



NC Department of Health and Human
Services

NC Opioid and Prescription Drug
Abuse Advisory Committee
(OPDAAC)

September 20, 2019

Welcome and Introductions of Attendees

Alan Dellapenna, Head, Injury and Violence Prevention Branch, Chronic Disease and Injury Section, Division of Public Health

Smith Worth, NC State Opioid Treatment Authority (SOTA), Division of Mental Health, Developmental Disabilities and Substance Abuse Services

- *Take breaks as needed*

Panel: Recovery Community Centers

Martin Woodard

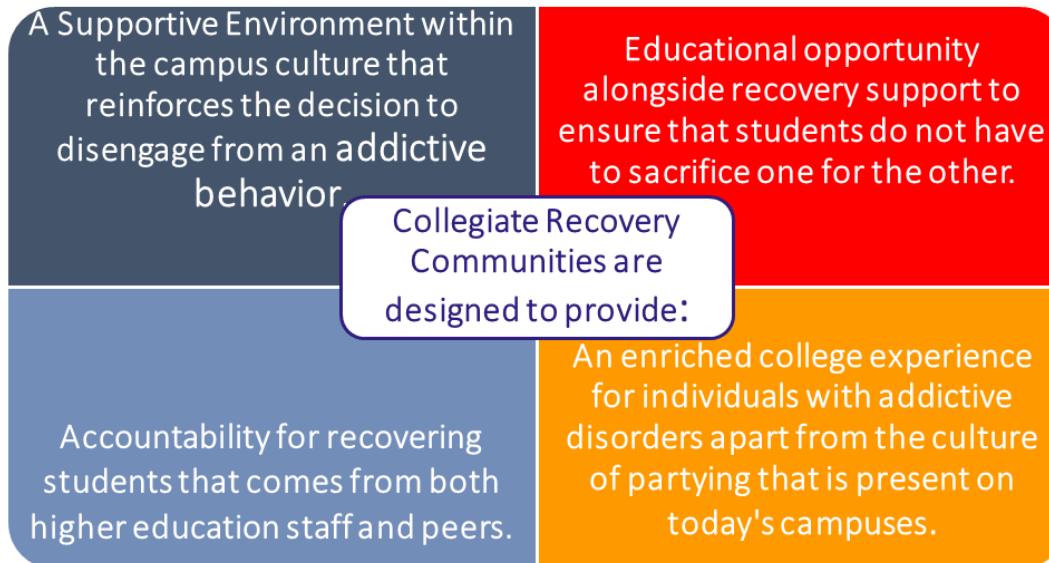
Panel Questions

- What services do you provide and why do you provide them to the communities you serve?
- What's working regarding recovery supports, what do we need more of, what's missing and why?
- Are there community issues that you're seeing that have both a positive and negative impact on recovery?
- What keeps you up at night that you would welcome assistance from the audience with building a plan to address?

Spotlight: Collegiate Recovery Programs

Chris Campau

What is a Collegiate Recovery Community/Program (CRC/CRP)?



Collegiate Recovery is not Treatment

Elements of Collegiate Recovery (What makes a “successful” program)

- CRPs are housed within an Institution of Higher Education that confers academic degrees
- ...are NON profit entities
- ...have paid qualified, ethical, and dedicated professionals who support students in recovery
- ...provide a wide array of recovery support services
- ...students in recovery from alcohol and other drugs is the primary focus
-has a dedicated physical space unique to the students in the program

<https://collegiaterecovery.org/standards-recommendations/>

The model has *not* been evaluated systematically, hindering its wider dissemination to ambivalent institutions

More than Supports for Students in Recovery

- Recovery Zone
- Ripple Effect
- Campus Education
- 2nd chances
- Advocacy
- Culture Change
- Prevention



North Carolina History September 5th, 2013



Schools that Received Funding

East Carolina
University

North Carolina
A&T

University of
North Carolina-
Chapel Hill

University of
North Carolina-
Charlotte

University of
North Carolina-
Greensboro

University of
North Carolina-
Wilmington

Newly Funded Schools

Appalachian State

North Carolina Central

North Carolina State

Schools with Collegiate Recovery (Self Sustaining)

Duke University

University of North
Carolina-Asheville

Western Carolina
University

The Community Colleges

Central Piedmont Community College

Nash Community College

Southwestern Community College

AB Tech Community College

Guilford Tech Community College

The Student Voice

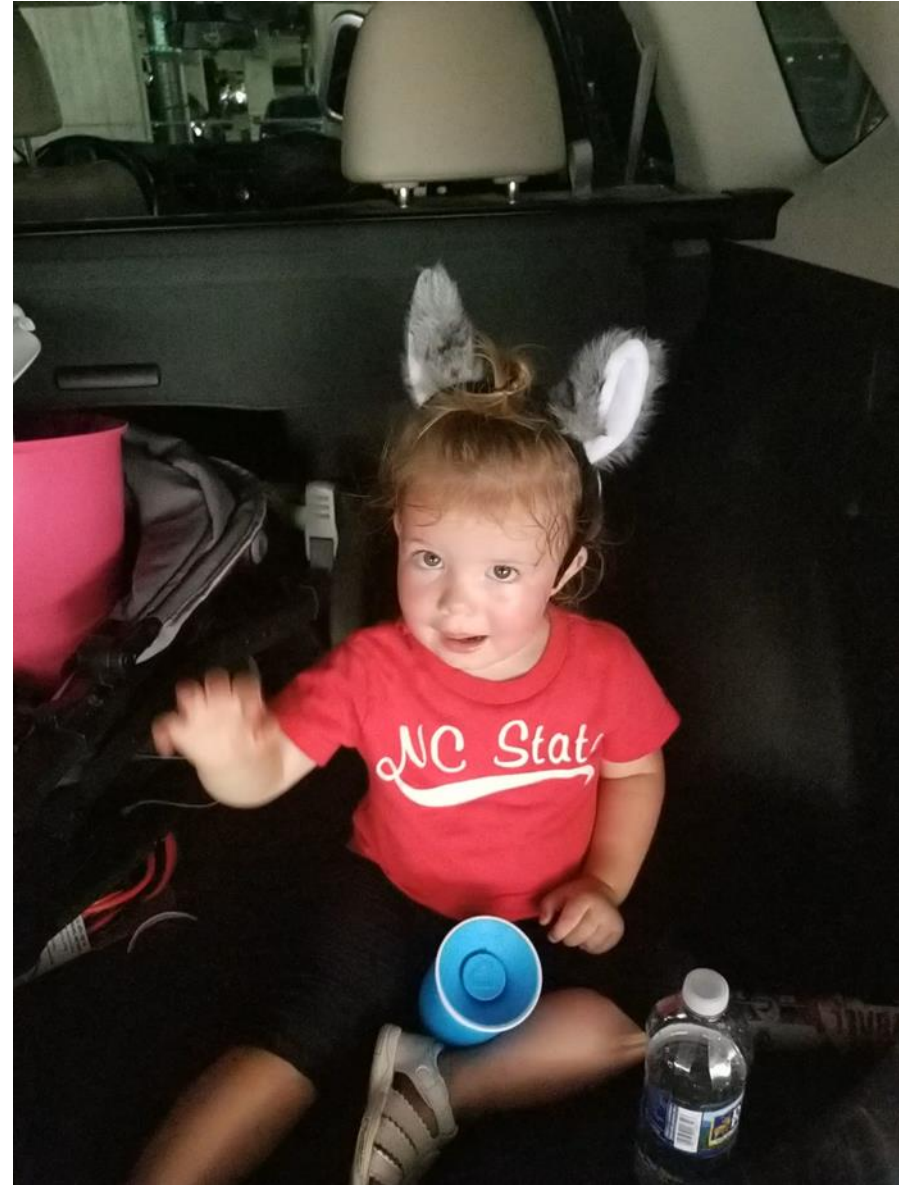
- Sarah Harris
- *Major:* Chemical and Biomolecular Engineering
- *Minors:* French and Mathematics
- Member of both *NCSU Pack Recovery* and *UNC-CH Collegiate Recovery (Carolina Recovery Group)*



Contact Information

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Spotlight: NC CARE 360

Erika Ferguson



NCCARE360

A New Tool for a Healthier North Carolina

Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC)

Erika Ferguson
Director, Office of Healthy
Opportunities
NC Department of Health
and Human Services

September 20, 2019



Building a Healthier North Carolina

Part of a Broader Statewide Framework

The Problem:

Connecting people to community resources is inconsistent, not coordinated, not secure, and not trackable.

The Solution:

1. Uniform system for providers, insurers, and community organizations to coordinate care, collaborate, and track progress and outcomes.
2. Tool to make it easier to connect people with the community resources they need to be healthy.
3. Track statewide, regional, and community – level data on service delivery and outcomes achieved.



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What is a NCCARE360?

NCCARE360 is the first statewide coordinated network that includes a robust data repository of shared resources and connects healthcare and human services providers together to collectively provide the opportunity for health to North Carolinians.

NCCARE360 Partners:



NCDHHS



United Way
of North Carolina






Expound



UNITE US

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NCCARE360 Components

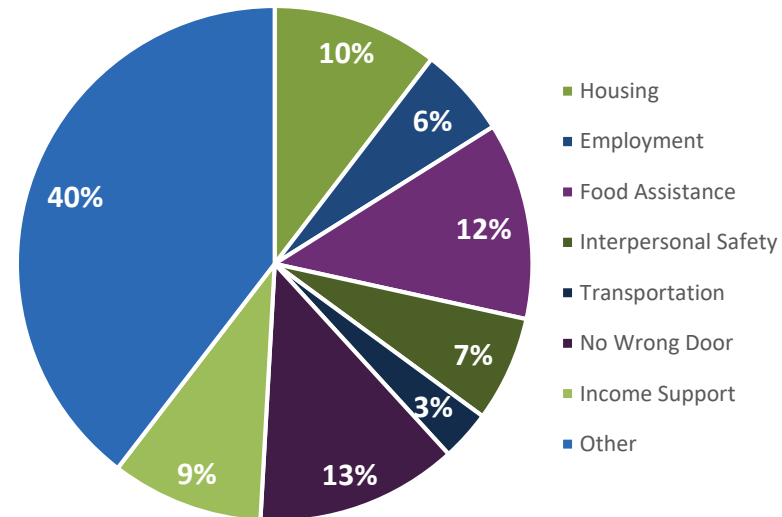
	Functionality	Partner	Timeline
<p>Resource Directory</p> <p>Call Center Support</p>	<p>Directory of statewide resources verified by a professional data team adhering to AIRS standards</p> <p>24/7/365 call center with a team of NCCARE360 Navigators, and the addition of text and chat capabilities.</p>		<p>Ongoing work</p>
<p>Resource Repository</p>	<p>APIs integrate resource directories across the state to share resource data.</p>	 <p>Expound</p>	<p>Phased Approach</p>
<p>Referral & Outcomes Platform</p> <p>Community Engagement Managers</p>	<p>Referral platform with closed loop functions. Community Engagement Managers for workflow, change management, continued in person support.</p>		<p>Rolled out by county January 2019 – December 2020</p>

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Resource Repository

- Building on NC 2-1-1 strengths
 - Robust 18,000 organization directory, call centers
- Growing Capacity
 - Additional data coordination staff → Updating listings in current 2-1-1 directory
 - Additional call center staff → navigators at scale
- Progress as of 9/13/19
 - 2285 Organizations verified; 7229 programs verified
 - Over 50% of counties have at least 80% of resources verified

2-1-1 Resources Verified by Service



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Your Community Resources in One Place

Out of Network

Organizations that have not been onboarded to the platform

- Searchable and Identifiable as part of Resource Directory/Data Repository
- Not part of the NCCARE360 platform yet
- Do not report outcomes



In Coordinated Network

Organizations onboarded to the platform – Coordinated Network

- Agree to NCCARE360 platform requirements
- Have completed training and on-boarding
- Responsibility to report outcomes

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NCCARE360

Creating a Collaborative Network through Shared Technology Platform

A coordinated network connects providers (such as health care providers, insurers, or community organizations) through a shared technology platform to:

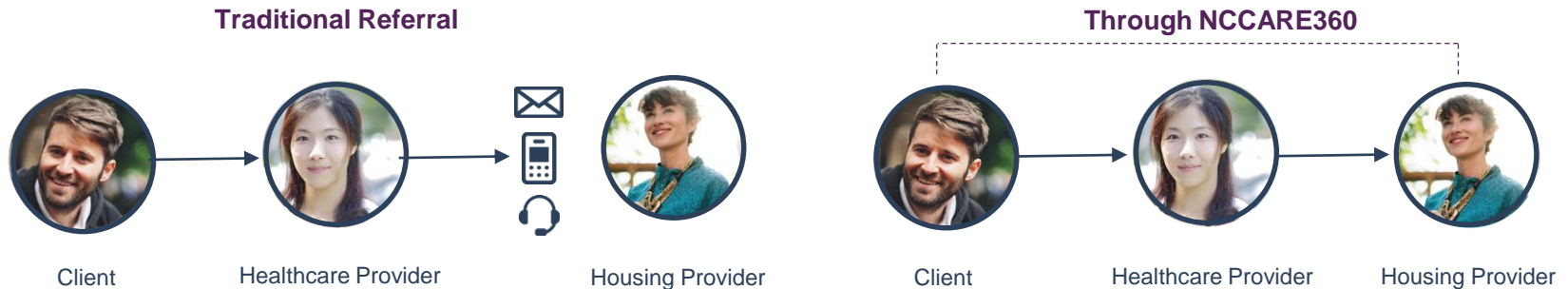
- Communicate in real-time
- Make electronic referrals
- Securely share client information
- Track outcomes together



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Coordination Platform at work

Improving coordination efficiency and accuracy



- ✗ Service provider cannot always exchange PII or PHI via a secure method
- ✗ Limited prescreening for eligibility, capacity, or geography
- ✗ Onus is usually on the client to reach the organization to which he/she was referred
- ✗ Service providers have limited insight or feedback loop
- ✗ Client data is siloed & transactional data is not tracked

- ✓ All information is stored and transferred on HIPAA compliant platform
- ✓ Client is matched with the provider for which he/she qualifies
- ✓ Client's information is captured once and shared on his/her behalf
- ✓ Service providers have insight into the entire client journey
- ✓ Longitudinal data is tracked to allow for informed decision making by community care teams

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Network Model: No Wrong Door Approach

Understanding Referral Workflows



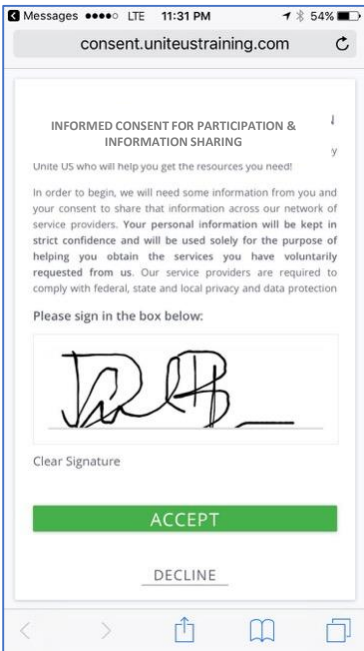
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Privacy & Security

Compliant with Health Insurance Portability and Accountability Act (HIPAA) & Personally Identifiable Information (PII) standards

Compliant with Security & Data Storage Standards and Breach & Enforcement Rules

Protected information (e.g. outcomes for Mental Health or Substance Use cases) is restricted from view based on users' viewing permissions.



CLIENT



HOUSING PROVIDER



EMPLOYMENT



DOCTOR



MENTAL HEALTH



Informed consent is requested by the system ONCE, before the first referral is made. Clients consent to have their information shared in order to receive services from network partners.

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Permissions of Patient Access and Security

HIPAA, FERPA, FIPS COMPLIANT

Infrastructure

- Secured & Encrypted data at rest & in transit
- HIPAA compliant Cloud Servers (AWS)
- Unite Us provides BAA's to Covered Entities
- Audited Technical, Physical, and administrative safeguards
- Annual Penetration testing and audit by 3rd party
- 100% approved audits by local gov, state gov, and health systems/plans

Access Controls

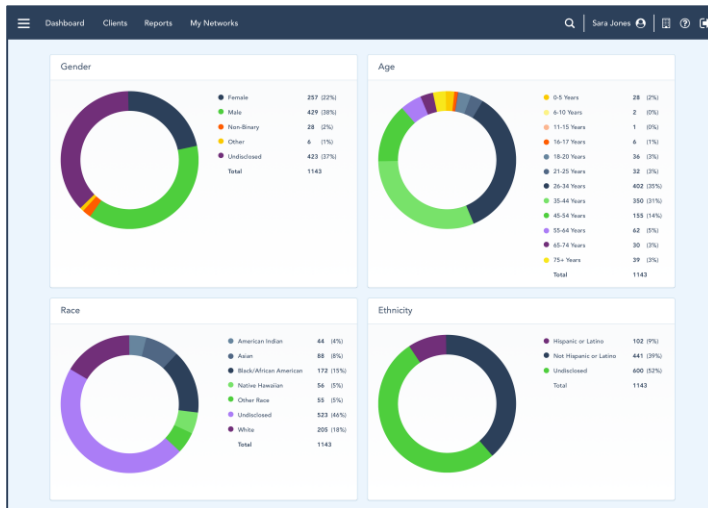
- Each organization is uniquely onboarded to authorize proper permissions based on services they provide
- Each user is set specific roles for viewing permissions based on specific patient access
- Each program (within an organization) is assigned specific viewing permissions (i.e. ensuring non-clinical providers cannot view clinical information)

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The Data You Need

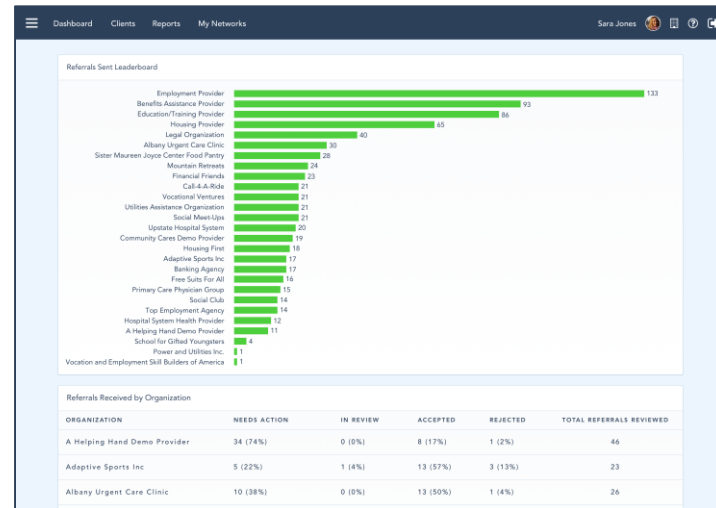
Real-time reporting of outcomes, impact, performance & efficiency

Patient Level Coordination and Tracking



Patient Demographics, Patient Access Points, Service Delivery History, Outcome Breakdowns

Network Level Transparency & Accountability



Service Episode history (longitudinal), Referrals Created, Received by, Structured Patient Outcomes for each specific need addressed

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Configurable & Structured Reporting

Granular and detailed outcomes for every type of service

Employment Service Type Example

Close Case

Is Resolved? *
Resolved

Outcome *

- Select...
- Client Self-Resolved
- Referred out of Network
- Received Information
- Employed Part Time
- Employed Full Time
- Received Job Training
- Received Job Counseling/Coaching

Exit Date *
07-07-2017

CANCEL CLOSE CASE



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NCCARE360 Data Elements

Network Performance	Network Impact	Network Efficiency	Community/Client Impact
<ul style="list-style-type: none"> Total number of in-network providers/organizations Referral Traffic (e.g. # of referrals) % of outcomes accepted # of clients served Number of out-of-network referrals 	<ul style="list-style-type: none"> Accuracy of referrals Needs addressed % of cases closed with positive outcome 	<ul style="list-style-type: none"> Median time to be connected to in-network organization Median time to in-network case closure Number of open/closed cases 	<ul style="list-style-type: none"> Clients served Client impact (e.g. # of services with resolved outcome) Client outcome (e.g. resource person with food insecurity received) Community resource gaps analysis

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HOW WE BUILD YOUR COMMUNITY NETWORK

4 STEP PROCESS THAT'S PERSONALIZED AND FITS INTO YOUR MODEL & PROVIDER WORKFLOWS



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NCCARE360 Status Update (as of 9/9/19)

15 Counties launched
(Guilford, Alamance, Rockingham, wake, Johnston, Pitt, Edgecombe, Bertie, Chowan, Martin, Hertford, Beaufort, New Hanover, Pender, Brunswick)

30 Counties started on implementation

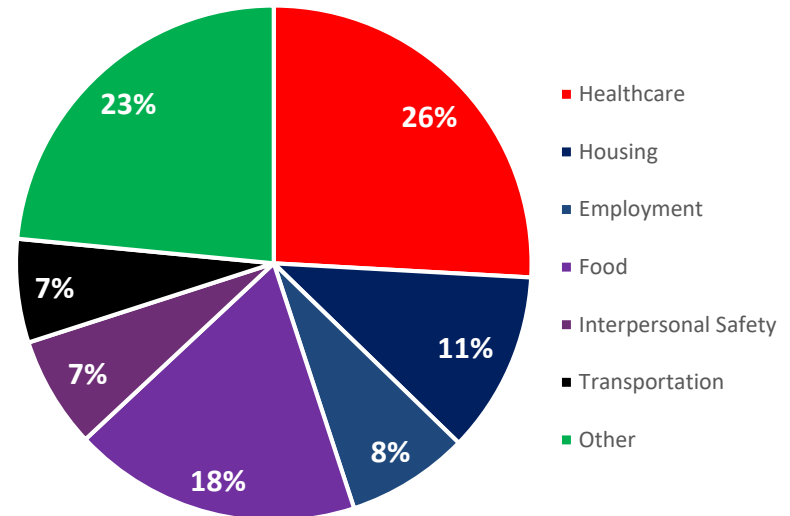
1535 Organizations engaged in socialization process

322 Organizations with NCCARE360 licenses

1407 Active Users

803 Referrals Sent

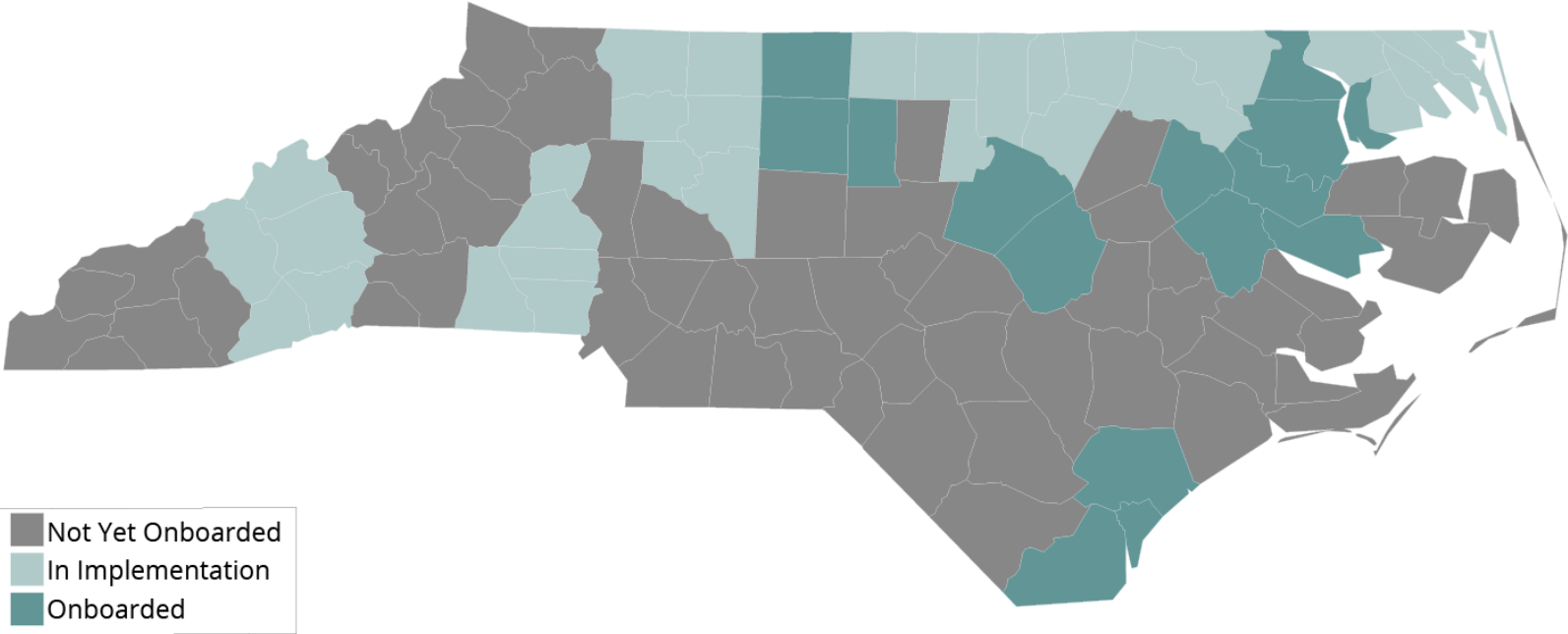
Engaged Organizations by Service



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State Coverage

Began rollout January 2019, statewide by December 2020

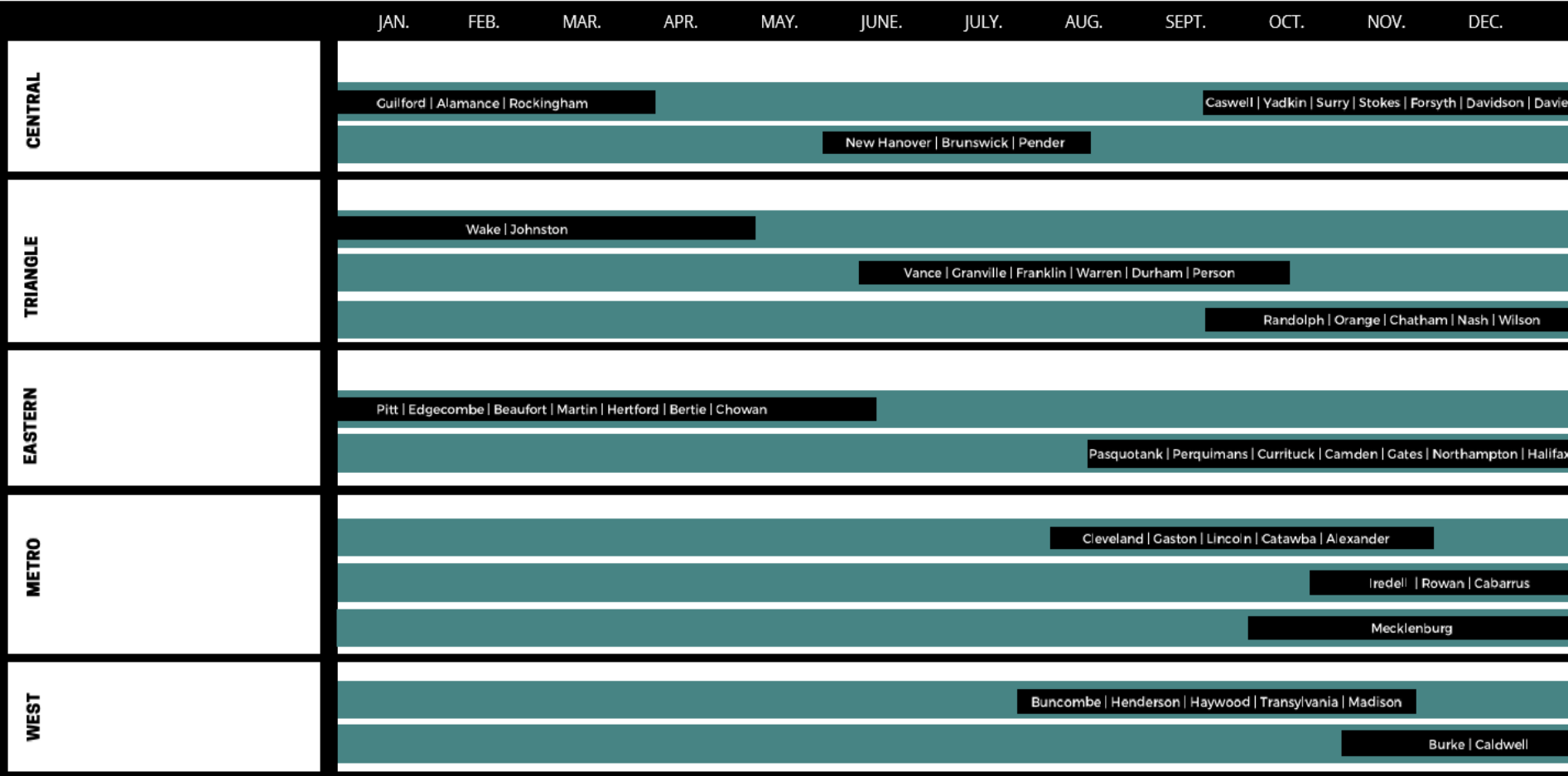


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TENTATIVE NCCARE360 2019 IMPLEMENTATION TIMELINE

Community Engagement Manager
Phases by County



Last Updated: August 22, 2019 |

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Questions

Contact Information

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Panel: Veteran Services

Jeff Smith

Stories from the Field

Words to Live By: Kevin Rumley

Stories from Veterans Treatment Court in Lillington, Harnett County

Panel Questions

- What do you see as the role Whole Health Outcomes play in regard to combating addiction?
- What type of reporting does the VA perform to assist State officials in the fight against Opioid misuse?
- What new strategies are coming on line to aid Veterans managing chronic pain?
- Is there a new program, policy or something else implemented which will positively impact Military/Veterans?

Wrap up and THANK YOU!

Alan Dellapenna, Branch Head, Injury and Violence Prevention Branch, Division of Public Health

THANK YOU!

(Please travel safely!)

Next OPDAAC Meeting: Friday, December 13, 2019

- *Theme is Justice-involved Populations*
- *Registration will open around November 8, 2019*