

STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

September 28, 2020

**SENT VIA ELECTRONIC MAIL**

The Honorable James Boles, Chair  
Joint Legislative Oversight Committee on  
Justice and Public Safety  
North Carolina General Assembly  
Room 528, Legislative Office Building  
Raleigh, NC 27603

The Honorable Warren Daniel, Chair  
Joint Legislative Oversight Committee on  
Justice and Public Safety  
North Carolina General Assembly  
Room 627, Legislative Office Building  
Raleigh, NC 27603

The Honorable Ted Davis, Chair  
Joint Legislative Oversight Committee on  
Justice and Public Safety  
North Carolina General Assembly  
Room 417B, Legislative Office Building  
Raleigh, NC 27603

Dear Chairmen:

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

Should you have any questions, please contact Kody Kinsley, Deputy Secretary for Behavioral Health and IDD, at (984) 236-5000.

Sincerely,

Mandy Cohen, MD, MPH  
Secretary

DocuSigned by:

A handwritten signature in blue ink, appearing to read "Kody H. Kinsley", is placed over a horizontal line.

D7816E4CBA6F4A8...  
Kody H. Kinsley

Deputy Secretary for Behavioral Health & IDD  
North Carolina Department of Health and Human Services

cc:	Kody Kinsley	Susan G. Perry	Dave Richard	Ben Money	Tara Myers
	Rob Kindsvatter	Marjorie Donaldson	Jessica Meed	Matt Gross	Hattie Gawande
	Joyce Jones	Lisa Wilks	Katherine Restrepo	Jared Simmons	Jane Chiulli
	Theresa Matula	Luke MacDonald	Erin Matteson	Theresa Matula	Mark Collins

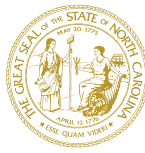
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STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER  
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MANDY COHEN, MD, MPH  
SECRETARY

September 28, 2020

**SENT VIA ELECTRONIC MAIL**

The Honorable Joyce Krawiec, Chair  
Joint Legislative Oversight Committee on  
Health and Human Services  
North Carolina General Assembly  
Room 308, Legislative Office Building  
Raleigh, NC 27603

The Honorable Josh Dobson, Chair  
Joint Legislative Oversight Committee on  
Health and Human Services  
North Carolina General Assembly  
Room 307B, Legislative Office Building  
Raleigh, NC 27603

The Honorable Donny Lambeth, Chair  
Joint Legislative Oversight Committee on  
Health and Human Services  
North Carolina General Assembly  
Room 303, Legislative Office Building  
Raleigh, NC 27603

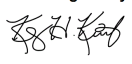
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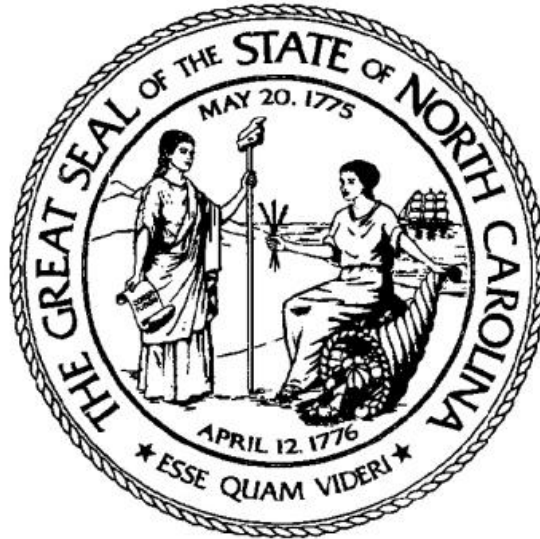
Mandy Cohen, MD, MPH  
Secretary

DocuSigned by:  
  
D7816E4CB46F4A8...  
Kody H. Kinsley

Deputy Secretary for Behavioral Health & IDD  
North Carolina Department of Health and Human Services

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



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

**by**

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

**September 28, 2020**

## **INTRODUCTION**

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

## **BACKGROUND**

Since January 2015, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) has actively developed its own analytical capabilities in order to produce reports not only for short-term analysis and licensing boards, but also longitudinal studies of the data. These studies are tremendously useful in analyzing trends over time across various levels, including local, regional and state. These and other types of data reports are essential in assisting stakeholders dealing with the prescription drug abuse epidemic. As part of these efforts, DMH/DD/SAS receives regular data submissions from the third-party vendor directly into a fully functional database within the Department of Information Technology's Government Data Analytics Center (GDAC). Partnerships with the Injury and Violence Prevention Center, University of North Carolina Chapel Hill continues with ongoing efforts to understand the impact of legislation on prescribing trends.

## **CURRENT DMH/DD/SAS ANALYTICAL EFFORTS**

DMH/DD/SAS has been involved in several analytical projects to provide accurate and timely dispensed controlled substances data to stakeholders across the state. A significant priority in the past two years is ongoing data sharing of aggregate, de-identified data to the Injury and Violence Prevention Branch (IVPB) of the Division of Public Health. Data on prescribing trends have been provided for the Opioid Dashboard among other initiatives. The Centers for Disease Control (CDC) Opioid Data to Action grant received by the Division of Public Health funds joint initiatives between the IVPB and DMH/DD/SAS such as the development of factsheets and educational videos to support good prescribing practice for controlled substances.

DMH/DD/SAS have utilized the analytical capabilities available through GDAC to improve the administration of the program. Regular reporting requirements for legislative reports and licensing boards are now fully automated, reducing error and freeing staff time. Advanced patient matching algorithms have improved the operability of de-identified research datasets. Analytic tools are utilized to identify multiple provider episodes for unsolicited reports. DMH/DD/SAS have also utilized the advanced analytical capabilities of the system's third-party provider to release advanced analytics on individual patient risk of unintended overdose, and personal prescribing trends directly to practitioners. These reports are considered privileged and confidential, and technology allows this sensitive information to be securely delivered directly to practitioners through electronic health records or direct to their Controlled Substances Reporting System (CSRS) accounts.

## **CONCLUSION**

DMH/DD/SAS continues to develop advanced analytic capabilities to improve business functions and deliver accurate de-identified data to the state's research community.

Prescription Drug Monitoring Programs (PDMP) have shown to be effective in changing prescriber behavior and reducing the number of patients who visit multiple providers seeking the same or similar drugs. Federal agencies such as the CDC and Bureau of Justice Assistance (BJA) continue to advocate for widespread use and interstate operability of prescription drug monitoring systems like the CSRS.

DMH/DD/SAS is committed to improving the functionality of CSRS and will continue to work diligently and expeditiously to improve and promote the CSRS as an effective clinical tool. At the same time, our current analytical capabilities will continue to be developed to serve agencies and communities in the fight to end prescription drug abuse.