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
- 2\textsuperscript{nd} 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

Chris Campau
Ccampaau@apnc.org

919.805.4053
Spotlight: NC CARE 360

Erika Ferguson
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.
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:
# NCCARE360 Components

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<tr>
<th>Functionality</th>
<th>Partner</th>
<th>Timeline</th>
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<td>Resource Directory</td>
<td>Directory of statewide resources verified by a professional data team adhering to AIRS standards</td>
<td>Ongoing work</td>
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<td>Call Center Support</td>
<td>24/7/365 call center with a team of NCCARE360 Navigators, and the addition of text and chat capabilities.</td>
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<td>Resource Repository</td>
<td>APIs integrate resource directories across the state to share resource data.</td>
<td>Phased Approach</td>
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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
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
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
Coordination Platform at work
Improving coordination efficiency and accuracy

Traditional Referral

- 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

Through NCCARE360

- 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
Network Model: No Wrong Door Approach
Understanding Referral Workflows

- Housing Need Identified along with other needs
- Additional Needs Identified
- Referral

Client → Care Coordinator → Referral → Home Rehabilitation Provider → Employment Provider
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.

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.
Permissions of Patient Access and Security
HIPAA, FERPA, FIPS COMPLIANT

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<tr>
<th>Infrastructure</th>
<th>Access Controls</th>
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<tr>
<td>• Secured &amp; Encrypted data at rest &amp; in transit</td>
<td>• Each organization is uniquely onboarded to authorize proper permissions based on services they provide</td>
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<tr>
<td>• HIPAA compliant Cloud Servers (AWS)</td>
<td>• Each user is set specific roles for viewing permissions based on specific patient access</td>
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<tr>
<td>• Unite Us provides BAA’s to Covered Entities</td>
<td>• Each program (within an organization) is assigned specific viewing permissions (i.e. ensuring non-clinical providers cannot view clinical information)</td>
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<tr>
<td>• Audited Technical, Physical, and administrative safeguards</td>
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<td>• Annual Penetration testing and audit by 3rd party</td>
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<td>• 100% approved audits by local gov, state gov, and health systems/plans</td>
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The Data You Need
Real-time reporting of outcomes, impact, performance & efficiency

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

Service Episode history (longitudinal), Referrals Created, Received by, Structured Patient Outcomes for each specific need addressed
Configurable & Structured Reporting
Granular and detailed outcomes for every type of service
## NCCARE360 Data Elements

<table>
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<tr>
<th>Network Performance</th>
<th>Network Impact</th>
<th>Network Efficiency</th>
<th>Community/Client Impact</th>
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<tr>
<td>• Total number of in-network providers/organizations</td>
<td>• Accuracy of referrals</td>
<td>• Median time to be connected to in-network organization</td>
<td>• Clients served</td>
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<tr>
<td>• Referral Traffic (e.g. # of referrals)</td>
<td>• Needs addressed</td>
<td>• Median time to in-network case closure</td>
<td>• Client impact (e.g. # of services with resolved outcome)</td>
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<td>• % of outcomes accepted</td>
<td>• % of cases closed with positive outcome</td>
<td>• Number of open/closed cases</td>
<td>• Client outcome (e.g. resource person with food insecurity received)</td>
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<tr>
<td>• # of clients served</td>
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<td>• Community resource gaps analysis</td>
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<tr>
<td>• Number of out-of-network referrals</td>
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PROPRIETARY & CONFIDENTIAL
HOW WE BUILD YOUR COMMUNITY NETWORK

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

DISCOVERY & SOCIALIZATION

TRAINING & ONBOARDING

NETWORK CONFIGURATION

POST LAUNCH SUCCESS

PROPRIETARY & CONFIDENTIAL
### NCCARE360 Status Update (as of 9/9/19)

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<tr>
<th>Count</th>
<th>Description</th>
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<tr>
<td><strong>15</strong></td>
<td>Counties launched (Guilford, Alamance, Rockingham, wake, Johnston, Pitt, Edgecombe, Bertie, Chowan, Martin, Hertford, Beaufort, New Hanover, Pender, Brunswick)</td>
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<td><strong>30</strong></td>
<td>Counties started on implementation</td>
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<td><strong>1535</strong></td>
<td>Organizations engaged in socialization process</td>
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<td><strong>322</strong></td>
<td>Organizations with NCCARE360 licenses</td>
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<td><strong>1407</strong></td>
<td>Active Users</td>
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<td><strong>803</strong></td>
<td>Referrals Sent</td>
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#### Engaged Organizations by Service

- **Healthcare**: 23%
- **Housing**: 26%
- **Employment**: 7%
- **Food**: 7%
- **Interpersonal Safety**: 11%
- **Transportation**: 18%
- **Other**: 8%
State Coverage
Began rollout January 2019, statewide by December 2020
# TENTATIVE NCCARE360 2019 IMPLEMENTATION TIMELINE

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*Last Updated: August 22, 2019*
# TENTATIVE NCCARE360 2020 IMPLEMENTATION TIMELINE

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*Community Engagement Manager Phases by County*

Last Updated: August 22, 2019
Questions

Contact Information
Erika Ferguson
Erika.Ferguson@dhhs.nc.gov
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