

Purpose

The State of the County's Health (SOTCH) report provides information on health concerns identified in Wake County's 2016 Community Health Needs Assessment (CHNA) and updates actions taken to address them. The three top priority areas addressed in this report are:

- Access to Health Insurance
- Access to Health Services
- Mental Health and Substance Use Disorders

Changes affecting health concerns, emerging disease issues and new health initiatives are also presented in this report. Numerous community groups are

involved in ongoing efforts to address CHNA priorities through interventions, strategies and new initiatives (see "Community Partners" listed for each of the following interventions as well as "New Initiatives"). These organizations provide an opportunity for community members to participate in ongoing efforts.

Community Health Needs Assessment Priorities and Updates

NOTE: A ✓ INDICATES ACTIVITIES RELATED TO THAT STRATEGY HAVE BEEN COMPLETED.

Priority Area # 1: Access to Health Insurance

Objective: Decrease the percentage of uninsured individuals in Wake County by 3% annually from 2016-2019

Intervention 1.1	Work with key stakeholders to distribute marketplace health insurance enrollment information to the uninsured*.
Strategy 1.1	Distribute marketplace health insurance information to 10,000 people each year.
Updates 1.1	<ul style="list-style-type: none">• Advance Community Health (ACH) connected patients to Open Enrollment Certified Application Assistants who distributed marketplace enrollment information directly to 106 people, 70 of which enrolled in a marketplace plan.• Capital Care Collaborative scheduled 278 appointments to distribute marketplace enrollment information.• WakeMed Health & Hospitals embedded Medicaid Case Managers in the hospital system who assist Medicaid eligible patients with enrollment.• UNC REX helped connect patients to open enrollment navigators who provided health literacy related information for Wake County.
Lead Agencies:	Capital Care Collaborative
Other Agencies:	Legal Aid, Advance Community Health, UNC REX, WakeMed Health & Hospitals
Intervention 1.2	Offer Open Enrollment events during the Affordable Care Act (ACA) Open Enrollment periods.
✓ Strategy 1.2a	Coordinate and hold 15 Open Enrollment events each year during the Open Enrollment Period.

* In 2018, funding for the Centers for Medicare & Medicaid Services (CMS) navigator grants was reduced by 84% in North Carolina, which impacted available resources for information distribution and enrollment events.

Community Health Needs Assessment Priorities and Updates

Priority Area # 1: Access to Health Insurance

Objective: Decrease the percentage of uninsured individuals in Wake County by 3% annually

Updates 1.2a

- Get Covered Wake Coalition participated in 17 Open Enrollment events in Wake County during Open Enrollment (November-December 2018), located at Martin Street Baptist Church, Urban Ministries of Wake County, Alliance Medical Ministry, The Hispanic Family Center, Wake County Human Services (multiple sites), Saint Augustine's University, Pullen Memorial Baptist Church, Dress for Success, & Advance Community Health.
- Duke Raleigh, UNC REX and WakeMed partnered with Triangle United Way on its Premium Help Program that covered premiums for uninsured in Wake County

Strategy 1.2b

Coordinate and hold 2-3 events each year during the Special Enrollment Period.

Update 1.2b

Capital Care Collaborative assisted an average of 20-25 consumers/week during the Special Enrollment Period (January 1 – October 31), for a total of between 860 - 1075 individuals

Lead Agencies

Get Covered Wake Coalition, Capital Care Collaborative, Advance Community Health

Other Agencies

Legal Aid, Triangle United Way, Duke Raleigh Hospital, WakeMed Health & Hospitals, UNC REX

Intervention 1.3

Develop and distribute a health literacy tool to provide education about getting and keeping health insurance and the appropriate use of health insurance.

✓ Strategy 1.3a

Develop a health literacy tool by 7/1/2018.

Update

[No new updates—this was accomplished last year]

✓ Strategy 1.3b

Provide the health literacy tool to key stakeholders to begin distribution by 8/31/2018

Strategy 1.3c

Distribute the health literacy tool to 5,000 people each year.

Updates

- UNC REX distributed a health literacy tool to provide education on getting and keeping health insurance and the appropriate use of health insurance, and added health library content through Healthwise to the UNC REX website.
- Advance Community Health produced and distributed 150 information packets to every consumer who inquired about health insurance at their primary care practices.

Lead Agency

UNC REX

Other Agencies

Advance Community Health

Community Health Needs Assessment Priorities and Updates

Priority Area # 2: Access to Health Services

Objective: Increase access to primary and specialty care for uninsured Wake County residents by 15%.

Intervention 2.1

Increase the number of Wake County residents below 200% of the Federal Poverty Level (FPL) linked to primary and specialty care.

Strategy 2.1a

Increase the percentage of individuals who establish a primary care home to 50% (baseline 42%) of initial primary care appointments

Updates

- In 2018 Advanced Community Health (ACH) saw 17,325 unique patients (an 8% increase of total patients), held mental health visits for 2,747 patients (an 80% increase), saw 40,648 patients for medical visits (increase of 38%), 3,710 dental patients (increase of 16%), and 1,227 homeless patients (14% increase). Overall, ACH increased patient access by 2 patients per provider per day.
- Since FY 2015, a WakeMed Health & Hospitals Community Case Management program has enrolled 1,036 uninsured patients. One hundred ninety-nine (199) of those patients got enrolled in a payor program, 886 patients were established with a medical home, 251 homeless patients received assistance to find housing, 160 patients received food assistance. One hundred thirty-one (131) patients who could not afford their medications were enrolled in Med Assist.
- WakeMed works with multiple community providers such as Open Door Clinic, Advance Community Health, Debnam Clinic and others as well as contracts with Alliance Medical Ministry to provide follow up care to WakeMed Emergency Department (ED) patients who do not have a medical home. 903 patients were connected with a primary care provider, and established a medical home for their ongoing medical management needs. Program reduces non-urgent ED use, and assures that all patients have access to appropriate follow-up care.
- Duke Raleigh Hospital continues to provide grant support to Alliance Medical Ministry to ensure access to comprehensive primary care to the uninsured.
- Two thousand one hundred forty-three (2,143) referrals were made to specialists in 2018 across the 4,080 patients enrolled in Project Access of Wake County.
- Capital Care Collaborative's Patient Navigator received 253 uninsured referrals during calendar year 2018. Of these, 33 clients (13%) were confirmed to be established with a primary care home.
- UNC REX provided more than 3,400 laboratory services and nearly 200 mammograms at no charge to Alliance Medical Ministry to assist them in caring for the underinsured and uninsured.
- Duke Raleigh Hospital continues to provide in-kind lab services to Urban Ministries of Wake County's Open Door Clinic to facilitate the care for those who lack adequate income, insurance coverage, and other means to health services. Nearly 2,000 patients call the Open Door Clinic their medical home, receiving high quality medical care from volunteer doctors, nurses, pharmacists, lab techs and more.
- Expanded virtual care options:
 - UNC REX expanded its free, online Find A Doctor tool to include Health Alliance providers across the state and as well as added new physicians.

Community Health Needs Assessment Priorities and Updates

Priority Area # 2: Access to Health Services

Objective: Increase access to primary and specialty care for uninsured Wake County residents by 15%.

Updates

- UNC REX launched UNC Urgent Care 24/7 – Virtual Care to offer consumers greater access to urgent care across the county, and provided virtual visits at no charge during Hurricane Florence
- WakeMed launched e-visit to replace a clinic appointment or urgent care visits

✓Strategy 2.1b

Increase Project Access of Wake County enrollment by 15% over action plan period (base enrollment 2,229)

Updates

- Project Access of Wake County enrolled 4,080 clients during calendar year 2018. This is an increase in enrollment of 83%.
- ACH enrolled 855 new patients in Project Access from January-December 2018. As of December 2018, there were 906 active ACH patients enrolled in Project Access. The number of reported specialist appointments for 2018 is 1155.
- Duke Raleigh Hospital, UNC REX Healthcare, and WakeMed Health & Hospitals provide reduced cost and/or donated care to Project Access enrollees.

Lead Agencies

Advance Community Health, Project Access of Wake County, Capital Care Collaborative

Other Agencies

Project Access, Duke Raleigh Hospital, UNC REX, WakeMed Health & Hospitals

Intervention 2.2

Increase access and reduce barriers to health and social services by implementing screening for social determinants of health

✓Strategy 2.2 A

2.2a By June 1, 2017, develop at least 3 standard screening domains to measure social service needs for high risk patients to be used by providers and social service organizations in Wake County.

Updates

- All WakeMed Physician Practices Primary Care patients receive a social determinants of health risk screening. All Community Case Management and Projects for Assistance in Transition from Homelessness (PATH) program patients receive social determinants of health screens (80 PATH patients in 2018). All OBGYN patients on Medicaid receive this screening (760 patients screened in 2018). In Pediatric Primary Care, 9,468 patients were seen in FY 2018, each of whom should have received this screening as well.
- The Wake County Medical Society Community Health Foundation (WCMSCHF) Steering Committee's Implementation Team used the State's Social Determinants of Health (SDOH) pilot questions for housing, food, and interpersonal safety. Three organizations collected data during 2018 with two providing data for the 4th quarter of CY 2018 (October to December). Positive screening responses include: 2.7% (58/2,133) for housing needs; 5.6% (119/2,121) for food needs; and 0.4% (9/2,040) for interpersonal safety.
- Additional screening domains used by the participating partners in this pilot include transportation, employment, childcare, mental health, healthcare/medicine, and urgent needs.
- UNC REX and the NC Organization of Nurse Leaders hosted a continuing education session in August 2018 for all nurse leaders in Triangle to learn about the need for population health management, specifically the social determinants of health.
- UNC REX screens patients about barriers to care through the primary care network and Epic (UNC REX's electronic medical records system)
- UNC REX awarded a grant to Neighbor Health, a new local provider that supports the uninsured and underinsured, to help fund Epic implementation.

Community Health Needs Assessment Priorities and Updates

Priority Area # 2: Access to Health Services

Objective: Increase access to primary and specialty care for uninsured Wake County residents by 15%.

✓Strategy 2.2b

2.2b By December 31, 2017, identify clinical sites in Wake and Johnston Counties that will participate in the screening and referral process.

Update(s)

- Six clinical sites were identified to participate in the SDOH screening and referral process, including a mix of hospital-based, safety-net, pediatrics, and FQHC
- UNC REX partnered with the WCHS BCCCP program to provide free screening and diagnostic mammography services to eligible women

✓Strategy 2.2c

2.2c By June 30, 2018, collect, track, and report screenings and referrals for clinical sites participating in the screening and referral process.

Update

- Wake County Human Services reported the results of their social determinants of health screening to the Wake County Medical Society Community Health Foundation (Reporting was delayed until January 2019, and two pilot sites reported data.)

Lead Agencies

Wake County Medical Society Community Health Foundation, UNC REX

Other Agencies

Wake County Human Services (WCHS), Alliance Medical Ministry, Urban Ministries of Wake County, NC Organization of Nurse Leaders, WakeMed, Duke Raleigh Hospital, Neighbor Health, Food Bank of Central & Eastern NC, Food Lion, WCHS Breast and Cervical Cancer Control and Prevention Program (BCCCP), pediatric primary care practices

Priority Area # 3: Mental Health and Substance Use Disorders (formerly Abuse Disorders)

Objective: During fiscal years 2017-2020, expand access to treatment and recovery oriented systems of care to those with substance use disorders by implementing strategies of the Wake County Human Services Integrated Program for Prevention of Drug Overdose and Tobacco Use.

Intervention 3.1

Develop an evidence-based peer support training program.

✓Strategy 3.1

3.1 During FY 18, develop a Wake County based peer support training program by providing contractual funding to a behavioral health agency with the capacity to develop the program.

Updates

- As of January 2018, Recovery Communities of North Carolina has entered into a contractual agreement with WCHS to develop a training program for certified peer support specialists.
- As of December 2018, A Peer Support Recovery Focused Curriculum was developed and submitted to UNC School of Social Work for credentialing.
- UNC REX redesigned curriculum for support, planned new to educate all staff on awareness and select staff on interventions to support safety for these patients in the hospital.

Intervention 3.2

Increase the number of Certified Peer Support Specialists in Wake County.

✓Strategy 3.2

3.2 Employ 2.0 FTEs Certified Peer Support Specialists, funded by Wake County Drug Overdose Prevention Coalition to link those with substance use disorders to resources and recovery oriented systems of care.

Priority Area # 3: Mental Health and Substance Use Disorders (formerly Abuse Disorders)

Objective: During fiscal years 2017-2020, expand access to treatment and recovery oriented systems of care to those with substance use disorders by implementing strategies of the Wake County Human Services Integrated Program for Prevention of Drug Overdose and Tobacco Use.

Updates

- As of December 2018, 3.0 FTE CPSS and a Rapid Response Team Administrator have been employed by Healing Transitions. In addition, the Rapid Response Team administrator, the CPSS and the Advance Practice Paramedics (APPs) from Wake Emergency Medical Services (EMS) established the Rapid Response Team that linked clients to CPSS. As of December of 2018, 338 clients were linked to CPSS, and 196 of these 338 clients were referred from CPSS to community-based care and treatment resources.
- In 2018, Advance Community Health received grant funding to hire two additional Licensed Clinical Social Workers (LCSW), for a total of 5 primary care LCSWs in our organization.
- WakeMed Health & Hospitals has hired 2 Peer Support Counselors.

Lead Agency

Lead Agency: Recovery Communities of North Carolina (RCNC)

Other Agencies

Healing Transitions, UNC REX Healthcare, Wake County Human Services

Intervention 3.3

3.3 Provide nursing care for those identified with substance use disorders.

✓Strategy 3.3

3.3 During FY 18, hire 1.0 FTE Wake County Human Services nurse to provide direct clinical care, coordinate integrated behavioral and physical assessments and assure linkage to care for clients with substance use disorders served in WCHS clinics and community-based services.

Updates

- As of February 2018, WCHS hired a full-time nurse. As of 12/31/18 she has contacted 260 clients in field-based settings, provided education session to 257 clients and referred 84 for services.
- WakeMed Health & Hospitals hired 6 team members to work with 80 patients in a state funded PATH program. Patients receive care for identified substance use disorders. Additionally, all of the Community Case Management patients receive behavioral and substance use disorder care and are referred to community providers as well.
- UNC REX hired 11 new embedded LCSWs to extend face-to-face behavioral health services within Orange, Wake, Johnston, Chatham, Wayne and Caldwell counties.
- UNC REX employed a behavioral health liaison and patient relations team to respond and support agitated patients, as well as address concerns and questions from their families

Lead Agency

WCHS Division of Public Health

Other Agencies

Healing Transitions, North Carolina Harm Reduction Coalition, Recovery Communities of North Carolina

Changes Affecting Health Concerns

Medicaid Transformation

Wake County Human Services (WCHS) is a safety net provider to approximately 40,000 residents making close to 100,000 health care visits annually. Currently, fee-for-service reimbursement from Medicaid is the primary source of funding for WCHS healthcare operations. In November 2019, Medicaid will transition from fee-for-service to a value-based care compensation model. WCHS expects to enter into contracts with the four chosen statewide plans operating in Region 4, the region which includes Wake. Our ability to continue receiving Medicaid

funds will require adjustment to the current business practices and service complement. To that end, we are in the process of evaluating clinical operations and services, space utilization, staffing complements, IT and data reporting capabilities. This will allow for strategic positioning to successfully make this transition.

New and Emerging Issues

The Opioid Epidemic

Drug overdoses are a major public health issue at the national, state and local levels, including Wake County. Wake County's heroin deaths and death rates have reached a plateau (32 deaths and 3.06/100,000 people in 2016 compared to 33 deaths and 3.08/100,000 people in 2017). Deaths and death rates from commonly prescribed opioids also may have reached a plateau (38 deaths and 3.63/100,000 people in 2016 compared to 40 deaths and 3.73/100,000 people in 2017). The area

of major concern remains deaths and death rates from other synthetic opioids (such as illegally manufactured fentanyl). In 2016, there were 48 deaths from other synthetic opioids and a death rate of 4.59/100,000 people; in 2017, there were 74 deaths from other synthetic opioids and the death rate had risen to 6.9/100,000 people.

The Wake County Drug Overdose Prevention and Tobacco Use Initiative

The Wake County Drug Overdose Prevention Coalition (Coalition) was established in November 2015, but the opioid misuse problem persists in Wake County. The Coalition serves as the cornerstone for WCHS's strategic thinking and long-range planning on the opioid issue, and its work led to a three-year, \$950,000 allocation of ABC funds from the Wake County Board of Commissioners to create the Wake County Drug Overdose Prevention and Tobacco Use Initiative (Initiative). Started in FY 2018, the Initiative will guide the county's prevention and response efforts to the opioid epidemic; the key strategies of the Initiative are to:

1. Create a coordinated infrastructure in Wake County for access to prevention, treatment and recovery support services for drug and tobacco misuse.
2. Increase availability for peer support recovery training.

3. Expand access to prevention, treatment and recovery support services for those with substance use disorders.
4. Increase community awareness on the prevention of substance misuse and tobacco use.
5. Make Naloxone widely available in Wake County.

WCHS has begun to accomplish these strategies in the following ways:

- An Injury and Drug Prevention Consultant was hired in January 2018, to coordinate the Initiative and oversee the Drug Overdose Prevention Coalition. Throughout 2018, this consultant has developed the Initiative's infrastructure in the following ways:
 - Managed contracts with Healing Transitions and RCNC.
 - Overseen contract execution between WCHS and the Poe Center for Health Education and Qutline NC.

The Wake County Drug Overdose Prevention and Tobacco Use Initiative (continued)

- Conducted numerous educational presentations on the Initiative to several internal and external program staff.
- In January 2018, supervision of the Wake County Recovery Court program was transitioned to the WCHS Public Health Division
 - Recovery Court addresses the behavioral health and substance use disorder needs of court involved, high-risk/high-need adults in the Wake County criminal justice system to avoid recidivism and serving a prison sentence.
 - In 2018, approximately 55% of Recovery Court participants were opioid dependent.
- A Program Evaluator was hired in January 2018, to measure the impact of these strategies and make recommendations for change based on results. Throughout 2018, the evaluator:
 - Managed data collection for the Initiative.
 - Contributed to the production of three quarterly reports and an annual summary..
 - Developed recommendations for year two of the Initiative based on year one baseline data
- The Initiative will coordinate Tobacco Prevention and Control efforts through contracts with Quitline NC and the Poe Center for Health Education beginning in 2019.

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