

**Gaston Community Healthcare Commission**  
**Minutes of the Gaston Controlled Substances Coalition**  
**Community Room, Gaston County Police Department**  
**February 24, 2017                      7:30 to 9:00AM**

**Attending**

- Costa Andreou, MD, CaroMont
- Shawn Berigan, CHS/Charlotte
- Michael Clark, MD, Partners BHM
- Erica Cunill, MD, DHHS-Public Health
- Kirsten D'Amore, MD, CaroMont
- Tiffany Donally, DHHS-Social Services
- William Donigan, DDS, GFHS
- Andrea Garraway, RHA-Prevention
- Lynne Grey, Partners BHM
- William Gross, Gaston Together/GCHC
- Barbara Hallisey, Partners BHM
- Thomas Henry, PharmD, CaroMont
- Becky Jones, Phoenix Counseling
- Chrys Kolodny, DHHS-Public Health
- Maceo Mayo, RHA-Prevention
- Misty McIntosh, Community Health Partners
- Karen Melendez, MD, Community Health Partners
- Ruth Murphy, DHHS-Social Services
- Abigail Newton, DHHS-Public Health
- Shirley Ocloo, MD, GFHS
- Ami Parker, Gaston County Schools
- Debra Safrit, Gaston Medical Associates
- Andrew Schrag, Partners BHM
- Velma Taormina, MD, DHHS-Public Health
- Anne Wheeler, Community Health Partners
- Thomas White, MD, Community Health Partners
- Anna Trietly, DHHS-Social Services
- Gary Williams, County Sheriff

**Welcome and Introductions.** Velma Taormina, MD, Chairperson, convened the meeting at 7:33 AM and welcomed the members, who introduced themselves and stated their affiliations. Four guests attended the meeting: Erica Cunill, MD/DHHS- Public Health; Shawn Berigan/CHS & Community Care Partners of Greater Mecklenburg; Barbara Hallisey/Partners Behavioral Health Management; and, Chrys Kolodny/DHHS-Public Health.

**Minutes of November 18, 2016.** Mr. Schrag moved to accept the minutes as presented, Ms. Wheeler seconded the motion, which the group unanimously approved.

**Strategic Planning**

Dr. Taormina introduced the draft Strategic Plan by stating each of the three Coalition committees developed their respective sections of the document. The plan covers the period 2017-2020.

**Policy Adoption Committee.** Dr. Ocloo stated the focus of the Policy Adoption Committee is on helping community prescribers adopt and implement the Coalition's controlled substances policies. The committee's three-year plan calls for: (1) an annual CME program for prescribers; (2) ongoing education and information programs for prescribers; (3) the Coalition to visit practices with high opioid-prescribing rates, to encourage them to follow the latest opioid-prescribing recommendations; (4) reviewing and updating opioid documents we prepared for the October 2016 CME program; and, (5) maintaining the Opioid Dashboard on the GCSC website.

**Treatment Linkages Committee.** Dr. Clark presented the recommendations, which focus on building linkages between providers of physical and behavioral health services. The plan calls for: (1) conducting a Mental Health Summit this spring to identify options for "knitting" a system that will deliver linked physical and behavioral health services. Partners Behavioral Health Management is contracting Thomas McLellan, PhD, an expert in this field, to lead a discussion of clinicians, health

professionals, and community members – the resulting plan will direct the committee’s work in developing new, expanded, and linked opioid treatment services; (2) establishing an Opioid Prevention and Treatment Champions program, that will prepare and support staff in healthcare, behavioral health, government, nonprofits, and the faith community to advocate for progressive opioid policies and programs; and, (3) form support groups for opioid-dependent persons, their families, and friends, to ideally be led by peer support specialists who are successfully recovering from addiction.

**Community Education & Prevention Committee.** Dr. Donigan stated the committee will build community awareness, knowledge, and skill for addressing the opioid epidemic: (1) the theme of our community campaign is Opioid-Safe Gaston; (2) the campaign will include signage in clinical practices, internet advertising, a website, and community advertising; (3) the fully developed GCSC website will include educational resources for prescribers; (4) conduct community presentations for lay audiences to describe the causes, effects, and solutions to opioid addiction; (5) secure earned media through print and electronic news organizations, including a potential series of articles in the *Gazette*; (6) convening community organizations to prepare them for opioid-related issues they may encounter with their staffs, volunteers, and clients; (7) conduct Special Events, which may include medicine cabinet cleanouts, and workshops for the community; and, (8) conduct opioid education in the county schools, which are hesitant to talk about difficult issues of drug abuse.

**Annual Implementation Plan.** Mr. Gross reviewed a handout with the priority activities from each committee for the period March 1, 2017 to February 28, 2018. In the ensuing conversation, Ms. McIntosh asked if pharmacy robberies could be added to the Dashboard, given the incidence of individual and pharmacy robberies for opioids. She noted a pharmacy in Wilmington NC has avoided these problems by helping clients who have questions and need needle exchange, in exchange for not hanging around the pharmacy and scaring their clients. Staff will find out if this data is available. Ms. Garraway asked if the Coalition would add activities to install additional drug drop boxes and sharps containers in the community; the group concurred with this activity, and staff was directed to add it to the Implementation Plan.

Ms. Grey moved to approve the Strategic Plan and Dr. Parker seconded the motion, which was unanimously approved. Dr. Parker moved and Dr. Ocloo seconded the motion to accept the Annual Implementation plan, which was unanimously approved.

## **Program Updates**

**Treatment Linkages Survey.** Dr. Clark reviewed the results of the Treatment Linkages Survey, which was sent to individuals who attended the October 2016 CME program. The Treatment Linkages Committee added seven questions to determine the extent to which these prescribers have changed their management of opioids at work (see handout: Gaston County CME and Opioid Resources Survey). Fifty-nine individuals completed the survey, which found:

- Enthusiasm for building opioid treatment services in the community and wanting more robust and accessible treatment.
- Agreement with the activities that we later included in the GCSC Strategic Plan, focusing on:
  - Pregnant women
  - Adolescents
  - Methadone and buprenorphine treatment
  - Co-locating mental health and treatment services
  - Providing counseling and suboxone and buprenorphine treatments
- They want additional information on alternative treatments, providers of these services, and how they can make patient referrals.
- They want more programming on the social determinants that promote opioid addiction.

- They want more robust and accessible opioid addiction treatment services, and for these services to include patient transportation, housing, and childcare – which improve treatment outcomes.

Ms. Grey spoke to survey question 12, which focused on the availability of services in Gaston County. She believes most of the listed services are available but prescribers are not aware of them. To change their perception of these resources, they need to learn where they are available and about the capacities of the prescribers.

Ms. Donnelly stated GCSC needs to educate the community on how to obtain services and resources.

Ms. Safrit stated a problem with the survey was the question that asked what other providers are doing, which is hard for respondents to know. Ms. Grey stated providers need to know how to make referrals. Ms. Donnelly stated the uninsured cannot get behavioral health care. Ms. Kolodny said patients in need have difficulty navigating our health and behavioral health systems.

### **Agency Spotlight: Community Health Partners**

Ms. McIntosh provided an overview of Community Health Partners (CHP), which manages the receipt of Medicaid by working with patients, providers, pharmacists, and behavioral health providers to assure: patients receive high quality timely care; patients use healthcare resources efficiently; patients receive prevention services; and, this system reduces the cost of healthcare and improves its delivery. The program links patients to a medical home, behavioral health coordination, and works with Gaston Family Health Services, our county's Federally Qualified Health Center.

Initially the Carolina Access Program, it later became Community Care of North Carolina, which has 14 networks serving two million patients. CHP serves Gaston and Lincoln Counties. Ms. McIntosh, Dr. White, Dr. Melendez, and Ms. Wheeler are CHP employees on the Coalition.

The work of the Gaston Controlled Substances Coalition was initially started by CHP under the aegis of Project Lazarus.

Ms. Grey, from Partners Behavioral Health Management, will present the Agency spotlight in April.

### **Program Updates**

#### **Data Dashboard**

Ms. Newton distributed data on opioid events: (1) Opioid overdoses treated in the CaroMont ED by month for 2015 and 2016; (2) heroin overdoses treated in the CaroMont ED by month, for 2015 and 2016; (3) Drug trafficking arrests by drug type, for the years 2007-2017; (4) Drug trafficking arrest charges by drug type, for the years 2007-2017; (5) Prescription rates for opioids, for the years 2012-2016; and, (7) All medication and drug poisoning deaths in Gaston County 2011-2015. When considering Gaston's data in comparison to peer counties, it is important to consider the number of large prescriptions and the dosages of the prescribed pills.

Ms. Newton will have this data installed in a dashboard format on our website. Heroin is treated as a subset of the opioid category. She will secure emergency department data for Gaston County residents, irrespective of the hospital where they receive care.

The spike in the number of arrests in 2017 is likely due to the large number of heroin arrests in February following a two-year investigation.

Ms. Garraway asked if there is data measuring the public's perception of opioids and their use.

It was noted that the MMEs of medications prescribed in Charlotte is between 70's and 100's so local patients are asking for higher doses.

Ms. Berigan noted the *2017 Opioid Summit: Mecklenburg County Collaborative Call to Action*, on March 14, 2017; the program is hosted by the Charlotte Area Health Education Center.

Dr. White asked about the public perception that drug kingpins are rarely arrested and small dealers are often arrested. Deputy Sheriff Williams replied he did not know of any avoided arrests. He noted the recent arrest of a large number of heroin dealers was the culmination of a two-year investigation, which included working from street buyers, up the chain, to bigger and bigger suppliers. He strongly believes nobody is protected and that no one is above the law.

### **CaroMont Medical Group**

Dr. Andreou described the adoption of an opioid template on the electronic health record used in CaroMont Medical Group practices. This template is consistent with CDC guidelines; they have found 30% compliance by providers.

They are also seeing the use of urine drug screening is adding to the cost of patient care; the cost of Naaloxone increased from \$20 to \$60 per kit, so they are leaving the option of prescribing Narcan to the professional judgment of prescribers. The big challenge is how uninsured patients can afford to fill Narcan prescriptions. Consistent with standing orders, prescribers should be aware they can write Narcan prescriptions for any person in a household where a resident uses pain medications.

### **STAR Program**

Dr. Taormina reported the Substance Treatment And Rehabilitation program at DHHS-Public Health, is doing well. The Community Workgroup that advises the program will meet in March. Anecdotally, there has been a drop in the number of pregnant women in the DHHS-Public Health Maternity Clinic who use street drugs. STAR staff is currently collecting fourth quarter data.

**Drug Diversion and Treatment Program.** No report.

### **Other**

#### **Committee sign-ups.**

Dr. Taormina circulated a sign-up sheet for the members to designate the committees on which they want to serve.

#### **Grant opportunity: Opioids and Women**

Ms. Newton described a federal grant opportunity to deliver primary and secondary prevention services to women who use opioids. She is developing the program and will meet with potential community partners next week to further develop the program plan and the grant application.

#### **Directory of Coalition Members**

The Coalition will develop a membership directory with each member's: name, affiliation, work address and phone, and brief descriptions of their general services, their opioid management services, and their opioid management needs. The coalition endorsed this data gathering, which will be done through a Survey Monkey questionnaire.

**Adjourn.** The meeting adjourned at 9:00 with a motion by Mr. Mayo, a second by Dr Parker, and a unanimous vote of approval.

**Next Meeting:** April 21, 2017.