



Minutes of the Substance Abuse Roundtable Discussion May 20, 2016, Gaston County Police Department

Attending

Costa Andreou, MD, CaroMont
Kathleen Beeson, CaroMont
Travis Brittan, City of Gastonia Police
Dwayne Burks, YMCA Chaplin
Melissa Bohanan, CaroMont
Patty Brooks, Gaston Together/GCHC
Kirsten D'Amore, MD, CaroMont
Todd Davis, MD, CaroMont
Tiffany Donnaly, DHHS-SS
Donna Elliott, HealthNet Gaston
Jeffrey Ellison, PhD, GFHS
Andrea Garraway, RHA Prevention Resource Center
Lynne Grey, Partners BHM
William Gross, Gaston Together/GCHC
Steve Jentsch, Gaston County Police
Kim Johnson, Gaston County Sheriff
Marcy Joyner, DHHS-PH
David Kneen, Gaston Hospice
Donna Lockett, Gaston Together/GCHC
Melanie Lowrance, DHHS-SS
Andrew Matthews, MD, CaroMont

Maceo Mayo, RHA Prevention Resource Center
Jonathan Marr, Gaston County Police
Karen Melendez, MD, Community Health Partners
Misty McIntosh, PharmD, Community Health Partners
Kim Moore, DVM, Gaston DHHS Board
Ruth Murphy, DHHS-SS
Abby Newton, DHHS-PH
Shirley Ocloo, MD, GFHS
Mike Radford, Gaston County Sheriff
Philip Ratchford, Gaston Co. Schools
Rosanne Rsaza, McLeod Addictive Disease Center
John Scheitler, MD, Piedmont Adult and Pediatric Medicine Associates
Andrew Schrag, Partners Behavioral Health
Cheri Singleton, DHHS-PH
Ramada Smith, MD, CaroMont
Velma Taormina, MD, DHHS-PH
Anne Wheeler, Community Health Partners
Melissa Williams, Self Concepts

Welcome

William Gross welcomed the group at 7:30am.

Introductions

The members introduced themselves and stated their affiliations.

Minutes

The members reviewed the minutes of the April 19, 2016 Substance Abuse Roundtable Discussion. Dr. Davis moved to accept the minutes, Dr. Ellison seconded the motion, and the group unanimously approved the minutes.

Getting organized

Consistent with the group's intent to quickly address opioid-related issues, Mr. Gross stated our meeting process would focus on framing its governing principles and processes. In this spirit, he would present ideas for the group to consider, rather than developing concepts. At the same time, he asked the participants to freely share their concerns, insights, and questions throughout the meeting.

Proposed Principles

The group reviewed a list of proposed principles and added the terms collaborate and communicate to the *Comprehensive*; with the group's prior approval, staff revised this statement after the meeting.

- **Engaging**, by actively seeking the opinions, suggestions, and criticisms of professional and community stakeholders.
- **Transparent**, by doing our work openly to avoid actual and perceived conflicts of interest.
- **Comprehensive**, *by engaging leaders from the professional and community sectors that influence and are influenced by the crisis of drug dependence, and by assuring they engage in strong collaboration and communication.*
- **Evaluative**, by continually determining if our work is successful and by using our findings to improve our processes and programs.
- **Prevention oriented**, by addressing the root causes of drug-dependence to develop effective avoidance programs.
- **Harm Reducing**, by preventing the migration of drug-dependent individuals to street drugs.
- **Neutral**, by encouraging prescribers to employ our policies and protocols with fidelity, without regard to their hospital affiliations.
- **Non-punitive**, by helping prescribers adopt our policies and protocols, without regard to their previous prescribing practices.
- **Non-judgmental**, by encouraging prescribers to accept the status of their drug-dependent patients as they help them become drug free.

Dr. Scheitler moved to accept the Proposed Principles, Dr. Ellison seconded the motion, and the group unanimously approved the document.

Mission statement

The group reviewed the proposed text and made the following amendments:

- Add the concept of collaborative action
- Correct the misspelling of addiction
- Add mental health to the delivery of comprehensive services
- Add a fourth clause citing education for providers and the community

With the group's prior approval, staff made the following revisions after the meeting:

The mission of the Gaston County Substance Abuse Roundtable is to engage professional and lay leaders from across the county to collaboratively develop and conduct programs that will: (1) prevent the onset of addiction to controlled substances, (2) assure the adoption of safe opioid prescribing practices, (3) deliver comprehensive drug treatment and mental health services for all persons in need, and (4) deliver professional and community education in support of these outcomes.

Dr. Moore moved to adopt the proposed revisions to the Mission Statement, Ms. Lowrance seconded the motion, and the group gave its unanimous approval.

Survey results

Staff reviewed the results of the survey completed by 29 participants from the first Roundtable Discussion. The questions focused on defining how the group should organize, with an emphasis on identifying key issues, group functions, and committee work.

Question 1 was: *Please describe the issues we must address to successfully prevent and treat substance abuse in Gaston County.* The free text responses were organized by keywords based on their content.

Under the category of Root Causes, Prevention, and Treatment, the group added *addressing trauma*. It also stated it would develop standard protocols so stakeholders, in all sectors, would consistently manage presenting patient and client needs in the same way. The group also agreed to limit its focus to opioids and will address other controlled substances as required.

Question 2 was: *Please check of all of the objectives you'd like our group to address; please add others as needed.* Each of the objectives was approved by at least 57% of survey participants, and were: (1) plan and conduct community education on substance abuse (89.3%), (2) plan and conduct professional education on substance abuse and related issues (75.0%), (3) plan and conduct substance abuse prevention programs ((75.0%), (4) evaluate our substance abuse initiatives (67.9%), (5) create professional opioid prescribing standards for all Gaston County, (6) plan and conduct substance abuse intervention and treatment programs (64.3%), (7) analyze substance abuse problems in Gaston county (57.1%). New ideas added to the list were: explore availability and affordability of safer opioids; collaborate all parties efforts; there must be referral sources for primary care physicians which are accessible, helpful, patient friendly, and willing to assume responsibility; increase community resources; develop affordable and accessible options to help people work on the underlying issues that drive stress, hopelessness, psycho-social-spiritual problems, relationships and marital and parenting problems, and isolation (all of which drive the PAIN which drives need to ESCAPE via dugs).

Question 3 was: *On what topics do you want our committees to focus? For each committee, please describe the outcomes and evaluation measures we should use.* Respondents suggested more than 30 topics; this information will provide our committees with initial guidance as they develop programs.

Committees

The group reviewed a proposed list of committees, which would conduct the bulk of the group's work: the Controlled Substances Policy Committee, the Controlled Substances Policy Adoption Committee, the Community Education & Prevention Committee, and the Treatment Linkages Committee.

With approved revisions, the text now reads:

- The Community Education & Prevention Committee will, in its first phase, educate county residents and first responders about the content of new controlled substance policies and protocols and what they can expect from their clinical prescribers; in its second phase, it will work to assure the conduct of drug prevention education in our community and schools.
- The Treatment Linkages Committee will work to assure Gaston County has an adequate supply of medical, social, and behavioral treatment resources to meet the demand of referred patients.
Note: The committee was encouraged to develop flow sheets, based on a decision tree, to help professionals choose the best pathways for referring patients/clients based on their needs.

Dr. Ellison moved to adopt the proposed committees, with the recommended changes, Lynne Grey seconded the motion, which was unanimously approved. Group members signed up for each of the four approved committees.

Mr. Gross stated representatives from CaroMont and Gaston Family Health Services met immediately after the last Roundtable meeting to develop a strategy for developing opioid policies and protocols for prescribers in the county. In turn, they hosted the Responsible Opioid Prescribing Leadership Team Meeting (May 9, 2016) where 24 physicians, a dentist, behavioral health specialists, pharmacists, and others discussed how we could: (1) prepare opioid policies and protocols, (2) educate prescribers to adopt and adhere to the new policies, and (3) educate our patients and the public about our opioid policies and protocols. Minutes from this meeting were distributed.

The three proposed groups discussed at the meeting will become committees of the Roundtable Group; Dr. Scheitler agreed to chair the Controlled Substances Policy Committee and Dr. Ocloo agreed to chair

the Controlled Substances Policy Adoption Committee. Dr. Scheitler presented an overview of his group and their plan to host a Prescriber Forum on June 14 for all prescribers in the county. Given our focus on transparency, we will use this meeting to secure the insights and needs of these professionals to be sure the group consider them as it develops opioid policies. This is a critical step as there are a considerable number of unaffiliated prescribers who we will rely on to voluntarily adopt and adhere to the policies.

Organization chart

Staff presented a proposed organization chart that presented the Gaston Community Healthcare Commission and its Mental Health and Substance Abuse Policy Workgroup as the groups under whose aegis the Roundtable will operate. The chart recommended a Steering Committee to help organize Roundtable activities, and it presented provisions for the four approved committees.

Staff will develop a recommendation for Steering Committee membership.

Leadership

Dr. Davis moved to name Dr. Taormina as chair of our Roundtable Group since her employer – the public health division of DHHS – has a community-wide focus. Dr. Ocloo seconded the motion, which passed unanimously.

Group name

Recognizing that the term Roundtable does not suggest collaborative action, the group considered other names for the group. They considered the terms: Gaston, Community, Coalition, Controlled Substances, Opioid but were unable to arrive at a satisfactory decision. Staff will prepare a brief survey so the members can choose from several names.

Meeting schedule

The group will meet every two months on the third Friday at 7:30AM; the next meeting is scheduled for July 15 at a location to be determined.

Other business

The group recommended securing a recovering addict – possibly a Peer Support Specialist from Pathways – to join our group.

Dr. Smith reported an update to our minutes: since our last meeting ACOG has issued guidance to not provide drug withdrawal therapy to pregnant women, but to instead wait until after they have delivered.

Adjourn

The meeting adjourned at 9:01 AM.