NC HealthConnex
Powering Health Care Outcomes

NORTH CAROLINA HEALTH INFORMATION EXCHANGE AUTHORITY

October 30, 2025
Advisory Board Meeting

NCDIT NORTH CAROLINA DEPARTMENT OF INFORMATION TECHNOLOGY

Welcome &
Call to Order

North Carolina Health Information Exchange Authority

Overview of Topics

- Vice Chair Election
- Operations Update
- HITRUST Update
- Claims Interface Demo
- HMS Year 1 in Review
- Familiar Faces

Vice Chair Election

Operations Updates:

1. Staffing
2. Metrics
3. Budget and Contracts
4. Strategic Plan Update
5. Fed Landscape Update

Staffing Update

- Reductions
  - Nonrecurring Funds – 3 staff
  - NCDIT Budget Cuts – 3 open positions
- Additions
  - QI Specialist
  - Analytics Lead
  - 8 New HMS positions
  - Tech Ops Manager
- NCDIT Return to Office
- Team Building

Metrics

Future State of Metrics

- Goal and objective based reporting, when applicable
- Co-create well-defined, intentional metrics
- Coordinated quarterly and annual reporting
- Accountability & transparency

Goal 2: Remain at the Forefront of Data Quality and Emerging Data Standards

Objective 1: Enhance the NC HealthConnex Data Quality Program

Strategy 3: Refine and expand upon operational and data quality metrics collected, metrics-driven organizational improvement processes and transparent reporting to partners and the public.

TOTAL PORTAL LOGINS

Current State – Static Report

Total per month	% change previous month
Average number per month	
Top 10 facilities	Number of logins

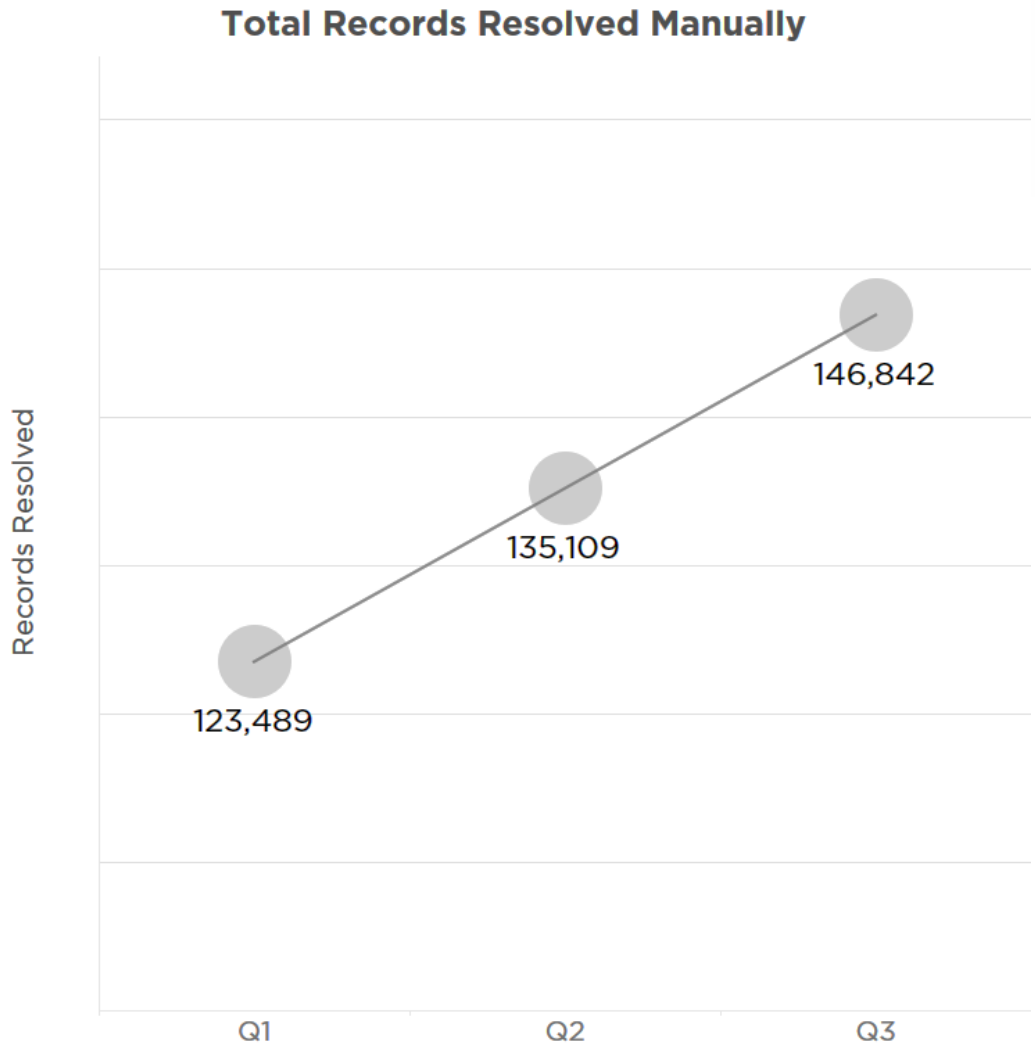
Future State – Customized Learnings

- Total number of logins per month
- Total number of logins by user
- Total number of logins by facility
- Total number of logins by day
- Total number of logins by time

Goal 2: Remain at the Forefront of Data Quality and Emerging Data Standards

Objective 1: Enhance the NC HealthConnex Data Quality Program

Strategy 6: Continue to refine patient matching capabilities to reduce duplication of patient records and ensure accurate sharing of information across systems, including by linking NC HealthConnex patient identifiers to NC eLink common statewide identifiers.



Goal 1: Broaden Exchange Capabilities to Support Equitable, Whole-Person Care

Objective 5: Incorporate New Data Sources and Types

Strategy 3: Integrate with emergency medical services (EMS) providers to ensure EMS data are available in NC HealthConnex and NC HealthConnex data is accessible by EMS at the point of care.

40 EMS Users
11 EMS Organizations

"The **NC HealthConnex Clinical Portal is a critical software** that we're trying to spread out throughout our community of paramedics and emergency services. **It can make a life and death difference being able to have at your fingertips access to information that we never would have even been close to seeing before like allergies, medications and urgent care visits.**"

- Justin Stewart, training officer for Rockingham County EMS

See handout for more metrics

NC HealthConnex
Powering Health Care Outcomes

Budget & Contracts

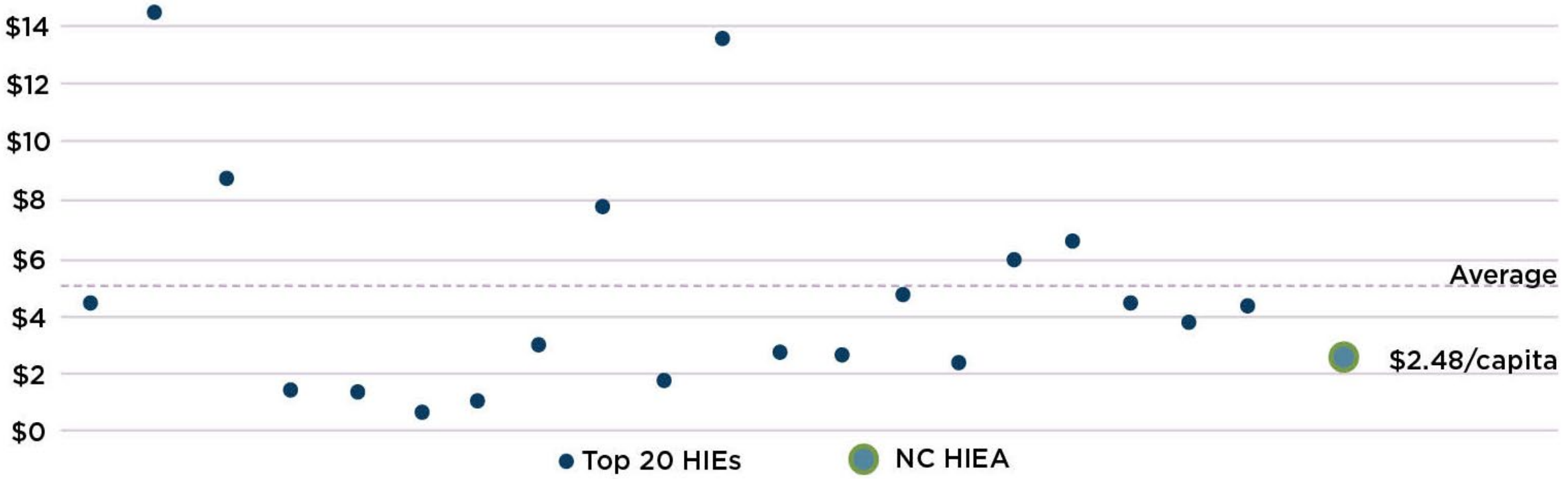
Budget & Contract Update

- General Fund appropriation for SFY25-26 –

Base Appropriation:	*$15,584,205*
~~*Nonrecurring:*~~	~~*+ $3,800,000*~~
Total =	***$15,584,205***

- Operational Advanced Planning Document (OAPD) approved
- Implementation Advanced Planning Document (IAPD) approved
- HR1 IAPD submitted to CMS for review
- Rural Health Transformation project proposal provided to NC DHHS
- Chickasaw Federal Health's grant applied for with NC DHHS DMH
- Two SAS addenda close to final and another in development
- PR agency procurement close to complete

HIE Per Capita Costs



Per capita cost of the 20 highest revenue HIEs in the country. Data Source: 2023 Public tax returns, 2024 Civitas/ UCSF annual survey.

Strategic Priorities and Implementation Plans

Manatt is Supporting the NC HIEA to Execute on Two of Its Highest Strategic Priorities

1 *State Health Plan (SHP) Partnership*

- **Strategic Priority:** Establish a long-term data analytics partnership between the NC HIEA and SHP to improve member health, strengthen provider networks, and support SHP's transition to a data-driven enterprise.
    - ***Status and Next Steps:*** Workstream is active. Manatt is supporting NC HIEA and SHP to finalize foundational legal agreements that would enable data sharing and to define the technical specifications required for the data to be exchanged.

2 *Optimizing Participant Onboarding (OPO)*

- **Strategic Priority:** Optimize the NC HIEA's participant onboarding process to reduce delays, improve coordination, and maintain high data quality—transitioning participants from agreement to go-live more efficiently.
- ***Status and Next Steps:*** Workstream is paused as NC HIEA leadership is identified. Through the coming months, Manatt will support the NC HIEA to define system roles and responsibilities, design a unified onboarding process, align resources, select enabling technologies, and establish performance monitoring and improvement cycles.

Note: *Manatt is supporting other ad-hoc strategic research and advisory requests at the request of NC HIEA.*

Federal Updates

Federal Landscape Updates

Federal activities are reshaping the HIE landscape, with new mandates and frameworks to impact interoperability, cybersecurity, and rural healthcare delivery.

Federal Initiatives

- **Centers for Medicare and Medicaid (CMS) Rural Health Transformation (RHT) Program:** CMS is advancing the RHT program, authorized under HR1, to strengthen healthcare delivery in rural communities.
    - $50 billion in RHT Program funding will be distributed over five fiscal years.
    - A key goal of the program is to advance innovative technology that improves care, secures data, and expands access to digital health tools by rural facilities, providers, and patients.
- **White House National Network Update:** At the July 2025 “Make Health Tech Great Again” event, the Trump administration introduced its plans for a “next generation digital health ecosystem,” anchored in two strategic pillars: promoting the CMS Interoperability Framework and expanding personalized tools for patients.
    - CMS’ Interoperability Framework defines data sharing standards for access, data availability and standards compliance, network connectivity, identity, security & trust, and the different categories of participants.
    - **“CMS Aligned Networks”** are self-attesting early adopters that commit to CMS interoperability standards to support data exchange across health systems and platforms.

Federal Landscape Updates

Federal Data Exchange Policy Changes

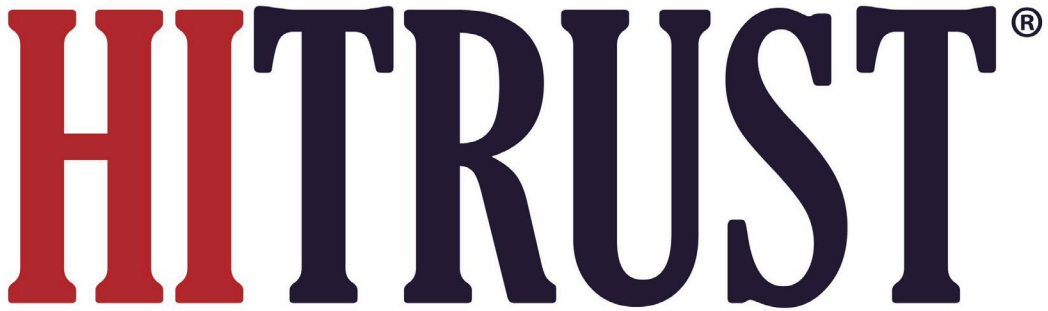
- **CMS Interoperability and Prior Authorization Final Rule:** CMS is implementing new interoperability requirements to improve patient access to health data and streamline prior authorization processes.
    - CMS is requiring payers to implement HL7 FHIR-based APIs for patient/provider access and payer-to-payer data exchange by January 2027.
- **Penalties for Health Information Blocking:** OIG and CMS updates signal imminent enforcement of federal transparency and data access mandates. Providers, certified HIT developers, and ONC-certified product developers determined to commit information blocking may face CMS disincentives, fines up to $1M *per violation*, or loss of certification.
- **United States Core Data for Interoperability (USCDI) Advancement to V3:** ASTP has finalized version 3 of USCDI, expanding standardized data classes and elements for nationwide exchange.
    - This new version is mandatory for certified HIT by January 1, 2026, and includes new data elements focused on equity, disparities, and public health.
- **Proposed Updates to HIPAA Security Rule:** In December 2024, HHS proposed revisions to the HIPAA Security Rule to strengthen cybersecurity requirements and modernize safeguards for electronic PHI. Changes would make all standards mandatory, require encryption, MFA, and add risk analysis, audits, and incident response protocols.

HITRUST Update

HITRUST Update

The original plan for HITRUST certification included a 2025 annual risk assessment followed by engaging in the rigorous HITRUST r2 certification process in 2026.

However, while performing the annual risk assessment, our compliance team identified several gaps that would prevent the NC HIEA from successfully attaining HITRUST certification.



2025 Risk Assessment Gaps

1. Lack of a robust security and privacy program.*

A security and privacy program would collaborate with the State Office of Privacy and Data Protection to:

A. Establish a governance framework that would:

1) develop policies
2) allocate resources with clear roles and responsibilities
3) establish a risk management strategy
4) provide for continuous improvement based on performance measures

B. Oversee annual risk assessments

C. Define security and privacy requirements for implementation by SAS.

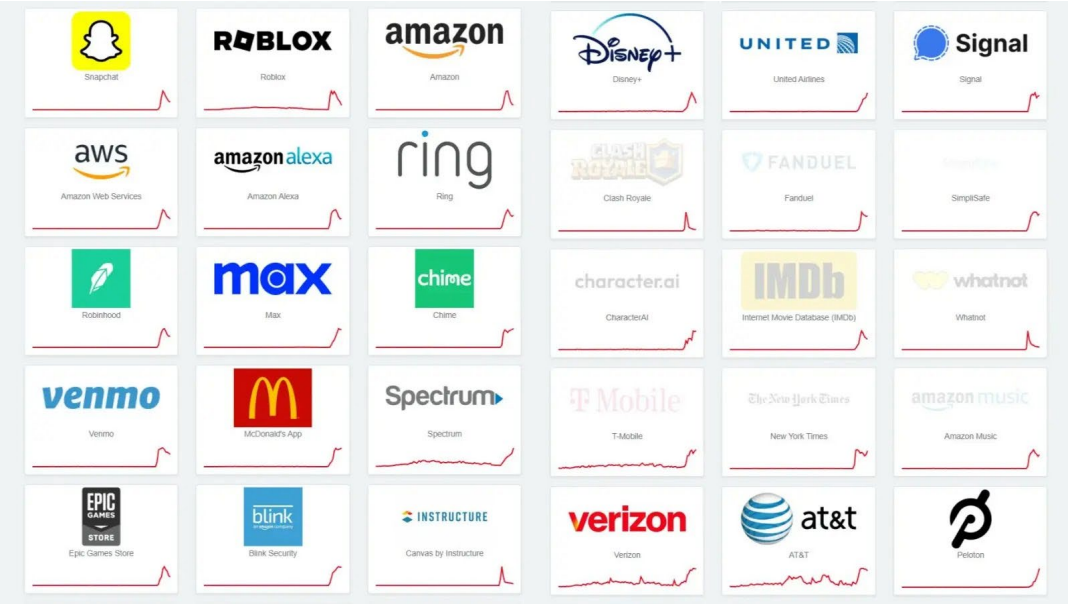
* See NIST 800-53 PM controls.

2025 Risk Assessment Gaps

2. Lack of disaster recovery with geographical separation.*

A. While the HIEA has implemented high availability and failover and planned for business continuity, in the event of a major weather event that impacts Cary, NC, the lack of geographic separation puts the NC HIEA at risk for an extended service outage.

B. Example: Amazon Web Services (AWS) US-East-1 data center outage on October 20, 2025. Some companies did not diversify across multiple AWS regions (geographic separation) or multiple cloud providers due to complexity and cost.



Companies affected by AWS Outage

* See NIST 800-53 CP controls.

HITRUST Update

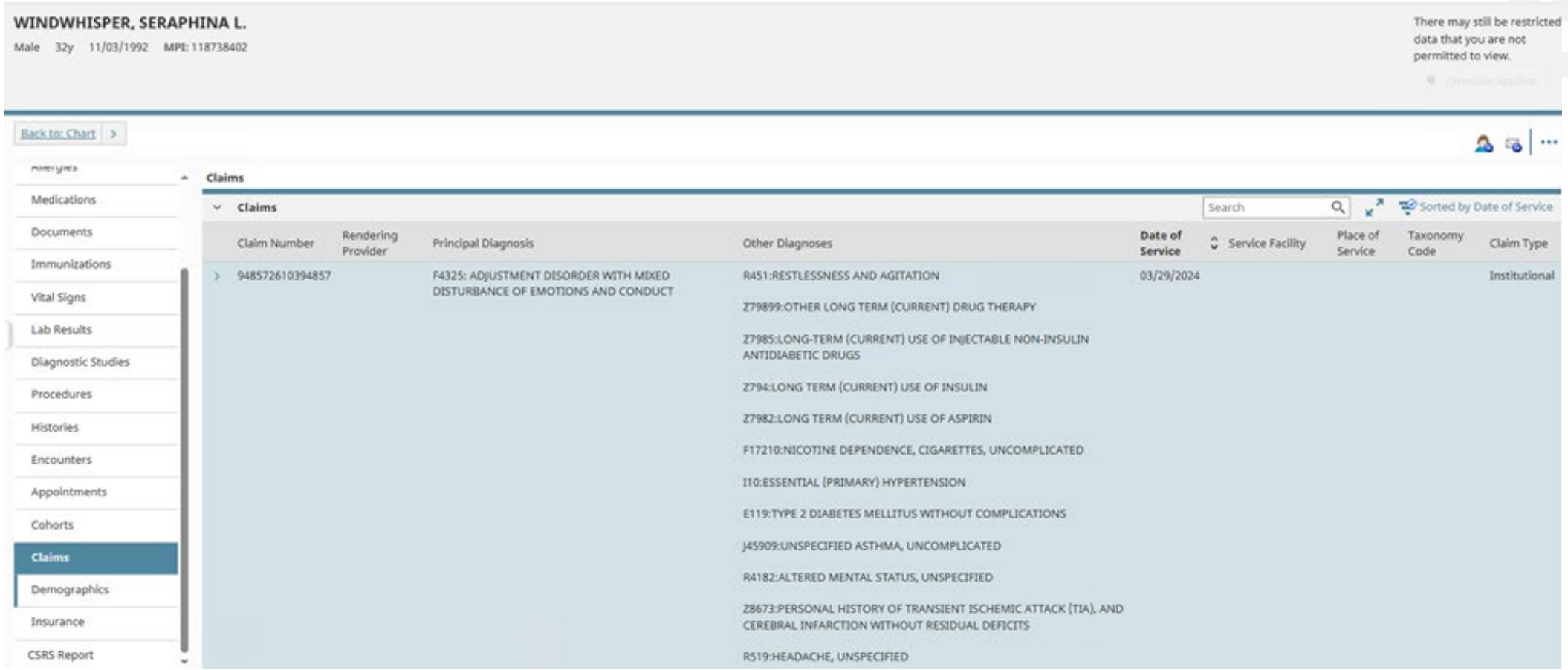
Next steps:

1. Finalize the 2025 risk assessment, which is on track to complete in mid-November 2025.*
2. Prioritize the creation of a robust security and privacy program, in collaboration with OPDP, led by a newly created position tentatively titled HIEA Privacy Program Manager.
3. Prioritize budgeting and planning for disaster recovery.

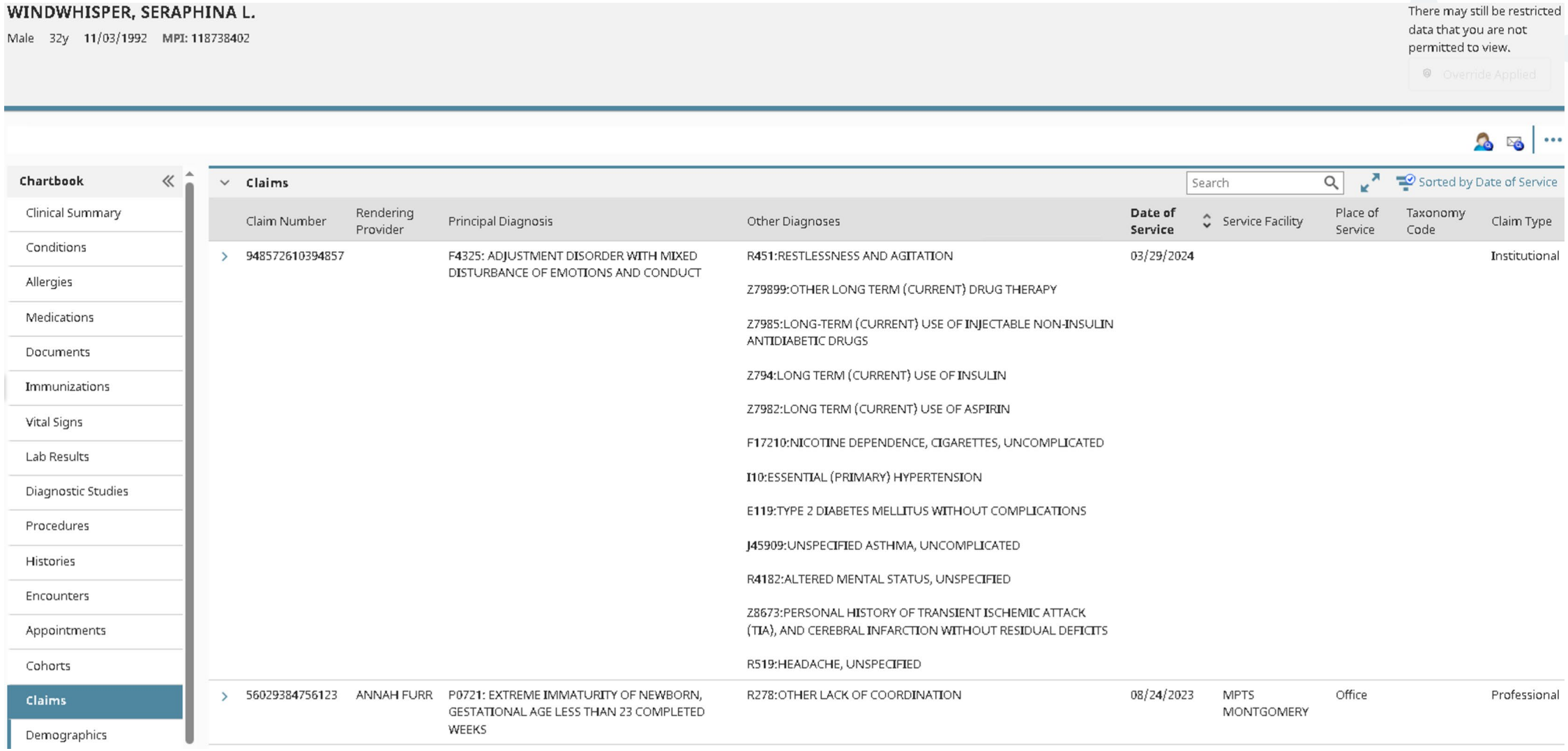
*There may be other gaps identified by the risk assessment that will require prioritization, budget, and planning.

Claims Interface

Medical Claims data in Patient Chartbook



Medical Claims data in Patient Chartbook



WINDWHISPER, SERAPHINA L.

Male 32y 11/03/1992 MPI: 118738402

There may still be restricted data that you are not permitted to view.

Override Applied

Chartbook

- Clinical Summary
- Conditions
- Allergies
- Medications
- Documents
- Immunizations
- Vital Signs
- Lab Results
- Diagnostic Studies
- Procedures
- Histories
- Encounters
- Appointments
- Cohorts
- **Claims**
- Demographics

Claims

Search

Sorted by Date of Service

Claim Number	Rendering Provider	Principal Diagnosis	Other Diagnoses	Date of Service	Service Facility	Place of Service	Taxonomy Code	Claim Type
948572610394857		F4325: ADJUSTMENT DISORDER WITH MIXED DISTURBANCE OF EMOTIONS AND CONDUCT	R451:RESTLESSNESS AND AGITATION Z79899:OTHER LONG TERM (CURRENT) DRUG THERAPY Z7985:LONG-TERM (CURRENT) USE OF INJECTABLE NON-INSULIN ANTIDIABETIC DRUGS Z794:LONG TERM (CURRENT) USE OF INSULIN Z7982:LONG TERM (CURRENT) USE OF ASPIRIN F17210:NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED I10:ESSENTIAL (PRIMARY) HYPERTENSION E119:TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS J45909:UNSPECIFIED ASTHMA, UNCOMPLICATED R4182:ALTERED MENTAL STATUS, UNSPECIFIED Z8673:PERSONAL HISTORY OF TRANSIENT ISCHEMIC ATTACK (TIA), AND CEREBRAL INFARCTION WITHOUT RESIDUAL DEFICITS R519:HEADACHE, UNSPECIFIED	03/29/2024				Institutional
56029384756123	ANNAH FURR	P0721: EXTREME IMMATURITY OF NEWBORN, GESTATIONAL AGE LESS THAN 23 COMPLETED WEEKS	R278:OTHER LACK OF COORDINATION	08/24/2023	MPTS MONTGOMERY	Office		Professional

Only fields submitted are visible.

Claims

Claims

Search

Sorted by Date of Service

	Claim Number	Rendering Provider	Principal Diagnosis	Other Diagnoses	Date of Service	Service Facility	Place of Service	Taxonomy Code	Claim Type
>	948572610394857		F4325: ADJUSTMENT DISORDER WITH MIXED DISTURBANCE OF EMOTIONS AND CONDUCT	R451:RESTLESSNESS AND AGITATION Z79899:OTHER LONG TERM (CURRENT) DRUG THERAPY Z7985:LONG-TERM (CURRENT) USE OF INJECTABLE NON-INSULIN ANTIDIABETIC DRUGS	03/29/2024				Institutional

R519:HEADACHE, UNSPECIFIED

Line	Date of Service	CPT:Procedure
1	05/08/2024	J3490: UNCLASSIFIED DRUGS
2	04/09/2024	80048: BLOOD TEST, BASIC GROUP OF BLOOD CHEMICALS (CALCIUM, TOTAL)
3	03/29/2024	80053: BLOOD TEST, COMPREHENSIVE GROUP OF BLOOD CHEMICALS
4	04/13/2024	80076: LIVER FUNCTION BLOOD TEST PANEL
5	04/29/2024	80164: VALPROIC ACID LEVEL, TOTAL
6	03/29/2024	80307: TESTING FOR PRESENCE OF DRUG, BY CHEMISTRY ANALYZERS
7	03/29/2024	81001: MANUAL URINALYSIS TEST WITH EXAMINATION USING MICROSCOPE, AUTOMATED
8	03/29/2024	81025: URINE PREGNANCY TEST

10-Minute Break

HMS Year 1 in Review

Implementation Advance Planning Document (IAPD) Timeline

Pre-Planning & Socialization

Planning

April 1, 2024 – September 30, 2024 (FFY2024)

Initial IAPD Submission to CMS for Planning Activities

Design, Development & Implementation

October 1, 2024 – September 30, 2025 (FFY2025)

October 1, 2025 – September 30, 2026 (FFY2026)

October 1, 2026 – September 30, 2027 (FFY2027)

Updated IAPD (IAPD-U) Forecasting Design, Development, and Implementation Activities for FFY 2025-2026

Annual Update (IAPD-U) for Design, Development, and Implementation Activities Covering FFY2026-2027

Operations & Maintenance

Implementation Advance Planning Document (IAPD) Timeline

Design, Development & Implementation

October 1, 2024 – September 30, 2025 (FFY2025)

Key Foundational Wins (Year One)

Established HIE Medicaid Services (HMS) within the HIEA

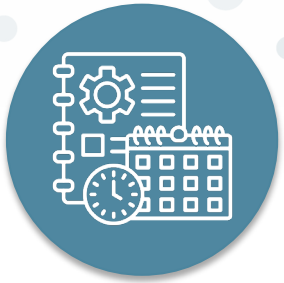
Expanded the HMS team – onboarded 8 staff

Built Internal Capacity – created a six-part training series for team members

Launched the HMS Early Adopters Program – financial incentives for providers

Secured CMS approval for the annual IAPD-update and projections through FFY2027

Formalized Joint Governance – established the DHB-HIEA Executive Team and the Monitoring & Oversight Group



Strengthened project management across HIEA, NC Medicaid, and SAS

Health-Related Social Needs (HRSN) Screening Updates (Year One)

Published HRSN Screening User Guide

Describing how participants can send HRSN screening data via custom ZPV segments of HL7 ADT messages

HRSN Data in the Clinical Portal

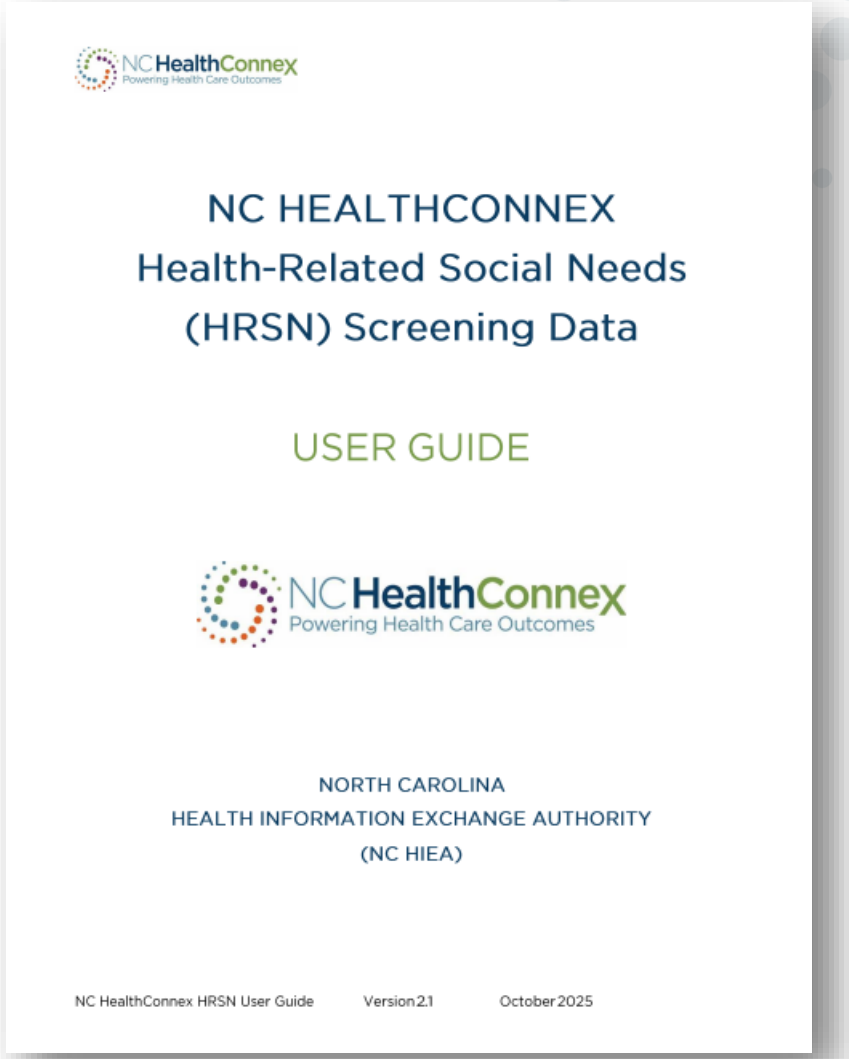
Made screening results viewable in the NC HealthConnex Clinical Portal

Finalized Data Sharing File Layout

For sharing HRSN screening data with Standard Plans, Tailored Plans, Community Care of North Carolina (CCNC), Tribal Option, and NC Medicaid

Cohort One Kickoff Calls

Held kickoff calls with the 8 participants of the HRSN Screening Early Adopters Program



Digital Quality Measures (dQMs) Updates (Year One)

NCQA's Data Aggregator Validation

Participated in the 2025 cohort with four participants, currently waiting on final results

Published RFI with NC Medicaid

Requested input on tools to support dQM work

Identified 5 Cohort One Early Adopters for the dQM Use Case

Participants will engage in data quality improvements and NCQA's Data Aggregator Validation Program

Developed Exploratory Data Analysis Guides

Created to support data quality assessment for priority quality measures

Data Quality Roadmap

Completed interviews with select internal and external resources to work towards updating HIEA's Data Quality Roadmap

Aligned on Data Dictionary

Established purpose and key fields for a system-wide data dictionary

Care Management Updates (Year One)

Claims Management Database

Developed an environment solution for storing high volumes of historical claims data and other reference data

Receipt of Monthly 834

Started receiving the monthly 834 to be used for Medicaid eligibility and enrollment reconciliation

Transitions of Care (TOC) Timeline

Aligned on the timeline and steps for implementation of TOC in preparation for launch in fall 2026

Requirements Design

Defined detailed requirements for several foundational data-sharing and infrastructure components

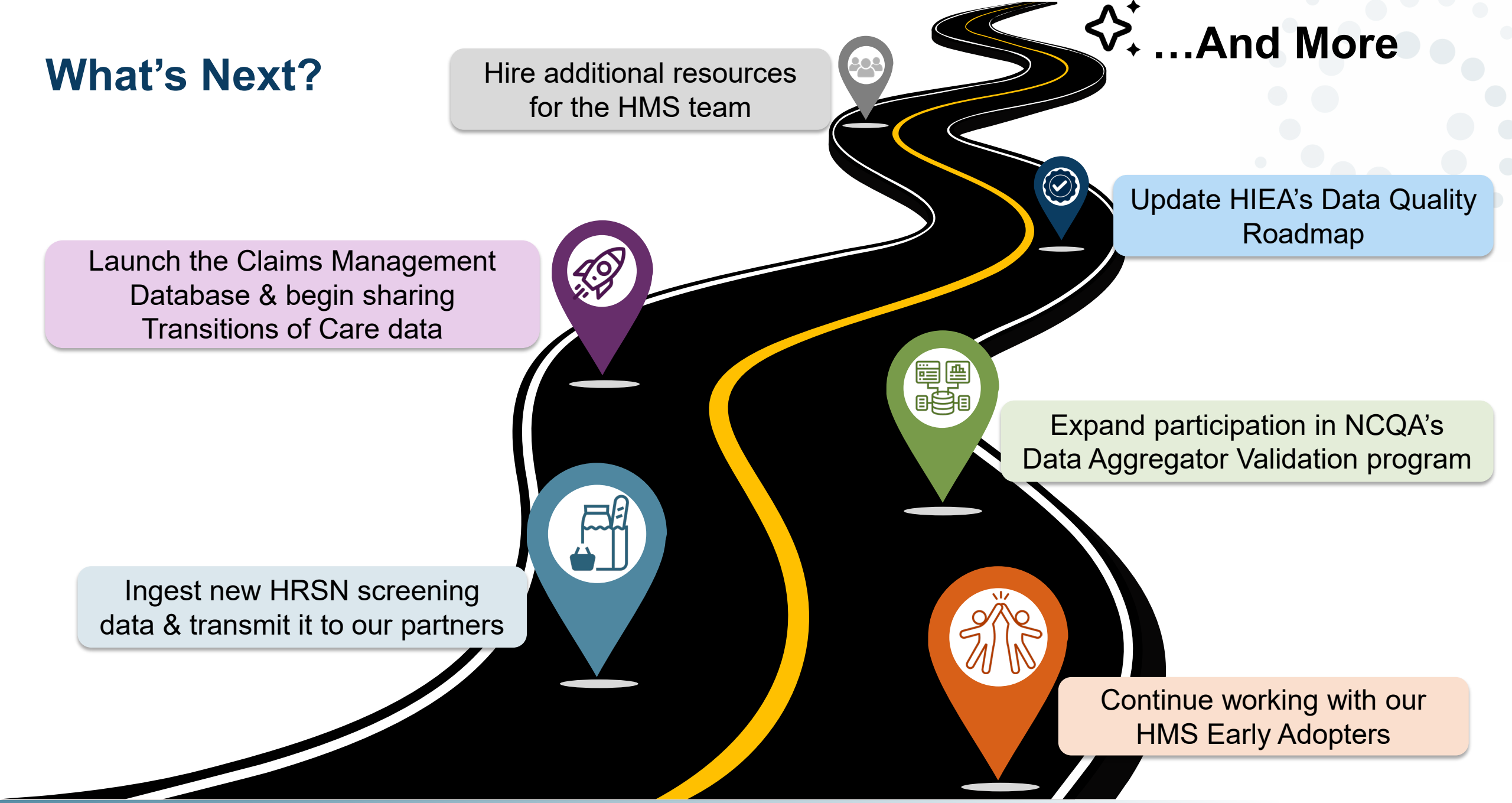
Data Gap Analysis

Conducted a comprehensive analysis of data gaps – including FHIR elements

Integrated Support Processes

Started mapping integrated support processes between SAS/HIEA and NC Medicaid's Tech Ops/Help Center

What's Next?


Hire additional resources for the HMS team
…And More
Update HIEA's Data Quality Roadmap
Launch the Claims Management Database & begin sharing Transitions of Care data
Expand participation in NCQA's Data Aggregator Validation program
Ingest new HRSN screening data & transmit it to our partners
Continue working with our HMS Early Adopters

Familiar Faces Project

Familiar Faces Program
Health Information Exchange Authority (HIEA)

Denise Foreman, Director of Behavioral Health – Wake County, Project Executive Sponsor

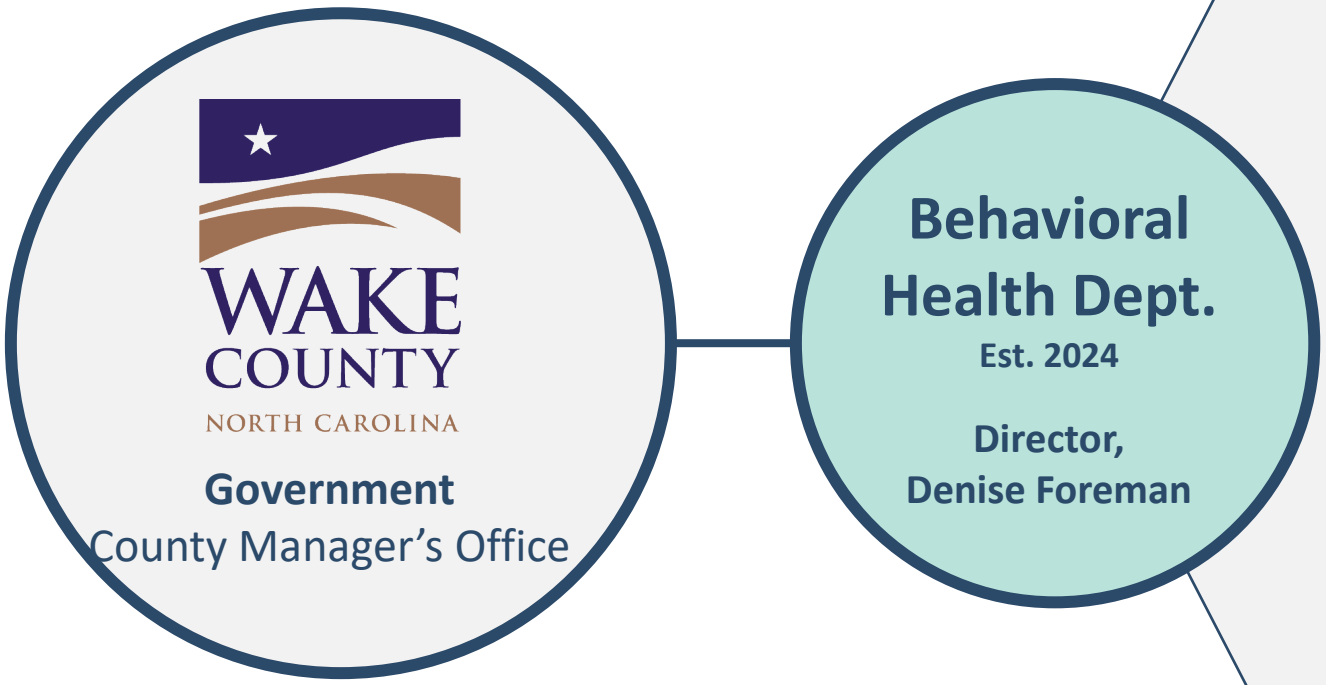
Bonnie Brown, Chief Data Officer – Wake County

October 30, 2025

Agenda

- Sponsoring Organization
- Healthcare Problem
- Familiar Faces Project Details
- Pilot Users and Data Needs
- Data Dissemination
- Timeline, Risks, Impact

Who We Are



Vision

All individuals in Wake County will have the opportunity to thrive. Our community works together to offer a compassionate, accessible, recovery-oriented, and integrated behavioral health system of care.

Strategic Focus Areas

1. Accessibility, Navigation and Coordination
   - **Familiar Faces Pilot**
2. Community Support Services
3. Crisis Services
4. Justice Services
5. Youth and Families

Healthcare Problem

Familiar Faces Population

Experiencing complex medical and mental health issues in addition to **gaps in social services support** that become barriers to care

- **Food, Transportation, Housing**
- Social Community & Context
- Healthcare & Quality
- Education Access & Quality
- Economic Stability

North Carolina Medicaid

Majority are **Medicaid eligible** through Medicaid expansion

Tailored Plan or
Standard Plan Care

Predominant **criminal justice involvement**

Timeline of Events: A Case Study

Agency	Event	Event Start	Event End	Event Length	Days Between Events
JAIL	Arrest Misdemeanor: Intoxicated and Disruptive	03-Sep-2015	17-Sep-2015	14	10
EMS	EMS Transported: No Lights/Siren	22-Sep-2015	22-Sep-2015	0	5
JAIL	Arrest Misdemeanor: Failure to Appear on Misdemeanor	23-Nov-2015	25-Nov-2015	2	62
JAIL	Arrest Misdemeanor: Failure to Appear on Misdemeanor	07-Dec-2015	10-Dec-2015	3	12
JAIL	Arrest Misdemeanor: Second Degree Trespassing	15-Dec-2015	22-Dec-2015	7	5
HMIS	HMIS Shelter	30-Dec-2015	31-Dec-2015	1	8
HMIS	HMIS Emergency Shelter	09-Jan-2016	10-Jan-2016	1	9
HMIS	HMIS Emergency Shelter	12-Jan-2016	13-Jan-2016	1	2
HMIS	HMIS Emergency Shelter	18-Jan-2016	24-Jan-2016	6	5
HMIS	HMIS Emergency Shelter	25-Jan-2016	26-Jan-2016	1	1
JAIL	Arrest Misdemeanor: Second Degree Trespassing	26-Jan-2016	04-Feb-2016	9	0
EMS	EMS Transported: No Lights/Siren	05-Feb-2016	05-Feb-2016	0	1
EMS	EMS Transported: No Lights/Siren	14-Feb-2016	14-Feb-2016	0	9
JAIL	Arrest Misdemeanor: Intoxicated and Disruptive | Second Degree Trespassing	02-Apr-2016	14-Apr-2016	12	48
EMS	EMS Transported: No Lights/Siren	26-Apr-2016	26-Apr-2016	0	12
EMS	EMS Assist	09-May-2016	09-May-2016	0	13
HMIS	HMIS Emergency Shelter	05-Jun-2016	06-Jun-2016	1	27

Sharing Data is a Key Component to Providing Whole Person Care

Aggregated Holistic View of an Individual's Well-being

Medical | Behavioral / Substance Use | Criminal Justice | Social Determinants of Health

Facilitates Coordinated Care Across Community Providers

GOAL

Deliver a **scalable pilot application** that improves the health and well-being of the county's most vulnerable population (Familiar Faces) by breaking down the silos of care across providers

Project Details

Pilot Intent

- Test how **aggregated shared data** helps pilot partners **connect** providers and community resources in support of high-utilizers of their services

- **Facilitate improved collaboration** and **care coordination** between providers and community partners

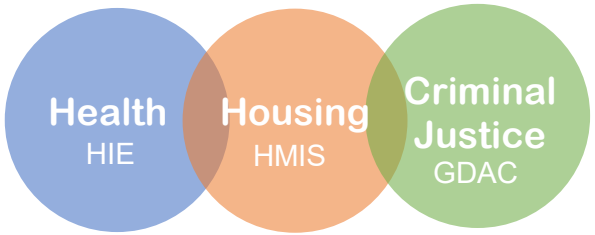
- Gain insights and data to **drive decisions** on expanding the program and **gain financial and community support**

Pilot Partners

6 Partner Organizations

Intentionally selected to learn how data-sharing and care coordination can work across varying types of community organizations actively interacting with Familiar Faces

DATA SOURCES



Identity Resolution (eLink)

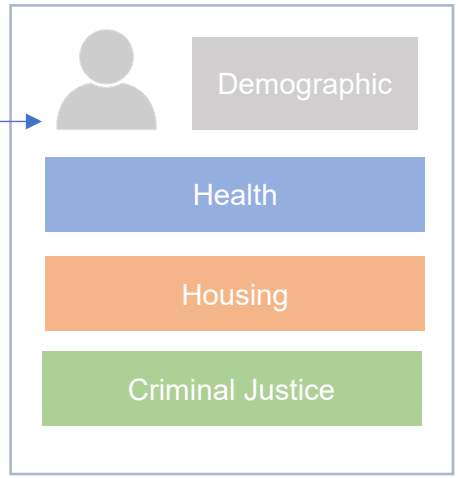
Data-Sharing Agreements / Consent

FAMILIAR FACES (FF) SYSTEM

Partners (Users)

LOOK UP INDIVIDUAL

VIEW INDIVIDUAL'S INFO (Data-sharing agreements)



RUN REPORTS

VIEW REPORTS & DASHBOARDS

Partners (Users)

OUTSIDE FF SYSTEM

Partners

PROVIDE CARE

COLLABORATE

ENTER DATA INTO THEIR SYSTEMS

Care Coordination

Support High-Utilizers of Their Services

PROVIDE FEEDBACK & STORIES; LEARNINGS

How has access to more information on an individual helped you better serve them?

Partners

Learn, Iterate and Grow

Designing for Scalability

Leverage State Systems & Data

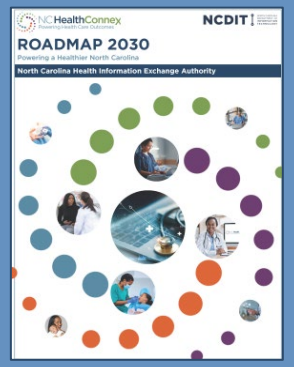
HIE – NC HealthConnex

eLink – Identity Resolution

Criminal Justice Warehouse

NC County Cohort

150+ counties across country have Familiar Faces Initiatives

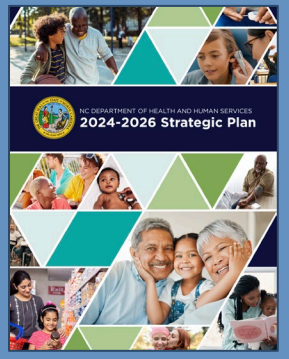


NC HIEA Strategic Goals

- Broaden exchange capabilities to support equitable, **whole-person care**
- Support **value-based care** and public health priorities alongside agency and organization partners

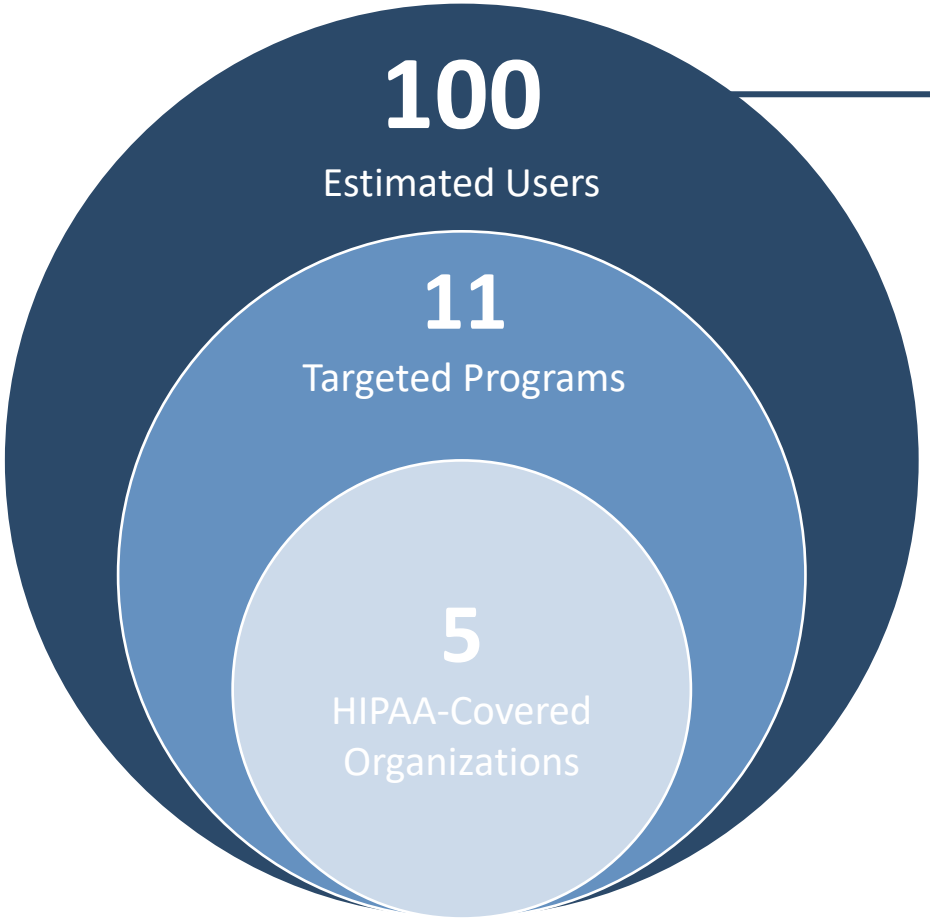
NC HHS Strategic Plan

> ***Whole Person Health***
> *Underpinning the strategies in this plan is the foundational goal to build an innovative, coordinated, and whole person — physical, behavioral and social health-centered – system that addresses both medical and non-medical drivers of health.*

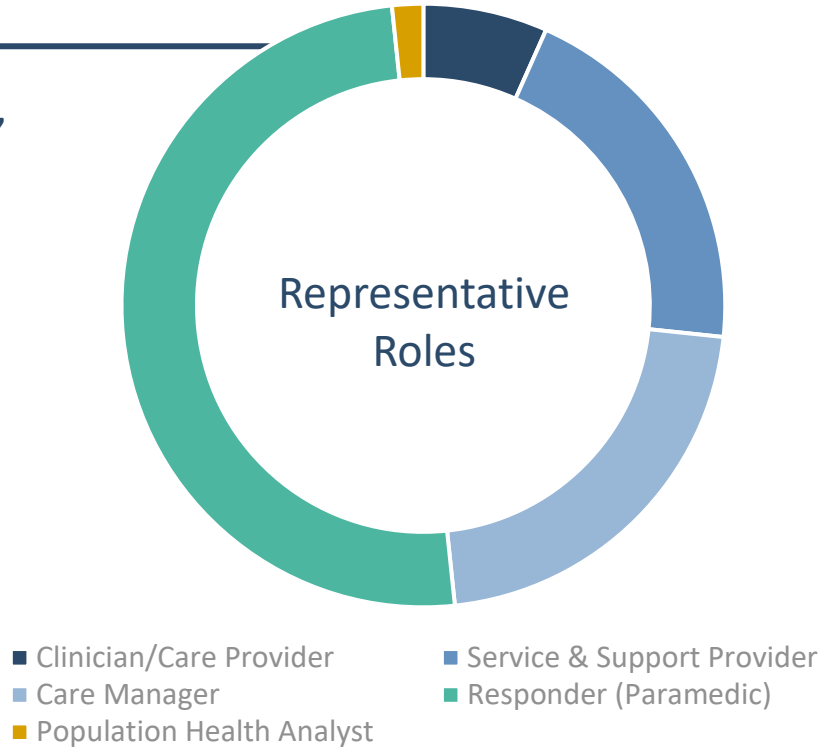


Pilot Users & Data Needs

Introduction to Pilot Users



Select individuals within each Partner Organization, who interact directly with clients (Familiar Faces), will participate in the Familiar Faces Pilot



How Pilot Users Will Use Health Data

USER PURPOSE

Decision Support

- Understand needs to connect to right resources
- View key information to triage care
- Make plans to support once discharged

Collaborate on Care

- Understand full scope of needs and develop common care plans
- Contact providers to collaborate on care
- View information to minimize re-telling

Proactively Target Those in Need

- Identify high-utilizers with no case manager
- Evaluate outcomes
- View trends to identify gaps in care and target solutions

DATA

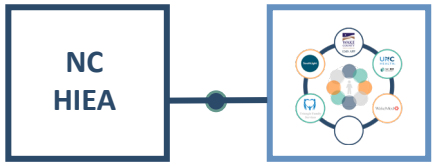
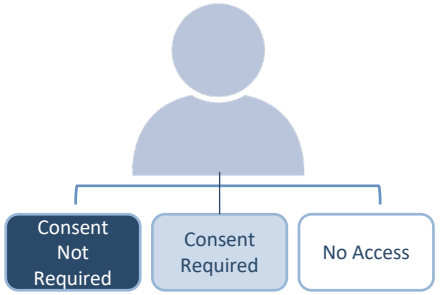
Decision Support		Collaborate on Care		Proactively Target Those in Need	
• medication	• discharge & encounter info	• problems	• plan of treatment	• problems	• encounter info
• allergies	• appointments	• diagnosis	• care team members	• insurance	• demographics
• contacts	• social determinants of health	• labs	• social determinants of health	• utilization	• social determinants of health

GOAL

To provide **Holistic**, **Integrated** and **Trauma-Informed Care** that **Improves Health Outcomes**

Data Dissemination

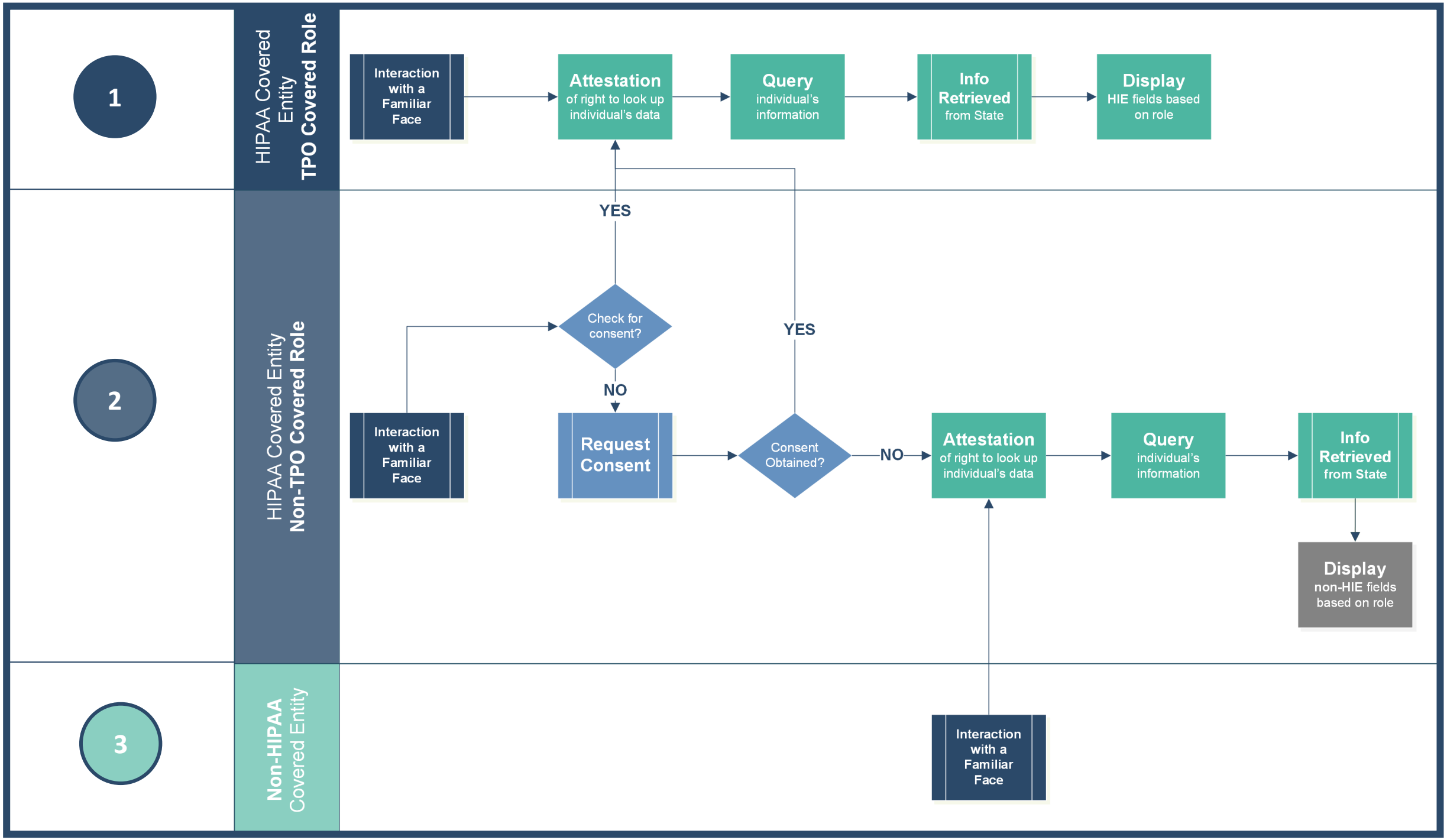
Individual Users' Access to Health Data

ORGANIZATIONAL	USER GOVERNANCE			
	Onboarding	**Consent**	**Role-Based Access**	**Monitor & Manage**
	 e.g. Sign Data-Use Agreement		 e.g. System Role: Clinician	
Organizations need an **amended full-participation agreement** with NC HIEA to access health data in FF application	Individual users must **complete a series of steps** such as, signing usage agreements and completing training, before using FF application	Consent is **determined** based on organization's HIPAA covered status, user's role & client's signed consent form	**Minimally necessary** data fields are viewable based on organization's HIPAA covered status, system user role and client's consent status	Operational processes **ensure compliance** - auditing, offboarding, access revocation, consent management*, etc. *When new partners or data sources are added, a new consent form is created and previous form is negated

Data Privacy - Consent and Role Based Access

Process flows to ensure protection of health data

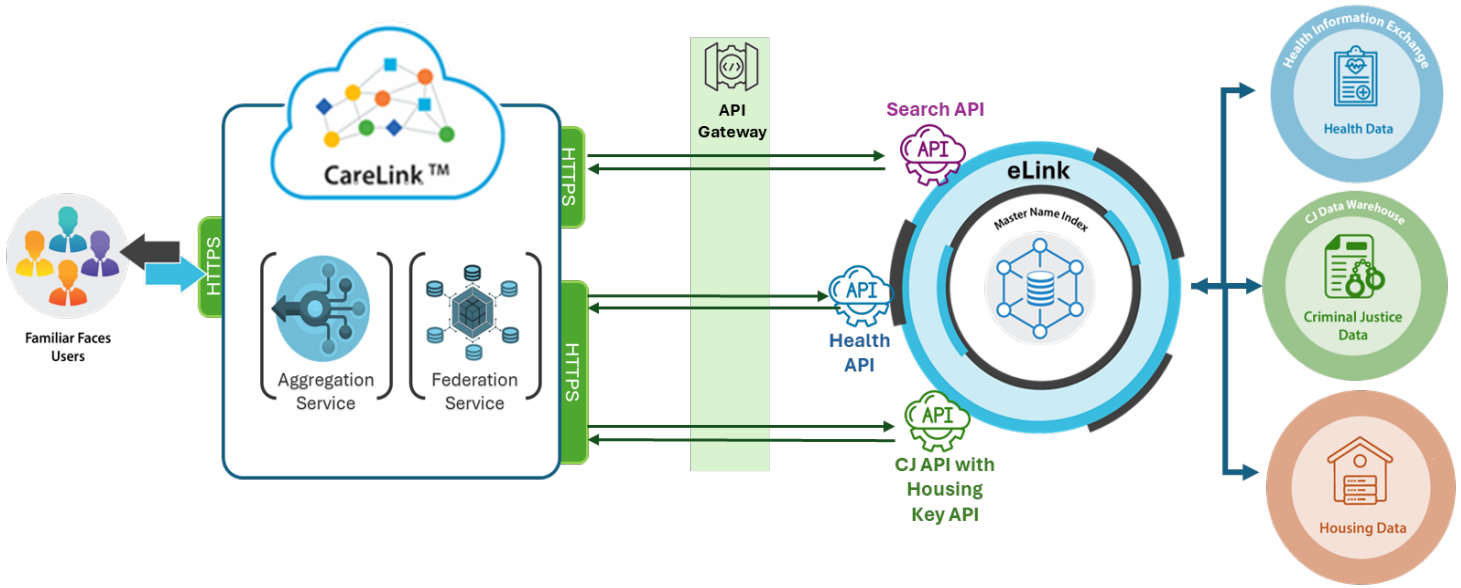
1. **HIPAA covered entity** and in a Treatment, Payment or Health Operations (TPO) Covered Role
2. **HIPAA covered entity** and **not in a** Treatment, Payment or Health Operations (TPO) Covered Role
3. **Non-HIPAA covered entity**


1
HIPAA Covered Entity
TPO Covered Role
Interaction with a Familiar Face
Attestation
of right to look up individual's data
Query
individual's information
Info Retrieved
from State
Display
HIE fields based on role
2
HIPAA Covered Entity
Non-TPO Covered Role
YES
Check for consent?
NO
Interaction with a Familiar Face
Request Consent
YES
Consent Obtained?
NO
Attestation
of right to look up individual's data
Query
individual's information
Info Retrieved
from State
Display
non-HIE fields based on role
3
Non-HIPAA Covered Entity
Interaction with a Familiar Face

Data Storage and Dissemination: Federated Model Architecture

FINAL SOLUTION

- Implement a **Federated** solution in which no Personal Identification Information (PII) is stored in the Familiar Faces application
- **Leverage state system** (eLink) for identity matching
- **Leverage state data sources** for health and criminal justice data



Timeline & Next Steps

Familiar Faces Pilot Provisional Timeline

HIE UCW Proposal

Sept. 9, 2025

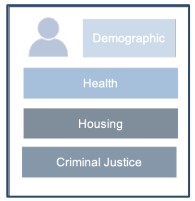
HIE Amended Participation Agreements

Partners sign with HIE

E-Link API ready for HIE, Criminal Justice

Late 2025	Early – Mid 2026	Mid-Late 2026	2027

Proof of Concept



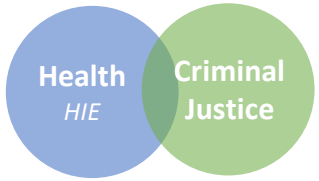
Production Ready using Test Data

No integration with state systems/data

BAA & Data-Use Agreements Signed

Establishing Wake County as authorized user of HIPAA-covered data

Phase



Phase

Integration with State Systems / Data

Current Funding

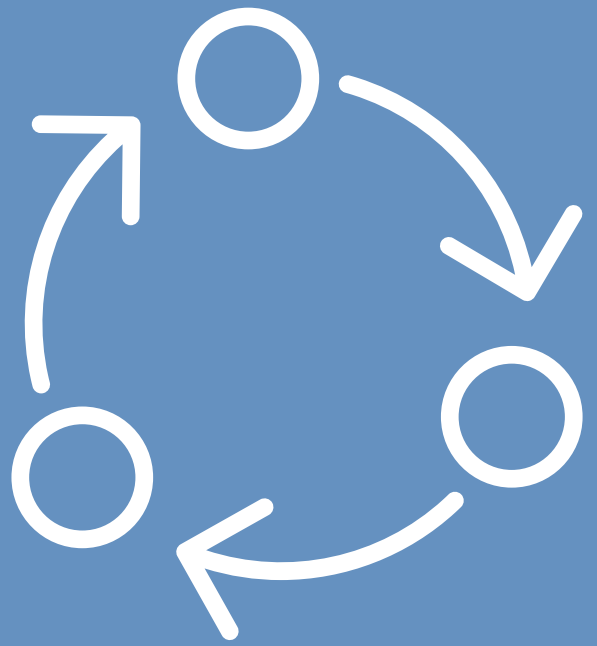
Wake County Government, Behavioral Health Department

Wake County Board of Commissioners authorized funding for project in 2023

Next Steps

- Develop Familiar Faces Proof of Concept, which will emphasize **security** and **integration**

- Build the Familiar Faces system for a complete data integration solution that enhances collaboration and decision-making across Wake County partners.



Q & A

WAKE COUNTY
NORTH CAROLINA

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New Business