

**Report on Expanding Monitoring Capacity  
Session Law 2015-241, Section 12F.16. (k)**



**Report to the  
Joint Legislative Oversight Committee on  
Health and Human Services**

**and  
Joint Legislative Oversight Committee on  
Justice and Public Safety**

**Prepared by  
North Carolina Department of Health and Human Services**

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## **INTRODUCTION**

Section 12F.16.(j) of North Carolina Session Law 2015-241, requires the North Carolina Controlled Substances Reporting System (CSRS) to expand its monitoring capacity by establishing data use agreements with the Prescription Behavior Surveillance System. In order to participate, the CSRS is required to establish a data use agreement with the Center of Excellence at Brandeis University no later than January 1, 2016.

Section 12F.16.(k) of North Carolina Session Law 2015-241, requires the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, to report on its participation with the Prescription Behavior Surveillance System to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Justice and Public Safety. The first report is due beginning September 1, 2016, and every two years thereafter.

## **BACKGROUND**

Since January 2015, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) has been developing reports for short-term analysis and licensing boards, as well as pro-active reports to prescribers and dispensers when data in the CSRS identifies one of their patients who may be engaging in potentially harmful behavior.

## **DATA USE AGREEMENTS WITH THE PRESCRIPTION BEHAVIOR SURVEILLANCE SYSTEM**

The PBSS project is a public health surveillance system that allows public health authorities to characterize and quantify the use and misuse of prescribed controlled substances. The main goal of PBSS is to create an early warning surveillance and evaluation tool based on de-identified, longitudinal data from state Prescription Drug Monitoring Programs (PDMPs). In 2016, DMH/DD/SAS submitted an official request to the PBSS to join the project going forward. However, PBSS had limited funding at the time and was not able to accept the request. In August 2018, we were informed by PBSS that their funding from the Centers for Disease Control and Prevention (CDC) ended and they were in the process of securing additional funding. If successful, they will contact DMH/DD/SAS.

## **CURRENT CSRS ANALYTICAL EFFORTS**

As a result of funding appropriated by the General Assembly, DMH/DD/SAS is working with the Government Data Analytics Center (GDAC) to improve CSRS analytics and reporting. An initial Memorandum of Agreement was executed along with a scope of work. GDAC has completed practitioner and patient entity resolution to improve data quality. Work is underway to enhance and automate standard reports to licensing boards and to enhance reporting to other entities authorized under G.S. 90-113.74 to receive the data in order to address the state's opioid epidemic.

## **CONCLUSION**

Despite continued efforts from DMH/DD/SAS to develop a successful data use agreement to participate in PBSS, it is evident the program has its own limitations. DMH/DD/SAS is committed to continuing and expanding its scope of work with GDAC to improve the accessibility and use of data contained in the CSRS to achieve the purposes specified in N.C.G.S. 90-113.71 and the state's Opioid Action Plan.