



**Department of Emergency Services**

**Opioid Epidemic Community Meeting**

**April 27, 2017**

**1300 - 1500**

- I. Welcome
- II. Introductions
- III. Updates
  - A. **Purpose:** Through community collaboration, develop a comprehensive, systematic and balanced strategy focused on reducing overdose fatalities; expanding prevention, education and support efforts; and promoting treatment and recovery.
  - B. **Target Group:** those impacted by the opioid epidemic who come into contact with the justice system, law enforcement, EMS, hospital EDs, harm reduction staff, or public health
  - C. Split into 3 Groups - see sheet with description of each
    - Prevention/Education - Tracy Semcer and Susan Mattox
    - Support Group/Grief - Susan Mattox?
    - Community Based Rapid Response Team - Tara Tucker

Prevention/Education Workgroup	Rapid Response Team Workgroup
<ul style="list-style-type: none"> <li>• Tracy Semcer</li> <li>• Susan Mattox</li> <li>• Ava Troxler</li> <li>• Blake Jones</li> <li>• MIH Team Member?</li> <li>• Katie Culhane</li> </ul>	<ul style="list-style-type: none"> <li>• Capt. Tara Tucker</li> <li>• Capt. Doug Nance</li> <li>• Lt. William Penn</li> <li>• Darrell Boyles</li> <li>• Terri Sheard</li> <li>• Tracy Semcer</li> <li>• Colin Miller</li> </ul>
Support Group/Grief Workgroup	
<ul style="list-style-type: none"> <li>• Hospice &amp; Palliative Care</li> <li>• CareNet staff</li> <li>• Susan Mattox</li> <li>• Tracey Semcer</li> <li>• Wake Forest Program</li> <li>• Peer Families</li> </ul>	

- IV. Progress/Accomplishments
- V. Additional Steps/Needs
- VI. Next Meeting
- VII. Educational Events of Interest
  - [NC Substance Abuse Prevention Conference](http://www.ncparentresourcecenter.org/ncprc-conference/) May 2-3
  - <http://www.ncparentresourcecenter.org/ncprc-conference/>
  - [Opioid Misuse and Overdose Prevention Summit](http://www.opioidpreventionsummit.org/) June 27-28
  - <http://www.opioidpreventionsummit.org/>

## VIII. Adjourn

Attachments: Safe Communities Coordinated Response  
AHEC Workshop  
SAMHSA Opioid Prevention Toolkit  
GIS Map Article  
Medication Drop Box Flier

### **6 Pillars**

1. Prevention
2. Protection/Harm Reduction
3. Treatment
4. Support/Recovery
5. Supply Reduction
6. Advocacy

# Creating Hope Together: Our Community Response to the Opioid Crisis

Event # 52200 Wednesday, May 31, 2017

## Date and Time:

Wednesday, May 31, 2017, 8:30:00 AM - 4:30:00 PM; Check In: 8:30:00 AM

## Location:

Guilford Technical Community College Conference Center  
7908 Leabourne Rd - Colfax, North Carolina 27282

## What Can I Expect?

North Carolina, along with many other states across the nation, is experiencing an epidemic of opioid and heroin related deaths and hospitalizations. In 2015, 1200 North Carolinians lost their lives to opiate related overdose. Many communities across the state are coming together in a "call to action" to create a meaningful response to this healthcare crisis. This interdisciplinary continuing professional development activity is designed to bring together partners across our community. Partners include healthcare providers from acute, primary and emergency settings, law enforcement, public health organizations, advocacy groups, community organizations, school systems including academic institutions, legislators, faith-based organizations, families and persons actively involved in recovery. The purpose of this activity is to equip the participant with the needed information to respond to this opioid epidemic through evidenced based education, best practices from other communities experiencing positive outcomes, and meaningful collaborative relationships with community partners. Speakers will present information on the history and prevalence of the opioid epidemic, the impact of the epidemic on North Carolina, best practices in creating positive change, and a recovering survivor's story of hope. A showcase of community partners will be open throughout the day and ample time will be provided for networking opportunities.

## Agenda

8:30-9:00am Check-in, Breakfast, and Networking in Showcase Room  
9:00-9:10am Welcome by Rebecca Knight, MSN, MBA, Executive Director, Greensboro Area Health Education Center  
9:10-10:00am Keynote Address by Sam Quinones, Author of Dreamland  
10:00-10:30am Question and Answer  
10:30-10:50am Break and Networking  
10:50-11:00am North Carolina Attorney General Josh Stein  
11:00-11:40am North Carolina Harm Reduction Strategies - Tessie Castillo  
11:40-12:00pm Question and Answer  
12:00-12:45pm Lunch and Networking  
12:45-1:15pm Moderated Local Expert Panel, "Challenges in the Continuum of Care"  
1:15-2:15pm "After the Narcan", The Colerain Ohio Experience- Daniel Meloy, Will Mueller, Nan Franks and Mike Owens  
2:15-2:30pm Question and Answer  
2:30-3:00pm Break and Networking  
3:00-3:40pm The Past, Present and Future of Opioid Prescribing Blake Fagan, MD, Mountain Area Health Education Center  
3:40-4:00pm Question and Answer  
4:00-4:30pm Alex Smith- A story of recovery  
4:30-4:40pm Chase's Story and A Challenge  
4:40pm Adjournment

## Available Credits:

5.50 AMA PRA Category  
1 Credit  
5.50 Contact Hours  
(category A) CE for NC  
Psychologists  
0.55 CEU  
5.50 Contact Hours  
5.50 NBCC Hours  
5.50 NCSAPPB GSB  
5.50 CNE Contact Hours

## Accreditation:

This activity has been planned and implemented in accordance with the Essentials and Standards of the North Carolina Medical Society. Greensboro AHEC is accredited by the NCMS to provide continuing medical education for physicians.

- **Physician Credit:** The Greensboro AHEC designates this live activity for a maximum of 5.5 AMA PRA Category 1 Credit(s)TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- **Nursing Credit:** Greensboro AHEC is an approved provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- **Psychologist Credit:** Greensboro AHEC is recognized by the North Carolina Psychology Board as an approved provider of (Category A) Continuing Education for North Carolina Licensed Psychologists. No partial credit will be given.
- Greensboro AHEC has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 5470. Programs that do not qualify for NBCC credit are clearly identified. Greensboro AHEC is solely responsible for all aspects of the programs.

## Event Objectives:

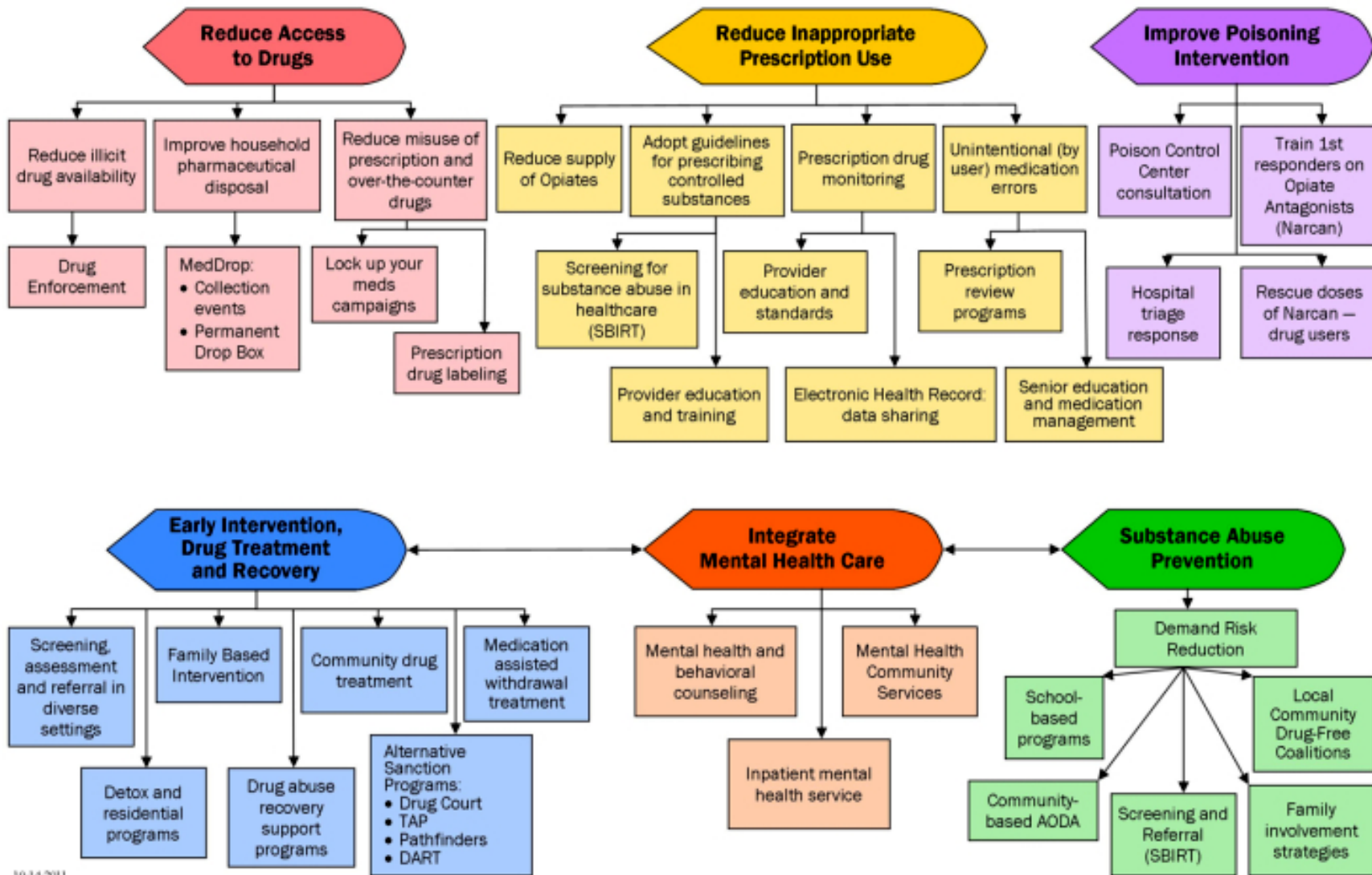
- Define the current trends and statistics regarding opioid abuse and overdose on a state and regional level
- Explore the role of harm reduction strategies to improve outcomes related to opiate misuse
- Participate in expert panel discussion related to regional concerns and response to the opioid crisis
- Discuss the use of community based quick response teams to promote patient engagement in rehabilitation
- Explore critical aspects of care through the experience of a person in substance abuse recovery
- Discuss alternative treatments and opioid prescribing models

## COMMUNITY BASED MODELS

<b>LEAD</b> Law Enforcement Assisted Diversion	<b>PAARI</b> Police Assisted Addiction and Recovery Initiative	<b>STEER</b> Stop, Triage, Engage, Educate and Rehabilitate	<b>ANGEL INITIATIVE</b>
<p><b>GOALS:</b></p> <ul style="list-style-type: none"> <li>• In a LEAD program, police officers exercise discretionary authority at point of contact to divert individuals to a community-based, harm-reduction intervention for law violations driven by unmet behavioral health needs. In lieu of the normal criminal justice system cycle -- booking, detention, prosecution, conviction, incarceration -- individuals are instead referred into a trauma-informed intensive case-management program where the individual receives a wide range of support services, often including transitional and permanent housing and/or drug treatment.</li> <li>• Prosecutors and police officers work closely with case managers to ensure that all contacts with LEAD® participants going forward, including new criminal prosecutions for other offenses, are coordinated with the service plan for the participant to maximize the opportunity to achieve behavioral change.</li> <li>• Wrap around services                         <ul style="list-style-type: none"> <li>○ Education</li> <li>○ Healthcare</li> <li>○ Housing</li> <li>○ Job Training</li> <li>○ Treatment</li> </ul> </li> </ul>	<p><b>GOALS:</b></p> <ul style="list-style-type: none"> <li>• Encourage opioid drug users to seek recovery</li> <li>• Help distribute life saving opioid blocking drugs to prevent and treat overdoses</li> <li>• Connect addicts with treatment programs and facilities</li> <li>• Provide resources to other police departments and communities that want to do more to fight the opioid addiction epidemic</li> <li>• Work to remove the stigma associated with drug addiction</li> </ul>	<p><b>GOALS:</b></p> <ul style="list-style-type: none"> <li>• STEER operates around the core value proposition of deflection, namely ensuring the "correct" movement of citizens either into the criminal justice system or away from it and towards human services system,</li> <li>• Focus: 1) reducing crime, 2) (re)building community relations, 3) reducing drug use and 4) restoring the lives of citizens.</li> <li>• Begins during calls for service where LEOs conduct a field risk-needs screen (without the need to go to a district or lock-up) to determine if an individual fits a low-moderate criminogenic risk profile (Proxy Risk Tool) and high treatment need profile (CAGE substance use screen).</li> <li>• If eligible criminal charges are present, the charges can be held in abeyance if the individual voluntarily accepts a STEER intervention referral. If no criminal charges are present, the individual can still be referred to STEER in a prevention contact. Both elements of STEER reduce drug use thereby reducing crime.</li> <li>• Offered a chance for treatment and help without entering the criminal justice system; creates a "warm handoff" from officer to 24/7</li> </ul>	<p><b>GOALS:</b></p> <ul style="list-style-type: none"> <li>• The Angel Initiative brings the community together with the assistance of law enforcement, treatment providers, and community activists to treat addiction as it truly is, a health issue that requires treatment and not jail.</li> <li>• Any person who enters the police station and requests help with their addiction to opiates will be immediately screened into the ANGEL program.</li> <li>• If such a person who has requested help with their addiction is in possession of drugs or their drug equipment (needles, etc.), they will not be charged.</li> <li>• Any officers having contact with anyone entering the Police Department and requesting help with their addiction will be professional, compassionate and understanding at all times.</li> <li>• A volunteer Angel will assist the person with getting into a treatment program. Any warrants that the person may have will be set aside while they are in treatment as long as they are not violent crimes. The participating agencies will continue to work with the party through the recovery process and they will be treated as a person suffering from a disease and not as a criminal.</li> </ul>

# Safe Communities' Coordinated Response to Stop the Drug Overdose Epidemic

Six Areas of Focus



10-14-2011

<https://painpolicy.wordpress.com/2012/01/31/a-public-health-approach-to-prescription-opioid-abuse-and-diversion/>

