

Division of Facility Services

Mission: The **Division of Facility Services** regulates medical, mental health and group care facilities, emergency medical services, and local jails. We ensure that people are safe, and that the care in these facilities is adequate. We make certain that medical facilities are built only when there is a need for them. <http://facility-services.state.nc.us/>

Sections/Programs: Seven sections (Emergency Medical Services, Adult Care Licensure, NC Medical Care Commission Bond Program, Mental Health Licensure and Certification, HCPR, Human Resources, and Construction) in the Division of Facility Services responded to the survey.

Priority Conditions/Issues: Priority conditions or issues for the Division of Facility Services varied by section. Overall, geographical factors such as distribution of health resources were cited as a priority. These resources include, the need to increase the number of Level III training centers with proper geographical distribution, need for competent mental health residential providers, recruitment, and retention of qualified Nurse's Aides and training for county DSS staff and providers. The Construction Section mentioned the need for more staff to monitor adult care homes. The section mentioned that it is unable to inspect physical plant facilities on a routine basis because of lack of adequate staff.

Although some of the questions did not seem to apply directly to some of the sections in this division, the following service challenges were mentioned: health education and training; physical and social access barriers; lack of infrastructure; resources (i.e. funding, staff). For example, the Adult Care Licensure section indicated that "committing time for state staff to provide training" and the need for training materials and locations were key challenges. Another section indicated that the "lack of residential mental health facilities" was also a service delivery challenge. Shortage of staff was cited as a challenge to timely inspections of facilities and safety (i.e., fire inspections).

Socio-cultural Challenges: The Emergency Medical Services mentioned language barriers between the Hispanic population and Emergency Management Services personnel as a socio-cultural challenge.

Disparity Focus Areas: The key focus areas for the division were geographical location, education, disability, and race/ethnicity. These key focus areas were identified based on state laws, regulations, and examination of the geographical distribution of existing trauma centers. Identification of these areas of focus was based on the Medical Facilities Plan statute.

DIVISION OF FACILITY SERVICES – HEALTH DISPARITIES IMPLEMENTATION PLAN					
KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
1. Increase awareness of health and service disparities, especially disparities related to race/ethnicity, disability and socioeconomic status.	<p>Mental Health Licensure and Certification Provide “New Provider Orientation Class” for potential providers of community behavioral healthcare.</p>	Class is provided twice/month – once in Mecklenburg County and once in Wake County	Providers are better prepared for licensure	Number of participants and number of classes conducted each year	Need more survey consultants to conduct education for potential and existing providers
	<p>Medical Care Commission Communicate to potential borrowers of NCMCC desire to promote providing of community benefits as part of services provided by borrower.</p>	Ongoing	Annual Reports to Medical Care Commission (MCC)		
	<p>Certificate of Need Section Conduct certificate of need reviews by assuring applicants demonstrate their proposals will meet the health-related needs of the elderly and of members of medically underserved groups, such as medically indigent or low income persons, Medicaid and Medicare recipients, racial and ethnic minorities, women, HIV/AIDS persons, and handicapped persons.</p>	Ongoing	Certificate of Need Decision findings to show applicant’s conformity.	Medicare and Medicaid data from DMA cost report; d DFS license renewals. There is no data collected for racial or ethnic groups	Existing staff resources and databases. Enhance databases to provide licensure information in a summary format.
	<p>Medical Facilities Planning Development of State Medical Facilities Plan (SMFP) which addresses geographic distribution and access to health service facilities and services that are identified in NCGS 131E-176.</p>	Annual	Governor signing SMFP to be effective January 1 of each year.	Population, utilization and inventory information.	Governor’s Office, State Health Coordinating Council (SHCC) (appointed by the Governor), and Medical Facilities Planning Section (MFPS).

DIVISION OF FACILITY SERVICES – HEALTH DISPARITIES IMPLEMENTATION PLAN

KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
	<p>Human Resources Utilize different mediums of communication.</p>	<p>Periodic reviews with EEO Officer for the Division and assessment with hiring managers throughout the organization.</p>	<p>Analyze new hires and demographics of organization against the annual EEO plan.</p>	<p>Race/gender data extracted from the Personnel Management Information System (PMIS).</p>	<p>Advertising in various mediums to “target” specific groups; attend job fairs where appropriate to focus on groups with required</p>
<p>2. Promote customer friendly services that meet the needs of under served populations (i.e., low-income and minority groups)</p>	<p>Licensure and Certification Identify and document effective state and national strategies for quality of care in ESRD service providers by working collaboratively with the Southeastern Kidney Council.</p>	<p>1 year</p>	<p>Dialogue with the Southeastern Kidney Council</p>	<p>Deficiency reports; national publications</p>	<p>Southeastern Kidney Council; Internet; DFS staff</p>
	<p>EMS Actively encourage smaller hospitals to become Level III Trauma Centers</p>	<p>April 1, 2004</p>	<p>Number of new Level III Trauma Centers</p>	<p>State Trauma Registry</p>	<p>Continue financial support to trauma program.</p>
	<p>Adult Care Licensure Section Identify and utilize, if applicable, effective programs from other organizations to address disparities.</p>	<p>Ongoing</p>	<p>Monitoring of training activity</p>	<p>Identification of training content</p>	<p>Internet</p>
	<p>Human Resources Identify and utilize effective programs for recruitment</p>	<p>Ongoing based on current needs</p>	<p>Weekly analysis of organization vacancy report and coordination with hiring managers</p>	<p>PMIS and close monitoring of paperwork for new hires</p>	<p>Coordination with other units to benchmark best practices (e.g. contact with Dix Hospital nurse recruiters)</p>

DIVISION OF FACILITY SERVICES – HEALTH DISPARITIES IMPLEMENTATION PLAN

KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
3. Promote, develop, and enhance community's capacity to engage in healthy living and elimination of disparities in health status.	<p>EMS Provide technical assistance to hospitals desiring Level III Trauma Center designation that do not meet criteria.</p> <p>Human Resources Involve people of different religions, race, disabilities.</p>	April 1, 2004	Number of new Level III Trauma Centers	State Trauma Registry	Continue financial support to trauma program.
	<p>Construction Involve other agencies/ programs as local DSS (adult home specialists) building inspectors, fire marshals.</p> <p>Human Resources Develop and utilize data base</p>	As needed based on opportunities via job fairs, etc. Ongoing	Hiring rates of target groups and EEO goals being met via periodic evaluation of annual EEO plan. Number of times local officials alert Construction Section of problems in licensed facilities	EEO plan and recruiting efforts and mediums. Keep track of local reporting	Assigned staff who can assist in these efforts Staff already assigned
4. Monitor progress towards the elimination of health disparities	Human Resources Develop and utilize data base	In place	Periodic review of goals	PMIS	Advertising in appropriate mediums and monitor data base ³
5. Promote customer friendly services that meet the needs of under served populations (i.e., low-income and minority groups)	<p>North Carolina Medical Care Commission Encourage continuing care retirement center that borrow through the Healthcare Facilities Finance Act to develop and implement plans to increase the diversity of the population they serve</p> <p>Construction Provide consultation and training to providers, DSS, local authority when possible (in conjunction with other sections).</p>	Ongoing	Annual reports are filed with MCC Annual reports	Racial breakdown of persons who qualify by age and income for admission to facility Keep track of training and consultations	Population data from OSBM No additional resources available

DIVISION OF FACILITY SERVICES – HEALTH DISPARITIES IMPLEMENTATION PLAN						
KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES	
5. Promote customer friendly services that meet the needs of under served populations (i.e., low-income and minority groups) - continued	Licensure and Certification Provide ESRD patients with toll free complaint hotline telephone number for filing of complaints.	6 months and ongoing due to the continual increasing number of ESRD patients	Assessing trends in complaints filed; Dialogue with Southeastern Kidney Council	Computer Complaints tracking program	DFS Staff; Southeastern Kidney Council members; existing complaint tracking computer system	
	Adult Care Licensure Section Develop protocol to follow when people in under served populations bring disparities to state or county's attention	6 months to 1 year	Has a written protocol been developed?			
	Mental Health Licensure Section Regulate providers fairly and objectively with State licensing and client rights requirements	Ongoing	Number of deficiencies cited and number of providers inspected		Deficiency writing program (already in use)	Need more survey consultants to better regulate behavioral health providers
6. Increase resources/ investments to eliminate health status gaps	Human Resources Develop procedure for serving people with disabilities/limited language proficiency	Limited somewhat by nature of all but administrative and clerical duties Ongoing acceptance of applicants	Periodic review of EEO Plan	Knowledge of new hires and any accommodations made for them	Physical accommodations in place such as ramp and elevator for easy access	
	Human Resources Targeted recruiting efforts through various mediums based on needs and results of previous efforts	Ongoing based on current needs	Evaluation of EEO Plan goals and data base demographics	Annual EEO Plan	Advertising and job fairs	

DIVISION OF FACILITY SERVICES – HEALTH DISPARITIES IMPLEMENTATION PLAN

KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
7. Build, support and fully utilize a diverse workforce capable of working in cross-cultural settings.	Human Resources Second language training and cross cultural education	Varied – Language would require training or money to compete for limited resources	Periodic evaluation of established goals	Recruitment goals	Money to have staff trained or staff to conduct training
	EMS Offer Medical Spanish courses thorough EMS continuing education programs.	August 1, 2004	Number of courses offered.	Track through local continuing education records.	OEMS system monitoring.
8. Identify and advocate for public policies that aid in closing the health status gap.	EMS Assure diversity in state planning groups (task forces, workgroups, etc.) for EMS issues.	Ongoing	Track composition of planning groups.	N/A	State EMS Advisory Council; EMS Special Interest Groups
	Human Resources Promote compliance with ADA and EEOC	Ongoing – Ensure we are always in compliance with existing guidelines	Advising management as necessary as to compliance issues	Info on affected employees	Educate and train staff on compliance issues and ensure standards are maintained
9. Demonstrate Accountability and Ownership for Health Outcomes	Human Resources Report and coordinate results of objectives with senior management and DHHS staff	Ongoing based on demographics	Review of EEO Plan and PMIS data base	EEO Plan and PMIS	Collection of data by Personnel staff and EEO Officer