



Building Partnerships County Webinar **September 17, 2019, 2-3 p.m.**

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>> Good afternoon and welcome to today's webcast. I'm Tracy, Department Director of External Affairs for the Department of Health and Human Services and I will be your moderator today. Before we get started, here are a few reminders about webcast technology. Please use a computer with audio or a smart phone connected to the Internet. Make sure you have turned on the audio for your computer or smart phone and have adjusted the volume. If you experience any technical issues during the presentation send a message using the "Ask a Question" box on your screen. The presentation is located on your screen under event resources. Questions can be asked anytime during the presentation using the ask a question box. We will try to answer as many questions as possible after the presentation. NC Relay offers services for the deaf and hard of hearing, to participate please visit the link located in the footer at the bottom of your screen. We will shape the conversation with interactive polling for this presentation and will post this webinar on the Medicaid County website. A link is provided on the left under ask a question. I will now turn it over to Secretary Mandy Cohen.

>> I wanted to thank all of our county partners in the county. We unfortunately in North Carolina have gotten too much practice at getting ready for a hurricane but I really think we are working incredibly well, and I thought that there was an incredible amount of great work done to prepare for things and make sure that we were going to jump on any issues that were needed. I think you know that on Monday morning we were able to do replacement of the food nutrition benefits for folks who are enrolled in eight counties at least may have had loss of food due to hurricane related activities. We were able to replace 30% of their food cost starting this Monday morning. That was good, and another continues to be ongoing recovery efforts we thought emergency management folks on and wanting to do some of that work. So, thank you to all for continuing to pull together. Thank you for all you do.

>> Let's jump into today's webcast here and as a reminder regarding these quarterly webcasts this is number two that we are having in order for us to be able to have yet another venue for you to hear directly from the leadership team about some of our important priorities last time was focused on Medicaid Transformation, today's going to be on another one of our priorities, the opioid crisis. We want to make sure that we are hearing from you and answer your questions as we are sharing the resources that we have, and we can be sure that we are supporting you. We are working on making sure that we are also hearing facts and continue to strengthen our partnerships. As I will start most of these webcasts to remind us what our vision intermissions how incredible it should be that we are into serving our community centers, dates we are looking to advance in solutions, promote health well-being, foster independence of all North Carolina in collaboration with our partners, and to provide essential services in health. The incredible mission and vision, a lot of work to make that a reality for our folks in North Carolina. As I mentioned here on slide 4 for our priorities, we have the same three priorities. Today we are going to focus on one of our second priorities, turning the tide on the opioid crisis, and the third I

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mentioned one of our next webcasts will be about our work in the early childhood arena to ensure that all North Carolina children get a healthy start and develop to their full potential. Our three areas of focus really are our answer is that is important for our vision and mission. What I'm planning to cover today, on slide 5 you will see our agenda. I'm going to go through a couple of hot topics in a timely fashion and then we will spend the bulk of our time on the opioid epidemic and talk about the resources for the counties and take your questions.

>> Hot topics, first we spent the last time talking a lot about Medicaid transformation but there's been an important update I'm sure you heard already. We wanted to talk about where we are making transformation change, open enrollment date for Medicaid transformation, and the changeover to managed-care. If you will likely remember we were going to roll out managed-care into phases. we were going to go live in regions of the state in November and the rest of the state by February 1. But due to budget uncertainty at the state level earlier this month we needed to change the deadline we are now going to be going and by limitation that means all 100 counties are going to go to managed-care on the same day, February 1 of next year. We are extending open enrollment. For those of you who have been in the region that had open enrollment it now lines up with the rest of the state. The Phase 1 counties are going to continue their open enrollment. Counties are going to start open enrollment. Open enrollment will run through the middle of December and as I said all the counties will start managed-care together February 1 of 2020. The next slide shows you those dates in a little more detail. You can see happening all the enrollment packets to be mailed for regions 1 3 5 and 6. Folks in those regions are about to get their enrollment packets. Starting open enrollment around mid-October. Open enrollment ends for everyone on December 13 and after that if folks have not chosen a plan we will use an auto assignment algorithm to select those plans for them and everyone will go live February 1. As we go live a lot of the same things apply. Here on slide 9 as we go live in on February 1 it seems like a lot of time, but I will tell you February 1 is right around the corner particularly those of you who are going to be involved in the open enrollment work and interacting with the enrollment broker. Most of you are going to be starting to do that work already now and interacting with them in getting ready and once we go to open enrollment I'm sure folks will be walking through your doors and question where information is. We went over in terms of the call center number. Folks can also go to the web sites. What we are encouraging folks is not to waste time we also are working very hard with doctors and hospitals to make sure they are contracting with these managed-care organization's or beneficiaries. Have as many choices as they possibly can when it comes to selecting the right health plan for them and their family. That is a whole separate topic. I'm not going to go through all of that again, there's tons of resources out there for you. There is the county playbook with a lot of fact sheets that goes through the deep details of what managed-care is in the counties. There's been plenty of bulletins and trainings and face-to-face events and webinars, virtual office hours. But if you still feel like you need more support we are here for you. On slide 11 here, we are just going to remind folks if you need to get in touch with us and report back something that may not be working we want you to start here. So, for counties I think you know to call the NC FAST call center. That is your first escalation point but you can always reach out to our SWAT Team if there's something you want to make sure things are escalated in terms of any issues related to Managed-Care we have a SWAT Team that will address issues that are big or small. You can call them, or you can email MedicaidSWAT@dhhs.nc.gov. It is a big change for all of us, but I've been really impressed to see how the regions got started with open enrollment. They have done a great job given us a ton of feedback that have really improved the way in which we are going to move forward with the program so keep the lines of communication open.

>> Now, I'm going to move away from hot topics and into the topic at hand, the opioid crisis and we are going to start with a polling question. Have you used the NC Opioid Data Dashboard to review data for your county? Yes or no? If you have used that we are going to tell you more about that today. We are going to talk about it at the beginning to feel like our plan data informed endangerment from the beginning and we really want to be targeting our resources and our work to the things that are going to move the needle most in this epidemic. Because we know the next slide here that's probably been hard for anyone to attend a conference about health and well-being, or even to open a newspaper without hearing about the opioid epidemic, it's unfortunate grip on our state, as well as the rest of the country. In the first graph you can see that more people died of drug overdose than motor vehicle crashes. The peak car crash death and that of the height of the HIV epidemic we are well beyond what that scale is. We really feel like this is the crisis and it has taken all of us to mobilize together not just those of us who work in health and

social services. But enforcement and education and going beyond to come together to really tackle this together. Two years ago, we did, in 2017 we launched the first North Carolina opioid action plan. That was an action plan for our entire state, to really coordinate our work in many areas in order to attack this epidemic Whether it was from prevention and treatment to having our law enforcement partners work hard and we've made a lot of progress since then. As you see on the slide since June 2017 we have been able to fund treatment for over 12,000 people, who didn't have insurance ultimately. We trained over 3000 clinicians on this topic and launched a medical feature program. We provided direct funding for 234 counties through RFA's doing some really creative work. We launched the opioid data dashboard with metrics at the county level and per the poll it sounds like about 26% of folks are using that data dashboard so that's good. We've also produced quarterly county slide decks with information on the epidemic and because there's been a lot of federal funds that were available, North Carolina did an incredible job of going after the sponsors bringing into the state about 75 million additional dollars in the last two years in total federal funds. As we go to the next slide, we've made progress. Opioid dispensing decreased by 24%. Buprenorphine, which is the medication assisted treatment that is used to treat folks with opioid addiction. Dispensing has increased, that's a good thing. And we have seen those were uninsured be able to receive treatment and that has increased by 20%. That's largely because of the additional dollars that we've been able to bring into the state. The opioid dispensing is around a lot of the work we've done with our provider community doctors like me and other prescribers. We are doing tremendous effort to think about how we do our opioid prescribing and making sure that we are using good clinical guidelines to guide our work. We are getting folks into treatments that is when there is so much more that needs to be done but I'm happy to report on the next slide, for the first time in five years we were able to announce a small step but a positive step in a decline in opioid overdose death last year. You can see all the way back to 2019 the number of deaths has been growing and really started shooting up in 2015 and we, with a lot of hard work and coordinated effort, have to turn the tide. It's only a small turn and I want to see a lot more work being done and we're going to talk about that in the next phase of work. Let's celebrate the fact that is incredibly hard. We were going trajectory that was really scary in terms of increasing death the fact that we were able to go down in 2018 really does show that folks have been working very hard but there is more work to do and that's what we want to spend the rest of our time talking about, what's next.

>> On the next slide we want to talk about our opioid action plan. To point out, this was the latest version of the statewide action plan that we launched in June of 2019, the statewide Opioid Summit. We gave our original action plan a little bit of an update. To update its where the epidemic has to as well as looking around the country to see what is working well and bring that here to North Carolina. What's new in terms of action is really focusing more on use to prevention and a lot of your action plan was treatment and getting folks prescribing less opioid treatment. Those are still elements of this plan. Next thing is to work to get into that prevention space to really think about new harm reduction action, special populations work closely with County's justice-involved population child welfare and others. You will see three domains of opioid action plan prevention connection to care and reduction have a number of actions and continues to be a major and informed plan. The other piece of update to know in addition to the new opioid action plan there's also the legislation was signed into law as of July 2019 This is a bipartisan piece of legislation that builds upon the stop from the previous session and did things like removing the requirement that office-based opioid treatment providers register with the state. Again, trying to get folks to be treatment providers more quickly decriminalizes drug testing equipment so that folks could test drugs for contaminants like fentanyl and state funds to purchase syringes, hypodermic needles for reduction of harm to our state. The right bipartisan effort to really allow you even more as we go forward. Before I turn it over to the rest of my team to talk about where the counties fit in and how you can make sure to be helping us with our work, I have to talk about a topic of the moment and how it links to us being able to truly tackle this crisis. As I said earlier, I'm very proud of all the work we've done to start to turn the tide in the opioid epidemic. As I look at other states around us have expanded Medicaid that yes, to additional federal dollars coming to their state folk's insurance coverage those other states are doing way better than North Carolina. It is really disappointing almost to think we have not taken advantage of all the opportunities we could to fight this crisis. We're essentially trying to fight this crisis with one hand tied behind our back because we don't have folks with access to care. I look at our neighboring states like Dayton, Ohio for example, saw opioid death declined by more than 50%. You will remember just back a couple slides over was just between being very happy for all that effort and work that I want to see 50% reduction in death here in North Carolina. I think all of our communities want to see that possible. Seen in

state after state that has used the Medicaid expansion dollars to help folks get into treatment and that allows states to free up their federal dollars to actually use them for those prevention efforts for those harm reduction efforts because the treatment dollars are funded by the Medicaid program and by folks having access to insurance coverage. It's really an important piece of the puzzle here and it's very timely. Right now, the General assembly is putting some finishing touches on a piece of legislation bipartisan compromise around this issue. Medicaid expansion's features are not fully supportive of what we know that compromise is necessary in creating a North Carolina solution so that folks can get access to care. This important, so folks are down in the General Assembly see votes in the house the next day or so. I hope all of you are trying to fight the opioid crisis. Those of you in rural areas see day after day folks who are struggling to get access to care that they need hope. You all make sure that your voices are heard and help folks understand why Medicaid expansion is such an important part as well as helping the state and or citizens in some many different ways. If you want to learn more about this, you can follow me on Twitter. Put a lot of peer-reviewed articles about expansion. We have 37 other states we can view to see how it is going. Do states regret their decision? The answer is no. We are going to move on for next ranking I think you know where you stand on that and my importance for North Carolina. I am going to turn this over to my Deputy Secretary Kody Kinsley and Elise Powell, Coordinator of our opioid work for the Department and the two of them will walk you through some additional signs and how you plug into the work.

>> Thank you so much Secretary Cohen. On the next slide we would like to start by outlining key challenges of our system that I think many of you are aware of that have been really at the forefront of our thinking. As we have been working on the opioid epidemic and the broader work around behavior health overall. First and foremost, Secretary Cohen mentioned that our system has been really chronically underfunded for the past several years. There is a key data point over people that are uninsured and the state dollars that are invested every year on average around \$200 million to support individuals. That is unfortunately easy math to do and bad number to come up with which is \$200 per person. \$200 per person is not enough to really sustain someone who is in crisis and when we are only working with low clearing greater is your number really helping people move on to the recovery. Having 1 million people uninsured, that funding level is just not sustainable. Displayed several in that we see happen throughout the continuum of care. We have all opioid overdoses presenting an emergency department from individuals that are unsure of it and we know that 56% of adults with mental illness don't receive treatment. Trying to find services, treatments, is very difficult to pick second obviously we are all very familiar with stigma that keeps people back from asking for treatment. We have created systems of payment for mental health, this is separate from our physical health system and that is something I'm working. We have been trying to transform our program, course all the work that we're doing and how to reroute the services that we provide our people and provide integrated whole person care. We also know, because of our funding, this is going to support the safety net at the greatest level of care. We effectively implemented an inpatient care which is truly community-based care which is where the sustained long-term treatment happens. Because of that we have maintained institutional level of care for our first date. Dialing that back it is going to require real investment going back to individual names you have in healthcare. -- A lot of kids in our state have a bad place to start from and these individuals are more likely to have manifest mental illnesses. We talked about the opioid crisis already, I would like to talk more into that overall process, but I hope that you can see how all of these pieces are connected and play together and challenges that work best. On the next slide we've outlined bit of what we've been investing resources in for the opioid epidemic. This really zooms in on our treatment expenses. Recently, nationally there's been announced an array of new funds made possible from the federal government some of those are a continuation of funds that have already been announced. When you are working with a system that has as many uninsured folks as we do we have been the bulk of these federal resources into sustaining treatment for individuals. The pressure is on different types of treatment our treatment goal for care of the opioid epidemic is also outpatient and inpatient forms of care halfway houses group living etc. that help sustain care around the opioid epidemic. We will discuss treatment for these populations in a long-term investment -- any new funds that we received just continues to sustain that we continue treatment for the people that we been funding treatment for the past year as well. We are constantly playing catch up and that is because of our population having such a large number of individuals that are uninsured. On the next slide I will double down on some key points which are the first and foremost treatment is obviously about expanding treatment for people for a medication. There's research and studies that people adhere to treatment they sustain through recovery for longer periods of time. They are able to regain their footing

and employment return back to households and live in their community and with their family. Treatment is incredibly important and investing in that is key to our strategy and the work that we are doing. -- Healthy relationships with individuals and helping them move into treatment when they're ready and insisting that treatment. As we mentioned, recognizing the criticality of treatment we've invested about 60% of all of our federal grants into the treatment directly. The opportunity to experience coverage or increase access to coverage we be able to put those resources into other strategies and local communities that would help folks move to recovery faster. We continue to focus on that as we are doing this work. With that I like to turn it over to Elise Powell, our state opioid coordinator.

>> We are going to kick off his next session with another poll question. We know that you, the counties, are really on the front lines and that counties have very different approaches in their opioid response the question to you is how is your county's opioid epidemic response coordinated? Check all that apply.

>> Go ahead and keep responding to that. With this part of the webinar we want to focus in on a resource that was created through the process of updating the North Carolina opioid action plan. The process of creating the opioid action plan is to point out Governor Cooper and Secretary Cohen launched this plan in June of this year and it was a huge take away process of hundreds of county and community stakeholders. One of the things we value the most through that process is we want to support the strategic plan and how do we translate that strategic plan into tangible actions that are high priority for counties to work on. That's really what gave birth to the menu of local action opioid overdose in North Carolina. The use of the word menu was really intentional so that all counties have their own sense of resources and strengths as well as their own gaps, so the structuring of the menu is here with a list of things that we think are both important and impactful and you can choose what is right for your community to respond. The strategies in this action plan support the twin goals of opioid action plan 2.0 and the immediate opioid epidemic response reducing that opioid overdose death --. On the next slide features the broad buckets that are in the menu of local action I won't run through all of them right now, but it is available online. Just Google North Carolina opioid action plan. On the next slide were going to highlight a couple of strategies going on with counties right now that we are supporting the menu of local action. First, we will talk about improving Naloxone access. There are a couple of options to improve Naloxone access immediately in our counties.

>> Educating communities about the importance of Naloxone talk about the opioid epidemic. Now there's a lot of folks who don't know about the importance of carrying Naloxone, it is also a great way to destigmatize carrying Naloxone, which is critical and lifesaving. If you're interested in learning more about this strategy I highly recommend you go to Naloxone states that are working. Visit NaloxoneSaves.org for specific information and cool tips -- lots of great information there. Next, I wanted to spotlight supporting justice involved persons. Secretary Cohen mentioned this is a key special population of the North Carolina opioid action plan to focus on more broadly, and there's a ton of reasons for this. One of the foremost is that there's a reason North Carolina shows that people were released from prison are 40 times more likely to die than overdose first two weeks after incarceration. This is a huge place where we can intervene and make a difference in preventing opioid overdose. Deputy Secretary Kingsley mentioned a jail-based medication assisted treatment program. These programs are located in the jail and they can continue to focus on medication assisted treatment if you come into the jail and being prescribed education. We will move into further to start folks on medication assisted treatment while they are there in the jail connecting them to care their really tardy to build more coordinated infrastructure for the population. There are currently for counties or other operating medication assisted treatment in jail program are in the planning process to do so is a really wonderful resource out there by the national sheriffs Association that talks through from a law enforcement perspective why having a program is important including that jail-based MAT programs can reduce recidivism, connect people to care, and reduce jail system cost. On the next slide if you're interested in learning more about the strategy the North Carolina DHHS is actually using our December open prescription drug abuse advisory committee is scheduled to specifically talk through medication assisted treatment in jail programs. Next, we want to highlight the work to support impacted families. One of the key pieces of North Carolina opioid action plan 2.0 with acknowledging strategic prevention, including setting out this epidemic really is part of an intergenerational cycle of trauma and harmony in order to break that cycle over prevention efforts of sharing support with youth and families. One of the evidence-based models is something that we really wanted to highlight the START model and has been implemented in Buncombe County as well as widely

through other states including Ohio and Kentucky and is a really great model that shows good results with providing care for family who are impacted by substance use disorders.

>> On the next slide we want to hear from you about what you're interested in learning more about so here's each of the menu items of the local action plan to let us know what you want to learn more about and while you're doing that we have the results back from the previous poll question so 39% of you said I'm not sure how our counties opioid epidemic was coordinated. 54 % there's a designated point person on board 32% that its coordinated by the county government/local health department. 36% that there is a county coalition that coordinates the work and 6% there is not a coordinated infrastructure in our county. So, it sounds like there's been a lot of great work in setting up coordinating the opioid epidemic response. Finally, on the next slide we wanted to announce additional resources coming up for the counties. New round of funding will go to local health departments: Community Linkages to Care for Overdose Prevention and Response (CLC). Request for applications will be released at the end of September. This is actually a second year of a previous award. Year one awarded 22 local health departments who worked closely with county government and community partners to build the coalition that will work. Following the structure of the menu of local actions to request for application will support core strategies, syringe exchange programs, justice involved persons, post-overdose response teams, and small amount for innovative pilot projects. Pilot projects on the ground is an incredibly interesting project doing really great work we want to hear about it so please contact us. Finally, on the next slide we would like to talk briefly about the opioid dashboard for the three quarters of work. I can speak highly about how this team put this together to track the county level and all metrics that reduce monitoring the opioid epidemic, that includes both how impactful the community opioid overdose death emergency is, the department visits but also how we are doing. Just to make things extra helpful we also use this data and produce counties specific power points for all the 100 counties, so you can actually use the PowerPoint to drop them into whatever presentation you want really making it as easy as possible to review the data.

>> Thank you so much.

>> We will now go to questions, remember you can type the question in using the "Ask a Question" box. We are going to start questions into the first part of the presentation related to Medicaid then we will go to those that are relevant for the opioid response work.

>>The first one is if Medicaid beneficiary has a chronic condition and is already connected to a specialist to help them manage their care can he or she still obtain care from that specialist under Medicaid transformation?

>> [Indiscernible - poor audio]

>> One more around managed-care how does Managed Care affect those that have dual coverage and what if someone has chosen one of the Medicare SNP Advantage plans?

>> People who are duly eligible for Medicare and Medicaid are excluded and participating in managed-care. [Indiscernible - poor audio]

>> Thank you, Debra. This first question is around specifically which 4 counties are doing the jail base MAT plans?

>> This is Elyse, there are 2 that are currently up and running out of Durham County and Buncombe County. They are in the planning stages.

>> When will the Peer program possibly start? We have a grant funded Peer in our agency and model after the program you are referring to.

>> Really excited about all the work we've been doing around peer support. Not only substance use disorder but also in support of individuals living with mental illness. What the pilot funded at the state level was a peer pilot program emerge through department over the past year everything that we are doing to move forward is out of a state-funded service definition to fund peers support out of our state funds in the

safety net and we are working with their colleagues to provide a stand-up service definition in the Medicaid program as well. That will eventually be embed in the service so that anyone can have access to it through their Medicaid benefits or through the safety net benefit. That's how you will be doing that so if you are a certified peer specialist or if you're working in an organization with certified peer specialists to reach out to your county for more details on how they will be able to start billing for the services if you're providing that inpatient or outpatient in various settings.

>> Thanks, and while we're on the topic of care support someone would like to know why there aren't more dollars going into peer support.

>> That is something we want to put more dollars into. It is something that they are actually leading across the nation and engaging in this to stand up as a service. It will be soon as we go through the process service part of the Medicaid plan.

>> Thank you. Can you describe or tell a little bit more about the START model what is that and how can people get more information on it?

>> Sure. START stands for sobriety treatment encouraging the worst sobriety and there actually are very supportive medications is treated -- treatment is for someone with less experience with substance use disorders -- with a local DSS office to provide additional capacity to connect families who are impacted by substance use disorder treatment as well as just a voice to say hey there before navigating this process in the family moment where they are. I think what I sent was where you can find more information? There's actually a couple of really amazing resources out there on the START model, I highly recommend START model and what it is as well as the session policy for them so there's a couple of really good resources out there on what this is and how it is structured and how to implement?

>> Another question is will consideration be given for the Community Linkages to care for overdose prevention and response for those community-based organizations and partners who are working with the world community's opioid response program?

>> This is true from the division of public health. The only eligibility criteria to apply for the link is the care RFA is applying for local health department we have been encouraging any and all seals and partners whether working with the current grant that's external or not to partner with a local health department so there's not necessarily any eligibility that comes with that if anything maybe it will strengthen your application by showing that you have programs in place the only thing we want to double check if they were not for crossing streets of funding there's another question related to that feel free to type it in and we can collaborate accordingly.

>> I think we have responded to the questions we have, anymore coming in? The name START might be confused with NCSTART for IDD members, was that considered?

>> I would have to ask the person who names the program I'm not sure, but I know here at public health we love her acronyms and a variably acronyms are going to end up overlapping.

>> Thank you and thanks for all those questions sent for our presenters and a great webcast the presentation will be posted on the Medicaid County link and has been provided under event resources. Thank you for joining us today.

>> [Event concluded]