

Gaston Community Healthcare Commission
Gaston Controlled Substances Coalition
Minutes
Gaston County Police Department, June 15, 2018

Attending

- Ward Adcock, MD, CaroMont Health
- Rev. Joe Bell, Eastside Church of the Nazarene
- Yvonne Boafo, Gaston DHHS-Public Health
- Jim Burke, Cooperative Extension
- Charles Chapman, GEMS
- Nazrul Chowdhury, Community
- Tammy Chowdhury, Community
- Steve Eaton, Gaston DHHS-Public Health
- April Fulbright, CaroMont Health
- Ken Gehrig, Partners Behavioral
- Patricia Goble, Junior League of Gaston County
- Jennifer Graham, Community
- William Gross, Healthcare Commission
- Barbara Hallisey, Partners Behavioral
- Rev. David Julen, First Baptist Cramerton
- Brittain Kenney, Gaston DHHS-Public Health
- Chrys Kolodny, Gaston DHHS-Public Health
- Thomas Henry, CaroMont Health
- Lisa Livengood, Community
- Michelle Mathis, Olive Branch Ministry
- Misty McIntosh, PharmD, Community Health Partners
- Earl Mathers, Gaston County Government
- Karen Melendez, Community Health Partners
- Ruth Anne Murphy, DHHS-Social Services
- Abby Newton, Gaston DHHS-Public Health
- Debra Safrit, Gaston Medical Associates
- Joe Shepherd, DHHS-Social Services
- Sherry Singleton, Gaston DHHS-Public Health
- Elizabeth Smith, Jr. League of Gaston County
- Ernest Sumner, Community Foundtn. of Gaston County
- Ed Turas, Gastonia Police Department
- Darcel Walker, Junior League of Gaston County
- Kelly Wentz, Community
- Anne Wheeler, Community Health Partners

Welcome and Introductions. Dr. Ellison opened the meeting at 7:33 AM and welcomed the attendees who introduced themselves. Dr. Ward Adcock, Rev. Dr. David Julen, Lisa Livengood, and Ms. Wentz attended their first Coalition meeting.

Minutes of February 16, 2018. Ms. Mathis moved to accept the minutes and Ruth Anne Murphy seconded the motion; the coalition unanimously approved the minutes.

Program Updates

Steering Committee: Dr. Ellison stated the group recommends for the Coalition to annually elect a chairperson and vice-chairperson to one-year terms, with the vice-chair succeeding the chair at the end of the year. This will enable us to secure coalition leaders from a variety of backgrounds and sets a limited term of office.

As this recommendation was approved by acclamation by the Steering Committee, Dr. Ellison moved: "The Coalition will establish one-year terms for the Coalition Chairperson and Vice-chairperson beginning in January 2019." Ms. Wheeler seconded the motion which the coalition unanimously approved.

Dr. Ellison presented the motion: "Dr. Velma Taormina will serve as Chairperson through December 2018, Dr. Todd Davis serve as Chairperson in 2019, and Dr. Jeffrey Ellison serve as Vice-chairperson in 2019 and as Chairperson in 2020." Ms. Newton seconded the motion which the coalition unanimously approved.

Measurement Workgroup: Dr. Ellison stated the workgroup met twice to review opioid measures. It will select those that best describe the impact of our work, will set objectives for our Strategic Plan, and will enable us to convey coalition performance to our funders, and to describe opioid events to the community on our website. He thanked Ms. Boafo for assembling the data.

Policy Adoption Committee: Dr. Ellison stated the committee is planning a continuing education event for prescribers at the DHHS auditorium on September 15, 2018 from 8:00 am to 12:30 pm. The coalition is contracting the Mountain Area Health Education Center to manage the event and secure continuing education hours for attendees. The committee will keep the coalition up-to-date on the speakers.

Community Education & Prevention Committee: Dr. Donigan reviewed committee activities by stating:

- Mr. and Mrs. Chowdhury are funding the new *Gaston Faith and Opioids Program* to build the knowledge and skills of clergy for addressing opioids. Rev. Dr. David Julen, Minister at Cramerton Baptist Church, will staff this initiative on a part-time schedule. Dr. Julen stated he looks forward to speaking with the faith community and embracing their diverse views about opioids to generate grassroots change. A minister for 28 year, he is still learning about opioids.
- The Clergy Opioid Outreach Subcommittee has designed a workshop it will host in early fall; it is waiting to learn if the CaroMont Foundation will support this and three other planned workshops.
- The Medicine Take-back Subcommittee will meet next week to schedule take-back events in the summer and fall. A list of this year's events and results were in the meeting packet. Dr. Donigan asked the members to speak with staff to schedule take-back event at their houses of worship.
- We will conduct a training for coalition members who have volunteered to make community presentations and will then advertise this program. Dr. Donigan asked for additional speakers and referred to the list of speaking events we've conducted this year.
- Thanks to an application submitted to the Gaston County Schools (GCS) by Andrea Garraway and Maceo Mayo, the coalition will make two presentations at their Teaching and Learning Conference on August 6: Dr. Davis and a panel of speakers will give an overview of opioids, and Mr. Mayo will present on preventing drug, alcohol, and tobacco use. GCS is now considering a coalition request to present a program on managing athletic injuries without pain medications for middle and high school health educators and coaches, at an August 21, 2018 Mini-Conference.
- The list of newspaper articles and TV coverage on opioids in Gaston County is in the meeting packet.
- Since the last Coalition meeting we've held two listening sessions to identify how our Coalition can help persons living with Opioid Use Disorder (OUD) and their family members. In May, we met with members of a local NarAnon group and heard about the challenges of being parents to children with OUD. In June the group met with families whose children attended Gaston Day School (GDS) and who proposed having local artists paint rocking chairs with the names of persons affected by opioids, and installing them as public art around the county. Lisa Livengood, who recently retired from GDS after teaching art for 18 years, said she was inspired by painted rocking chairs in Black Mountain and she will look for companies to sponsor chairs and will find artists to paint them to raise awareness and remove the stigma about opioids. Ms. Livengood, Ms. Chowdhury, and Ms. Jones are now developing options for this initiative.
- We have 335 Likes on the Coalition Facebook page, an increase of 12 since the last coalition meeting. Dr. Donigan encouraged the members to like this coalition page by using the address on our agenda. He stated GFHS gave wellness points to employees who liked our page. Mr. Chowdhury said he is putting the URL in his correspondence.
- The committee prioritized its 2018 activities in the Strategic Plan.

Treatment Linkages Committee: Ms. Hallisey reviewed committee activities by stating:

- The Opioid Overdose Response Team began operating in June through the collaboration of Olive Branch Ministry, CaroMont Regional Medical Center, and Gaston Emergency Medical Services.
- The committee prioritized its work for the balance of 2018, as described in the Strategic Plan.
- Judge John Greenlee assigned Judge Pennie Thrower the task of re-establishing a Drug/Recovery Court in Gaston County. She and several committee members will meet with NC drug court experts in June and July to select an appropriate court model; they will then seek sustained funding to hire a court clerk.
- The coalition submitted a \$2,300 request to the Community Foundation of Gaston County for a Harold T. Sumner Professional Education Grant. If funded, the coalition will hold an opioid seminar for directors of nonprofit and government agencies and will conduct focus groups to define the opioid knowledge and skills they want their employees to have. With these findings, we will develop the Opioid Prevention & Treatment Champion Program and will ask these organizations to send employees for training to become advocates for stigma-free opioid prevention and treatment. These champions will meet quarterly to share insights, successes, and help each other solve challenges.

- Please tell Mr. Gross if you would like to receive email notifications of opioid-related grant opportunities and please send requests for proposals to Mr. Gross, so we can share them.

Mr. Gehrig stated he and Chrys Kolodny are working with staff at the NC United Way to strengthen the ability of the United Way 211 information and referral system to provide callers with descriptions of local opioid resources. This process is now streamlined as local Gaston County agencies now have a direct line for updating information on their opioid-related program. Mr. Gehrig distributed NC 211 forms for agencies to complete and submit for the 211 system. In turn, callers will get timely and accurate information on opioid resources, including referrals to the Resource Connection Gateway a local program that “walks with you” to secure help. In addition, the Gaston County United Way’s Continuum of Care Group has brought the 211 project under its aegis.

Strategic Planning

Mr. Gross stated he will revise the updated *2017-2020 Strategic Plan* to reflect priorities set by our committees and subcommittees; this information was inadvertently not added to the distributed handout.

Agency and Program Reports

- CaroMont Health: No report.
- Gaston Family Health Services: Dr. Ellison reported GFHS is expanding behavioral health program and its distribution of naloxone. GFHS hired a chiropractor, Dr. Tyshia Hedgspeth, to provide insured and uninsured patients with non-pharmacological pain management. Dr. Ellison stated GFHS has treated over 150 patients for Hepatitis C and is increasing its screening activities. Their Medication Assisted Treatment Program won the 2018 Outstanding Service Award from the NC Community Center Association.
- Partners Behavioral Health Management (PBHM): Ms. Hallisey stated PBHM helped Lincoln County launch their opioid coalition by meeting with staff at Atrium Lincoln; more than 80 community members attended their initial meeting. PBHM also held an opioid summit on April 3 for the eight counties in their service area. Now in its second year of funding from the 21st Century Cures Act, PBHM used \$2MM for community-based prevention and treatment, with a focus on combatting stigma and promoting medication assisted therapy (MAT) – methadone, suboxone, and buprenorphine – as the gold standard for opioid treatment. Among their successes is funding McLeod Addiction Center to provide MAT to uninsured persons, extending no-cost MAT to over 650 consumers in their service area, and resupplying naloxone to first responders in Gaston County and Olive Branch Ministry.
- Drug Diversion and Treatment Program (DDAT): Mr. Mathers stated he added \$244,000 to the 2019 county budget for the program, which provides drug offenders with 120 days of court-ordered intensive drug treatment with the promise they will not be incarcerated if they complete the program without incident. DDAT also helps clients secure employment. DDAT was successful in preventing recidivism to the jail system until it ran out of operating funds. Phoenix Counselling, which provides the drug treatment, is now waiting on referrals for the reinitiated program.
- Gaston Emergency Medical Services (GEMS): Mr. Chapman presented an overdose kit carried by their Advanced Life Support Units. They include Narcan, instructions on its use, contact information for Olive Branch Ministry, a consent form for the Opioid Overdose Response Team, a document on locally available opioid treatment, and a description of the NC Good Samaritan law. GEMS will give these kits to patients it reverses from opioid overdoses and other on request. Each kit includes a card for tracking: who receives the kits, follow-up with the Opioid Overdose Response Team, and the number of kits issued. GEMS requires persons with opioid reversals to go to the hospital because of the limited half-life of Narcan. GEMS is also installing Narcan in all AED cabinets in county buildings.
- Opioid Overdose Response Team: Ms. Mathis reported the team launched on June 11 when it received two calls from GEMS. One patient and their partner asked to join the program. On June 20, Olive Branch Ministry (OBM) will train CaroMont Emergency Department (ED) staff on the program; on June 20, the ED is scheduled to go live and will call OBM to send personnel to meet overdosed individuals brought to the ED by persons other than GEMS.

In addition, an OBM peer support specialist is working at McLeod Addiction Center five days a week, meeting new clients, helping them with follow-up, and serving as a knowledgeable and accepting helper who helps walk-ins work with staff. There will be opportunities to disseminate this model to other communities.

The National Harm Reduction conference in New Orleans, in October, will include programming on harm reduction from faith perspective, and will launch the Faith Harm Reduction Coalition to the 2,000 attendees.

Ms. Mathis spoke with the Greater Charlotte Executive Healthcare Group about opioids. She recently presented harm reduction to YMCA directors and said the topic is gaining credibility in the community. She will also present the Opioid Overdose Response Team at the Division of Public Health, Communicable Disease Branch, North Carolina Department of Health and Human Services Drug Users Conference In August.

A growing number of people are enrolling for OBM's fixed needle exchange at the Phoenix Community Outreach Center (PCOC). As a harm reduction activity, OBM/PCOC distribute testing strips for drug users to determine if their opioids contain Fentanyl. AIDS United, a national organization, recently visited PCOC to learn about the program.

Steve Eaton, Director of the DHHS Public Health Division, presented Ms. Mathis with a 2018 Public Health Hero Award. She said it was wonderful to be part of our family activists after having raged against the machine for so many years; she never thought society would come together for a common mission on opioids. She thanked DHHS and the coalition for supporting the work of OBM.

• Open Discussion

- Ms. Jones stated in September, Phoenix Counseling will conduct Recovery Month activities in downtown Gastonia.
- Ms. Walker reported the Junior League of Gaston County will be accepting proposals for volunteers to work on substance abuse projects. The league will distribute application forms at the end of June and will choose two organizations for their members to undertake year-long engagements. They also offer volunteers for done-in-a-day projects. For more information, please contact Ms. Walker at: Darcel.Walker@caromonthhealth.org.
- Ms. McIntosh stated the launch of the Lincoln County Controlled Substances Coalition included engaging with an alternative school whose students developed a pamphlet on opioids. It describes common terms, access to drugs, and losses students have experienced because of drug use. She described a girl who used headphones and art to escape drug use in her home. She will share the pamphlet with our coalition.

This month, Ms. McIntosh will soon begin her yearly visits to Gaston County pharmacies for Community Care of North Carolina. She will: give them our coalition brochure and a list of pharmacies that carry Naloxone; review Medicaid policies about dispensing opioids, as legitimate pain patients are being denied care; educate pharmacists on Naloxone; and, will remind them about the need for accurate data entry with the NC Controlled Substances Reporting System. These are critical activities as pharmacists often talk to patients about opioids.

- Dr. Melendez spoke about Adverse Childhood Experiences (ACES), as children who experience these events are at higher risk for substance abuse. From 1995 to 1997, CDC and Kaiser Permanente administered a ten-question survey to more than 17,000 adult patients; the bulk were middle class, college, educated, and Caucasian. The survey identified persons who observed and experienced domestic violence, other forms of violence, physical abuse, sexual abuse, the emotional berating of their mothers, and who had a loved one go to prison. An ACE score of 4 means the individual is likely to experience a 10-year decrease in life expectancy and the early onset of cardiac problems, high blood pressure, depression, and other chronic diseases. This trauma also contributes to the toxic stress caused by poverty and intergenerational patterns. One-third of survey respondents had zero ACEs and 66% had one. The situation is not hopeless as fostering resiliency can prevent severe health impacts, and one caring adult who teaches coping skills to youngsters can make a significant difference.

She recommended considering ACES when prescribing drugs, as adults and children with high ACE scores are at elevated risk for illicit opioid use and misuse.

Ms. Jones noted Phoenix Counseling provides training on an effective resilience model. Ms. Murphy stated DHHS will show a film on resilience at 8:30 am, on June 28, in the Social Services auditorium.

Because ACES is a driver for poor health, Dr. Melendez will present the topic at the next coalition meeting.

Ms. Wheeler said it is critical to share this information with the medical community, and Mr. Chowdhury said we should not ostracize persons with family histories of trauma and who have opioid use disorders.

Presentation

Ms. Mathis described the proper use of nasal Narcan, also known as naloxone. Injectable forms are also manufactured.

- OBM distributes nasal and injectable forms of Narcan to at-risk persons in the community.
- Signs of an opioid overdose are persons with blue, cold, and clammy skin; profuse sweating; persons who are not acting right; and, individuals who do not respond to pain.
- Determine if a person is not responding to pain by briskly rubbing your knuckles on their sternum or by putting your knuckle on their upper lip and rubbing it into their gum line. If the person does not respond, call 911 and say, "I

suspect this person may be in a state of overdose, I have naloxone and I am going to administer it.” By calling 911 you are protected from civil and criminal liability under the NC Good Samaritan Law.

- Clear the area so you are safe if the person is combative, when they revive.
- Tilt the person’s head back, while they are on the ground or in chair.
- Put the nozzle of the Narcan dispenser knuckle deep into the nostril and press the plunger. The mucous membrane will absorb the Narcan and will work for 30-90 minutes.
- Give one dose, wait one to two minutes, and if the person does not respond, administer a second dose.
- Opioids affect breathing oxygen and carbon dioxide levels by coming to rest on nervous system receptors. Narcan slips between the opioid and the receptor, enabling restored breathing.
- There are no complications if Narcan is administered to persons who are not experiencing a drug overdose.
- People cannot overdose on or become addicted to Narcan.
- In cases of multi-drug abuse, Narcan will not affect other drugs or alcohol,, so individuals may wake up intoxicated.
- OBM distributes Narcan doses no stronger than 4mg.
- Resuscitated persons can be combative because they may not know where they are due to temporary situational amnesia, being in a chaotic situation, and angry they’ve wasted their money and drugs. If the person is mad, don’t take it personally.
- If you must leave, put the individual in the rescue position: lying on their side, with their hands crossed and under the side of their face, with one leg crossed over the other. In the event the person vomits, this will prevent them from aspirating.
- Ms. Mathis offered to conduct this presentation for community organizations and she offered nasal naloxone kits.

Other

Dr. Ellison expressed condolences to Mr. and Ms. Chowdhury on the first anniversary of the death of their son, Austin. He also encouraged the members to enter their information in the coalition directory; the URL is on the agenda. And he asked the members to share the coalition Facebook page with others.

Next meeting. The Coalition will meet on August 17, 2018.

Adjourn. Ms. Hallisey moved to adjourn, Ms. Mathis seconded the motion, which was unanimously approved.