHHS
- **Regulation of Advanced Practice Registered Nurses in North Carolina**  
Chip Baggett, NC Medical Society (NCMS)  
Dr. Docia Hickey, MD, Chair of the NCMS Board of Directors  
Julie George, MSN, RN, FRE, Executive Director, North Carolina Board of Nursing  
Dr. Rebecca Bagley, DNP, CNM, Program Director, Midwifery Education Program, East Carolina University  
Robert J. Gauvin, CRNA, MS, Director, Region, American Association of Nurse Anesthetists  
Dr. Taynin Kopanos, DNP, NP Vice President, Health Policy, State Government Affairs  
American Academy of Nurse Practitioners
- **Dementia-Capable North Carolina: A Strategic Plan for Addressing Alzheimer's Disease and Related Dementias**
  - ***Introduction and Overview of the Strategic Plan***  
Doug Dickerson, MBA, State Director, AARP NC  
Lisa Gwyther, MSW, LCSW, Director, Family Support Program, Associate Professor, Department of Psychiatry and Behavioral Sciences, Division of Geriatric Psychiatry Center for the Study of Aging and Human Development, Duke University Medical Center  
Goldie S. Byrd, PhD, Dean, College of Arts and Sciences, North Carolina A&T State University
  - ***Caring for a Loved One with Alzheimer's Disease: A Caregiver Perspective***  
Dr. Linnea Smith, MD  
Nacy Washington
  - ***Recommendations of the Task Force on Alzheimer's Disease and Related Dementia: Overview***  
Dr. Adam Zolotor, MD, DrPH, President and CEO, North Carolina Institute of Medicine
  - ***Closing Remarks***  
Sherry Bradsher, Deputy Secretary for Human Services, DHHS
  - ***Committee Discussion and Questions***

**March 8, 2016 (continued)**

- **Joint Study of Justice and Public Safety and Behavioral Health**  
Denise Thomas, Committee Staff
- **Draft Committee Recommendations and Discussion/Direction to Staff**  
Susan Jacobs, Committee Staff  
Deborah Landry, Committee Staff  
Steve Owen, Committee Staff  
Joyce Jones, Committee Staff

**April 12, 2016**

- **Comments from the Secretary of DHHS**  
Rick Brajer, Secretary, DHHS
- **2015 NC Suicide Prevention Plan**  
Jane Ann Miller, Public Health Program Consultant, Division of Public Health, Injury and Violence Prevention, DHHS
- **Statewide Standing Order for Naloxone**  
Dr. Randall Williams, Deputy Secretary for Health Services, DHHS
- **LME/MCO Single Stream Funding Update**  
Dr. Courtney Cantrell, Senior Director, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, DHHS
- **Dorothea Dix Plan & Funds - Recommendations to Increase Availability of Community-Based, Behavioral Health Treatment & Services To Reduce Emergency Department and Inpatient Services**  
Dr. Courtney Cantrell, Senior Director, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, DHHS
- **DHHS & Gillings School of Global Public Health Report on Process for Local Health Depts. to Apply for & Receive State Funds on a Competitive Basis**  
Belinda Pettiford, Branch Head, Division of Public Health, Women's Health Branch, DHHS
- **Update from the Diabetes Advisory Council**  
Dr. Ruth Petersen, Section Chief, Division of Public Health, Chronic Disease and Injury Section, DHHS
- **Statewide Early Education and Family Support Programs Subcommittee Report**  
Deborah Landry, Committee Staff
- **Draft Committee Report**  
Committee Staff
- **Discussion and Vote on Report**



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# FINDINGS AND RECOMMENDATIONS

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## **Topic 1: Training Program on Contract Development and Management**

### **CONTRACTING PROCESS FINDING**

The Joint Legislative Oversight Committee on Health and Human Services heard a presentation on February 9th pertaining to the design of a contracting specialist training and certification program as required by S.L. 2015-241, Section 12A.13. The Committee finds that the contracting process is critical to the success of Department of Health and Human Services programs. In order to assure that future contracts are developed and managed more effectively, the Committee finds that the Department would benefit from a contract specialist training program similar to the Certified Local Government Purchasing Officer (CLGPO) Program provided by the School of Government at the University of North Carolina at Chapel Hill.

### **CONTRACTING PROCESS RECOMMENDATION: DHHS CONTRACTING SPECIALIST PROGRAM**

The Joint Legislative Oversight Committee on Health and Human Services recommends the General Assembly enact legislation [[2015-MGz-146](#)] directing the School of Government at The University of North Carolina at Chapel Hill, in collaboration with the Director of Procurement, Contracts and Grants for the Department of Health and Human Services, to prepare a proposal to design a contracting specialist training program for the Department of Health and Human Services that is based on both national standards and the Certified Local Government Purchasing Officer (CLGPO) Program and submit the proposal to the Joint Legislative Oversight Committee on Health and Human Services no later than August 1, 2016.

Based on the requirements of the program design, the School of Government at The University of North Carolina at Chapel Hill, in collaboration with the Director of Procurement, Contracts and Grants for the Department of Health and Human Services, will prepare and submit a proposal for the implementation and administration of the contract management specialist training program to the House and Senate Appropriation Committees on Health and Human Services for consideration during the 2017 Regular Session of the North Carolina General Assembly. The proposal shall include budget estimates for implementation and administration based on the requirements of the program design.

## **Topic 2: Regulation of Advanced Practice Nurses**

### **REGULATION OF ADVANCED PRACTICE REGISTERED NURSES FINDING**

The Joint Legislative Oversight Committee on Health and Human Services heard information during its meetings on February 9, 2016, and March 8, 2016, pertaining to how changes in the regulation of advanced practice registered nurses could potentially increase access to health care.

## REGULATION OF ADVANCED PRACTICE REGISTERED NURSES RECOMMENDATION

The Joint Legislative Oversight Committee on Health and Human Services will continue to examine the potential impact of less restrictive regulation of advanced practice registered nurses on health care expenditures and identified shortages of health care personnel in this State during interim period between the 2016 and 2017 Regular Sessions of the North Carolina General Assembly, with the goal of recommending legislation to the 2017 General Assembly.

### Topic 3: Child Welfare System

#### CHILD WELFARE SYSTEM FINDINGS

During its March 8, 2016 meeting, the Joint Legislative Oversight Committee on Health and Human Services heard several presentations related to the child protective services system and the Child and Family Services Review. The Committee finds that the Administration for Children & Families conducted a Child and Family Services Review (CFSR) in North Carolina. The CFSR reviews key areas of North Carolina's child welfare policy and practice to ensure substantial conformity with the State plan requirements. The Committee further finds that the State was deemed not in substantial conformity with national standards in all 7 outcome measures:

1. Safety Outcome 1 - Children are, first and foremost, protected from abuse and neglect.
2. Safety Outcome 2 - Children are safely maintained in their homes whenever possible and appropriate.
3. Permanency Outcome 1 - Children have permanency and stability in their living situations.
4. Permanency Outcome 2 - The Continuity of family relationships and connections is preserved for children.
5. Well Being Outcome 1 - Families have enhanced capacity to provide for their children's needs.
6. Well Being Outcome 2 - Children receive appropriate services to meet their educational needs.
7. Well Being Outcome 3 - Children receive adequate services to meet their physical and mental health needs.

North Carolina is not in substantial compliance with the systematic factors of Statewide Information System, Case Review System, Quality Assurance System, Staff and Provider Training, Service Array and Resource Development, Agency Responsiveness to the Community and Foster and Adoptive Parent Licensing Recruitment and Retention. Further, as the State exceeded the data quality limits for several indicators which are components of the Outcome measure areas, the Children's Bureau did not calculate a performance indicator for those statewide data indicators. Additionally, historic information on children was not always available due to issues with tracking status and placements across counties. A Program Improvement Plan is required of the State to address all areas.

The Committee was presented a report on the North Carolina Statewide Child Protective Services Evaluation mandated by S.L. 2014-100, Appropriations Act of 2014, Section 12C.1(f) that included the following findings:

- *County Performance* - In the absence of a statewide data information system, the Division of Social Services cannot consistently or adequately collect and analyze data on key issues that may affect county performance.

- *Caseload Sizes* - While county departments of social services self-reported CPS caseloads as high, the State lacks administrative data on actual caseload sizes.
- *Administrative Structure* - The current State-supervised county-administered CPS system provides a great deal of autonomy to county departments of social services; however, the Division has limited capacity and tools to ensure consistency. The Division lacks a formal statewide practice framework to guide the delivery of services.
- *Adequacy of Funding* - CPS relies on federal and county sources for 87% of funding. The funding methodology for CPS is outdated.
- *Social Worker Turnover* – Social worker turnover increased from 22% in 2013 to 28 percent in 2014. On average, rural counties have more turnover than the larger urban counties.
- *Monitoring and Oversight* – The Division struggles to ensure consistency across counties due to constrained resources. In addition, many counties use various quality assurance tools.

The Statewide evaluation included the following major recommendations:

- *County Performance* – The Division should evaluate whether the counties are following the dual response protocol within the Multiple Response System; re-examine the recommended timeframes for CPS assessments; and implement a quality assurance review process for in-home cases.
- *Caseload Sizes* – The State should conduct a workload study to develop a methodology that considers various factors to calculate caseload size.
- *Administrative Structure* - The Division and county departments of social services should work together to develop a statewide practice framework in tandem with NC FAST so that the practices, forms, and processes developed can be supported by the centralized data system rather than the present conflicting guidance. The Division should support improved CPS social worker effectiveness and performance through new training practices, revisions to the technical assistance framework, and the development of a supervisor academy.
- *Adequacy of Funding* – The Division should update the funding methodology and consider pay-for-performance county allocations.
- *Social Worker Turnover* –The State should address key issues contributing to turnover, including salary disparity, secondary traumatic stress, and the effectiveness of the Child Welfare Collaborative.
- *Monitoring and Oversight* – The Division should develop and require a single statewide quality assurance review tool in conjunction with continued program monitoring and oversight.

The evaluation further recommends that the recommendations be integrated into a statewide strategic plan for CPS that complements the requirements of the Program Improvement Plan under the federal Child and Family Services Review for foster care and other child welfare services.

The Committee finds that completion of the child welfare component of NC FAST is necessary to bring the State into compliance with the Statewide Information System systematic factor of the CSFR and to ensure that data quality meets federal standards and adequate information is collected and available to counties to be able to track children and outcomes across counties. Further, NC FAST should provide consistent reporting of data by county departments of social services, critical for evaluating county and state effectiveness in the delivery of child welfare services.

#### **CHILD WELFARE SYSTEM RECOMMENDATION**

The Joint Legislative Oversight Committee on Health and Human Services recommends the General Assembly enact legislation [[2015-LUZ-125](#)] that:

- Addresses the requirements of the federal Program Improvement Plan. It is further recommended that the Department of Health and Human Services report on the implementation and outcomes of the Program Improvement Plan to the Joint Legislative Oversight Committee on Health and Human Services twice per year, on August 1 and February 1, beginning August 1, 2016 and ending February 2019.
- Requires the Department of Health and Human Services to develop a statewide strategic plan for Child Protective Services that complements the required federal Program Improvement Plan. The State strategic plan must address, at a *minimum*, the findings of the North Carolina Statewide Child Protective Services Evaluation in the areas of county performance, caseload sizes, administrative structure, adequacy of funding, social worker turnover, and monitoring and oversight. The plan should be received by the Joint Legislative Oversight Committee on Health and Human Services by December 1, 2016 for consideration in the 2017 Session.
- Supports the completion of the child welfare component of the NC FAST system, in order to bring the State into compliance with the Statewide Information System systematic factor of the CSFR and to ensure that data quality meets federal standards and adequate information is collected and available to counties to be able to *track children and outcomes across counties*. The Committee also recommends that the Department of Health and Human Services report on the development, implementation and outcomes of the child welfare component of the NC FAST system to the Joint Legislative Oversight Committee on Health and Human Services quarterly beginning July 1, 2016, and ending with a final report on October 1, 2018. The report must include, at a minimum, the current timeline, any adjustments and justifications for adjustments to the timeline, progress on the development, and ultimately the implementation of the system. The report should address any identified issues and solutions to address those issues, the level of county participation and involvement in each phase of the project, and budget and expenditure reports that include overall project budget and expenditures and current fiscal year budget and expenditures.

#### **Topic 4: Suicide Prevention**

##### **SUICIDE PREVENTION FINDING**

The Joint Legislative Oversight Committee on Health and Human Services scheduled a presentation on the 2015 NC Suicide Prevention Plan for the April 12th meeting. Suicidal behavior is a serious and persistent public health problem in this State, particularly among our youth and among individuals who respond to emergency and military situations. According to a national study, suicide is the third leading cause of death among youth in North Carolina and there has been an increase in the suicide rate of firefighters, law enforcement officers, emergency medical services personnel, active duty military personnel, and veterans. The majority of individuals who died by suicide had a diagnosable psychiatric disorder at the time of death and exhibited warning signs or behaviors prior to a suicide attempt. However, the professionals with whom these individuals interacted (sometimes on a daily basis) had inadequate education and training on how to recognize factors indicative of suicidal ideation. In addition, prevention and treatment services for mental illness and substance abuse are not always readily available for individuals at risk for suicide.

##### **SUICIDE PREVENTION RECOMMENDATION**

To improve detection and treatment of North Carolinians at risk for suicide, the Joint Legislative Oversight Committee on Health and Human Services recommends the General Assembly enact

legislation [2015-MGz-147] requiring the Joint Legislative Oversight Committee on Health and Human Services to appoint a subcommittee to meet during the interim period between the 2016 and 2017 Regular Sessions of the North Carolina General Assembly to study the role of health care providers and other key gatekeepers in suicide prevention, particularly among individuals under age 25, firefighters, law enforcement officers, emergency medical services personnel as defined in G.S. 131E-155, active duty military personnel, and veterans. The subcommittee may study any other issues it deems necessary to complete its report.

## **Topic 5: Behavioral Health**

### **BEHAVIORAL HEALTH SERVICES FINDING**

The Joint Legislative Oversight Committee on Health and Human Services finds that the State does not publish a uniform process for the determination of statewide behavioral health needs by region. The State also has not published specific measureable outcomes, deliverables for health status for specific programs, or services that relate to State goals and objectives for the delivery of these services.

Furthermore, a new State strategic plan is due that defines the need, outcomes desired, and priorities to guide the State in making decisions regarding budgeting and appropriations for behavioral health services provided through the Medicaid program and the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS).

### **BEHAVIORAL HEALTH SERVICES RECOMMENDATION**

The Joint Legislative Oversight Committee on Health and Human Services recommends the Department of Health and Human Services report to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Medicaid and NC Health Choice no later than December 30, 2016, on the foundation for behavioral health decision making, accountability measures, and targeting of resources in a way that makes a positive impact and achieves desired outcomes. The report should address the following areas:

- A summary of the requirements in the annual determination of statewide assessment of gaps and needs provided by Local Management Entities/Managed Care Organizations (LME/MCOs) for mental health, developmental disabilities, and substance abuse services by region.
- A summary and appended copy of the DMH/DD/SAS State strategic plan that articulates the Department's priorities and minimum services, and provides the basis for decision-making, including measurable outcomes for the identified priority areas.
- The identification of specific measurable outcomes for mental health, developmental disabilities, and substance abuse services funded both through Medicaid and through State-only appropriations and how these measures are incorporated into contracts with LME/MCOs.
- The establishment by the State of specific solvency standards for LME/MCOs that (i) define appropriate cash balances, predictors of sustainability, and measures for performance; (ii) will be monitored and reported monthly, quarterly, and annually; and (iii) will be incorporated into LME/MCO contracts.

## **Topic 6: Alzheimer's Disease and Related Dementias**

### **ALZHEIMER'S DISEASE AND RELATED DEMENTIAS FINDING 1: STUDY WORKING CAREGIVER SUPPORT AND UNIFORM GUARDIANSHIP LAWS**

During the March 8, 2016 meeting, the Joint Legislative Oversight Committee on Health and Human Services heard several presentations on the development of a strategic State plan for Alzheimer's disease as required by G.S. 143B-181.1(a)(13). The Task Force on Alzheimer's Disease and Related Dementias began meeting in March 2015, and completed a plan in March 2016. According to information presented, by the year 2025, one in five North Carolinians will be 65 and older and the State's 65 and older population will almost double in the next 20 years from 1.5 to 2.5 million. Also according to the presentation, North Carolina has over 160,000 older adults with Alzheimer's disease or other types of dementia, and by 2030, that number is projected to increase to more than 300,000. Two of the five key elements of the Task Force plan include: Supporting Caregivers and Families, and Promoting Meaningful Participation in Community Life. The Joint Legislative Oversight Committee on Health and Human Services finds that North Carolina needs to foster a dementia-capable State to address the increasing numbers of older adults with Alzheimer's Disease and related dementias. The Task Force asked for assistance from the General Assembly with the following Task Force report recommendations:

- 5.4 Enhance employer policies to support family caregivers.
- 6.3 Examine State statutes to determine adequate legal safeguards and protections for people with Alzheimer's disease and related dementias.

### **ALZHEIMER'S DISEASE AND RELATED DEMENTIAS RECOMMENDATION 1: STUDY WORKING CAREGIVER SUPPORT AND UNIFORM GUARDIANSHIP LAWS**

The Joint Legislative Oversight Committee on Health and Human Services recommends the General Assembly enact House Bill 816 Study the Needs of Working Caregivers in response to the Task Force on Alzheimer's Disease and Related Dementias Recommendation 5.4 and House Bill 817 Enact Uniform Law on Adult Guardianship in response to Task Force Recommendation 6.3.

### **ALZHEIMER'S DISEASE AND RELATED DEMENTIAS FINDING 2: CAREGIVER AND FAMILY SUPPORT**

During the March 8, 2016 meeting, the Task Force on Alzheimer's Disease and Related Dementias' recommendations pertaining to Supporting Caregivers and Families also included enhancing funding for Project CARE (Caregiver Alternatives to Running on Empty), a state-funded dementia-specific support for caregivers who take care of family members with Alzheimer's disease; supporting North Carolina's No Wrong Door initiative to provide information and access to services for citizens regardless of geographic location and through a variety of entry points; and expanding the Medicaid Home and Community Based Services Waiver Programs that cover adult day care, personal care, and caregiver respite services. The specific Task Force report recommendations to the General Assembly are provided below.

- 5.2 Ensure adequate funding for family caregiver support services including dementia-specific respite through NC Project C.A.R.E. with an increase in funding for respite services.
- 5.3 Continue No Wrong Door initiative through collaboration with NC 2-1-1, including a recommendation for \$200,000 in appropriations for 2 staff positions (1 call center, 1 Division of Aging and Adult Services responsible for curation).

- 5.6 Expand the Medicaid Home and Community Based Services Waiver Programs, including the Community Alternatives Program/Disabled Adults (CAP/DA) supporting adult day care, respite care, personal care; the Community Alternatives Program for Choice (CAP/Choice); and other waiver programs.

**ALZHEIMER'S DISEASE AND RELATED DEMENTIAS RECOMMENDATION 2:  
CAREGIVER AND FAMILY SUPPORT**

The Joint Legislative Oversight Committee on Health and Human Services recommends the General Assembly enact legislation [2015-MGza-148] to ensure adequate funding for family caregiver support and respite through the appropriation of \$300,000 to support Project CARE; to appropriate \$200,000 to support North Carolina's No Wrong Door initiative; and to direct the Department of Health and Human Services to explore expansion of Medicaid Home and Community Based Services Waiver Programs and report back to the Joint Legislative Oversight Committee on Health and Human Services and to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice on or before October 1, 2016.

**Topic 7: Justice and Public Safety and Behavioral Health**

**JUSTICE AND PUBLIC SAFETY AND BEHAVIORAL HEALTH FINDING 1:  
GOVERNOR'S TASK FORCE ON MENTAL HEALTH AND SUBSTANCE ABUSE**

The Joint Study of Justice and Public Safety and Behavioral Health Subcommittee is a study effort involving the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Justice and Public Safety. On February 25, 2016, the Subcommittee heard presentations on the progress made by the Governor's Task Force on Mental Health and Substance Abuse. The Subcommittee recommended that the Joint Legislative Oversight Committee on Health and Human Services express appreciation for the work of the Task Force and encourage their continued efforts.

**JUSTICE AND PUBLIC SAFETY AND BEHAVIORAL HEALTH RECOMMENDATION  
1: GOVERNOR'S TASK FORCE ON MENTAL HEALTH AND SUBSTANCE ABUSE**

The Joint Legislative Oversight Committee on Health and Human Services appreciates the work of the Joint Study of Justice and Public Safety and Behavioral Health Subcommittee and encourages the Governor's Task Force on Mental Health and Substance Abuse to continue to study and make recommendations in the areas of adults, children/youth, and families, and opioid abuse and heroin resurgence.

**JUSTICE AND PUBLIC SAFETY AND BEHAVIORAL HEALTH FINDING 2:  
TREATMENT RELAPSE OPTION**

The Joint Study of Justice and Public Safety and Behavioral Health Subcommittee is a study effort involving the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Justice and Public Safety. On February 25, 2016, the Subcommittee heard presentations on the use of Vivitrol, including information that, when used as part of a comprehensive management program, can be an effective treatment to prevent the relapse of opioid and alcohol use in patients who have undergone successful detoxification treatment. The Joint Study of Justice and Public Safety and Behavioral Health Subcommittee made a recommendation to the Joint Legislative Oversight Committee on Health and Human Services to explore a treatment relapse option involving the use of Vivitrol.

## **JUSTICE AND PUBLIC SAFETY AND BEHAVIORAL HEALTH RECOMMENDATION 2: TREATMENT RELAPSE OPTION**

The Joint Legislative Oversight Committee on Health and Human Services appreciates the work of the Joint Study of Justice and Public Safety and Behavioral Health Subcommittee and encourages the Department of Health and Human Services and the Department of Public Safety to investigate the use of Vivitrol as part of the State-funded alcohol and opioid abuse treatment services offered by these agencies.

### **Topic 8: Overdose Epidemic and Opioid Antagonist Availability**

#### **OVERDOSE EPIDEMIC AND OPIOID ANTAGONIST AVAILABILITY FINDING: STATEWIDE STANDING ORDER**

The Joint Legislative Oversight Committee on Health and Human Services heard a presentation during the meeting on April 12, 2016, regarding the epidemic of unintentional drug overdose. Prescription opioid medications and heroin are the primary causes of drug overdose deaths. North Carolina G.S. 90-106.2 provides for treatment of overdose with opioid antagonist, naloxone hydrochloride. G.S. 90-106.2(b) states that, "A practitioner acting in good faith and exercising reasonable care may directly or by standing order prescribe an opioid antagonist to (i) a person at risk of experiencing an opiate-related overdose or (ii) a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose. As an indicator of good faith, the practitioner, prior to prescribing an opioid under this subsection, may require receipt of a written communication that provides a factual basis for a reasonable conclusion as to either of the following:

- (1) The person seeking the opioid antagonist is at risk of experiencing an opiate-related overdose.
- (2) The person other than the person who is at risk of experiencing an opiate-related overdose, and who is seeking the opioid antagonist, is in relation to the person at risk of experiencing an opiate-related overdose:
  - a. A family member, friend, or other person.
  - b. In the position to assist a person at risk of experiencing an opiate-related overdose."

G.S. 90-106.2 (d) provides that the following individuals are immune from any civil or criminal liability for actions authorized by the section:

- (1) Any practitioner who prescribes an opioid antagonist pursuant to subsection (b) of this section.
- (1a) Any pharmacist who dispenses an opioid antagonist pursuant to subsection (b1) of this section.
- (2) Any person who administers an opioid antagonist pursuant to subsection (c) of this section.

The Department of Health and Human Services requested that the General Assembly consider an amendment to the statute to allow the State Health Director to prescribe an opioid antagonist by means of a statewide standing order.



**OVERDOSE EPIDEMIC AND OPIOID ANTAGONIST AVAILABILITY  
RECOMMENDATION: STATEWIDE STANDING ORDER**

The Joint Legislative Oversight Committee on Health and Human Services recommends the General Assembly enact [2015-MGz-145A] to combat the overdose epidemic and increase availability of an opioid antagonist.

**Topic 9: Statewide Early Education and Family Support Programs**

**STATEWIDE EARLY EDUCATION AND FAMILY SUPPORT PROGRAMS FINDING  
1: EARLY EDUCATION AGENCIES AND PROGRAMS DO NOT COORDINATE ON  
AN ONGOING OR REGULAR BASIS**

The Joint Legislative Oversight Committee on Health and Human Services appointed the Statewide Early Education and Family Support Programs Subcommittee. While conducting its study, the Subcommittee found that there are many programs and agencies that administer and support early education programs in North Carolina. These agencies and programs do not coordinate on an ongoing or regular basis nor is there a comprehensive plan to ensure that the early childhood system aligns with the public K-12 system.

**STATEWIDE EARLY EDUCATION AND FAMILY SUPPORT PROGRAMS  
RECOMMENDATION 1: STRENGTHEN THE COORDINATION OF STATE LEVEL  
GOVERNANCE OF EARLY EDUCATION PROGRAMS**

The Joint Legislative Oversight Committee on Health and Human Services appreciates the work of the Statewide Early Education and Family Support Programs Subcommittee and recommends that the General Assembly enact legislation (2015-LUz-115) to strengthen the coordination of State level governance by formalizing collaboration of early education administrative leaders to do the following:

- Inventory and evaluate all state programs and services in the area of early childhood education.
- Study the transition from NC Pre-K to public kindergarten and make any recommendations to ensure the successful transition of children from NC Pre-K to public kindergarten.
- Develop a comprehensive approach to early childhood education, birth through 3rd grade, including creating cross agency accountability with a comprehensive set of data indicators to monitor and measure success of the early childhood systems.
- Require the committee to report to the Joint Legislative Oversight Committee on Health and Human Services on any issues and recommendations that are a result of this initiative.

**STATEWIDE EARLY EDUCATION AND FAMILY SUPPORT PROGRAMS FINDING  
2: PAYMENT RATES FOR NC PRE-K HAVE NOT BEEN UPDATED**

The Joint Legislative Oversight Committee on Health and Human Services appointed the Statewide Early Education and Family Support Programs Subcommittee. While conducting its study, the Subcommittee found that the payment rates for NC Pre-K have not been updated since 2012 while teacher pay and other costs have increased.

## **STATEWIDE EARLY EDUCATION AND FAMILY SUPPORT PROGRAMS RECOMMENDATION 2: STUDY THE COSTS OF NC PRE-K**

The Joint Legislative Oversight Committee on Health and Human Services appreciates the work of the Statewide Early Education and Family Support Programs Subcommittee and recommends that the Oversight Committee recommend the General Assembly enact legislation (2015-LUZ-116) to direct the Department of Health and Human Services, Division of Child Development study the costs of NC Pre-K and report to the legislature the following:

- The total cost to fund a NC Pre-K slot.
- The State share needed to fund a slot by each setting, public schools, child care facilities and Head Start.
- The amount needed to keep the current number of slots if the per slot cost were increased to the amount from the study.
- Recommendations on how often the NC Pre-K slot costs should be evaluated and reported to the General Assembly.

## **STATEWIDE EARLY EDUCATION AND FAMILY SUPPORT PROGRAMS FINDING 3: EVALUATE CHILD CARE SUBSIDY ALLOCATION**

The Joint Legislative Oversight Committee on Health and Human Services appointed the Statewide Early Education and Family Support Programs Subcommittee. While conducting its study, the Subcommittee found that the present Child Care Subsidy Allocation may not provide the highest and best utility of the monies available to eligible families. Furthermore, the Subcommittee finds that there is anecdotal evidence that when families with eligible children move from one county to another, the children are placed at the end of the new county's waiting list, in spite of their eligibility status.

## **STATEWIDE EARLY EDUCATION AND FAMILY SUPPORT PROGRAMS RECOMMENDATION 3: STUDY ALLOCATION OF CHILD CARE SUBSIDIES AND THE WAITLIST**

The Joint Legislative Oversight Committee on Health and Human Services appreciates the work of the Statewide Early Education and Family Support Programs Subcommittee and recommends that the General Assembly enact legislation (2015-TAz-8) to direct the Division of Child Development and Early Education in the Department of Health and Human Services to study and report on the allocation of child care subsidies, and in particular, how subsidies may follow an eligible child who moves from one county to another.

## **STATEWIDE EARLY EDUCATION AND FAMILY SUPPORT PROGRAMS FINDING 4: LACK OF CENTRALIZED APPLICATION AND FOR ASSISTANCE AND SERVICES ELIGIBILITY**

The Joint Legislative Oversight Committee on Health and Human Services appointed the Statewide Early Education and Family Support Programs Subcommittee. While conducting its study, the Subcommittee found that numerous programs and opportunities for assistance are available for children in the communities. However, presently, a centralized process does not exist to identify all of the programs and opportunities for which a child may be eligible upon application.

**STATEWIDE EARLY EDUCATION AND FAMILY SUPPORT PROGRAMS  
RECOMMENDATION 4: STUDY ALIGNMENT OF CHILD CARE  
SERVICES APPLICATIONS**

The Joint Legislative Oversight Committee on Health and Human Services appreciates the work of the Statewide Early Education and Family Support Programs Subcommittee and recommends the General Assembly enact legislation (2015-TAz-9) to direct the Division of Child Development and Early Education to study and report on the feasibility and desirability of developing a streamlined application process by which eligible families may apply for and obtain available services and assistance.

**STATEWIDE EARLY EDUCATION AND FAMILY SUPPORT PROGRAMS  
RECOMMENDATION 5: TECHNICAL & CONFORMING BILL DRAFT**

The Statewide Early Education and Family Support Programs Subcommittee included an additional legislative proposal in its report to the Joint Legislative Oversight Committee on Health and Human Services. The proposal makes technical and conforming changes to references to the More at Four program. The Joint Legislative Oversight Committee on Health and Human Services recommends the General Assembly enact legislation (2015-TAz-10) to make technical and conforming changes to remove obsolete statutory references for the More at Four program.

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## COMMITTEE MEMBERSHIP

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House Members	Senate Members
Representative Marilyn Avila, Co-Chair	Senator Louis Pate, Co-Chair
Representative Josh Dobson, Co-Chair	Senator Chad Barefoot
Representative Dan Bishop	Senator Tamara Barringer
Representative William Brisson	Senator Valerie Foushee
Representative Beverly Earle	Senator Ralph Hise
Representative Susan Fisher	Senator Gladys Robinson
Representative Craig Horn	Senator Norman Sanderson
Representative Donny Lambeth	Senator Jeff Tarte
Representative Susan Martin	Senator Tommy Tucker
Representative Greg Murphy	Senator Terry Van Duyn
Representative Gary Pendleton	Senator Mike Woodard
Representative Nelson Dollar, Advisory	Senator Shirley Randleman, Advisory
Representative Jean Farmer-Butterfield, Advisory	
Representative Carl Ford, Advisory	
Representative Bert Jones, Advisory	
Representative Jacqueline Schaffer, Advisory	
Representative John Torbett, Advisory	

Committee Clerks	
Susan Lewis	Edna Pearce
Julie Ryan	

Committee Staff	
<b>Fiscal Research Division:</b>	
Susan Jacobs	Deborah Landry
Steve Owen	Denise Thomas
<b>Legislative Drafting Division:</b>	
Joyce Jones	Lisa Wilks
<b>Legislative Analysis Division:</b>	
Theresa Matula	Jennifer Mundt
Augustus Willis	Susan Barham

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## COMMITTEE CHARGE/STATUTORY AUTHORITY

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### Article 23A.

Joint Legislative Oversight Committee on Health and Human Services.

#### § 120-208. **Creation and membership of Joint Legislative Oversight Committee on Health and Human Services.**

(a) The Joint Legislative Oversight Committee on Health and Human Services is established. The Committee consists of 22 members as follows:

- (1) Eleven members of the Senate appointed by the President Pro Tempore of the Senate, at least three of whom are members of the minority party; and
- (2) Eleven members of the House of Representatives appointed by the Speaker of the House of Representatives, at least three of whom are members of the minority party.

(b) Terms on the Committee are for two years and begin on the convening of the General Assembly in each odd-numbered year. Members may complete a term of service on the Committee even if they do not seek reelection or are not reelected to the General Assembly, but resignation or removal from service in the General Assembly constitutes resignation or removal from service on the Committee.

(c) A member continues to serve until a successor is appointed. A vacancy shall be filled within 30 days by the officer who made the original appointment.

#### § 120-208.1. **Purpose and powers of Committee.**

(a) The Joint Legislative Oversight Committee on Health and Human Services shall examine, on a continuing basis, the systemwide issues affecting the development, budgeting, financing, administration, and delivery of health and human services, including issues relating to the governance, accountability, and quality of health and human services delivered to individuals and families in this State. The Committee shall make ongoing recommendations to the General Assembly on ways to improve the quality and delivery of services and to maintain a high level of effectiveness and efficiency in system administration at the State and local levels. In conducting its examination, the Committee shall do all of the following:

- (1) Study the budgets, programs, and policies of each Division within the Department of Health and Human Services, to determine ways in which the General Assembly may encourage improvement in the budgeting and delivery of health and human services provided to North Carolinians;
- (2) Examine, in particular, issues relating to services provided by the following Divisions within the Department of Health and Human Services:
  - a. Aging and Adult Services.
  - b. Repealed by Session Law 2015-245, s. 16, effective September 23, 2015.
  - c. Mental Health, Developmental Disabilities, and Substance Abuse Services.
  - d. Public Health.
  - e. Social Services;
- (3) Study other states' health and human services initiatives, in order to provide an ongoing commentary to the General Assembly on these initiatives and to

make recommendations for implementing similar initiatives in North Carolina; and

- (4) Study any other health and human services matters that the Committee considers necessary to fulfill its mandate.

(b) The Committee may make interim reports to the General Assembly on matters for which it may report to a regular session of the General Assembly. A report to the General Assembly may contain any legislation needed to implement a recommendation of the Committee.

#### **§ 120-208.2. Organization of Committee.**

(a) The President Pro Tempore of the Senate and the Speaker of the House of Representatives shall each designate a cochair of the Joint Legislative Oversight Committee on Health and Human Services. The Committee shall meet at least once per quarter, except while the General Assembly is in regular session, and may meet at other times upon the joint call of the cochairs.

(b) A quorum of the Committee is 10 members. No action may be taken except by a majority vote at a meeting at which a quorum is present. While in the discharge of its official duties, the Committee has the powers of a joint committee under G.S. 120-19 and G.S. 120-19.1 through G.S. 120-19.4.

(c) Members of the Committee receive subsistence and travel expenses as provided in G.S. 120-3.1. The Committee may contract for consultants or hire employees in accordance with G.S. 120-32.02. The Legislative Services Commission, through the Legislative Services Officer, shall assign professional staff to assist the Committee in its work. Upon the direction of the Legislative Services Commission, the Supervisors of Clerks of the Senate and of the House of Representatives shall assign clerical staff to the Committee. The expenses for clerical employees shall be borne by the Committee.

(d) The Committee cochairs may establish subcommittees for the purpose of examining issues relating to services provided by particular Divisions within the Department of Health and Human Services.

#### **§ 120-208.3. Additional powers.**

The Joint Legislative Oversight Committee on Health and Human Services, while in discharge of official duties, shall have access to any paper or document, and may compel the attendance of any State official or employee before the Committee or secure any evidence under G.S. 120-19. In addition, G.S. 120-19.1 through G.S. 120-19.4 shall apply to the proceedings of the Committee as if it were a joint committee of the General Assembly.

#### **§ 120-208.4. Reports to the Committee.**

(a) Whenever a Division within the Department of Health and Human Services is required by law to report to the General Assembly or to any of its permanent, study, or oversight committees or subcommittees on matters affecting that Division, the Department shall transmit a copy of the report to the cochairs of the Joint Legislative Oversight Committee on Health and Human Services.

(b) Beginning no later than November 1, 2012, and annually thereafter, the Department of Health and Human Services shall submit a report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the use of lapsed salary funds by each Division within the Department. For each Division, the report shall include the following information about the preceding State fiscal year:

- (1) The total amount of lapsed salary funds.
- (2) The number of full-time equivalent positions comprising the lapsed salary funds.



- (3) The Fund Code for each full-time equivalent position included in the number reported pursuant to subdivision (2) of this section.
- (4) The purposes for which the Department expended lapsed salary funds.

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## **LEGISLATIVE PROPOSALS**

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GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2015

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D

BILL DRAFT 2015-MGz-146 [v.1] (03/23)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)

03/23/2016 04:04:47 PM

Short Title: DHHS Contracting Specialist Training Program.

(Public)

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Sponsors:

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Referred to:

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1 A BILL TO BE ENTITLED

2 AN ACT DIRECTING THE SCHOOL OF GOVERNMENT AT THE UNIVERSITY  
3 OF NORTH CAROLINA AT CHAPEL HILL, IN COLLABORATION WITH THE  
4 DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO PREPARE  
5 PROPOSALS FOR THE DESIGN, IMPLEMENTATION, AND  
6 ADMINISTRATION OF A CONTRACTING SPECIALIST TRAINING  
7 PROGRAM FOR MANAGEMENT LEVEL PERSONNEL WITHIN THE  
8 DEPARTMENT OF HEALTH AND HUMAN SERVICES, AS RECOMMENDED  
9 BY THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND  
10 HUMAN SERVICES.

11 The General Assembly of North Carolina enacts:

12 SECTION 1.(a) The School of Government at the University of North  
13 Carolina at Chapel Hill (SOG), in collaboration with the Director of Procurement,  
14 Contracts and Grants for the Department of Health and Human Services, shall prepare a  
15 proposal for the design of a contracting specialist training program for management  
16 level personnel within the Department that is based on both national standards and the  
17 Certified Local Government Purchasing Officer Program administered by the SOG. By  
18 August 1, 2016, the SOG and the Department shall submit the proposal prepared  
19 pursuant to this subsection to the Joint Legislative Oversight Committee on Health and  
20 Human Services and the Fiscal Research Division.

21 SECTION 1.(b) The SOG, in collaboration with the Director of  
22 Procurement, Contracts and Grants for the Department of Health and Human Services,  
23 shall prepare a proposal for the implementation and administration of the contracting  
24 specialist training program for management level personnel within the Department. The  
25 proposal shall include budget estimates for program implementation and administration  
26 based on the requirements of the program design. The SOG and the Department shall  
27 submit the proposal prepared pursuant to this subsection, including budget estimates for  
28 program implementation and administration, to the House Appropriations  
29 Subcommittee on Health and Human Services, the Senate Appropriations Committee on  
30 Health and Human Services, and the Fiscal Research Division, for consideration during  
31 the 2017 Regular Session.

32 SECTION 2. This act is effective when it becomes law.



GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2015

U

D

BILL DRAFT 2015-LUz-125 [v.2] (03/28)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
03/29/2016 10:30:11 AM

Short Title: Child Welfare System Recommendations.

(Public)

Sponsors:

Referred to:

A BILL TO BE ENTITLED

AN ACT TO RECOMMEND VARIOUS CHANGES TO THE STATE'S CHILD WELFARE SYSTEM, AS RECOMMENDED BY THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES.

The General Assembly of North Carolina enacts:

**SECTION 1.(a)** The Department of Health and Human Services, Division of Social Services, shall implement the requirements of the federal Program Improvement Plan to bring our State into compliance with national standards for child welfare policy and practices. The Division shall report on the implementation and outcomes of the Program Improvement Plan to the Joint Legislative Oversight Committee on Health and Human Services. The report shall be submitted semiannually on February 1 and August 1 of each year, with the first report submitted on August 1, 2016, and the final report on February 1, 2019.

**SECTION 1.(b)** The Division of Social Services shall develop a statewide strategic plan for Child Protective Services that complements the required federal Program Improvement Plan. The statewide strategic plan shall, at a minimum, address the findings of the North Carolina Statewide Child Protective Services Evaluation, which was conducted as required by Section 12C.1(f) of S.L. 2014-100, in the areas of county performance, caseload sizes, administrative structure, adequacy of funding, social worker turnover, and monitoring and oversight. The Division shall submit the plan to the Joint Legislative Oversight Committee on Health and Human Services by December 1, 2016, for consideration by the 2017 General Assembly.

**SECTION 2.(a)** The Department of Health and Human Services, Division of Social Services, shall continue towards completion of the child welfare component of the North Carolina Families Accessing Services Through Technology (NC FAST) system to: (i) bring the State into compliance with the Statewide Information System systematic factor of the Child and Family Services Review (CFSR) and (ii) ensure that data quality meets federal standards and adequate information is collected and available to counties to assist in tracking children and outcomes across counties.

**SECTION 2.(b)** The Division of Social Services shall report on the development, implementation, and outcomes of the child welfare component of the NC FAST system to the Joint Legislative Oversight Committee on Health and Human Services.

1 Services quarterly beginning July 1, 2016, and ending with a final report on October 1,  
2 2018. The report shall include, at a minimum, each of the following:

- 3 (1) The current timeline for development and implementation of the child  
4 welfare component to NC FAST.
- 5 (2) Any adjustments and justifications for adjustments to the timeline.
- 6 (3) Progress on the development and implementation of the system.
- 7 (4) Address any identified issues in developing or implementing the child  
8 welfare component to NC FAST and solutions to address those issues.
- 9 (5) The level of county participation and involvement in each phase of the  
10 project.
- 11 (6) Any budget and expenditure reports, including overall project budget  
12 and expenditures and current fiscal year budget and expenditures.

13 **SECTION 3.** This act is effective when it becomes law.



GENERAL ASSEMBLY OF NORTH CAROLINA  
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D

BILL DRAFT 2015-MGz-147 [v.4] (03/23)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
04/05/2016 06:05:13 PM

Short Title: Study Suicide Prevention.

(Public)

Sponsors:

Referred to:

- 1                                    A BILL TO BE ENTITLED  
2 AN ACT DIRECTING THE APPOINTMENT OF A SUBCOMMITTEE TO STUDY  
3 SUICIDE PREVENTION, AS RECOMMENDED BY THE JOINT LEGISLATIVE  
4 OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES.  
5 The General Assembly of North Carolina enacts:  
6            **SECTION 1.(a)** The Joint Legislative Oversight Committee on Health and  
7 Human Services shall appoint a subcommittee to meet during the interim period  
8 between the 2016 and 2017 Regular Sessions to study the role of health care providers  
9 and other key gatekeepers in suicide prevention, particularly among individuals under  
10 age 25, firefighters, law enforcement officers, emergency medical services personnel as  
11 defined in G.S. 131E-155, active duty military personnel, and veterans. In conducting  
12 the study, the subcommittee may examine all of the following:  
13            (1) The effect of evidence-based suicide assessment, treatment, and  
14 management training on the ability of a licensed health care provider  
15 to identify, refer, treat, and manage patients with suicidal ideation. In  
16 conducting this examination, the subcommittee shall, at a minimum:  
17            a. Review available research and literature regarding (i) best  
18 practices in assessing, treating, and managing patients with  
19 suicidal ideation and (ii) the relationship between completion of  
20 training in these best practices and patient suicide rates.  
21            b. Assess which licensed health care providers are best situated to  
22 positively influence the mental health behavior of individuals  
23 with suicidal ideation.  
24            c. Evaluate the impact of suicide assessment, treatment, and  
25 management training on active duty military personnel and  
26 veterans with suicidal ideation.  
27            d. Review curricula of health care profession programs offered at  
28 the State institutions of higher education regarding suicide  
29 prevention.  
30            (2) The categories of licensed health care providers in this State that  
31 should be required to complete training in suicide assessment,

1 treatment, and management as part of their continuing education  
2 requirements.

3 (3) For each category of health care providers identified pursuant to  
4 sub-subdivision (1)b. of this section, (i) the minimum number of  
5 required hours and the specific elements of any suicide prevention  
6 training the Department of Health and Human Services (Department)  
7 determines would be beneficial and (ii) any of the Department's  
8 recommended exemptions from the proposed minimum training  
9 requirements.

10 (4) The feasibility and effectiveness of providing training to school  
11 personnel, clergy, and law enforcement personnel on how to recognize  
12 at-risk behavior and how to make appropriate referrals for treatment.

13 (5) Methods for credentialing and identifying, through a badge or other  
14 form of identification, all persons trained in recognizing at-risk  
15 behavior and how to make appropriate referrals for treatment.

16 (6) Methods for ensuring that nonidentifying information derived from  
17 suicide investigations is shared for statistical, research, and other  
18 purposes consistent with State and federal confidentiality laws with  
19 relevant stakeholders, including health care providers; educational  
20 institutions; organizations representing firefighters, law enforcement  
21 officers, emergency medical services personnel, active duty military  
22 personnel, and veterans; and community-based organizations that  
23 provide mental health services to individuals with suicidal ideation;  
24 State agencies, including the Department of Health and Human  
25 Services; and the Child Fatality Task Force.

26 (7) Any other relevant issues the subcommittee deems appropriate.

27 **SECTION 1.(b)** The subcommittee may seek input from other states,  
28 stakeholders, and national experts on suicide prevention as it deems necessary.

29 **SECTION 1.(c)** The subcommittee shall submit a report on its findings and  
30 recommendations, including any proposed legislation, to the Joint Legislative Oversight  
31 Committee on Health and Human Services on or before November 1, 2016, at which  
32 time the subcommittee shall terminate.

33 **SECTION 2.** This act is effective when it becomes law.

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2015

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D

BILL DRAFT 2015-MGza-148 [v.8] (04/05)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
04/06/2016 03:20:32 PM

Short Title: Appropriate Funds/Dementia Caregiver Programs.

(Public)

Sponsors:

Referred to:

A BILL TO BE ENTITLED

AN ACT APPROPRIATING FUNDS TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO SUPPORT THE PROJECT CAREGIVER ALTERNATIVES TO RUNNING ON EMPTY PROGRAM AND THE NO WRONG DOOR TO ACCESSING BENEFITS INITIATIVE; AND DIRECTING THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO EXPLORE AND REPORT ON POSSIBLE EXPANSION OF NORTH CAROLINA'S MEDICAID HOME AND COMMUNITY BASED SERVICES WAIVER PROGRAMS, AS RECOMMENDED BY THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES.

The General Assembly of North Carolina enacts:

**SECTION 1.** There is appropriated from the General Fund to the Department of Health and Human Services, Division of Aging and Adult Services, the sum of five hundred thousand dollars (\$500,000) for the 2016-2017 fiscal year, to be used as follows:

- (1) Three hundred thousand dollars (\$300,000) to fund the Project Caregiver Alternatives to Running on Empty Program (Project C.A.R.E.), which provides support to individuals with dementia and their caregivers.
- (2) Two hundred thousand dollars (\$200,000) to create two full-time equivalent staff positions within the Division of Aging and Adult Services to oversee continued development and implementation of the No Wrong Door to Accessing Benefits initiative. Development and implementation of this initiative shall include at least all of the following:
  - b. Enhancement of the NC 2-1-1 database by migrating Alzheimer's disease and dementia-related information from community resources into the existing NC 2-1-1 database.
  - c. Management of Alzheimer's disease and dementia-related stakeholder partnerships.
  - d. Evaluation and planning for statewide implementation of the No Wrong Door to Accessing Benefits initiative.

1           **SECTION 2.** By October 1, 2016, the Department of Health and Human  
2 Services shall explore and report to the Joint Legislative Oversight Committee on  
3 Health and Human Services and the Joint Legislative Oversight Committee on Medicaid  
4 and NC Health Choice on options for expanding the number of slots and the types of  
5 services available under North Carolina's Medicaid Home and Community Based  
6 Services Waiver programs, including the Community Alternatives Program for Disabled  
7 Adults (CAP/DA) and the Community Alternatives Program for Choice (CAP/Choice),  
8 to increase access to adult day care, personal care, and caregiver respite services. The  
9 report shall include at least all of the following:

- 10           (1) A description of the expansion options considered by the Department.
- 11           (2) Estimated costs and savings for each option considered by the  
12           Department.
- 13           (3) An evaluation by the Department of the advantages and disadvantages  
14           of each option considered.

15           **SECTION 3.** Section 1 of this act becomes effective July 1, 2016. The  
16 remainder of this act is effective when it becomes law.  
17

GENERAL ASSEMBLY OF NORTH CAROLINA  
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D

BILL DRAFT 2015-MGz-145A [v.3] (03/23)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
04/06/2016 12:45:21 PM

Short Title: Statewide Standing Order/Opioid Antagonist.

(Public)

Sponsors:

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT AUTHORIZING THE STATE HEALTH DIRECTOR TO PRESCRIBE  
3 OPIOID ANTAGONISTS BY MEANS OF A STATEWIDE STANDING ORDER,  
4 WITH IMMUNITY FROM CIVIL AND CRIMINAL LIABILITY FOR SUCH  
5 ACTION, AS RECOMMENDED BY THE JOINT LEGISLATIVE OVERSIGHT  
6 COMMITTEE ON HEALTH AND HUMAN SERVICES.

7 The General Assembly of North Carolina enacts:

8 SECTION 1. G.S. 90-106.2 reads as rewritten:

9 "§ 90-106.2. Treatment of overdose with opioid antagonist; immunity.

10 (a) As used in this section, "opioid antagonist" means naloxone hydrochloride  
11 that is approved by the federal Food and Drug Administration for the treatment of a  
12 drug overdose.

13 (b) The following individuals may prescribe opioid antagonists in the manner  
14 prescribed by this subsection:

15 (1) A practitioner acting in good faith and exercising reasonable care may  
16 directly or by standing order prescribe an opioid antagonist to (i) a  
17 person at risk of experiencing an opiate-related overdose or (ii) a  
18 family member, friend, or other person in a position to assist a person  
19 at risk of experiencing an opiate-related overdose. As an indicator of  
20 good faith, the practitioner, prior to prescribing an opioid under this  
21 subsection, may require receipt of a written communication that  
22 provides a factual basis for a reasonable conclusion as to either of the  
23 following:

24 ~~(1)~~a. The person seeking the opioid antagonist is at risk of  
25 experiencing an opiate-related overdose.

26 ~~(2)~~b. The person other than the person who is at risk of experiencing  
27 an opiate-related overdose, and who is seeking the opioid  
28 antagonist, is in relation to the person at risk of experiencing an  
29 opiate-related overdose:

30 a.~~(i)~~ A family member, friend, or other person.

31 b.~~(ii)~~ In the position to assist a person at risk of experiencing an  
32 opiate-related overdose.

1           (2)    The State Health Director may prescribe an opioid antagonist pursuant  
2           to subdivision (1) of this subsection by means of a statewide standing  
3           order.

4           (b1) A pharmacist may dispense an opioid antagonist to a person described in  
5 subsection (b) of this section pursuant to a prescription issued in accordance with  
6 subsection (b) of this section. For purposes of this section, the term "pharmacist" is as  
7 defined in G.S. 90-85.3.

8           (c) A person who receives an opioid antagonist that was prescribed pursuant to  
9 subsection (b) of this section may administer an opioid antagonist to another person if  
10 (i) the person has a good faith belief that the other person is experiencing a drug-related  
11 overdose and (ii) the person exercises reasonable care in administering the drug to the  
12 other person. Evidence of the use of reasonable care in administering the drug shall  
13 include the receipt of basic instruction and information on how to administer the opioid  
14 antagonist.

15          (d) All of the following individuals are immune from any civil or criminal  
16 liability for actions authorized by this section:

17           (1)    ~~Any practitioner~~The State Health Director and any practitioner who  
18           prescribes an opioid antagonist pursuant to subsection (b) of this  
19           section.

20           (1a) Any pharmacist who dispenses an opioid antagonist pursuant to  
21           subsection (b1) of this section.

22           (2) Any person who administers an opioid antagonist pursuant to  
23           subsection (c) of this section."

24          **SECTION 2.** This act is effective when it becomes law.



1                    before February 1, 2018. Any subsequent reports shall be made as  
2                    needed.

3                    **SECTION 2.** This act is effective when it becomes law.



GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2015

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D

BILL DRAFT 2015-LUz-116 [v.4] (03/18)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
04/06/2016 01:06:52 PM

Short Title: Study Costs Associated With NC Pre-K Slots.

(Public)

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Sponsors:

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Referred to:

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1 A BILL TO BE ENTITLED

2 AN ACT TO DIRECT THE DIVISION OF CHILD DEVELOPMENT AND EARLY  
3 EDUCATION WITHIN THE DEPARTMENT OF HEALTH AND HUMAN  
4 SERVICES TO STUDY AND REPORT ON THE COSTS ASSOCIATED WITH  
5 SLOTS FOR THE NC PRE-K PROGRAM, AS RECOMMENDED BY THE  
6 JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND HUMAN  
7 SERVICES.

8 The General Assembly of North Carolina enacts:

9 SECTION 1. The Department of Health and Human Services, Division of  
10 Child Development and Early Education, shall study the costs associated with funding  
11 slots for the NC Pre-K program. In conducting the study, the Division shall review and  
12 determine the following:

- 13 (1) The total cost to fund a NC Pre-K slot, including any local costs.  
14 (2) The State share needed to fund a NC Pre-K slot by each setting,  
15 including public schools, child care facilities, and Head Start.  
16 (3) The amount of funds needed to maintain the current number of NC  
17 Pre-K slots if the per slot cost were increased to the amount  
18 recommended by the study.  
19 (4) Recommendations on how often the NC Pre-K slot costs should be  
20 evaluated and reported to the General Assembly.  
21 (5) Any other relevant issues the Division deems appropriate.

22 SECTION 2. The Division shall report its findings and recommendations,  
23 including any legislative proposals, to the chairs of the House Appropriations  
24 Committee on Health and Human Services and the Senate Appropriations Committee  
25 on Health and Human Services and the Fiscal Research Division on or before February  
26 1, 2017.

27 SECTION 3. This act is effective when it becomes law.



GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2015

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D

BILL DRAFT 2015-TAz-8 [v.4] (03/16)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
04/06/2016 12:59:33 PM

Short Title: Study Allocation of CC Subsidies/Waitlist. (Public)

Sponsors:

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT TO DIRECT THE DIVISION OF CHILD DEVELOPMENT AND EARLY  
3 EDUCATION WITHIN THE DEPARTMENT OF HEALTH AND HUMAN  
4 SERVICES TO STUDY AND REPORT ON THE ALLOCATION OF CHILD  
5 CARE SUBSIDIES, AS RECOMMENDED BY THE JOINT LEGISLATIVE  
6 OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES.

7 The General Assembly of North Carolina enacts:

8 SECTION 1. The Department of Health and Human Services, Division of  
9 Child Development and Early Education, shall study the allocation of child care  
10 subsidies, in particular for families that move from one county to another. In the  
11 conduct of its study, the Division shall evaluate and make recommendations on the  
12 following:

- 13 (1) A statewide approach to the funding allocation for the subsidized child  
14 care program.
- 15 (2) The impact of a statewide funding approach to funding on children  
16 who are on the waiting list.
- 17 (3) Mechanisms by which funding may follow an eligible child who  
18 moves from one county to another such that the child has uninterrupted  
19 child care and is not relegated to the bottom of the new county's child  
20 care subsidy waiting list.
- 21 (4) Provisions to protect the funding for eligible children who receive  
22 child care subsidies in counties in which new eligible children move,  
23 as described in subdivision (3) of this section.
- 24 (5) Any other relevant issues the Division deems appropriate.

25 SECTION 2. The Division shall report its findings and recommendations,  
26 including any legislative proposals, to the Joint Legislative Oversight Committee on  
27 Health and Human Services on or before December 1, 2016.

28 SECTION 3. This act is effective when it becomes law.



**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2015**

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D

**BILL DRAFT 2015-TAz-9 [v.3] (03/15)**

**(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
04/06/2016 01:00:31 PM**

Short Title: Study Alignment of CC Services Applications.

(Public)

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Sponsors:

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Referred to:

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A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION IN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO STUDY AND REPORT ON THE FEASIBILITY AND DESIRABILITY OF DEVELOPING A STATEWIDE STREAMLINED APPLICATION PROCESS BY WHICH ELIGIBLE FAMILIES MAY APPLY FOR AND OBTAIN AVAILABLE SERVICES, AS RECOMMENDED BY THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES.

The General Assembly of North Carolina enacts:

**SECTION 1.** The Division of Child Development and Early Education in the Department of Health and Human Services, in consultation with stakeholders, shall study the efficacy and desirability of developing a statewide streamlined application process by which eligible families may apply for and obtain available child care, early education, and health support services at one time. In the conduct of its study, the Division shall evaluate and make recommendations on a statewide streamlined application process and technology that improves the ability of agencies to match families and children to programs and services, and supports:

- (1) NC Pre-K.
- (2) Title I.
- (3) Child Care Subsidy.
- (4) Head Start.
- (5) Management of waiting lists for the programs identified in subdivisions (1) through (4) of this section.
- (6) Any other relevant programs or services the Division and stakeholders deem appropriate.

**SECTION 2.** The Division shall report its findings and recommendations, including any legislative proposals, to the Joint Legislative Oversight Committee on Health and Human Services on or before December 1, 2016.

**SECTION 3.** This act is effective when it becomes law.



GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2015

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D

BILL DRAFT 2015-TAz-10 [v.4] (03/15)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
04/06/2016 01:01:21 PM

Short Title: NC-PreK Conforming Change.

(Public)

Sponsors:

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT TO MAKE CONFORMING CHANGES BY REMOVING OBSOLETE  
3 REFERENCES TO THE MORE-AT-FOUR PROGRAM IN THE GENERAL  
4 STATUTES, AS RECOMMENDED BY THE JOINT LEGISLATIVE  
5 OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES.

6 The General Assembly of North Carolina enacts:

7 SECTION 1. G.S. 115C-242 reads as rewritten:

8 "§ 115C-242. Use and operation of school buses.

9 Public school buses may be used for the following purposes only, and it shall be the  
10 duty of the superintendent of the school of each local school administrative unit to  
11 supervise the use of all school buses operated by such local school administrative unit  
12 so as to assure and require compliance with this section:

13 (1) A school bus may be used for the transportation of pupils enrolled in  
14 and employees in the operation of the school to which such bus is  
15 assigned by the superintendent of the local school administrative unit.  
16 Except as otherwise herein provided, such transportation shall be  
17 limited to transportation to and from such school for the regularly  
18 organized school day, and from and to the points designated by the  
19 principal of the school to which such bus is assigned, for the receiving  
20 and discharging of passengers. No pupil or employee shall be so  
21 transported upon any bus other than the bus to which such pupil or  
22 employee has been assigned pursuant to the provisions of this Article:  
23 Provided, that children enrolled in a Headstart program or any ~~More-at~~  
24 ~~Four~~NC Pre-K program may be transported on public school buses,  
25 and any additional costs associated with such contractual arrangements  
26 shall be incurred by the benefitting Head Start or ~~More-at-Four~~NC  
27 Pre-K program: Provided further, that children with disabilities may be  
28 transported to and from the nearest appropriate private school having a  
29 special education program approved by the State Board of Education if  
30 the children to be transported are or have been placed in that program  
31 by a local school administrative unit as a result of the State or the unit's  
32 duty to provide such children with a free appropriate public education.

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...."  
**SECTION 2.** G.S. 143B-168.12 reads as rewritten:

**"§ 143B-168.12. North Carolina Partnership for Children, Inc.; conditions.**

(a) In order to receive State funds, the following conditions shall be met:

(1) The North Carolina Partnership shall have a Board of Directors consisting of the following 26 members:

- ...
- n. The Director of the ~~More at Four Pre-Kindergarten~~ NC Pre-K Program, or the Director's designee.

...."  
**SECTION 3.** This act is effective when it becomes law.



## SUPPORTING DOCUMENTATION

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### **Subcommittee on Justice and Public Safety and Behavioral Health**

The Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Health and Human Services, Subcommittee on Justice and Public Safety and Behavioral Health, was created pursuant to S.L. 2015-241, Section 12F.10 which directs each Oversight Committee to appoint a subcommittee to study the intersection of Justice and Public Safety and behavioral health and report their findings and recommendations to their respective Committees. The joint subcommittee met jointly to study and report on the issues outlined below.

#### **S.L. 2015-241, Section F.10: JOINT STUDY OF JUSTICE AND PUBLIC SAFETY AND BEHAVIORAL HEALTH**

**SECTION 12F.10.** The Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Justice and Public Safety shall each appoint a subcommittee to study the intersection of Justice and Public Safety and behavioral health and report their findings and recommendations to their respective Committees. The subcommittees shall meet jointly to study and report on the following issues:

- (1) The impact of the Justice Reinvestment Act on the State's behavioral health system, including the following:
  - a. The impact of the Justice Reinvestment Act on the demand for community-based behavioral health services available through local management entities/managed care organizations (LME/MCOs).
  - b. The change in the number of criminal offenders referred to the Treatment Accountability for Safer Communities (TASC) program since 2010 and other demands on the TASC program that have arisen since that time.
  - c. The sources and amounts of funding available to serve this population, as well as any other support or resources that are provided by the Department of Public Safety to the Department of Health and Human Services or the LME/MCOs.
  - d. An analysis of the supply and demand for behavioral health providers who serve this population.
- (2) The impact of mental illness and substance abuse on county law enforcement agencies, including the following:
  - a. The number of people with mental illness and substance abuse issues held in county jails.
  - b. The impact on local law enforcement agencies, particularly with respect to their budgets and personnel.
- (3) The impact of judicial decisions on the State's behavioral health and social services system, including the following:
  - a. The role and impact of family court decisions on the demand for and delivery of county social services.

- b. The role and impact of decisions by drug treatment courts, veterans' mental health courts, and driving while impaired courts.
  - c. The impact of judicial decisions on the availability of beds in State-operated psychiatric facilities as a result of involuntary commitment orders and incapacity to proceed decisions.
- (4) Any other relevant issues the subcommittees jointly deem appropriate.

### **Subcommittee on Statewide Early Education and Family Support Programs**

The Joint Legislative Oversight Committee on Health and Human Services, Subcommittee on Statewide Early Education and Family Support Programs, was created pursuant to S.L. 2015-241, Section 12B.8 which directs the Oversight Committee to appoint a subcommittee to study early childhood and family support programs, including the Child Care Subsidy program, NC Prekindergarten program (NC Pre-K), and the Smart Start program. The subcommittee was required to study and report on the issues outlined below.

#### **S.L. 2015-241, Section 12B.8: STATEWIDE EARLY EDUCATION AND FAMILY SUPPORT PROGRAMS**

**SECTION 12B.8.(a)** The Joint Legislative Oversight Committee on Health and Human Services shall appoint a subcommittee to study early childhood and family support programs, including the Child Care Subsidy program, NC Prekindergarten program (NC Pre-K), and the Smart Start program. In conducting the study, the subcommittee shall consider the following:

- (1) The purpose, outcomes, and effectiveness of each program.
- (2) The flexibility needed to ensure the needs of young children in counties across the State are met.
- (3) The potential for streamlined administration across the programs.
- (4) Any other relevant issues the subcommittee deems appropriate.

**SECTION 12B.8.(b)** The subcommittee may seek input from other states, stakeholders, and national experts on early child and family support programs as it deems necessary.

**SECTION 12B.8.(c)** The subcommittee shall develop a proposal for a statewide plan that addresses how to meet county or regional needs of children by county or region. The subcommittee shall submit a report on the proposed statewide plan to the Joint Legislative Oversight Committee on Health and Human Services on or before April 1, 2016, at which time the subcommittee shall terminate.



