



North Carolina Department of Health and Human Services

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Adam Sholar
Legislative Counsel
Director of Government Affairs

December 1, 2013

The Honorable Ralph Hise, Chair
Joint Legislative Oversight Committee on
Health and Human Services
NC Senate
Room 1028, Legislative Building
Raleigh, NC 27601-2808

The Honorable Mark Hollo, Chair
Joint Legislative Oversight Committee on
Health and Human Services
NC House of Representatives
Room 639, Legislative Office Building
Raleigh, NC 27603-5925

The Honorable Justin Burr, Chair
Joint Legislative Oversight Committee on
Health and Human Services
NC House of Representatives
Room 307A, Legislative Office Building
Raleigh, NC 27603-5925

Dear Senator Hise and Representatives Burr and Dollar:

Session Law 2012-142, Section 10.14 (b) titled "Funds for Community Based Health and Wellness Initiatives" requires by December 1, 2013, the Department of Health and Human Services submit a written report to the Joint Legislative Oversight Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division on the use of these funds.

Pursuant to this requirement, the Department of Health and Human Services provides the attached report. If you have questions, please contact Chris Collins at the N.C. Office of Rural Health and Community Care (919-733-2040) or Sally Herndon at the Division of Public Health (919-707-5401)

Sincerely,

Adam Sholar
Legislative Counsel
Director of Government Affairs

Attachment

www.ncdhhs.gov

Tel 919-855-4800 • Fax 919-715-4645

Location: Adams Building/Dix Campus • 101 Blair Drive • Raleigh, NC 27603

Mailing Address: 2001 Mail Service Center • Raleigh, NC 27699-2001

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cc: Susan Jacobs Dr. Robin Cummings Legislative Library (one hard copy)
Denise Thomas Mark Payne Patricia Porter
Adam Sholar Sarah Riser Chris Collins
Kristi Huff Danny Stanley
Brandon Greife Ruth Petersen
Pam Kilpatrick Sally Herndon



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The Honorable Marilyn Avila, Chair
Appropriations Subcommittee on Health
and Human Services
North Carolina House of Representatives
Room 2217, Legislative Building
Raleigh, NC 27601-1096

The Honorable Mark Hollo, Chair
Appropriations Subcommittee on Health
and Human Services
North Carolina House of Representatives
Room 639, Legislative Office Building
Raleigh, NC 27603-5925

The Honorable William D. Brisson, Chair
Appropriations Subcommittee on Health
and Human Services
North Carolina House of Representatives
Room 405, Legislative Office Building
Raleigh, NC 27603-5925

Dear Representatives Avila, Brisson and Hollo:

Session Law 2012-142, Section 10.14 (b) titled "Funds for Community Based Health and Wellness Initiatives" requires by December 1, 2013, the Department of Health and Human Services submit a written report to the Joint Legislative Oversight Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division on the use of these funds.

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December 1, 2013

The Honorable Louis Pate, Co-Chair
Appropriations on Health and Human Services
North Carolina Senate
Room 1028, Legislative Building
Raleigh, NC 27601-2808

The Honorable Ralph Hise, Co-Chair
Appropriations on Health and Human Services
North Carolina Senate
Room 1026, Legislative Building
Raleigh, NC 27601-2808

Dear Senators Pate and Hise:

Session Law 2012-142, Section 10.14 (b) titled "Funds for Community Based Health and Wellness Initiatives" requires by December 1, 2013, the Department of Health and Human Services submit a written report to the Joint Legislative Oversight Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division on the use of these funds.

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Legislative Counsel
Director of Government Affairs

December 1, 2013

Mark Trogon, Director
Fiscal Research Division
North Carolina General Assembly
Room 619, Legislative Office Building
Raleigh, NC 27603-5925

Dear Mr. Trogon:

Session Law 2012-142, Section 10.14 (b) titled "Funds for Community Based Health and Wellness Initiatives" requires by December 1, 2013, the Department of Health and Human Services submit a written report to the Joint Legislative Oversight Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division on the use of these funds.

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Adam Sholar

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**Department of Health and Human Services
Report on Community Based Health and Wellness Initiatives**

December 1, 2013

Background

Session Law 2012-142, Section 10.14 (b) titled "Funds for Community Based Health and Wellness Initiatives" requires by December 1, 2013, the Department of Health and Human Services (DHHS) to submit a written report to the Joint Legislative Oversight Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division on the use of funds for the following initiatives: (1) Programs to prevent and reduce tobacco use by students in grades kindergarten through 12; (2) CheckMeds; (3) Medication Assistance Program; (4) Roanoke Chowan Telehealth Network; and (5) Local health department initiatives for local community health and wellness initiatives to promote healthy behaviors, including, but not limited to, tobacco cessation, improved nutrition, increased physical activity, disease prevention, and school nurse positions. The Session Law further requires the report to include at least all of the following elements: (1) The identity and a brief description of each grantee and each program or initiative offered by the grantee; (2) The amount of funding awarded to each grantee; and (3) The number of persons served by each grantee, broken down by program or initiative.

Programs to Prevent and Reduce Tobacco Use

The Division of Public Health Tobacco Prevention and Control Branch (TPCB) worked with the North Carolina Association of Local Health Directors to allocate in state fiscal year 2012-2013 a total of \$2,728,000 in non-recurring funds from the federal Social Services Block Grant (SSBG) as follows:

- \$1,898,000 was allocated to NC's contract for QuitlineNC, a statewide evidence-based tobacco cessation service available 24/7 at 1-800-QUIT-NOW to help all NC tobacco users who want to quit.
- \$830,000 was allocated to 12 geographically dispersed Local Health Departments in order to implement evidence-based community tobacco prevention and cessation programs and education aimed at young people in coordination with existing resources (ten existing Community Transformation Grant Project regions and eight existing funded tobacco prevention and control projects covering 23 counties). Agencies were funded to:
 - Educate and involve youth in evidence based tobacco prevention that promotes smoke-free/tobacco-free norms
 - Recruit tobacco survivors to speak to young people on the impact of tobacco use on health
 - Educate and involve citizens with an interest in preventing tobacco use among young people through local or community-based media and education
 - Develop and sustain youth efforts by educating decision makers about successes in tobacco prevention and control efforts
 - Build capacity for evidence-based programs and policies in tobacco prevention and control
- Table 1 provides a breakdown of grantees, funding amounts, and persons served with these funds.

TABLE 1 – Tobacco Prevention and Cessation Funding (SSBG) SFY 2012-13

Tobacco Cessation Grantee/Brief Description	Funding Award Amount	Persons Served/Impact
<p>Alere, Inc. to provide tobacco cessation services 24/7 through QuitlineNC at 1-800-QUIT-NOW including the two elements of evidence-based cessation services:</p> <ul style="list-style-type: none"> • cessation coaching (counseling); and • FDA-approved tobacco treatment medicines, which, for this contract, includes nicotine replacement therapy as resources allowed. 	\$1,898,000	<p>A total of 11,239 tobacco users of all 100 counties who wanted to quit enrolled in QuitlineNC and received services.</p> <p>Of the 11,239 tobacco users, 6,221 have received nicotine replacement therapy in the form of patches, gum or lozenges along with the cessation coaching services.</p> <p>24% or 2,647 tobacco users receiving QuitlineNC services were Medicaid insured.</p> <p>*The State Health Plan's experience with QuitlineNC reveals an approximately 4 to 1 Return on its Investment for this service.</p>
<p>For Local Health Departments, these non-recurring funds were made available to the 10 regions of the NC Association of Local Health Directors with a request for the Regions to decide which county had the capacity to receive the funding and carry out youth tobacco prevention interventions in their region.</p>		
<p>Albemarle Regional Health Services (ARHS) (\$83,000 was split with Dare County Health Department) 7 counties served</p>	\$41,500	<p>1, 265 youth engaged 3,994 NC citizens involved 2 local smoke-free/tobacco-free policies adopted 0 tobacco survivors recruited to speak on tobacco-related health issues</p>
<p>Appalachian District Health Department (ADHD) 10 counties served</p>	\$83,000	<p>127 youth engaged 533 NC citizens involved 0 local smoke-free/tobacco-free policies adopted 6 tobacco survivors recruited to speak on tobacco-related health issues</p>

Buncombe County Health Department 11 counties served	\$83,000	42 youth engaged 2,481 NC citizens involved 1 local smoke-free/tobacco-free policies adopted 2 tobacco survivors recruited to speak on tobacco-related health issues
Cumberland County Health Department 10 counties served	\$83,000	136 youth engaged 5,791 NC citizens involved 0 local smoke-free/tobacco-free policies adopted 2 tobacco survivors recruited to speak on tobacco-related health issues
Dare County Department of Public Health (\$83,000 was split with Albemarle Regional Health Services) 8 counties served	\$41,500	51 youth engaged 843 NC citizens involved 2 local smoke-free/tobacco-free policies adopted 0 tobacco survivors recruited to speak on tobacco-related health issues
Durham County Health Department and Guilford County Department of Public Health 8 counties served <small>Guilford and Durham County Health Departments chose to split the funding and collaborate for Region 5.</small>	\$41,500 \$41,500	352 youth engaged 20,797 NC citizens involved 3 local smoke-free/tobacco-free policies adopted 3 tobacco survivors recruited to speak on tobacco-related health issues
Haywood County Health Department 8 counties served	\$83,000	697 youth engaged 4,084 NC citizens involved 2 local smoke-free/tobacco-free policies adopted 1 tobacco survivors recruited to speak on tobacco-related health issues
Mecklenburg County Health Department 11 counties served	\$83,000	86 youth engaged 924 NC citizens involved 2 local smoke-free/tobacco-free policies adopted 3 tobacco survivors recruited to speak on tobacco-related health issues

Pitt County Health Department 9 counties served	\$83,000	356 youth engaged 1,853 NC citizens involved 0 local smoke-free/tobacco-free policies adopted 1 tobacco survivors recruited to speak on tobacco-related health issues
Robeson County Health Department 9 counties served	\$83,000	85 youth engaged 186 NC citizens involved 18 local smoke-free/tobacco-free policies adopted 1 tobacco survivors recruited to speak on tobacco-related health issues
Wake County Health Department 9 counties served	\$83,000	149 youth engaged 194 NC citizens involved 1 local smoke-free/tobacco-free policies adopted 0 tobacco survivors recruited to speak on tobacco-related health issues

CheckMeds

CheckMeds, NC, which ended June 30, 2013, was a medication therapy management service offered to North Carolina Medicare Part D enrollees age 65 and older. Medication therapy management (MTM) promotes the appropriate use of medications and reduces the risk of medication errors through patient education, counseling, and other means. Participating retail and community pharmacists counsel Medicare enrollees on the most appropriate and cost-effective use of their federal drug benefit. Pharmacists provide comprehensive medication reviews, consult with prescribers for cost management and adverse drug interactions, and provide patient compliance consultation, education, and monitoring. By expanding the availability of counseling services through community based pharmacists, North Carolina was the first state in the nation to utilize this type of MTM service for all North Carolina residents age 65 or older enrolled in a Medicare Prescription Drug Program.

The CheckMeds program achieved the following in SFY 2012-13:

- 24,278 Seniors served
- \$19,340,554 in total estimated cost avoidance. This cost savings projection is based on an estimated cost savings algorithm that is being used by the *CheckMeds NC* program vendor, contracted through the Office of Rural Health and Community Care, to determine the savings in health care services that have been avoided as a result of providing MTM. The algorithm is based on the Cost of Illness model developed by Johnson and Bootman in 1995 and measures such things as drug product cost savings, reduced emergency room visits and hospitalizations.

Medication Assistance Program

Medication assistance is offered through local organizations that serve a portion of the nearly 1.5 million uninsured individuals throughout our state. Of the 133 sites affiliated with the Office of Rural Health and Community Care who provide medication assistance to uninsured, low-income residents, 45 are grant supported through funds allocated by the General Assembly.

For SFY 2012-13, the General Assembly appropriated non-recurring funds of \$1,704,033 to provide Medication Assistance Program (MAP) grant funding. Grant support pays for Prescription Assistance Coordinators (PAC) who help patients access free prescription drugs through pharmaceutical manufacturers' programs. Current grants fund 46.44 Full Time Equivalent positions. In addition, the Office of Rural Health and Community Care has leveraged a grant from the Kate B. Reynolds Charitable Trust that assists 18 additional sites in Tier One counties. Table 2 outlines subrecipients of MAP funding for SFY 2012-13.

TABLE 2 – Medication Assistance Funding SFY 2012-13

Organization Name	County(ies) Served	FTE supported through Wages/ Salary	Patients Served	Grant Amount
Alamance Medication Assistance Program of Alamance Regional Medical Center	Alamance	0.96	290	\$30,000
Albemarle Hospital Authority	Chowan	1.00	278	\$33,715
Albemarle Hospital Foundation, Inc	Pasquotank	1.57	1,115	\$43,714
Angel Medical Center	Macon	0.68	542	\$33,714
Ashe Memorial Hospital	Ashe	0.19	190	\$22,109
Asheville Buncombe Community Christian Ministry	Buncombe	2.10	227	\$45,714
Brunswick Senior Resources, Inc	Brunswick	0.66	167	\$33,714
Cape Fear Clinic, Inc.	New Hanover	1.00	971	\$33,714
Cape Fear Valley Medical Foundation, Inc	Cumberland	1.35	1,827	\$40,152
Carolina Family Health Centers, Inc	Wilson Edgecombe Nash	1.10	836	\$33,714
Cherokee Health Department	Cherokee	0.75	228	\$57,528
Columbus County Department of Aging	Columbus	1.04	48	\$33,714
Community Care Center for Forsyth County	Forsyth	1.00	2,103	\$33,714
Community Care Clinic of Dare	Dare	1.00	178	\$53,928
Community Care Clinic of Rowan County, Inc	Rowan	1.09	703	\$33,714
Community Free Clinic	Cabarrus	1.50	466	\$48,715
Crisis Control Ministry, Inc	Forsyth	0.86	522	\$33,715

Duplin Medical Association, Inc	Duplin	1.00	218	\$32,943
Franklin County Volunteers in Medicine	Franklin	0.84	256	\$33,711
Gaston Family Health Services	Gaston	2.00	810	\$82,857
Greater Hickory Cooperative Christian Ministry	Catawba	1.00	835	\$33,715
Harnett Health dba Betsy Johnson Regional Hospital	Harnett	1.00	374	\$38,327
HealthQuest of Union County	Union	1.00	1,289	\$30,000
Henderson County Free Medical Clinic dba The Free Clinics	Henderson	0.45	447	\$33,669
Hot Springs Health Program	Madison	0.65	158	\$33,715
Hyde County Health Department	Hyde	0.45	68	\$19,765
Martin-Tyrell-Washington District Health Department	Martin Tyrell Washington	0.52	264	\$33,715
MedAssist of Mecklenburg	Mecklenburg	0.48	353	\$33,715
Medication Assistance Program – Guilford County Department of Health	Guilford	1.00	585	\$33,715
MedWest Health System, Inc/Good Sam Jackson	Jackson Swain	0.90	209	\$78,715
Mission Healthcare Foundation, Inc	Buncombe	1.58	248	\$48,112
Mt. Olive Family Medicine Center, Inc.	Duplin	0.90	139	\$30,115
Pender Adult Services, Inc.	Pender	1.08	363	\$33,636
Richmond County Health Department	Richmond	1.00	316	\$33,715
Saluda Medical Center	Polk	1.00	227	\$29,005

Sampson Health Department	Sampson	0.50	85	\$33,715
Scotland Community Health Center	Scotland	1.07	307	\$33,715
Senior Services of Hoke County	Hoke	0.75	66	\$26,956
Southeastern Regional Medical Center	Robeson	3.13	953	\$71,965
The Free Clinic of Transylvania County	Transylvania	1.10	277	\$31,305
The Hunger & Health Coalition, Inc	Watauga	0.75	293	\$33,715
Urban Ministries of Wake County, Inc.	Wake	1.56	881	\$38,520
Warren County Free Clinic, Inc.	Warren	1.10	438	\$33,715
Watauga Medical Center/Appalachian Healthcare Project	Watauga	1.00	381	\$33,715
Watch	Wayne	0.78	565	\$38,715
TOTAL		46.44	19,993	\$1,714,469*

*Includes additional funding from The Duke Endowment to support software license fees for Medication Assistance and Review Program software users

Roanoke Chowan Telehealth Network

Roanoke Chowan Community Health Center (RCCHC) is a Federally Qualified Health Center located in Ahoskie. In 2006, RCCHC started a Remote Monitoring Chronic Care Management Telehealth network. Since this time, the program has provided telehealth services to over 2,000 chronically ill patients in North Carolina. In 2012, RCCHC Telehealth Network was awarded a \$300,000 grant from the Office of Rural Health and Community Care. With these funds the program provided 250 eligible patients from RCCHC, Kinston Community Health Center, Greene County Community Health Center, Ocracoke Health Center and Rural Health Group with the telehealth tools to manage their chronic disease from their residents. This management helped these patients reduce disease exacerbation and decreased emergency room visits and hospitalizations.

Local Health Department Initiatives

Session Law 2012-142, Section 10.14 indicates *“the Department shall not use these funds for local health department initiatives until January 1, 2013, pending a determination by the Office of State Budget and Management (OSBM) that there is adequate funding for the Medicaid budget for the 2012-2013 fiscal year, as provided in*

Section 10.9G of this act.” These funds were not distributed to local health departments secondary to shortfalls in the Medicaid budget for state fiscal year 2012-2013.