

Building Our Partnership: What's Ahead for DHHS and Counties

**Department of Health and Human Services
Secretary Mandy Cohen, M.D.**

September 17, 2019

Welcome

Our Goals for Quarterly Webcasts

- Share information about priorities
- Address how state activities impact local work
- Share resources to support local work
- Answer questions
- Get feedback on how we can continue to strengthen our partnership

Our Shared Purpose

Our Vision: Advancing innovative solutions that improve health, promote well-being and foster independence for all North Carolinians.

Our Mission: In collaboration with our partners, DHHS provides essential services to improve the health, safety and well-being of all North Carolinians.

Our Priorities

- **Build an innovative, coordinated, and whole-person centered health system**
- **Turn the tide on the opioid epidemic**
- **Ensure that all North Carolina children get a healthy start and develop to their full potential**

Agenda

- **Hot Topics**
- **NC Opioid Epidemic Response**
- **Resources for Counties**
- **Questions**

Hot Topics

Medicaid Transformation Update

- **DHHS is extending the period for open enrollment for counties in Phase 1.**
- **DHHS will move from rolling out managed care in two phases to one statewide transition.**
- **The target date of February 1, 2020 for statewide implementation remains unchanged.**

Medicaid Transformation Milestones

Milestone	Regions 2, 4	Regions 1, 3, 5, 6
Enrollment Packets Mailed	6/28/2019	10/1/2019
Open Enrollment Begins	7/15/2019	10/14/2019
Open Enrollment Ends	12/13/19	
Auto-Assignment	12/16/19	
Health Plan Effective Date	2/1/2020	

Dates are approximate and subject to change.

Moving toward Statewide Go-Live 2/1/20

- Encourage beneficiaries to choose a health plan and primary care provider.
 - NC Medicaid Managed Care call center at 833-870-5500
 - NC Medicaid Manage Care website, ncmedicaidplans.gov
- Finalize contracts between doctors and health systems and managed care companies.

Resources to Support You

- **Provider Playbook:**
<https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care>
- **County Playbook:** <https://medicaid.ncdhhs.gov/counties/county-playbook-medicaid-managed-care>
- **Targeted Medicaid bulletins**
- **Meet and Greets with Health Plans**
- **AHEC-supported training**
- **Face-to-face events /Webinars**
- **Virtual office hours /FAQs**

Managing Change - Contact Us

- We want to hear from you. What is working? What is not?
- **START HERE FIRST**
 - Providers: NCTracks: 800-688-6696
 - Beneficiaries: Medicaid Contact Center: 833-870-5500
 - Counties: NC FAST: 919-813-5400
- Staff can escalate issues to internal SWAT team focused on problem identification and resolution
- When needed, issues can be escalated to our SWAT team by calling (919) 527-7460 or emailing MedicaidSWAT@dhhs.nc.gov

Polling Question

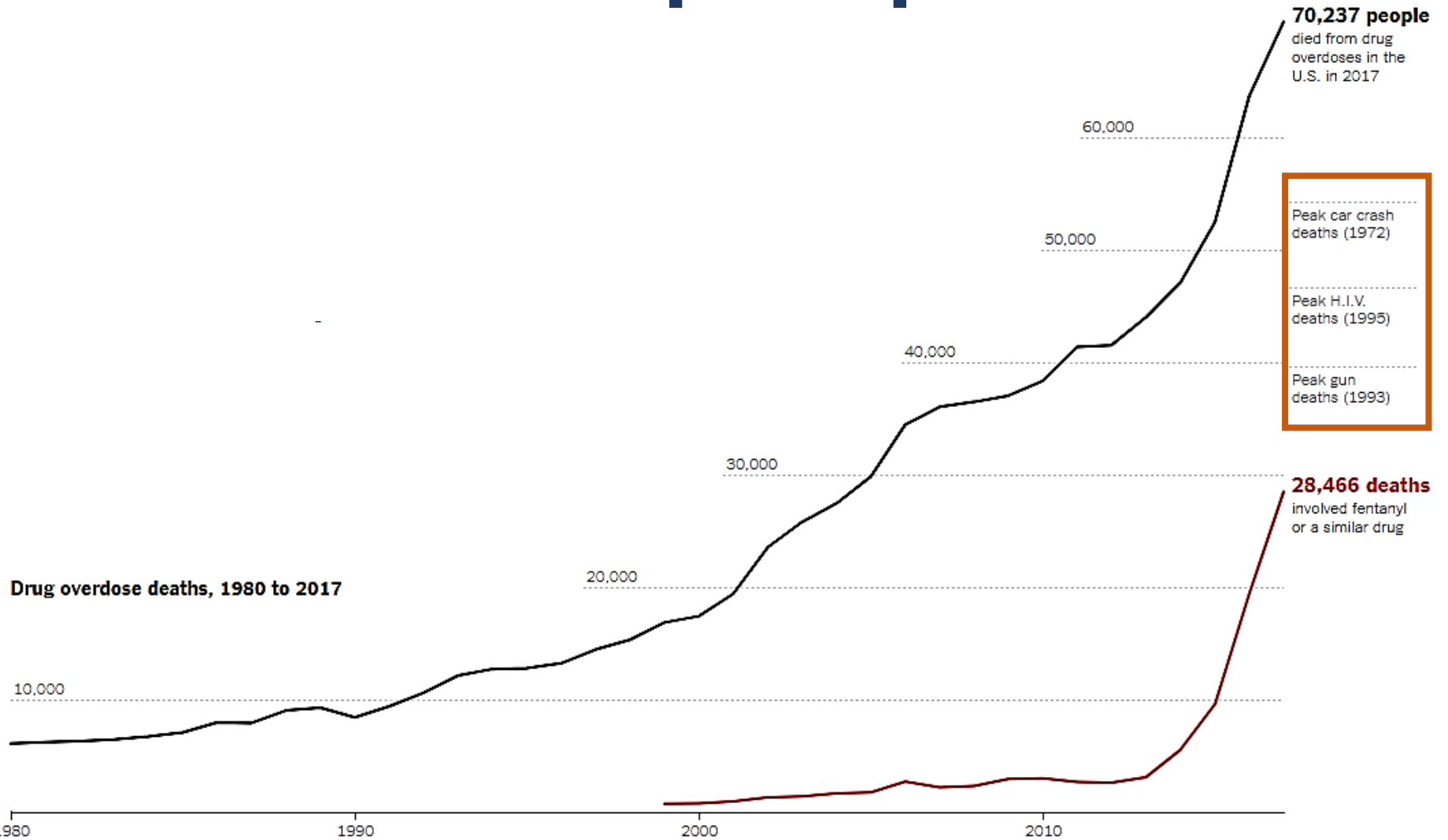
Have you used the NC Opioid Data Dashboard to review data for your county?

Yes

No

<https://injuryfreenc.shinyapps.io/OpioidActionPlan/>

Scale of Opioid Epidemic



Opioid Epidemic in NC

- North Carolina's Opioid Action Plan lays out specific, actionable strategies to respond to the epidemic
- Since launching in June 2017 we have:
 - Funded treatment for over 12,000 people without insurance
 - Trained over 3,000 clinicians on topics related to the opioid epidemic
 - Launched a medical residency training project to provide addiction training to the next generation of doctors
 - Provided direct funding over 34 counties through two RFAs to implement strategies from the Opioid Action Plan
 - Launched the NC Opioid Data Dashboard with metrics on the county level
 - Produced quarterly county slide decks with county specific information on the epidemic
- \$75 million in total federal funds raised to combat the opioid epidemic

Since the Launch of the Action Plan



Opioid dispensing has decreased by 24%



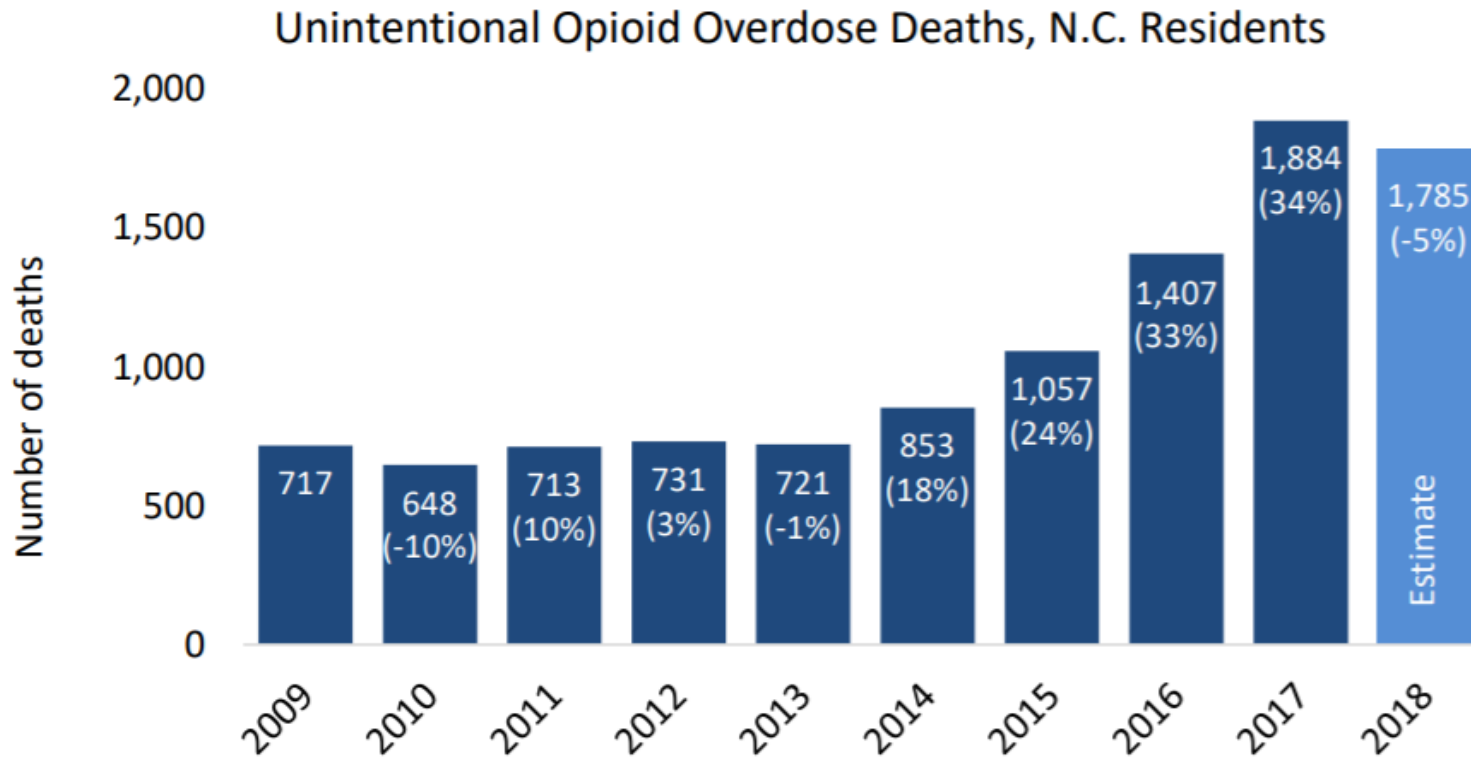
Buprenorphine dispensing has increased 15%



Uninsured and Medicaid beneficiaries that have received opioid use disorder treatment has increased by 20%

Preliminary Data

Opioid Overdose Deaths Declined in 2018



*Data are preliminary and subject to change

Source: NC State Center for Health Statistics, Vital Statistics-Deaths, ICD10 coded data, includes NC Resident deaths occurring out of state, 1999-2018 Q2
Detailed technical notes on all metrics available from NCDHHS; Updated October 2018

NC Opioid Action Plan 2.0

- Launched June 2019 at the Statewide Opioid Summit
- Identifies new opportunities and responds to the shifting epidemic

What's New?

- Actions focused on youth to move to prevention upstream
- Inclusion of non-medical drivers of health
- New harm reduction actions
- New focus on special populations, including justice-involved persons



Opioid Epidemic Response Act (HB 325)

- Signed into law July 2019
 - Removes duplicative requirement that office-based opioid treatment providers register with state
 - Decriminalizes drug testing equipment, such as fentanyl test strips, to enable people to check drugs for contaminants
 - Removes ban on state funds to purchase syringes, hypodermic needles, and injection supplies for syringe exchange programs

Contact SyringeExchangeNC@dhhs.nc.gov for more information on syringe exchange programs and harm reduction strategies.

Medicaid Expansion

Proven Strategy to Impact Opioid Epidemic

- People with health insurance are twice as likely to seek treatment as those without
- The uninsured rate for opioid-related hospitalizations in expansion states plummeted by 79%, from 13.4% in 2013 to 2.9% in 2015.
- Dayton, OH saw opioid deaths decline by more than 50% after expansion.

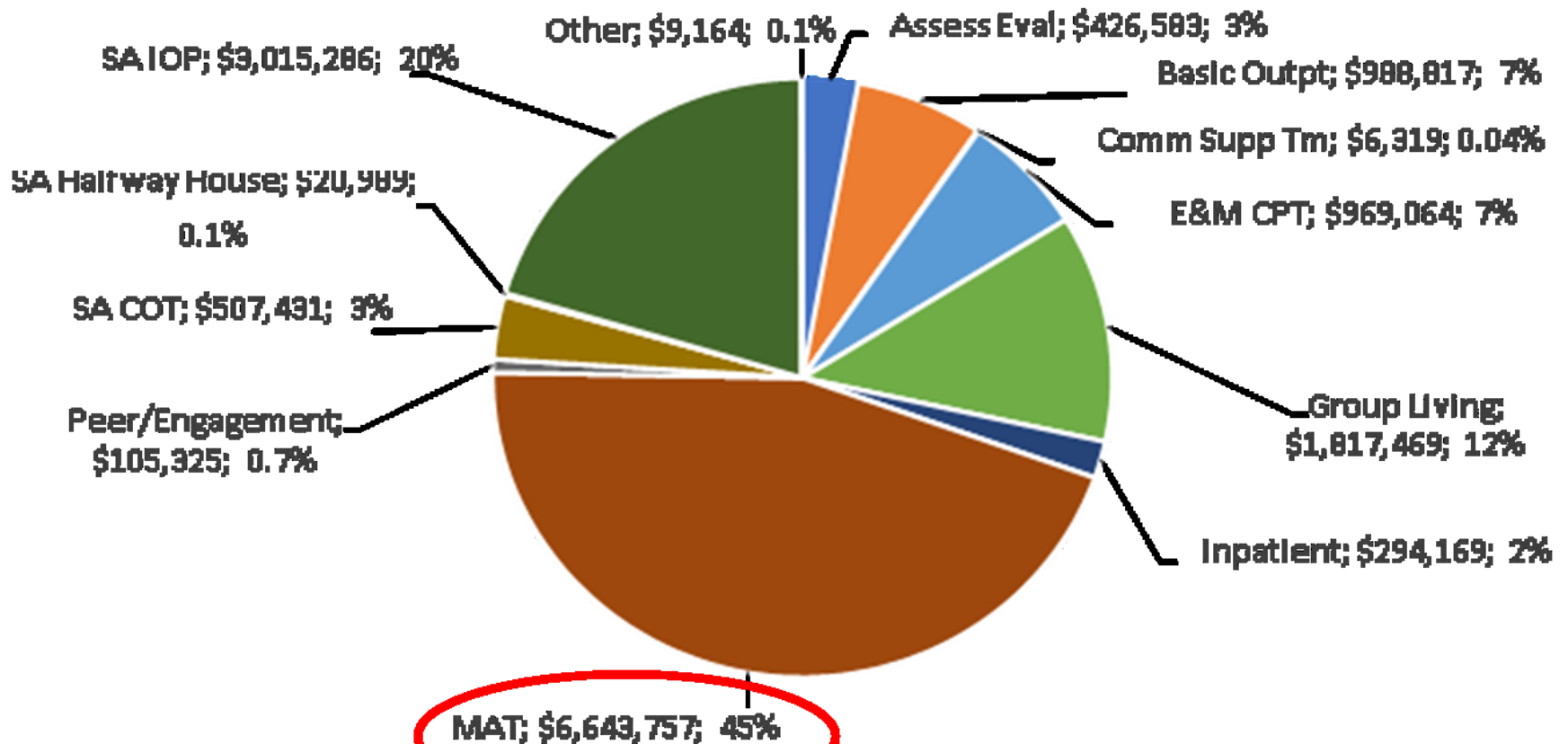
Opioid Overdose ED Visits by Insurance Status: 2019 Jan

Insurance Coverage: 2019 YTD	
Private insurance	14%
Medicaid or Medicare	29%
Uninsured	46%
Other/Unknown	11%

Our System Faces Key Challenges

- **Chronically underfunded mental healthcare system**
 - Over 1 million people are uninsured
 - Half of the opioid overdoses presenting in EDs are uninsured
 - 56% of adults with mental illness don't receive treatment
- **Stigma**
- **Bifurcated payment systems**
- **Imbalance of community-based services relative to inpatient and residential care**
 - ED boarding
 - Insufficient community-based resources
- **NC ranks 30th in US in ACEs prevalence**
- **Opioid Crisis** – straining an already stretched behavioral health system

Year 2 Cumulative STR and SOR Grant Expenditures Statewide



Expanded Treatment Access is Needed to Curb the Epidemic

- **Treatment is life-saving** and is an evidence-based path by which individuals with Opioid Use Disorder stabilize into recovery and **regain their footing in the employment market.**
- Recognizing the criticality of treatment, the state has allocated **more than 60% of these federal grants directly to claims-based support of treatment for those without health insurance**, through our public behavioral health safety net system.
- However, **addiction is a chronic disease** that requires stable medical care. **\$21 M in Cures/STR allocated to treatment provided treatment to 10,000 unique people. An estimated 450,000 North Carolinians misuse opioids.**

Poll Question

How is your county's opioid epidemic response coordinated? (check all that apply)

- I'm not sure
- There's a designated point person
- Its coordinated by the county government/local health department
- There a county coalition that coordinates work
- There is not a coordinated infrastructure in our county

Local Actions to Prevent Overdose

- Created out of the NC Opioid Action Plan update process
- Identifies impactful, feasible strategies for counties
- Supports two goals of the Opioid Action Plan:
 1. Reduce opioid overdose deaths
 2. Build a more resilient infrastructure for the next wave of the epidemic

Last Updated: July 2019

Menu of Local Actions to Prevent Opioid Overdose in NC

The following *Menu of Local Actions to Prevent Opioid Overdose in North Carolina* provides an overview of various impactful activities that can be done at the local level by partners like community organizations, government agencies, and others interested in this work. This list of local actions is intended to be dynamic and updated as additional ideas and recommendations arise. Refer to the [NC Opioid Action Plan](#) for statewide recommendations for priority strategies to address the opioid crisis.

1. Build a Strong Local Coalition

- a. **Build and sustain a local coalition** to convene stakeholders and coordinate activities. Ensure there is a broad group of stakeholders "at the table," such as: affected individuals and families, including people who use drugs; local government; local health department; healthcare providers, e.g., substance use treatment providers, pain treatment providers, pharmacists; healthcare institutions, e.g., hospitals, substance use treatment facilities; law enforcement; first responders; court system, e.g., judges, district attorney; social services; schools; youth-serving organizations; institutions of higher education, e.g., community college, university; religious organizations; civic and volunteer groups; local employers; media.
- b. Connect local efforts to state-level efforts through participation in the [NC Opioid and Prescription Drug Abuse Advisory Committee \(OPDAAC\)](#).
- c. Create an action plan that is informed by local data, evidence, and the [NC Opioid Action Plan](#).

2. Use Data to Inform Actions

- a. Use data at the county and local level to understand the burden, evaluate ongoing programs, and inform future decision-making. Please contact us at SubstanceUseData@dhhs.nc.gov with any questions. Helpful links to data resources include:
 - i. The [NC Opioid Data Dashboard](#) displays the metrics tracked in the North Carolina Opioid Action Plan for the state and individual counties.
 - ii. The [IVPB Poisoning Data](#) page for monthly surveillance reports, county-level overdose slide sets, as well as data tables on overdose deaths, hospitalizations, and emergency department visits.
 - iii. Use the [North Carolina Communicable Disease Data Dashboard](#) to track infections such as hepatitis C that can spread through unsafe drug use practices. Consider local disease burden, trends, and prevention when planning programs and events.
 - iv. Additional data can be found on the [NC DHHS Opioid Data webpage](#).
- b. Partner with your Local Health Department or healthcare system that can access [NC DETECT](#). NC DETECT tracks statewide Emergency Department (ED) and Emergency Medical Services (EMS) data and is used primarily by public health. County level data are made available through partners with authorized access.
- c. Be familiar with and consider working with local law enforcement agencies to implement HIDTA's [ODMAPs](#), which provides real-time overdose surveillance data across jurisdictions to support public safety and public health efforts.
- d. Partner with other local agencies (law enforcement, EMS, social services, etc.) that may be able to share additional data that would better enable local stakeholders to take more timely action.

3. Map Treatment Resources

- a. Develop an inventory of treatment and recovery options in the local area to inform referrals and to inform policy work around increasing treatment capacity where needed. Consider working with local social workers or health navigators as they may already have these types of lists available for their own work.

4. Improve Naloxone Access

- a. Conduct an inventory of who is distributing naloxone and how much; and match this information with data regarding need for naloxone; e.g., where overdoses are occurring.

Local Actions to Prevent Overdose

Develop a Coordinated Infrastructure

Improve Naloxone Access

Support Syringe Exchange Programs

Develop Post-Overdose Response Teams

Engage Law-Enforcement

Support Justice Involved Populations

Support Impacted Families

Map Treatment Resources

Provide Transportation

Develop Supportive Housing

Expand Employment

Expand Drug Takeback

Promote Public Education

Engage Youth In Primary Prevention

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Spotlight: Improve Naloxone Access

- **Work with local pharmacies** to make sure they're distributing naloxone under the statewide standing order
- **Implement a local standing order** in the local health department and community-based organizations and distribute naloxone through them
- **Educate communities** about the importance of naloxone
- Visit NaloxoneSaves.org for NC specific information and educational materials

Spotlight: Support Justice Involved Persons

- People released from prison are **40 times more likely to die** of an overdose in the first 2 weeks
- Medication Assisted Treatment (MAT) is the **gold standard** treatment for opioid use disorder
- Jail-based medication assisted treatment programs continue or induct individuals and connect them to care upon release
- Four counties currently operating or in planning
- **National Sheriffs Association:** Jail-Based MAT programs can reduce recidivism, connect people to care, and reduce jail system costs.



COUNTY

Using Medication-Assisted Treatment In Jails:

A NORTH CAROLINA FOCUS

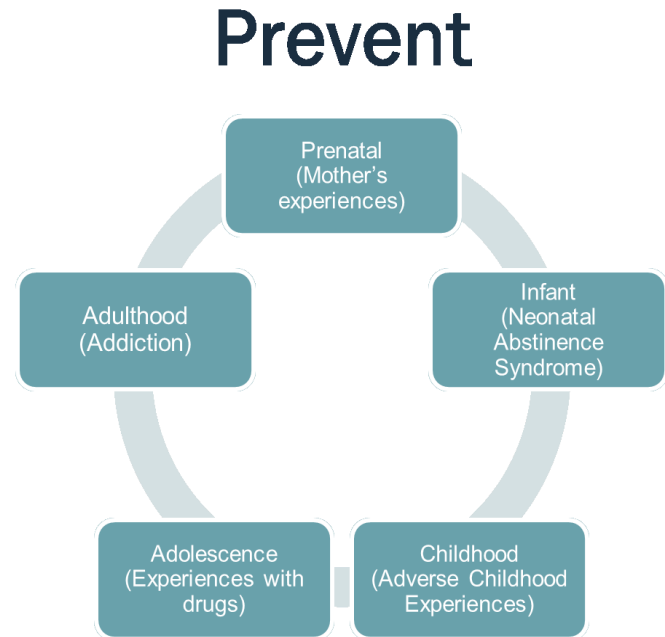
*The NC Department of Health and Human Services will facilitate a conference on the use of Medication-Assisted Treatment (MAT) in jails on **Friday, December 13, 2019 from 9 a.m. to 12:30 p.m.**, at the McKimmon Center in Raleigh. There is no cost to attend the conference. Please contact Margaret Bordeaux at Margaret.Bordeaux@dhhs.nc.gov if you would like to register to attend this conference.*

join us.



Spotlight: Support Impacted Families

- Work with local DSS to establish and support case management and links to medication assisted treatment
- **The START model** places a peer support specialist with local DSS to provide additional support, case management, and connections to treatment



The epidemic is part of an intergenerational cycle of trauma and harm.

Polling Question

I want to learn more about:

- Developing a Coordinated Infrastructure
- Improving Naloxone Access
- Supporting Syringe Exchange Programs
- Developing Post-Overdose Response Teams
- Engaging Law-Enforcement
- Supporting Justice Involved Populations
- Supporting Impacted Families
- Mapping Treatment Resources
- Providing Transportation
- Developing Supportive Housing
- Expanding Employment
- Expanding Drug Takeback
- Promoting Public Education
- Engaging Youth In Primary Prevention

Additional Resources

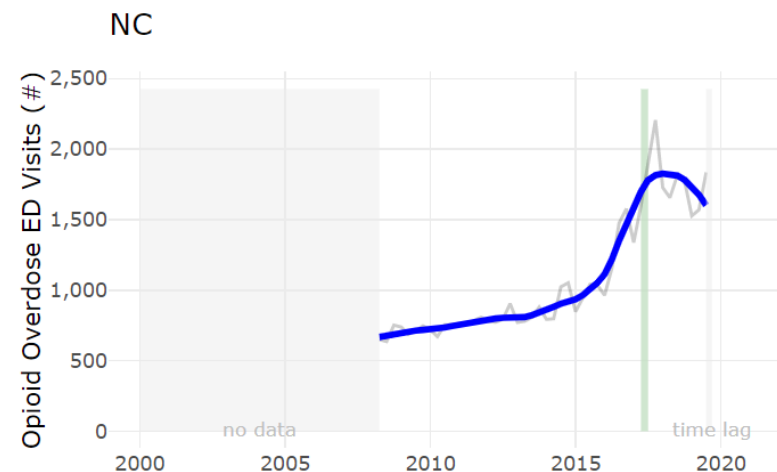
- New round of funding to Local Health Departments: Community Linkages to Care for Overdose Prevention and Response (CLC) Request for Applications will be released at the end of September
- Year 1 awarded 22 local health departments who worked closely with county government and community partners
- Will support core strategies from the Menu of Local Options:
 - Syringe Exchange Programs
 - Justice Involved Persons
 - Post-Overdose Response teams
 - Small amount for innovative pilot projects
- Contact beinjuryfreenc@dhhs.nc.gov for additional information

Additional Resources

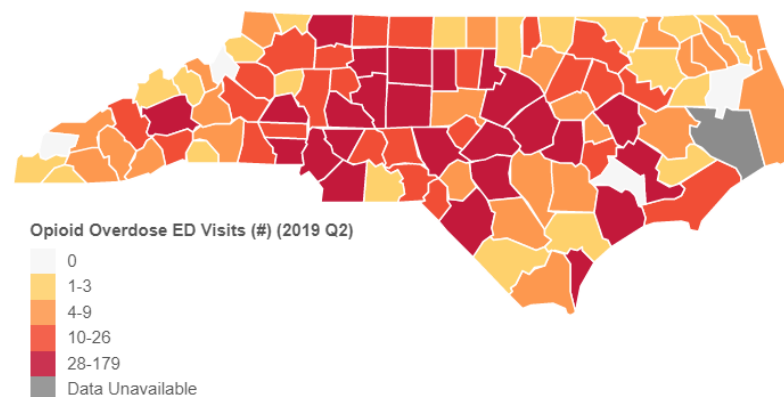
North Carolina Opioid Dashboard provides county specific data for 13 metrics

<https://injuryfreenc.shinyapps.io/OpioidActionPlan/>

Opioid Overdose ED Visits



Most Recent Quarter's Opioid Overdose ED Visits by County



Data Source: North Carolina Division of Public Health, Epidemiology Section, North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT), 2008-present See Technical Notes.

Questions