

Western North Carolina Substance Use Alliance

Comprehensive Community Strategic Plan

2017-2018



**Western North Carolina (WNC) Substance Use (SU) Alliance
Comprehensive Community Strategic Plan
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Western North Carolina (WNC) Substance Use (SU) Alliance Comprehensive Community Strategic Plan

Executive Summary

The impact of the opioid crisis across the country and in North Carolina (NC) has initiated a flurry of conversation, discussion, and planning federally and across our state. Many communities, local collaboratives, and government led coalitions in western NC, are actively working to find solutions to address the opioid crisis. Significantly though, the opioid crisis is often linked with other forms of substance use and as a result, a comprehensive approach to addressing substance use is required. By legislative statute, Vaya Health is responsible for the planning of community efforts and the delivery of behavioral health services, inclusive of substance use services and supports, for western NC. As such, Vaya Health convened a multi-agency and member task force to address the issues of substance use across the region. This task force, its committees, and workgroups, is known as the Western NC Substance Use (WNC SU) Alliance.

The WNC SU Alliance (SU Alliance) was formed as a means to organize resources and leverage existing efforts and work, to create or replicate solutions across the region to address not only the opioid crisis, but also the negative impacts from all substance use disorders on families and communities. The opioid crisis has risen to the forefront without the same level of stigma that has historically been associated with misuse of alcohol and other substances. The attention to this crisis provides an opportunity to address all forms of substance use by leveraging the publicity, training, funding and interventions currently available to address the crisis.

The purpose of the SU Alliance is to formulate and monitor the implementation of a comprehensive community substance use strategic plan. The plan is put into action across the 23 counties of the Vaya Health catchment area, with local county/community leadership and coalition input and strategy implementation.

Strategies that specifically address opioid use are aligned with the NC Opioid Action Plan (<https://www.ncdhhs.gov/opioids>). Like the NC plan, the *WNC SU Alliance Comprehensive Community Strategic Plan* is a living document that will be updated as progress is made on goals and new issues and solutions are encountered.

The WNC SU Alliance is guided by a Steering Committee, chaired by Brian Ingraham, Vaya Health CEO. The WNC SU Alliance consists of key regional representation on the Steering Committee, along with multiple partners and stakeholders from across the Vaya Health twenty-three (23) county region. Many of the partners participated on one of the four (4) initial subcommittees that submitted reports identifying priorities with recommended strategies for the following specific topics and populations:

- Safe Opioid Prescribing (SOP) & Medication Assisted Treatment (MAT)
- Adult SU Treatment Continuum/Crisis Services
- Child SU Treatment Continuum/Prevention Services and Activities
- Women and Perinatal SU Treatment

Based on the information from these subcommittee reports, the *WNC SU Alliance Comprehensive Community Strategic Plan* outlines strategies and performance measures to address common priorities across populations. The population specific subcommittee reports are shared as attachments to the *WNC SU Alliance Comprehensive Community Strategic Plan*. Identified agencies and workgroups, as well as county coalitions are designated as leads to coordinate strategy implementation. Partners and workgroups could identify additional strategies and measures as appropriate, as well as data needed for performance measures to effect and measure success of the comprehensive plan.

The Steering Committee will assure that strategies maintain a regional presence to reduce duplication of efforts and to leverage all possible resources, while many solutions are targeted and managed locally. One such example is the key area of addressing the current opioid use epidemic. Diagram 1 on page 5 uses this example to illustrate how the strategies of each priority (e.g. addressing the opioid use epidemic) can be coordinated with local county plans and activities.

Diagram 2 on page 6 describes the remainder of the priorities along with a couple strategies that address multiple priorities. The *WNC SU Alliance Comprehensive Community Strategic Plan* recommends addressing all substance use disorder issues, locally and regionally, with strategies including (but not limited to) increasing access to treatment and recovery services, increasing prevention and education efforts and coordinating funding resources to maximize all funds.

When organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, using common measures of success, with one of those organizations providing backbone support, a “collective impact” on that social problem occurs. Implementation of a collective impact approach to coordinate community efforts to address substance use issues will result in positive outcomes across the 23 counties in the western region. The *WNC SU Alliance Comprehensive Community Strategic Plan* serves as a guide for counties, partners, and coalitions to implement strategies and measure success locally and across the region, creating a collective impact.

WNC SU Alliance Comprehensive Community Strategic Plan “At a Glance”

The impacts of the misuse and abuse of alcohol and other drugs, including opioids, are felt most in local communities and families. Therefore, to effectively address the impacts, solutions must also be targeted and managed locally while maintaining a regional presence to reduce duplication of efforts and to leverage all possible resources. The WNC SU Alliance is addressing the following priorities. Priority 1 addresses the current opioid crisis, while priorities 2-9 are described with a few strategies to address substance use across all populations. **The order of the priorities does not indicate the order in which the work will be done.**

Priority One: Implement Strategies to Address the Opioid Crisis in Communities

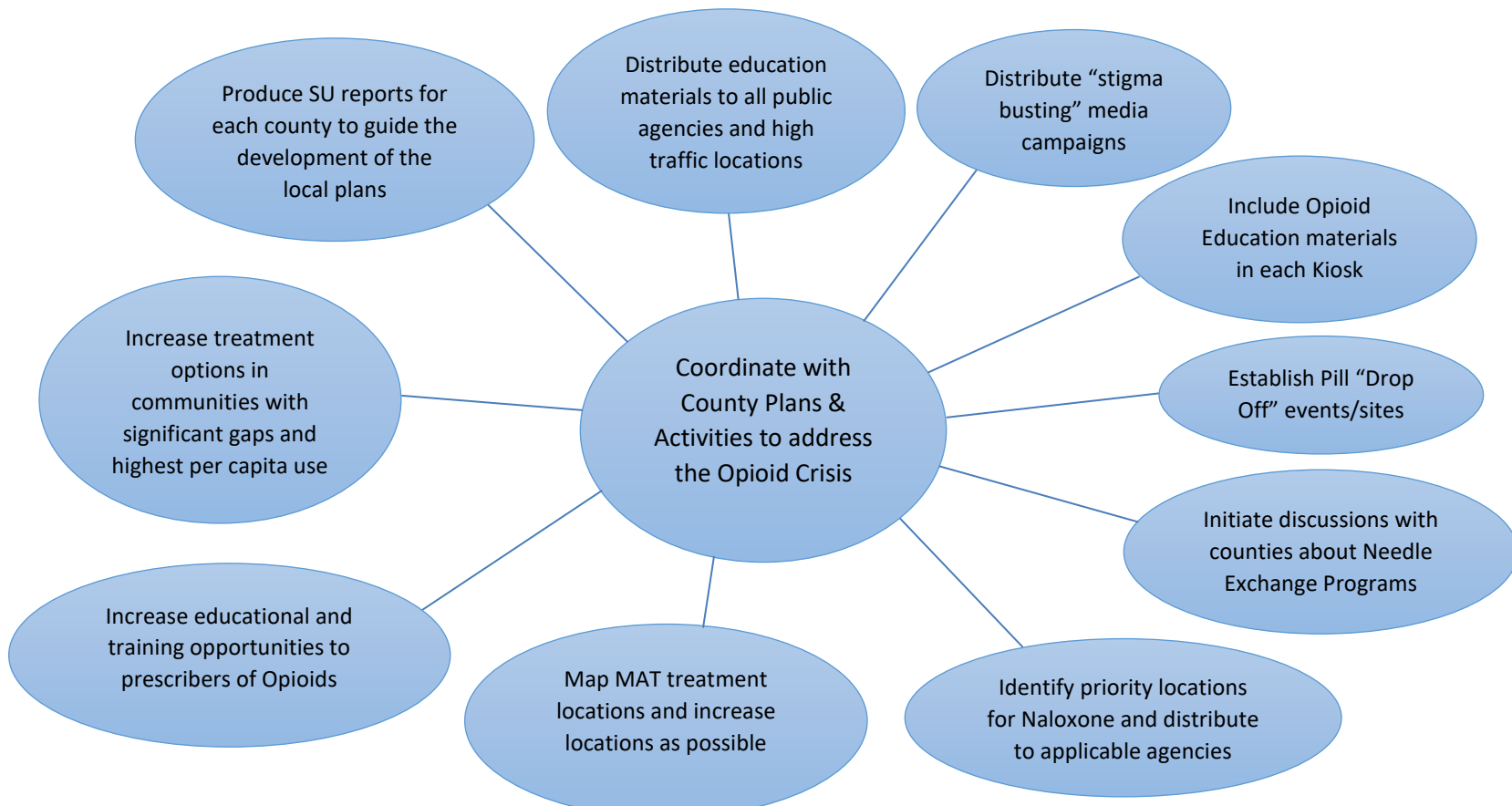


Diagram 1 – Strategies of one Priority coordinated with Local Plans and Activities

WNC SU Alliance Comprehensive Community Strategic Plan “At a Glance”

Priority Two through Nine: Implement Strategies to Address all Substance Use Issues and the Negative Impact of all Substance Misuse for all Populations

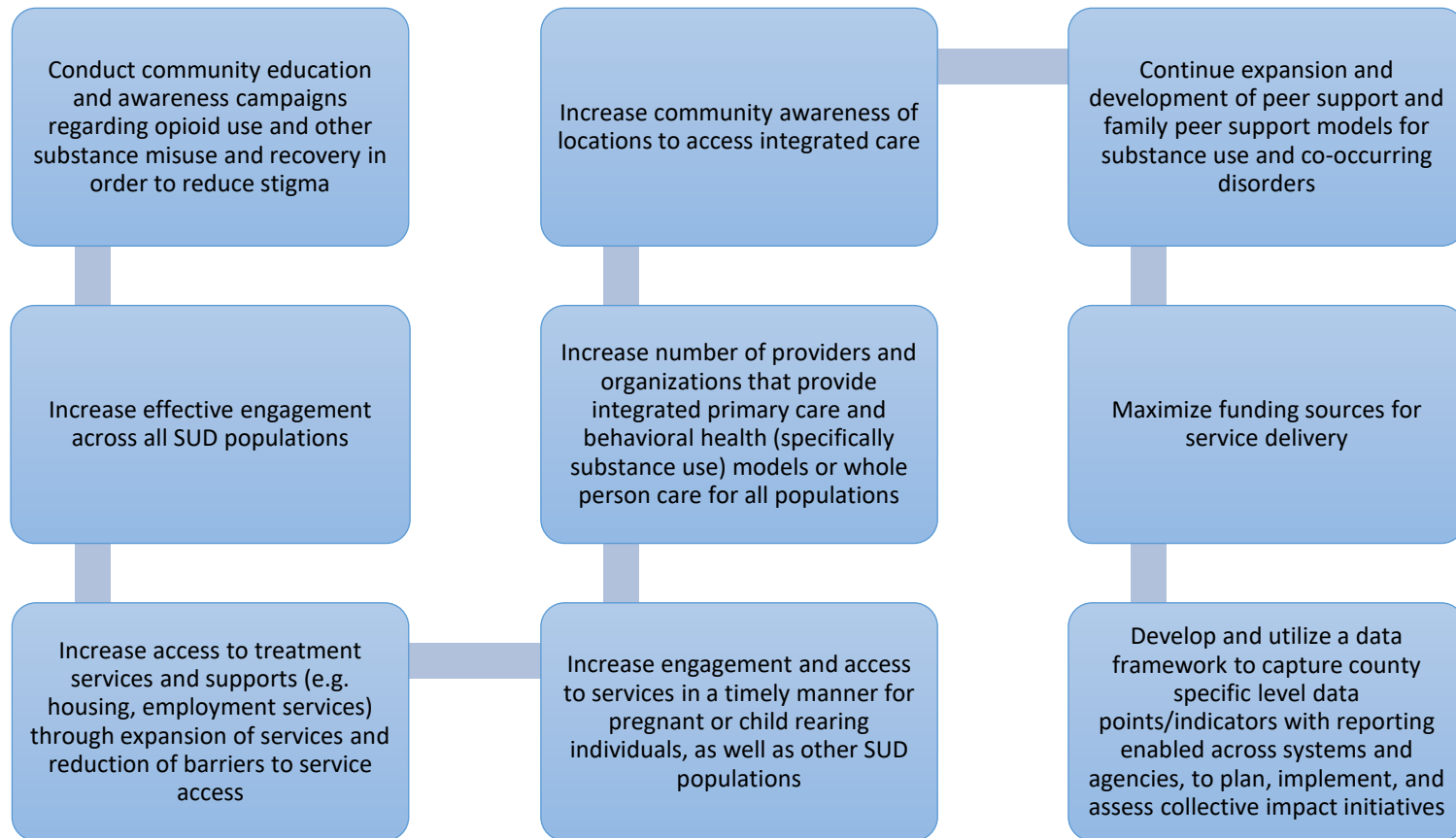


Diagram 2 – Priorities 2-9 along with examples of strategies that address multiple priorities

WNC SU Alliance Comprehensive Community Strategic Plan

Introduction:

The misuse and abuse of alcohol, over-the-counter medications, illicit drugs, and tobacco affect the health and well-being of millions of Americans. North Carolina reports 8.5% of the total population use illicit drugs and unfortunately, NC ranks 20th compared to other states in drug overdoses. Opioid overdose has claimed more than 12,000 lives in North Carolina since 1999, with opioid-related overdose deaths up more than 800 percent in the state through 2016. In 2016, opioid-related deaths in North Carolina were up by 20 percent from the previous year, according to DHHS data. If that rate continues, by 2021 North Carolina would expect to lose more than 1,500 additional lives per year to opioid overdose.

In Western North Carolina, fifteen (15) out of twenty-three (23) Vaya Health counties rank higher than the state average number of opioid prescriptions per resident (1.06). 14 out of 23 Vaya Health counties rank higher than the state average number of opioid pills per resident (78.3) (2016 data from NC Association of County Commissioners; <http://www.ncacc.org/648/Opioid-Abuse-Statistics-by-County>). Four (4) of the seven (7) counties in North Carolina with the highest unintentional opioid-related drug overdose death rates are in the Vaya Health catchment area (<https://www.ncdhhs.gov/opioids>).

Western North Carolina communities are actively working to implement solutions that address the impact of substance use disorders by increasing access to treatment and recovery services, increasing prevention and education efforts and examining the impact of substance use on the overall health and economic development of the region as a result of lost productivity of workers. Coordination and collaboration of local efforts must be achieved if regional communities are to reduce the statistics noted about substance use. The use of a collective impact approach to coordinate community efforts can result in positive outcomes in addressing the problems associated with substance use across the Vaya Health catchment area, including the stigma of substance use disorders and treatment.

By legislative statute, Vaya Health is responsible for the planning of community efforts and the management of the delivery of behavioral health, inclusive of substance use services and supports for western NC. As such, Vaya convened a multi-agency and member task force to address the issues of substance use. This task force, and its committees, is known as the Western NC Substance Use (WNC SU) Alliance.

Initially guiding the work of the WNC SU Alliance are two reports. First, *The Governor's Task Force on Mental Health and Substance Use Report* released on May 1, 2016 (www.ncdhhs.gov/mhsu), which contains recommendations and implementation strategies that address factors impacting substance use issues across adult and child populations. Second, the *2016 Surgeon General's Report on Alcohol, Drugs, and Health* reviews what we know about alcohol and other drug use and how to use that knowledge to address substance misuse and related consequences. It speaks to prevention through treatment and recovery (<https://addiction.surgeongeneral.gov>). In spring, 2017, North Carolina conducted a two (2) day *Opioid Misuse and Overdose Prevention Summit* where Governor Cooper released North Carolina's Opioid Action Plan 2017-2021. The Opioid Action plan outlines strategies for North Carolina and its partners and sets a goal of reducing the number of expected opioid-related deaths by 20 percent by the

year 2021 (<https://www.ncdhhs.gov/opioids>). The NC Opioid plan and the *WNC SU Alliance Comprehensive Community Strategic Plan* are in alignment. These reports, along with the recent NC General Assembly legislative activity, and other literature and data were used to drive the recommendations and solutions generated by the WNC SU Alliance.

Purpose:

The WNC SU Alliance was formed to organize resources and leverage existing efforts and activity, to create or replicate solutions across the region to address substance use. The purpose of the SU Alliance is to formulate and monitor the implementation of a comprehensive substance use strategic plan. The plan is put into action across the 23 counties of the Vaya Health catchment area, with local county/community leadership and coalition input and strategy implementation. Like the NC Opioid Action Plan, the *WNC SU Alliance Comprehensive Community Strategic Plan* is a living document that will be updated as progress is made on goals and new issues and solutions are encountered.

The WNC SU Alliance is guided by a Steering Committee, chaired by Brian Ingraham, Vaya CEO. The Steering Committee consists of representation from across the Vaya Health twenty-three (23) county region, and received recommendations and updates of work products from the initial four subcommittees. These subcommittees focused on the following topics and populations:

- Safe Opioid Prescribing (SOP) & Medication Assisted Treatment (MAT)
- Adult SU Treatment Continuum/Crisis Services
- Child SU Treatment Continuum/Prevention Services and Activities
- Women and Perinatal SU Treatment

The strategic plan’s high-level emphasis for all topics and populations includes four key areas:

- Strengthening safe opioid prescribing and expanding medication assisted treatment
- Strengthening the continuum of treatment and crisis services for adults
- Strengthening the continuum of treatment & prevention services for children & adolescents
- Enhancing substance use treatment for pregnant women

The *Comprehensive Community SU Strategic Plan* encourages the following:

- Increase collaboration across agencies and stakeholders to coordinate efforts addressing the problems associated with substance use and identified barriers to strategic plan implementation
- Leverage resources to maximize efforts across the Vaya Health 23 counties
- Reduce unnecessary duplication of efforts to address substance use
- Establish intervention priorities for the region that will result in positive outcomes and increased sustainability for all populations, regardless of payment source
- Monitor population and service system level data/indicators collected per the strategic plan

The following charts outline the priorities, strategies, and performance measures recommended as a collective impact plan to address the negative impact of opioid and other substance misuse on families and communities throughout the 23 counties in western North Carolina. Though many of the measures are service system performance measures, the WNC SU Alliance is interested in population health indicators to be impacted by the system performance.

The Strategic Plan

The initial Subcommittees identified priorities specific to the populations and topics of their focus. Priorities identified have common themes across all groups and are reflected below, along with performance measures to monitor the effort and impact of strategy implementation. One such example is the key area of addressing the current opioid use epidemic. This problem crosses all ages, genders and practices. The opioid crisis has risen to the forefront without the same level of stigma that has historically been associated with misuse of alcohol or other substances. As noted, the attention to this crisis provides an opportunity to address all forms of substance use by leveraging the publicity, training, funding and interventions currently available to address opioid use.

**Priority 1: Implement a local plan, in conjunction with the County Leadership Forums,
aligned with NC’s Opioid Action Plan to address the opioid crisis**

Strategies for Individual Counties or the Region	Lead Agency(s)/ Individual(s)	Performance Measures (Measured in counties, communities and/or across western North Carolina as appropriate)
<ol style="list-style-type: none"> 1) Implement the identified strategies to treat pain with safer opioid stewardship and access to evidence based care. <i>(SOP/MAT SUBCOMMITTEE ACTION PLAN)</i> 2) Identify priority locations of the availability of Naloxone. Survey the availability of Naloxone in each county and in the Eastern Band of Cherokee Indians (EBCI) Boundary. Target areas of gaps to address needed availability. 3) Increase access and capacity to Medication Assisted Treatment (MAT) by: <ul style="list-style-type: none"> ▪ Map programs where MAT is available for Medicaid and non-Medicaid ▪ Add MAT access to each Vaya Kiosk and other priority access points ▪ Ensure access to MAT in each county, targeting the counties with highest need based upon review of data 4) Establish pill drop off sites in each county and EBCI 5) Work with regional health directors to collectively assess current needle exchange capacity in the counties/EBCI, and serve as a catalyst/advocate for creating (or expanding) needle exchange capacity based on community input and support. 6) Vaya will work with NC Harm Reduction Coalition to identify and coordinate other partners to increase access to Naloxone, implement syringe exchanges, and other harm reduction strategies. Other partners include (but not limited to) Steady Collective, WNCAP, and Cherokee Indian Hospital 	<ol style="list-style-type: none"> 1) MAHEC (Elizabeth) 2) Vaya (Donald) 3) Vaya (Donald) 4) Project Lazarus (Fred Brason) 5) Steve Smith 6) Vaya (Matt)/ NC Harm Reduction Coalition 	<p>Measures align with NC’s Opioid Action Plan metrics (where possible). These include (but are not limited to):</p> <ul style="list-style-type: none"> ▪ # of unintentional opioid-related deaths ▪ Rate of opioid ED visits ▪ Rate of multiple provider episodes for prescription opioids ▪ Total # opioid pills dispensed ▪ # of naloxone administrations/reversals ▪ # of buprenorphine prescriptions dispensed ▪ # of counties with needle exchange programs ▪ # of counties with 2 or more pill drop off sites ▪ # of counties with MAT programs ▪ # of uninsured individuals with an opioid use disorder served in treatment programs

Priority 2: Increase access to treatment services and supports (e.g. housing, employment services) through expansion of services and reduction of barriers to service access

Strategies for Individual Counties or the Region	Lead Agency(s)	Performance Measures (Measured in counties, communities and/or across western North Carolina as appropriate)
<p>1) Utilizing the 2017 Vaya Health service/gap analysis and Community Health Assessments, identify SU service gaps across the continuum and across the 23-county region for all populations.</p> <ul style="list-style-type: none"> ▪ Target counties with significant gaps and prioritize resources to address gaps ▪ Identify new service areas/locations for development. ▪ Work with county governments and local stakeholders to identify funding sources to address gaps through service development and long term sustainability. ▪ Establish target dates for implementation of service expansion or service development. ▪ With provider input, establish two to five measures for provider contracts to begin the use of pay for performance or value based purchasing. ▪ Collaborate with other groups to monitor and address (reasonable access to services) the opportunities and existing efforts to address barriers such as transportation, child care, etc. and include recommendations into the funding model. <p>2) Coordinate recovery housing and recovery community center programs (including Real Recovery, Oxford House Varsity, and Recovery Communities of North Carolina) with SUD treatment providers to enhance continuity of care.</p> <p>3) Identify and/or encourage recovery housing that accept residents participating in MAT (some Federal funding requires recovery housing to accept individuals in MAT (e.g. CURES funding).</p> <p>4) Identify local plans/initiatives that address social determinants such as GREAT (Economic Rejuvenation for Graham County) and connect these initiatives with SUD treatment service providers.</p> <p>5) Enhance partnerships between Vaya and TASC (Insight Human Services) program and specialty treatment courts (e.g. Drug Treatment Courts, Veteran’s Treatment Courts) to coordinate and monitor direct access to SUD treatment.</p>	<p>1) Vaya (Donald)</p> <p>2) Vaya Provider Advisory Committee (PAC) (Jeanne)</p> <p>3) Vaya (Matt)/PAC (Jeanne)</p> <p>4) Vaya (Shelly)/PAC (Jeanne)</p> <p>5) Vaya (Matt Gannon)/PAC (Jeanne)</p>	<ul style="list-style-type: none"> ▪ # of SU service options or capacity available within each county and across all levels of care ▪ # of individuals participating in SU services within each county ▪ # of days wait from date of referral to date of service ▪ # of ED visits related to substance use ▪ # of recovery housing options that accept residents participating in MAT ▪ # of counties with local plans/initiatives that address social determinants <p>Establishment of performance measures for July 1, 2018 Vaya Health contracts with providers will include additional measures addressing this priority.</p>

Priority 3: Conduct community education and awareness campaigns regarding opioid use and other substance misuse and recovery in order to reduce stigma

Strategies for Individual Counties or the Region <i>The Communication and Messaging workgroup will guide & support education and awareness strategies to address opioid and other substance use stigma</i>	Lead Agency(s) to partner with the workgroup	Performance Measures (Measured in counties, communities and/or across western North Carolina as appropriate)
<ol style="list-style-type: none"> 1) Utilize local coalitions/county opioid leadership forums to assist in the planning and dissemination of information and outreach. 2) “Stigma busting” and education media campaigns will be broadcast and offered in each of the twenty-three (23) counties. 3) Utilize the Vaya Kiosk in each county, update the content to address opioid use/treatment options, as well as options for other SU prevention/treatment. 4) Distribute printed materials, posters to all public agencies in counties and other high-volume locations such as libraries, health systems, etc. 5) Offer a speakers’ bureau or PPT to be used by local speakers, that will use a jargon free approach for educating communities and stakeholders about issues impacting opioid and other substance use. Adapt presentations for different stakeholder populations. 6) Create a list of community partners in the WNC region to facilitate community awareness events. 	<ol style="list-style-type: none"> 1) County Coalitions or Collaboratives 2) Vaya (Jesse) 3) Vaya (Jesse) 4) Vaya (Jesse) 5) Vaya (Shelly) 6) WNCHN (Erin Braasch) 	<ul style="list-style-type: none"> ▪ Number of outreach events provided in each county by types of outreach ▪ Number of people served for treatment of substance use as determined by Vaya Health treatment use data. ▪ Number of presentations offered, participants attending, and evaluations ▪ Number of counties with stigma busting and/or education media campaigns

Priority 4: Increase effective engagement across all SUD populations

Strategies for Individual Counties or the Region	Lead Agency(s)	Performance Measures (Measured in counties, communities and/or across western North Carolina as appropriate)
<ol style="list-style-type: none"> 1) Increase engagement and access to care for SUD populations utilizing Motivational Interviewing and other EBPs for specific populations. 2) Identify the training topics and develop training plans for BH providers and Primary Care practices based on the populations they serve. 3) Identify effective models of engagement for first responders (e.g. law enforcement, EMS, EDs, etc.) 	<ol style="list-style-type: none"> 1) PAC (Jeanne)/ MAHEC (Elizabeth) 2) PAC (Jeanne)/ Vaya (Donald)/ MAHEC (Elizabeth) 3) Vaya (Donald) 	<ul style="list-style-type: none"> ▪ # of providers utilizing effective models of engagement ▪ # of first responder agencies implementing effective models of engagement ▪ # of counties with first responder agencies implementing effective models of engagement

Priority 5: Increase engagement and access to services in a timely manner for pregnant or child rearing individuals

Strategies for Individual Counties or the Region	Lead Agency(s)	Performance Measures (Measured in counties, communities and/or across western North Carolina as appropriate)
<p>1) Increase engagement and access to care utilizing the following EBPs:</p> <ul style="list-style-type: none"> ▪ Care Management/Coordination meeting target criteria ▪ Motivational Interviewing http://www.ncmedicaljournal.com/content/76/3/175.full ▪ Patient Centered Communication such as Brief Action Planning and Teach Back https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3771166/ ▪ Trauma Informed Care – <ul style="list-style-type: none"> ✓ Helping Women Recover (Covington, 1999) ✓ Seeking Safety (Lisa Najavits, 1992-2002) ✓ Trauma Recovery and Empowerment Model (Maxine Harris & colleagues, 1998) ✓ Triad (Herman, 1992) ✓ Addictions and Trauma Recovery Integration Model (ATRium) (Miller & Guidry, 2001) ✓ Curriculum to train organizations in how to become a Trauma Informed organization (workplace description and assessment tools): https://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf <p>2) Identify the training topics and develop training plans for providers and practices based on the populations they serve.</p> <p>3) Establish referral protocol and increase referrals and care with the NC Medicaid Pregnancy Home.</p> <p>4) Coordinate SUD services for pregnant or child rearing individuals such as the Start program (DSS, family support with peer mentors.)</p>	<p>1) Vaya PAC (Jeanne)/ MAHEC Project CARA (Elizabeth)</p> <p>2) MAHEC (Elizabeth)</p> <p>3) CCNC (Jennifer Wehe-Davis)</p> <p>4) Vaya (Leslie)</p>	<ul style="list-style-type: none"> ▪ # of women giving birth to children with a positive toxicology screen who remain united with their children ▪ # of individuals who report that they were linked with an engagement specialist within 24 hours of requesting services ▪ # of women whose babies have + toxicology at birth who were linked with services in their 1st trimester (2nd trimester) ▪ # of pregnant women with positive urine drug screens (UDS) who have engaged in treatment and have an engagement specialist ▪ # of individuals reporting they were respected by service organizations and practitioners when accessing services ▪ # of parents (women or men) who agree or strongly agree that they found it easy to access care

Priority 6: Increase number of providers and organizations that provide integrated primary care and behavioral health (specifically substance use) models or whole person care for all populations and Increase community awareness of locations to access integrated care

Strategies for Individual Counties or the Region	Lead Agency(s)	Performance Measures (Measured in counties, communities and/or across western North Carolina as appropriate)
<ol style="list-style-type: none"> 1) Identify the locations of integrated, whole person care practices/providers and models of integration for both children and adults. 2) Include locations of integrated care practices/behavioral health providers on the Vaya website and as part of materials at Kiosks. 3) Provide technical assistance to incorporate SBIRT and other SU screening into primary care practices (Child and Adult). 4) Provide training and technical assistance for primary care practices in the use of MAT, prescribing practices and other pain management interventions. 	<ol style="list-style-type: none"> 1) Vaya (Donald)/ CCNC (Jennifer Wehe-Davis) 2) Vaya (Donald) 3) Mission Health (Jim Hartye)/ Vaya (Matt)/ (Work with State and regional Medical Society and Pediatric Association) 4) MAHEC (Elizabeth) 	<ul style="list-style-type: none"> ▪ Number of primary care practices and behavioral health providers utilizing integrated care practices ▪ Number of primary care practices and behavioral health providers sharing data or clinical summaries with each other ▪ Number of primary care practices utilizing SBIRT or other SU screening (Child and Adult)

**Priority 7: Continue expansion and development of peer support and family peer support models
for substance use and co-occurring disorders**

Strategies for Individual Counties or the Region	Lead Agency(s)	Performance Measures (Measured in counties, communities and/or across western North Carolina as appropriate)
<ol style="list-style-type: none"> 1) Conduct inventory of peer support network. 2) Develop and initiate a plan to increase peer support and family peer support network. 3) Develop and initiate plan to support peers in these services through continuing education to prevent relapse and reduce turn over in these positions. 4) Provide training for the Peer Support Network regarding pain management. 5) Develop and implement training for healthcare providers regarding the use of peer support specialists in medical settings. 6) Support the current use of peers at the Sunrise Community for Recovery and Wellness. Duplicate this model in other recovery settings. 7) Work with the McCleod Center to develop approaches to duplicate their use of Peer Support Specialists in a MAT setting. 8) Explore funding sources to expand the use of peer support and family peer support services. 	<ol style="list-style-type: none"> 1) Vaya (Matt) 2) Vaya (Donald) 3) Vaya (Matt) 4) MAHEC (Elizabeth) 5) MAHEC (Elizabeth) 6) Vaya (Matt) 7) Vaya (Matt)/McLeod Center 8) Vaya (Donald) 	<ul style="list-style-type: none"> ▪ Number of Peer and Family/Parent Peer Support specialists ▪ Number of Behavioral Health Providers that receive training about the role of Peer and Family/Parent Peer Support Specialists in the treatment continuum per county ▪ Number of providers trained with an increase in understanding of the role of Peer and Family/Parent Peer Support Specialists in treatment interventions ▪ Number of Peer Support and Family/Parent Peer Support interventions completed annually per county

Priority 8: Maximize funding sources for service delivery

Strategies for Individual Counties or the Region	Lead Agency(s)	Performance Measures (Measured in counties, communities and/or across western North Carolina as appropriate)
<ol style="list-style-type: none"> 1) Conduct inventory of funding sources and amount of availability for consideration for the delivery, development of services and the implementation of the priorities/goals of the strategic plan. 2) Identify and leverage resources (beyond behavioral health funding) to support SU services through collaboration among community partners. 3) Review allocation funding requirements and analyze barriers to maximizing all state and federal revenues. 4) Review clinical criteria to support implementation of identified best and promising practices, reduce unnecessary barriers in order to increase access and maximize funding sources. 5) Trend denials of authorization and re-authorization (both administrative and medical necessity) 6) Discuss at Provider meetings the results of the UM reviews and discuss strategies to offer technical assistance or training to providers and practices. 7) Pursue grants and other funding sources in addition to reliance on State or Medicaid/Health Choice funding. 8) Conduct cost modeling for needed funding to address service gaps to implement this plan and create a three to five-year funding plan. 9) Do an inventory of commercial payer benefits and authorization criteria 	<ol style="list-style-type: none"> 1) CCR (Tara) 2) CCR (Tara) 3) Vaya (Dr. Martin)/CCR (Tara) 4) Vaya (Ingrid Bolick) 5) Vaya (Stephen Puckett) 6) Vaya (Dr. Martin) 7) Vaya (Shelly) 8) TBD (Funding & Finance Review Workgroup) 9) CCR (Beth) 	<ul style="list-style-type: none"> ▪ Reduction in amount of any undesignated funding or reverted funding for substance use services in child and adult services ▪ Increase in funding diversity or amount designated for substance use or complex coordinated care models involving substance use ▪ Amount of alternative funds brought into the region to support strategies in the strategic plan (e.g. grants, foundations, business partners)

Priority 9: Develop and utilize a data framework to capture county specific level data points/indicators with reporting enabled across systems and agencies, to plan, implement, and assess collective impact initiatives

Strategies for Individual Counties or the Region	Lead Agency(s)	Performance Measures (Measured in counties, communities and/or across western North Carolina as appropriate)
<ol style="list-style-type: none"> 1) Initiate a committee to address data and reporting; develop a clear scope for the committee. 2) Build on (or align with) existing data collection and reporting infrastructure for Community Health (Needs) Assessments implemented across 16 counties of western North Carolina through WNC Healthy Impact 3) Invite Altarum Institute (Health Systems Research) to participate or consult with the data committee. 4) In addition to identifying the scope of data collection and reporting, the scope should also address the use of the health information exchange (HIE) and data sharing to accomplish the intent of this plan and other reporting requirements or state initiatives. 5) Generate current Vaya data for expenditures and people served with SU diagnosis. Also include data from the Vaya call center. 	<ol style="list-style-type: none"> 1) CCR (Tara) 2) CCR (Tara)/ WNCHN (Marian Arlidge) 3) CCR (Tara) 4) CCR (Tara) 5) Vaya (Robert) 	<ul style="list-style-type: none"> ▪ A report of the findings and recommendations to be presented to the WNC SU Alliance Steering Committee by March 1, 2018 ▪ Number of community identified data gaps filled

As documented in the individual subcommittee reports (see attachments) of this plan, there are tasks or strategies that were implemented immediately. Other tasks require additional review and analysis before implementation can begin. Phase II (Implementation) of the *WNC SU Alliance Comprehensive Community Strategic Plan*, including the further development of the implementation requirements, is ongoing as goals are met and new issues and solutions are identified. The WNC SU Alliance and local community partners are aligned to coordinate efforts that contribute to the goals of the plan.

Implementation of the Strategic Plan

The WNC SU Alliance Steering Committee will meet quarterly and is charged with:

- 1) Providing support and guidance for the implementation of the *WNC SU Alliance Comprehensive Community Strategic Plan*
- 2) Monitoring performance measures to evaluate results of the collective impact efforts outlined in the plan
- 3) Identifying additional performance measures needed as priorities are revised and strategies are modified

Responsibilities of the Steering Committee include:

Guidance, Vision, and Oversight

- Use data to inform ongoing strategy development and learning
- Track strategic activity and provide progress reports to partners, communities, and other stakeholders, using agreed upon performance measures
- Make connections across working groups to ensure coordination and efficiency

Leadership

Steering Committee members should:

- Consider how their individual organizations (or other partners in their networks) can align with the plan strategies that address the common agenda across the 23 counties, thus committing to the collective impact agenda
- Serve as a champion in their communities of the collective impact approaches and strategies outlined in this plan

Responsibilities of Lead Agencies/Individuals listed for Specific Strategies include:

- Identify and coordinate partners currently implementing similar strategies and/or needed to implement strategies listed to address the priorities
- Report to the Steering Committee performance measures data that indicates progress towards the priority goals
- Report to the Steering Committee any barriers/challenges in implementing the strategies

Workgroups:

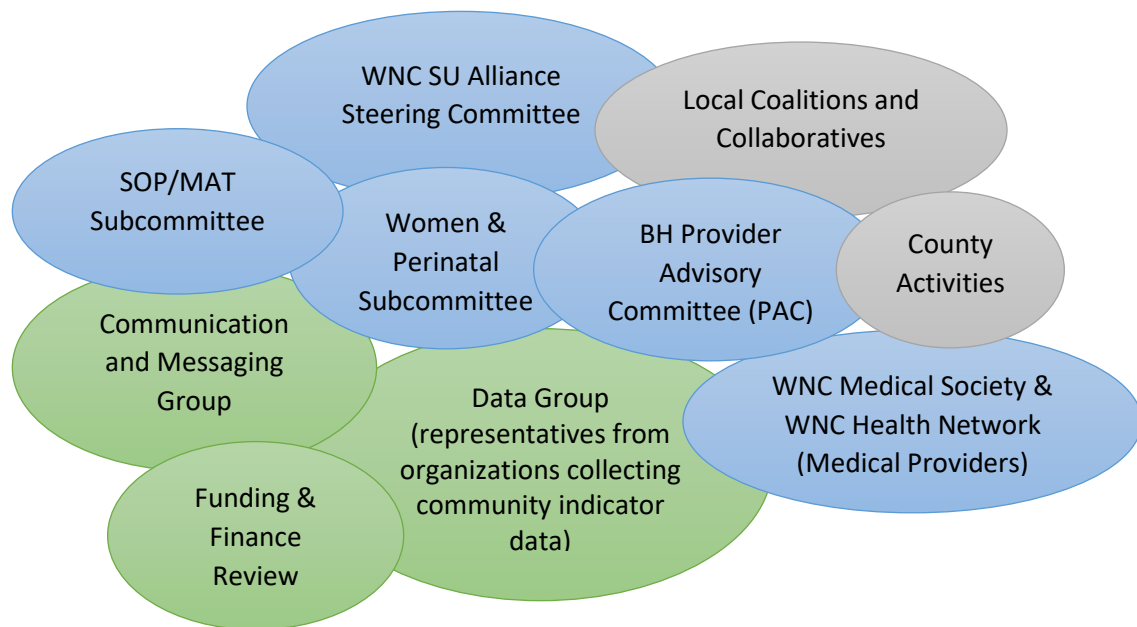
The common themes identified from the initial subcommittee reports indicate a need for a variety of different workgroups that will guide, coordinate, and monitor strategy implementation across various priorities. Groups include but are not limited to the following:

- *Local Coalitions and Collaboratives* play a significant role in delivering messages, communication, and information about available and appropriate interventions and services in their communities. These groups are essential in developing and implementing strategies in their communities. Many already have plans and activities in place to address substance misuse.
- *SOP/MAT* and the *Women and Perinatal* initial workgroups continue to guide strategies specific to these populations due to the complex issues impacting the opioid crisis as well as substance using pregnant women.
- A *Communication and Messaging* workgroup provides support to the SOP/MAT and Perinatal subcommittees, as well as local coalitions and collaboratives, by addressing stigma and the lack of

knowledge about substance use and effective prevention/intervention strategies and resources. This workgroup coordinates with above-mentioned groups to identify effective messaging for community education and awareness campaigns. Western North Carolina Health Network (WNCHN) will take a lead in establishing and facilitating this group.

- A *Performance Measures and Data* workgroup will be established to identify available health (including behavioral health) data relevant to substance misuse, risk factors, and to measure the collective impact of strategies and interventions. Cansler Collaborative Resources, Inc. will facilitate the establishment and work of this group. Vaya Health and the Healthy Impact Data Team will provide initial data sources to be reviewed.
- A *Funding and Finance* workgroup will be established to review how existing services are funded and how expansions (where needed) can be accomplished. Cansler Collaborative Resources, Inc. will facilitate the establishment and work of this group.
- Agencies and individuals identified as “lead” for priorities and strategies outlined in the *WNC SU Alliance Comprehensive Community Strategic Plan* could organize “ad hoc” workgroups to coordinate strategies among partners and stakeholders.
- Other workgroups may be implemented as the strategic plan progresses.

The *WNC SU Alliance Comprehensive Community Strategic Plan* provides opportunities for partners, stakeholders, and county coalitions to implement strategies with a collective impact approach to address substance use across western North Carolina.



The WNC SU Alliance and other community partners are aligned to coordinate efforts that contribute to the *WNC SU Alliance Comprehensive Community Strategic Plan* priorities. While the SU Alliance addresses negative impacts of substance misuse on communities, specific interventions for individuals and their families are implemented by hospitals, behavioral health providers, and primary practices.

Summary

The WNC SU Alliance is committed to addressing the ever-present issue of substance use and its impact on individuals and families in the communities across the western region. The WNC SU Alliance understands the significant impact of trauma on substance misuse and the importance of trauma informed treatments and interventions. Lack of effective treatment and/or barriers to treatment access has a financial and economic impact on the job market, the work force and the health and social service systems at large. This plan provides opportunities for solutions and accountability to address these problems. The WNC SU Alliance is committed to the implementation of this strategic plan as a guide to coordinate a collective impact on the issues related to substance misuse across communities.

When organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, using common measures of success, with one of those organizations providing backbone support, a “collective impact” on that social problem occurs. Implementation of a collective impact approach to coordinate community efforts to address substance use issues will result in positive outcomes across the 23 counties in the western region. The *WNC SU Alliance Comprehensive Community Strategic Plan* serves as a guide for counties, partners, and coalitions to implement strategies and measure success locally and across the region, creating a collective impact.

The WNC SU Alliance Steering Committee will provide guidance, vision, and oversight of the *WNC SU Alliance Comprehensive Community Strategic Plan* activities and progress. Focused efforts to make connections across the various workgroups to ensure coordination and efficiency. Data will be used to inform ongoing strategy development and learning, and strategic activity will be tracked. Though many of the measures are service system performance measures, the WNC SU Alliance is interested in population health indicators to be impacted by the system performance. Progress reports will be provided to partners, communities, and other stakeholders, using agreed upon performance measures.

Attachment 1
Western North Carolina Substance Use Alliance
Steering Committee Members

Name	Organization
Dr. Blake Fagan	Assistant Director, Family Medicine Residency Program, MAHEC (Chair-SOP/MAT Subcommittee)
Sonya Greck	Sr. Vice President, BH Services, Mission Hospital
Dr. Jim Hartye	Behavioral Health Medical Director, Mission Hospital
Mandy Stone	Buncombe County Manager
Jim Holland	Assistant County Manager Health and Human Services Director
Alice Salthouse	CEO, High Country Community Health (FQHC)
Judy Johannsen	Vaya Health Board Member (CFAC representative)
Fred Brason	Executive Director, Project Lazarus
Jeanne Duncan	President, RHA Health Services, Vaya Health Board Member
Ronnie Beale	Macon County Commissioner, Vaya Health Board Member
Steve Smith	Health Director, Henderson County Health Department
Freida Saylor	Director of BH Services, Cherokee Indian Hospital Authority
Doug Trantham	Assistant Director of BH Services, Cherokee Indian Hospital Authority
Kristi Case	Recovery Services Manager, Cherokee Indian Hospital Authority
Jennifer Wehe-Davis	Community Care of Western North Carolina (CCWNC)
Tom Wroth	Medical Director, Community Care of North Carolina (CCNC)
Erin Braasch	WNC Health Network
Elizabeth Flemming	MAHEC
Leslie McCrory	Vaya Health SU Consultant (Chair-Perinatal Subcommittee)
Danielle Arias	Director & ESTR Program, RHA (Chair-Child SU Subcommittee)
Chad Husted	Regional Director, October Road (Chair-Adult SU Committee)
Dr. Craig Martin	Chief Medical Officer, Vaya Health
Christina Dupuch	Chief Operating Officer, Vaya Health
Brian Ingraham	Chief Executive Officer, Vaya Health
Donald Reuss	Senior Director Provider Network, Vaya Health
Jesse Smathers	Director of Network Development, Vaya Health
Celeste Ordway	Care Coordination, Vaya Health
Jana Aitken	Vaya Health
Tara Larson, Staff to the Committee	Cansler Collaborative Resources
Beth Nelson, Staff to the Committee	Cansler Collaborative Resources

Attachments 2-6 (See Separate Documents)