

**Gaston Community Healthcare Commission
Minutes of the Gaston Controlled Substances Coalition
Community Room, Gaston County Police Department
November 18, 2016 7:30 to 9:00AM**

Attending

- Patty Brooks, Gaston Together/GCHC
- Dwayne Burks, YMCA
- Michael Clark, MD, Partners BHM
- Todd Davis, MD, CaroMont
- Tiffany Donally, DHHS-Social Services
- William Donigan, DDS, GFHS
- Donna Elliott, HealthNet Gaston
- Jeffrey Ellison, PhD, GFHS
- Kayla Earley, DHHS-Public Health
- Donna Elliott, GFHS
- Andrea Garraway, RHA-Prevention
- William Gross, Gaston Together/GCHC
- Thomas Henry, PharmD, CaroMont
- Steve Jentsch, Gaston County Police
- Kim Johnson, Gaston County Sheriff
- Becky Jones, Phoenix Counseling
- Brittain Kenney, DHHS-Public Health
- Michelle Mathis, Olive Branch Ministry
- Andrew Matthews, MD, CaroMont
- Maceo Mayo, RHA-Prevention
- Karen Melendez, GFHS
- Abigail Newton, DHHS-Public Health
- Shirley Ocloo, MD, GFHS
- Ami Parker, Gaston County Schools
- Jeannie Philbeck, Community Member
- Joseph Ramey, Gaston County Police
- Debra Safrit, Gaston Medical Associates
- John Scheitler, MD, Piedmont Adult and Pediatric Medicine Assoc.
- Andrew Schrag, Partners BHM
- Dottie Scher, Prevent Child Abuse Gaston
- Velma Taormina, MD, DHHS-Public Health
- Anne Wheeler, Community Health Partners

Welcome and Introductions. Velma Taormina, MD, Chairperson, convened the meeting at 7:31 AM and welcomed the members, who introduced themselves and stated their affiliations.

Minutes of September 16, 2016. Mr. Schrag moved to accept the minutes as presented, Ms. Donally seconded the motion, which the group unanimously approved.

Reports

Policy Adoption Committee. Dr. Ocloo reported on the results of the Continuing Medical Education event, *Responding to the Opioid Challenge: Best Practices for Responsible Opioid Prescribing*, conducted by the Coalition on October 22, 2016. She distributed a summary from an evaluation developed by the North Carolina Governor's Institute and cited the following highlights:

- 165 physicians, dentists, advance practice nurses, physician assistants, nurses, pharmacists, behavioral health professionals, and medical office managers attended the event.
- More than 50% of attendees were physicians.
- 94% of attendees were from Gaston County.
- 72.1% strongly agreed and 22.5% agreed the program content was relevant to their practice.
- 83.9% strongly agreed and 15.4% agreed the content was presented in an impartial and unbiased manner.
- 80.2% strongly agreed and 19.1% agreed, "I am more knowledgeable about safer opioid prescribing practices."
- 70.5% strongly agreed and 20.9% agreed, "The training improved my competence to safely address chronic pain and prevent, identify, and/or treat opioid use disorders."
- 80.9% strongly agreed and 19.1% agreed "I would recommend this training to a colleague."

The complete evaluation, including text comments, was emailed to Coalition members prior to the meeting. The email also included responses to a second evaluation designed by the Policy Adoption

Committee that asked questions on how to improve the event; responses included suggestions to hold the program two times a year and to make it mandatory. Dr. Ocloo stated the Committee will review all the data and will develop plans for 2017.

Dr. Ocloo extended thanks to the staff and volunteers whose work made the program a success: Dr. Costa Andreou, Patty Brooks, Dr. William Donigan, Tiffany Donnelly, Kayla Early, Donna Elliott, Crystie Fitzgerald, Martha Keever, Brittian Kenney, Ruth Murphy, Abby Newton, Dr. Ami Parker, Brenda Rogers, Debra Safrit, and Jessica Sanders. She gave special thanks to Dr. Jeff Ellison (GFHS) and Anne Wheeler (Community Health Partners) for their extensive work in organizing the event. Mr. Gross noted the exceptional work of Kimberly Sain and Jessica Kloster at CaroMont Health.

Dr. Taormina, expressed her thanks and said David Henderson, CEO of the NC Medical Board, stated our agenda should be used across North Carolina. Dr. Randall Williams, State Health Director, said it was one of the best events he's attended since he assumed office.

Dr. Davis noted that while we tend to become mired in crisis management and daily activities, events like this program help us find hope, vision, and optimism in dealing with difficult issues. Our task is to maintain our energy for the work that lies ahead. He reiterated that our community-based framework could also be applied to address other issues.

We will put a copy of speakers' slides from the CME event on the Coalition website. Dr. Taormina will share the program content with physicians from practices that were not at the event.

Community Education & Prevention Committee. Dr. Donigan praised the event and emphasized the Coalition's task is now to reach out and speak with county residents about the changes in the prescribing of opioids. He stated the committee will develop a PowerPoint presentation to support these conversations and that RHA Prevention Resource Centers held the first Town Hall Meeting on opioids the previous night, in collaboration with the committee.

Ms. Garraway and Mr. Mayo reported on the event, which they conducted at the offices of Phoenix Counseling: 15 persons attended, including community members and behavioral health professionals. Ms. Garraway gave an overview of opioid data for Gaston County and Detective Danyel Emory, Kirsten D'Amore, MD, and William Gross were the panelists. The meeting was scheduled from 6:30 to 7:30 but went to 7:50 given the interest and engagement of the attendees. Upcoming town hall meetings will be held at the Warlick School and at Linwood Terrace.

Coalition members offered the following suggestions and comments:

- Integrate this programming into the meetings of groups that address opioid-related issues, such as Narcotics Anonymous.
- One option would be Maranon, which meets at Holy Comforter Church (Belmont) on Tuesday evenings.
- Mr. Burkes offered the county's five YMCA facilities for meetings, noting they are neutral sites. He also offered to use his work as a visiting minister to encourage churches to invite our speakers to address their congregations.
- A member asked about the absence of press coverage for the CME event.
- Ms. Garraway will send photos of the Town Hall meeting and a press release to local media.
- It was suggested and endorsed that we put community presentations on our Coalition website.
- Dr. Davis said CaroMont physicians would speak at public events if given at least four weeks notice. Kirsten D'Amore, MD, a member of the coalition, is the Primary Care Quality Lead for Opioids for CaroMont Health.

- Ms. Scher asked for a coalition speaker to address open monthly meeting of Prevent Child Abuse in December.

Treatment Linkages Committee. Dr. Clark reported seven persons who enrolled in the CME event completed the Treatment Linkages Survey we included in the marketing email. The committee will send the survey to all event attendees to secure more data. The group will also use results from the two event evaluations to shape their agenda for building and strengthening treatment linkages.

Overdose Data. Ms. Newton distributed data on opioid data secured from the NC Detect website, which tracks drug-related events (ICD-10) from emergency departments. For the period September 16 to November 17, 2016, she noted a slight increase in heroin and opioid overdoses. To provide more specificity she will, present data by drug, secure additional emergency department and Gaston Emergency Management Services data on Narcan use, and hospital death data that are not reflected in this dataset. She will also use graphics to illustrate trends for: drug overdoses; use of Narcan / Naloxone; heroin overdoses; opioid overdoses, and prescription drug overdoses. Andrew Matthews, MD, from the CaroMont Emergency Department, believes NC Detect undercounts actual events; he will prepare ED physicians to use the proper ICD-10 codes.

Ms. Newton will request information on the number of Narcan kits administered by first responders in Gaston County. Sales of Narcan in pharmacies can be obtained from Medicaid files but not private insurers. Dr. Taormina noted a statewide standing order for over-the-counter sales of Narcan has been in force since the summer, eliminating the need for prescriptions. Consumers are reporting the cost of Narcan is steep at pharmacies; Ms. Mathis stated the North Carolina Harm Reduction Council distributes Narcan at no charge.

Presentation

Rev. Michelle Mathis, from Olive Branch Ministries, described the organization's Syringe Exchange Program, which will soon be operating in Gaston County. The following are the highlights:

- Olive Branch Ministries works with the syringe-using community without judgment, accepting clients where they are, and using education to encourage them to reduce their risk and enter drug treatment programs. They also distribute Naloxone to their clients.
- Syringe exchanges became legal in North Carolina this past summer; previously Olive Branch Ministries conducted this work quietly in Catawba County.
- Needle exchanges help reduce the transmission of Hepatitis C, HIV Disease, communicable, and non-communicable conditions, such as those that damage heart valves.
- House Bill 972, which legalized needle exchange programs does not fund these activities and prohibits the use of public funds to purchase needles and syringes. They can use public funds to print educational material and to purchase biohazard boxes for used needles and syringes.
- Olive Branch Ministries is supported by donations, funding from NC Harm Reduction, and grants.
- The program provides one to one and a-half quart sized biohazard boxes. When these are not available, they use Gatorade bottles as they are made of thick plastic, are clear, and when labeled SHARPS, are safe for handling.
- Per visit, program participants receive an average of 15-20 needles at no cost, Naloxone kits and a three-minutes of instruction on how to properly using this drug.
- These services are provided through mobile programs, where staff/volunteers drive to persons in need and work out of their cars, and at fixed sites, where staff/volunteers have standard hours. An adjunct to mobile services is peer-based activities through.

- Olive Branch Ministries is now working in Gaston County and has 14 registered clients. On November 29, 2016, they will train Phoenix Counseling staff working in the former As One Ministries location in the Highland Community. They will begin needle exchanges in December.

Coalition members offered the following questions and comments:

- Organizations providing needle exchanges should move with caution to prevent pushback from groups that will not approve of this strategy. They must emphasize that needle exchanges promote supportive care and help individuals to become healthier.
- An emphasis on communicable disease will help the community understand the risks posed when individuals reuse and share needles and syringes.
- It was asked if Olive Branch Ministries could buy their supplies through organizations with strong purchasing power.
- Gaston County DHHS-Public Health can serve as a drop-off site for used needles and syringes but cannot provide new needles and syringes, given state prohibitions.

Old Business.

- Chief Joseph Ramey, Gaston County Police Department, reported on the upcoming launch of the Drug Diversion and Treatment Program (DDAT), which will enable local law enforcement to offer persons arrested for drug-related offenses with entry into drug treatment as a pre-booking alternative to full criminal charges. The residential program, for 16 court-ordered individuals, will be housed in the former Pathways building behind CaroMont Regional Medical Center.
- Dr. Taormina reported since the last coalition meeting 11 opioid-addicted pregnant women in the STAR program had been referred for drug treatment; as a result only one of their newborns had Neonatal Abstinence Syndrome (NAS). Dr. Forinash, psychiatrist at GFHS, is now prescribing subutex for these patients for Medication Assisted Therapy. Dr. Davis noted the benefits of the program, including reduced costs, as typically one-third of newborns with NAS require Neonatal Intensive Care Unit services for 14 days.
- Dr. Taormina described the community meeting sponsored by Gastonia City Councilman Robert Kellogg on September 29, as a six-month follow-up to the first community meeting he convened on opioids.

New Business. Mr. Gross provided a brief overview of a planning process for coalition committees to chart the next phase of our activities. This model was developed by *100 Million Healthier Lives* and: (1) Creates opioid-informed and prepared communities, (2) Improves appropriate use of opioids for nonmalignant pain, (3) Reduces harm for those addicted to opioids, and (4) Improves management of opioid addiction as a chronic disease.

Dr. Clark stated the community event for opioids held by Partners Behavioral Health in Hickory on October 16 was well received. He also noted that Partners has purchased Naloxone for the detoxification, crisis intervention, and liaison providers in their system. These staffs will receive Naloxone training from North Carolina Harm Reduction. Partners' will also distribute Naloxone to clients in therapy for drug abuse/misuse.

Adjourn. At 8:55 AM, Ms. Elliott moved to adjourn the meeting, Ms. Newton seconded the motion, which was unanimously approved.

The next coalition meeting will be on January 20, 2017.