

MINUTES

DAVIDSON COUNTY BOARD OF HEALTH

July 8, 2014
12:30 p.m.

BOARD MEMBERS PRESENT

Ms. Becky Daley
Dr. Rick Gilliam
Ms. Alice Gray, Vice-Chair
Dr. Mark Hamrick, Chair
Dr. Michael Lanning
Rev. Lamar Moore
Mr. Keith Raulston
Mr. Tobin Shepherd
Commissioner Don Truell

STAFF PRESENT

Janie Ange
Darren Cecil
Mary Lou Collett
Barbara Hedrick
Nancy Stout
Monecia Thomas
Catherine Warren
Karen Villines

VISITORS PRESENT

via phone call – Fred W. Brason II
Chuck Frye, County Attorney
Lt. Jonathan Hicks, Lexington PD
Kathy Hitchcock, DSS
Chief Tad Kepley, Lexington PD
Daniel Parrish, IT

Leadership Development Recognition: Lillian Henderson, Tanya Hennessee, Sherrilynn Little

WELCOME

Dr. Mark Hamrick called the meeting to order, established a quorum, and welcomed everyone to the July Board of Health meeting. Dr. Hamrick specifically welcomed the special guests in the room – the Presenters, additional Health Department Staff and those that are a part of the Davidson County Stop Prescription Abuse Now (DCSPAN) Coalition. Dr. Hamrick asked the attendees to start the meeting with general introductions.

MEETING AGENDA and CONSENT AGENDA

Dr. Hamrick asked for approval of the agenda and the consent agenda, including the May 2014 minutes and the financial reports.

MOTION

Dr. Michael Lanning made a motion to approve the items on the meeting agenda, the consent agenda, the March 2014 Board of Health minutes and the financial reports as presented. Commissioner Don Truell seconded and the motion was approved without dissent.

PUBLIC COMMENT

None

PROGRAM UPDATES

Environmental Health Director Darren Cecil explained that there were minor changes to the new Performance Base Budgeting Goals for the coming year.

- Under Measures, some of the percentages were lowered.
- Challenges – Environmental Health receives 3 to 4 calls a day inquiring about mold calls a day from people who want the Environmental Health staff to take action. The Environmental Health Department can't take action, but they can offer information. This represents a big problem.
- Director of Nursing Mary Lou Collett stated at this point there is no new news on the School Nurse Funding Initiative (SNFI) nurses. The issue is still unresolved.
- Since Ms. Collett prepared her update, one of the contract nurse practitioners resigned taking a position with the VA and she will no longer be working at the health department as of August 7th.

She was seeing all of the child health patients, so we will have a need for child health coverage. The Nurse Practitioners or Physician's Assistant position has not been filled, so DCHD will contract with the Pediatrics offices in Thomasville and Lexington to come in temporarily to do the child physicals until the position is filled.

Dr. Hamrick stated that Ms. Collett also included an article on the increase of drug-resistant Tuberculosis. This was included at the request of the State Tuberculosis Control Program.

- **Health Education Supervisor Jen Hames** - Dr. Hamrick explained that Jen Hames was not in attendance today. Ms. Hames is attending the 2014 Annual National Association of County and City Health Officials (NACCHO) Conference in Atlanta. The focus of the conference was science, innovation, and policy. She presented a session on July 9th entitled "Healthy Corner Stores in a Rural Community".
- **WIC Director Barbara Hedrick** explained that WIC is thirteen working days away from for the Crossroads system rollout scheduled for July 28. WIC will have limited appointment availability in the next several weeks. The WIC staff is very excited about the new Crossroads system.
- **Health Director Monecia Thomas** mentioned she had a couple of items to point out and she would also distribute a few items to the Board.
 - The NC Local Health Department Accreditation Board recently met and celebrated that all 85 health departments in North Carolina have completed the Accreditation process at least once. Davidson County has completed the cycle twice. Ms. Thomas had the privilege of speaking at the celebration because she was the first State Accreditation Coordinator for the program and she also spoke on behalf of the Health Directors.
 - Updated Board of Health members list distributed to reflect Tobin Shepherd's new email address
 - As of June 25th the Davidson County Board of Health members are now a part of NALBOH – the National Association of Local Boards of Health. Ms. Thomas delayed the process until the administrative problems improved. The Board should now be receiving emails periodically. There is an annual conference and North Carolina does offer scholarships for those conferences if anyone is interested in attending.
 - 2014 County Health Rankings had been previously discussed, but Ms. Thomas wanted the opportunity to share and distribute the booklets. The County Health Rankings came out in March of this year. Basically the Counties are ranked according to Health Outcomes - the status of your county right now and Health Factors - which focus on social and environmental factors that influence your county's health. Davidson County was fifty-two in Health Outcome and forty-ninth in Health Factors.
 - Challenges:
 - Davidson County Health Department Dental Clinic will be discussed later in the meeting
 - Still having difficulty hiring a Mid-Level Provider.

Old Business

None

New Business

Recognition of the Davidson County Health Department Leadership Development Course Participants.

Dr. Hamrick stated that Davidson County recently coordinated a Leadership Development Initiative to identify and develop staff across the various County Departments. This County-wide initiative was developed as a response to what is needed in terms of staffing and competency development and to help retain top performers.

The Davidson County Health Department selected four staff members to attend the series of courses. These staff members had an opportunity to improve their job-related skills and thus benefit their colleagues and the community we serve. Dr. Hamrick stated he would like to recognize the participants and asked them to stand as he called their name.

1. Lillian Henderson, Preparedness Coordinator and Environmental Health Specialist
2. Tanya Hennessee, Public Health Nurse II in the Clinic
3. Sherrilynn Little, Social Worker II, Care Manager for Care Coordination for Children
4. Randy Swicegood, Environmental Health Supervisor III – Randy is on vacation today.

The County plans to repeat this initiative to allow for more staff participation in the future. The course concluded with 3 large projects for all of the participants focused on:

1. Communication
2. Staff Appreciation and
3. Customer Service

Discussion

Commissioner Truell asked where were the sessions held.

Ms. Thomas explained that they were held in Davidson County. The participants attended eight 8-hour sessions and one half day session conducted in the Commissioners' conference room. Ms. Hennessee, Ms. Little and Ms. Henderson would be happy to share one of their big take- a-ways from the Leadership Course experience with the Board.

Ms. Little mentioned that the Personality Profile told each individual about their leadership style and their strengths and made them aware of their challenges. Ms. Little was unaware of some of the challenging areas. She also shared some of the Personality information with her colleagues.

Ms. Hennessee agreed with Ms. Little about the very in-depth personality study and how it did help identify their weaknesses and pinpointed some things each individual needed to be aware of. The study helped them develop their own Personal Development Plan to share with their supervisor. The course included information on leadership styles and public presentation skills and it made Ms. Hennessee appreciate and gain more respect for the current leaders.

Lillian Henderson agreed with the other presenters about the leadership style information. The course also allowed Department Heads to come to speak with the participants. Ms. Henderson learned about Finance and the Tax Department. The topics were interesting and gave her an overall picture of Davidson County. Ms. Henderson commented that it was nice to meet people from other departments and the entire group is now closer as County employees.

A Board member asked if this was an ongoing program.

Ms. Thomas explained that the County will complete a thorough evaluation of the Leadership course and use the information to make improvements for future cohorts and as funding allows they will be able to repeat the course again.

A Board member stated that he would encourage the County to continue with the leadership course because it is a really great way to recognize 'up and coming stars' and bring them to the attention of administration.

Ms. Collet commented that she attended the final presentations and they were done very well.

The course included twenty-seven participants representing sixteen different departments.

Dr. Hamrick commented that the course sounded fantastic and he hopes it continues in the future.

Dr. Hamrick stated that next is the distribution of the previously approved 2014-2015 Davidson County Health Department Budget.

Ms. Thomas distributed the Health Department budget and mentioned that it was approved without any changes by the County Commissioners on June 5th. This is the same budget that was shared and approved

by the Board of Health at the March meeting. Ms. Thomas mentioned to the Board to place the approved budget in their handbooks for future reference. The budget has already been placed in Commissioner Truell's and Keith Raulston's Board of Health Handbooks.

Project Lazarus Presentations

Dr. Hamrick announced that we are pleased to have with us this afternoon, Fred Brason, the Executive Director of Project Lazarus. Project Lazarus is a non-profit organization that provides technical assistance to community groups. Project Lazarus seeks to empower communities to prevent drug overdoses and meet the needs of those living with chronic pain. We will now hear from Mr. Brason and then members of our Davidson County local Coalition, known as DCSPAN – Davidson County Stop Prescription Abuse Now.

Fred Brason, Executive Director, Project Lazarus (Conference Call)

Mr. Brason provided a powerpoint presentation via conference call. Ms. Thomas distributed copies of the powerpoint to the Board of Health.

Mr. Brason explained the top three goals of the project: Preventing Opioid Poisonings – Presenting Responsible Pain Management – Promoting Substance Use Treatment and Support Services.

The project obviously wants to prevent opioid poisonings - the overdoses from prescription medication and/or heroin and also present responsible pain management to insure that patients that do need care for pain (whether chronic or acute) have direct access and promote substance use treatment and support services for those who have found themselves with issues with prescription medication. We need to strike a balance all the way around for our communities so we don't create other problems as we are trying to fix a problem.

Highlights of the Project Lazarus included:

Prescription Drug Misuse

Project Lazarus believes that communities are ultimately responsible for their own health and that accidental drug overdoses are preventable. It is important to note the circumstances of the overdose events. The four categories that are typically highlighted by those suffering from an overdose include:

1. Patient misuse
2. Family/Friends sharing to self-medicate
3. Recreational User
4. Substance Use Disorder/Treatment/Recovery

CDC Policy Impact: Prescription Painkiller Overdose

For every 1 death there are:

- 10 treatment admissions for abuse
- 32 emergency department visits for misuse or abuse
- 130 people who misuse or abuse
- 825 nonmedical users

How do we reach this population? How do we turn things around from a public health perspective. The 825 nonmedical users, for the most part, are individuals in our homes, in our neighborhoods who are sharing medications among family and friends for ailments; they are self-medicating. That is not something we can police or legislate, it is a behavioral change that we need to look at through a public health approach.

People who abuse prescription painkillers get drugs from a variety of sources:

- 55% obtained free from friend or relative
- 17.3% prescribed by one doctor
- 11.4% bought from friend or relative
- 7% other source
- 4.8% took from friend or relative without asking
- 4.4% got from drug dealer or stranger

Essentially 70% of the diversion trend to misuse and/or abuse is going on among family and friends in our neighborhoods, in the workplace, in back yards, bedrooms and bathrooms. Most of them not thinking that they are doing anything grossly incorrect or wrong, but not realizing the dangers of something so potent.

(Slide with Happy Hour 5-7 p.m. sign)

This is the mentality that has developed in our society. We have learned about medications that are mainly there for healthcare, but there are other side effects. For some people, these side effects are taking care of their emotional pains. This has become more of a society issue and that is why it needs to be addressed through public health avenues.

Project Lazarus Model

The Project Lazarus model can be conceptualized as a wheel with three core components. The Hub must always be present:

Public Awareness – The public is not going to address a problem until they know of the problem and we know from most people that they don't become an advocate to address an issue unless it personally affects them. Over the past ten years, about everybody has been affected or they know someone who has had issues with prescription medication.

- *Identify issue at local level*
- *Broad-based outreach – all population groups because this is not population specific. Use and abuse affects all age groups, all people - no matter origin or economic status.*

Coalition Action - A functioning coalition should exist with strong ties to and support from each of the key sectors in the community; law enforcement, schools, human services organizations, domestic violence, health department, emergency rooms, civic organizations, youth groups, faith community, everybody to address the issues. In order to address them, three questions have to be asked.

- *Community Sectors*
 - *Why am I needed?* – Address it with awareness
 - *What do I need to know?* – Educate them with what they need to know
 - *What needs to be done?* – Action of what needs to be done so they are activated within their community, both personally and professionally through a coalition.

Data – This is what helped drive things in Wilkes County. Access the data for your specific county and include health related information, such as:

- Mortality
- ED/Hospitalizations -All emergency department/Hospitalizations visits for medicines and drugs
- Treatment admissions
- Prescriptions dispensed
- % Prescribers signed on to Prescription Drug Monitoring Program (PDMP)

Mr. Brason explained the hub of Davidson County's Data Profile by showing graphs:

- **All Poisoning Deaths** whether it was Opioid, Heroin, or someone took something from out of the kitchen cabinet etc. All counties are rated per 100,000. The graph showed a spike in 2010 to 2012 then a drop in 2012.
- **All Prescription Opioid Overdose Deaths** show a high of 16 in 2008 which is twice the epidemic rate as classified and defined by the CDC. The graph then shows a drop, then back up in 2011 and a drop again in 2012. 2013 numbers are not out yet, but again you are looking at about 8 per 100,000 which is epidemic status from the CDC and just a little under the North Carolina State average. Mr. Brason reminded the Board that the slide he had showed earlier indicated that for about every 1,000 people involved in these issues, there is 1 death from an overdose.
- **All Heroin Overdose Deaths** have unfortunately become an issue with some transitioning from prescription opioid medications to Heroin. Heroin is highly addictive, so it does not take long for

a person to realize too late of an addiction problem. Davidson County is at about 2 deaths per 100,000 and in North Carolina the numbers have definitely increased over the past two years after a continued five year decline.

- **All Emergency Department Visits for Medicine & Drugs** shows what is occurring in the population. The first place issues typically come up is at the emergency department. The graph indicates that the number may be hitting a plateau from 2011 to 2012, but we need to continue to look at it closely noting how the visits can be reduced.
- **All Inpatient Hospitalizations for Medicine & Drugs** dropped in 2009, but then increased thereafter. In 2008, the expenses in North Carolina for hospitalizations from overdoses that were admitted and survived was \$98.9 million dollars on hospital charges with the number one paying source being self-pay, which means we all end up paying through higher healthcare costs.

Mr. Brason explained the Spokes of the Hub so the Board could see how the Davidson County Coalition and the community are addressing them.

- **Community Education** and awareness efforts are those offered to the general public to let them know what they need to know and how they can be involved. A tag line of prescription medication was developed:
 1. **Take Correctly** – most people don't necessarily take correctly; they take as needed especially for pain.
 2. **Store Securely** - does not happen; most people have medications on the kitchen counter, nightstand, bathroom counter or in the Medicine Cabinets where it is easily accessible by others.
 3. **Dispose Properly** - most people don't, because once it is paid for, once it is in the house, they prefer to keep it around for that rainy day, not realizing that the rainy day can be entirely different then it was six months to a year later for themselves or another individual.
 4. **Never Share** which unfortunately is something that is frequently done in our homes today, whether it is an antibiotic or a pain medication.

In order to have community education, we have created a Project Lazarus Coalition Leader Manual and Community Toolkit. The Davidson County Coalition members will complete an all day training within the next two months to bring everyone up to speed for moving forward for the community activism and education.

- **Chronic Pain Initiative – CPI** - a Prescribers Toolkit was developed that has been distributed state-wide to educate the prescribing population on managing chronic pain, appropriate prescribing, and how to access and determine risks and benefits on each and every patient so we are not creating more people with addictions or dependent issues, but people that are receiving care and relief from their pain. In addition, making sure the prescriptions are not getting in the wrong hands. Once the prescriber writes the prescription and the pharmacy fills that prescription, it is out of their hands, therefore it is in the community and we have some responsibility to insure safety.
- **Hospital Emergency Department** - it is recommended that hospital Emergency Departments develop a system-wide standardization with respect to prescribing narcotic analgesics because it was a frequently known place where it was fairly simple and easy to obtain prescription medication, because pain issues are difficult to diagnose.
 - **Case Management** – An embedded Case Manager in the Emergency Department to work with the high utilizers to get them referred to a continuum of care, whether it is a primary care physician, pain specialist, dentist or substance abuse treatment plan, whatever the need might be, so they are not over-utilizing the emergency department, but they are getting the long-term care for whatever their ailment or situation may be.
 - The Project Lazarus ED Toolkit is a Clinical Management Algorithm which includes:
 - ✓ Prescribing Policies
 - “High Utilizers” for chronic pain - non-narcotic suggestions and a referral to a specialist
 - No refills for controlled substances

- 10 tablets recommended
 - ✓ Patient Education – risk/benefit – naloxone (rescue medication for overdose)
 - ✓ Prescription Drug Monitoring Program (PDMP) - prior to prescribing controlled substance
 - ✓ Substance Use Assessment Tools
- **Diversion Control** – working with Law Enforcement on the permanent take back of old prescription medications. Both on an event bases and a permanent bases through the Sheriff’s and Police Departments. They can have permanent drop boxes and support the individuals with addictions, by not only stopping the crime but by helping them turn their life around.
 - **Pain Patient Support** –A lot of this work is being done through the Community Care Networks. Davison County is in the Northwest Community Care Network which includes care mangers and chronic care coordinators who make sure pain patients know how to take correctly, store securely, dispose properly and never share, but at the same time, focus on alternatives: health and wellness, music, breathing, physical therapies, acupuncture, yoga, exercise and other alternatives that can enhance the medication or possibly remove the need for medication.
 - **Harm Reduction** – Naloxone (Narcan) is the rescue medication to an opioid overdose and has been around since 1971 when it was used by emergency departments and EMS. If someone is having an opioid or heroin overdose, a simple injection or spray in the nose can revive the individual. A plan was developed for disseminating the kits to individuals at risk and individuals who are on high doses of medication and some other conditions such as chronic obstructive pulmonary disease (COPD), emphysema, heavy smoking, renal issues or may be in methadone treatment for pain (which is very inexpensive and very good for pain, but highly volatile for overdoses for someone who is in treatment). The Naloxone will not hurt someone if they do not need it, no matter how many times it is administered. It only reverses an Opioid or Heroin overdose.
 - ✓ Increasing access to Naloxone (Narcan) - Individuals, family members, law enforcement, first responders, etc.
 - ✓ Distributing a script that gives patients specific language they can use with their family to talk about overdoses and develop an action plan, similar to a fire evacuation plan.
 - **Drug treatment and Recovery** – The lack of addiction treatment is still a huge problem. If a physician completes an assessment and the individual has a problem – there may be no place to send them for treatment. It should be noted that there is no one treatment for everybody. Some individuals need medication assistance treatment, others do well with 12 step programs, others need consistent counseling and support. But for most, there is a stigma in the way they are treated. Project Lazarus is doing everything they can to reverse the stigma, because once a person has developed an addiction, they are not in control and the situation has to be treated and addressed as a disease model in order to help turn that individual around. Lazarus Recovery Services trains through a State certified program Peer Guides for people who are in recovery, have long-term stability and are able to help others navigate life, the system and treatment. This is not professional counseling, just a friend helping a friend with certain boundaries and guidelines.

Mr. Brason shared results from Wilkes County:

- 2009-2011 there was a 69% drop in the overdose death rate.
- 2007 Wilkes County, North Carolina had the third worst overdose rate in the country.
- 2008 Wilkes County Prescriptions related to overdoses in 82% of the cases.
- 2011 – Wilkes County Prescriptions related to overdoses in 0% of the cases. The County still has overdoses, but individuals are obtaining them incorrectly or illegally from elsewhere.
 - Substance Abuse Emergency Department visits down 15.3 %

- Involuntary commitments reduced through a collaborative effort between law enforcement , hospital emergency department, behavior health, substance abuse treatment and Project Lazarus.
- One of the cultural changes that has happened in Wilkes County is the diversion kits have greatly increased law enforcement receiving phone calls from the community reporting prescription medication sales or methamphetamine labs.
- Started Operation OpioidSafe which is basically replicating Project Lazarus at Ft. Bragg. There were 15 overdoses for every 400 soldiers and after one year it has dropped to 1 per 400, indicating the program does work.

Mr. Brason explained that counties with coalitions that have developed a Project Lazarus model where the Health Department was the lead agency and addressed these issues, there was a statistically significant 23% lower rate of Emergency Department visits regarding substance abuse issues. This again shows that the Coalition's Public Health approach will work and that is why Mr. Brason is excited about the Resolutions indicating Davidson County's collaborative coalition's efforts to address substance abuse. The public responds and becomes engaged and when there is action-oriented practices, change does happen.

What they have found at Project Lazarus is that when they invest in leadership (which is why they are creating the training for the leadership), they have a 2.7 fold increase in the odds of having Community Forums and Workshops. The material and resources provided to Davidson County through the Northwest Community Care Network includes a \$20,000 stipend to the Health Department to address the problem and create the coalition and then after August 1st of this year another \$10,000 will be available for the Davidson County coalition, which Project Lazarus will assist with. So a total of \$30,000 has been made available in order to address prescription drugs, substance use and heroin problems in Davidson County.

Mr. Brason stated that Project Lazarus has a full state-wide effort to reach all 100 counties with the same project and he was happy and proud to state that Davidson County and the Health Department with Ms. Thomas and Ms. Villines and others have stepped up and are following through on developing Project Lazarus and addressing the issues that need to be addressed to change and stabilize in Davidson County.

Dr. Hamrick then introduced Karen Villines, the local DCSPAN Coordinator and Health Educator here at the Health Department.

Karen Villines, Health Educator/DCSPAN Coordinator – Davidson County Stop Prescription Abuse Now

Ms. Villines provided the locally developed brochure and flyer. She explained that the flyer was also a billboard. The billboard was located on Highway 8 going out towards the lake and on Salem Street in Thomasville. Also DCSPAN ads were placed on 24,000 pharmacy bags that are distributed for the next couple of years at Davidson Medical Ministries Clinic. Russell Patterson from Tyro Family Pharmacy is looking into having DCSPAN information on his pharmacy bags at his own expense. In the Fall, DCAPAN has plans to get the message out with the ten Sector Groups in the Coalition. Ms. Villines asked the members of the Coalition to raise their hands to be recognized. Scott Craver of the Department of Social Services was very instrumental in doing the brochure and also working with Ms. Villines on the website DCSPAN.com which they hope to get up and running soon. The students from Davidson County Community College will do the web design as a class project, so that will be at no cost.

Ms. Villines is excited about a project with High Point University. High Point University has decided to develop materials for our middle schools in all three school systems: Davidson County, Lexington City and Thomasville City for a total of nine schools. Each school will have an individual campaign. The basic campaign will be the same, but the difference will be the utilization of the schools colors. There will also be one general project developed that can be used for our purposes and can be given out to the community. A total of ten media projects including pamphlets, posters, videos and other media that the Coalition is interested in will be developed. The premiere of this project is scheduled for July 26th, so they are busy working. Those involved students and their parents will have an opportunity to view the programs before it is given to the schools. Ms. Villines mentioned that DCSPAN will be at Lexington's and Thomasville's National Night Out and at the fair and she is hoping the

media project presentations will be rolled out at the schools sometime around Red Ribbon Week, which is also Barbecue Festival time. In order for the schools to have this media project given to them for free, they had to agree to High Point University's pre and post-test evaluations.

Ms. Villines welcomed everyone to become a part of the DCSPAN coalition that meets on the 4th Wednesday at 4:00 in the Health Ed room.

Dr. Hamrick Thanked Ms. Villines and explained that she is managing this project and leading the way for the entire Coalition for Davison County.

Dr. Hamrick introduced Kathy Hitchcock, the Program Administrator for Child Protective Services at DSS, and she will tell the Board about her professional experiences with Prescription Drug Abuse.

Ms. Hitchcock explained that child welfare first saw a shift from crack cocaine to prescription drug abuse around 2008. Ms. Hitchcock is also Co-Chair of the Community Child Protection Team and the Child Fatality Prevention Team with Ms. Collett. During a three-month period of time, there were three teens in Davidson County that died from prescription drug overdose that they had all gotten from a relative or friend. One teen's death was public record and was in the newspaper. The teenager had consumed alcohol and someone allowed him to share their prescription medication. At that time it was recognized that there was a growing problem, so the Community Child Protection Team distributed bookmarks on prescription drug storage, disposal and not sharing. The issue has continued to be a problem and now of the sixty-nine children DSS removed this past fiscal year, 60% of those are due to prescription drug abuse. DSS has seen an increase in heroin use, but most are from prescription drug abuse. This is the main reason the children are removed and it is also the main reason some children never get returned to the home. At the end of 2012, in a six-month period of time, there were four moms on open child welfare cases who died of drug overdoses, so those cases were reviewed by the Community Child Protection Team and that became the seeds of Project Lazarus and the local DCSPAN Coalition.

In January 2014, DSS partnered with several local law enforcement agencies in the roundup of over sixty individuals for selling prescription drugs and this resulted in cases on twenty-five children. The departments worked really well together and DSS was present at the time of the arrest. DSS made arrangements from a command post that was set up. The situations include children suffering from accidents, parents getting stopped on the interstate with lots of pills and customers shopping while 'high'. More parents are telling stories like these at the time DSS is removing their children due to their prescription overdose and abuse. The drug manufacturers are making the pills more difficult to crush so a parent bought tools to help grind up the pills. It is an epidemic for the them and it is all the Community Child Protection Team is doing now. Ms. Hitchcock stated that she could not stress enough the impact that this issue has had on the children and families in our county and how we need to move forward with DCSPAN in any way we can.

Discussion

A Board member asked what are the ages of the parents involved in these issues.

Ms. Hitchcock answered that all different ages are included. There are situations where the parents are young and they started using pills when they were in high school. Other parents are in their 30's and 40's and started when they had an injury. DSS has even had to remove children from the homes of grandparents. There have been instances of grandparents selling pills on school campuses. Ms. Hitchcock stated she has never seen anything like it and the issue permeates everything they do now. If they get a report that doesn't involve prescription abuse, it is surprising to her because the situation is that bad.

A Board member asked would you say this is a problem in all county and city schools.

Ms. Hitchcock answered it is everywhere. DSS hears about overdoses at schools, at parties where everyone brings prescription medication and everyone participates in drug misuse. At least once or twice a month, DSS is seeing a newborn testing positive for one of these drugs and the withdrawal is a very long and painful process. The babies need to be brought down with morphine. When DSS places these children in foster care, they have to find a very calm, patient person who has a lot of time to spend because these babies constantly scream. Ms. Hitchcock stated she has been here twenty-seven years and she has never seen anything like it. The impact that this has had on our community is amazing.

Dr. Hamrick mentioned that Ms. Hitchcock, Ms. Thomas and Ms. Villines are all members of the Executive Steering Committee for DCSPAN.

Dr. Hamrick introduced Mark Robbins, EMS Operations Manager, to talk about his experiences with Overdoses in his line of work.

Mr. Robbins explained that on the EMS side what they are seeing is from data in a Call Report. The report is a combination of when individuals admit that they have used heroin or prescription drugs or if the individual is given Narcan to reverse the effects. Mr. Robbins explained that they do not give enough Narcan to totally reverse the effects because when the individuals 'come totally out of it', they can become combative. So, this is one aspect that has to be considered. EMS is seeing at least a couple of overdoses a week and at least one death a month from heroin and pill overdoses on the streets right now. It is concentrated towards the High Point area, with a lot of issues coming more towards Thomasville and the outskirts of the city. The western part of the County is also an area of concern.

Ms. Gray stated that she has a friend who is an ICU nurse at High Point Regional and she sees a lot of patients there. They refer to the situation as 'High Point Heroin'.

Mr. Robbins mentioned that some of these patients have just got out of jail or rehab and no one is telling them their tolerance level gets reduced in a week or two and they do not realize that, so they take the same amount of heroin that they are used to and they die from an overdose. Mr. Robbins thought that the reduction in tolerance level in as short as week or two might be good educational information to share with the public.

Board of Health Resolutions regarding Prescription Drug Abuse

Dr. Hamrick stated that in the DCHD Strategic Plan prepared last year, the Board of Health planned to develop Resolutions to take a stance indicating their support of issues impacting our community. The draft Resolutions were first distributed several months ago in March in the Board packets. The drafts have previously been reviewed by the Assistant County Attorney.

Dr Hamrick asked are there questions, comments or concerns about the Resolutions.

Ms. Thomas reminded the Board that the Strategic Plan stated that the Board would draft the Resolutions, approve them and then they would go to the County Commissioners. This give the Board of Health an opportunity to show their support publicly for certain issues. Frequently, Boards of Health pass Resolutions, not because they have the authority to regulate certain aspects, but to take a stance publicly and show their support. According to the School of Government, the Board can choose to approve the Resolutions or not, but the Board can also choose to approve the Resolution and have them sent on to the County Commissioners. These Resolutions will show the Board's support for the initiatives.

Dr. Hamrick requested a motion to approve the Resolution in Support of Addressing Substance Abuse/Prescription Drug Abuse/Misuse

MOTION

Dr. Lanning made a motion to approve the Resolution in Support of Addressing Substance Abuse/Prescription Drug Abuse/Misuse. Dr. Gilliam seconded and the motion was approved without dissent and the Resolution will be presented to the Commissioners.

Dr. Hamrick requested a motion to approve the Resolution in Support of Medication/Drug Drop Off Boxes

MOTION

Dr. Lanning made a motion to approve the Resolution in Support of Medication/Drug Drop Off Boxes Mr. Shepherd seconded and the motion was approved without dissent and the Resolution will be presented to the Commissioners.

Dr. Hamrick thanked all the presenters and appreciated their leadership on the prescription drug issue.

Policy Review – Retention and Purging of Health Department Records

Dr. Hamrick stated Nancy Stout has provided a copy of the policy with the changes highlighted. This policy has to be reviewed and approved by the Board of Health annually.

Ms. Stout commented that the only thing was to remove a name.

Dr Hamrick requested a motion to approve the change to the Retention and Purging of Health Department Records Policy.

MOTION

Ms. Gray made a motion to approve the change in the Retention and Purging of Health Department Records Policy. Ms. Daley seconded and the motion was approved without dissent

Customer Service Report – July 2013 – June 2014

Dr. Hamrick stated that Nancy Stout, the Quality Improvement Coordinator has provided the Board with an overview of the Customer Service Report which also includes the Quality Improvement Activities Implemented throughout the past year.

Dental Clinic Closing Process

Ms. Thomas provided the Board with an email update last week regarding the Dental Clinic. The closing of the Dental Clinic has been in discussion at the health department for months with the idea always being that the Dental Clinic would close in conjunction with the opening of the East Carolina University Dental Clinic at Davidson County Community College. When we got closer to August/September, which was the original planned opening, we began to think we would close the Dental Clinic in late August. Letters were prepared for the two staff members: a dental assistant and office support staff, letters for other dental practices in the county notifying them they may receive phone calls from our clients and letters for patients that were in our electronic medical records system. The health department was moving forward slowly with the planned closing and at the same time we were having difficulty obtaining a dentist-trying to do the best we could for our community with their dental needs especially considering we served children. When one of the dental staff members resigned, it became very evident that it is was no longer in the health department's best interest to keep going forward with trying to get a dentist and now an additional staff person for billing and front desk purposes. Most of the conversations were with Mike Newby, Assistant County Attorney, because he is assigned to the health department. We discussed how to best pick a date to close the dental clinic. July 11th was the date chosen because that was the last day for the staff member that resigned. Ms. Thomas sent out an email detailing the closing process and the dental equipment. Ms. Thomas spoke with Layton Long - former Davidson County Health Director, Sandy Motley – Director - Davidson Medical Ministries, where the Dental Clinic was located, Dr. Mark Davis - a local dentist who was the former Board of Health Chair and the County Attorneys and discussed the equipment at the Dental Clinic. The DCHD plans to leave the equipment for Davidson Medical Ministries, but we want to figure out if it was donated to the county and if so is paperwork documentation in place to show we are leaving it at Medical Ministries. We did not arrive at any clear answers as to where all of the equipment came from. Dr. Davis did offer to talk to the Dental Society, but they are not meeting again until after Labor Day, so Ms. Thomas felt it was best to use the information gathered and provide documentation stating certain items would remain at the Clinic. Some of the consumables such as toothbrushes, toothpaste, stickers, toys, etc. will be returned to the health department because we can use them through our school health program and the computers will be returned to the Health Department. With the staff - one person has resigned effective July 11th and the other person was given an official end date two weeks from July 11th to give that individual notice and an opportunity to meet with the Davidson Works and the Human Resources Director to talk about options. When you are laid off or have a reduction in force, there are some options if you are eligible and have experience. The letters to local dental office were delayed because of the holiday. Karen Villines is the backup Public Information Officer and she will prepare a release for the newspaper about the Dental Clinic closing.

Discussion

Dr. Lanning asked if there has been any follow-up with the legal issues from the previous dentist's contract.

Ms. Thomas stated she had not heard anything through Mike Newby, Chuck Frye or the County.

Dr. Lanning stated that he was on the Davidson Medical Ministries Board in the initial phases of the dental clinic. At that time, it was only operational one or two nights a week and was completely reliant upon volunteers. At that time, he knew the dental equipment was donated directly to Medical Ministries. Dr. Lanning mentioned this was many years ago and new equipment has been bought since then, but he knew initially most of the equipment was donated to Medical Ministries. Dr. Lanning mentioned that they went to dental supply companies and asked them for donations for that particular clinic.

Ms. Thomas stated that was good information because she was not aware.

Dr. Hamrick commented it was unfortunate that there is a gap in coverage, but things were handled in the best way possible.

Meth Labs Policy, including a review of General Statute 130A-284, 10A NCAC 41D.0101 and the May 2006 Board of Health minutes

Dr. Hamrick stated that Darren Cecil, Environmental Health Director, will give a review of the Meth Labs issues in Davidson County. Your packets include:

- The May 2006 Board of Health minutes – indicating the Meth Lab topic
- The Current Health Department Meth Lab policy
- General Statute 130A-284 about the Decontamination of Property and
- Administrative Code 41D.0101 – about Decontamination

Darren Cecil stated that this is for informational purposes only and that he would answer any questions the Board had. Mr. Cecil met with Mike Newby, the Assistant County Attorney, to discuss the process of dealing with Meth Labs in Davidson County. The issue with the policy is that the Environmental Health Director is responsible for contacting the owner after he has been notified about the meth lab, but the policy does not address what he is supposed to do when the owner fails to contact him. Mr. Newby wanted this extra tool in place for the civil court process to get compliance.

Discussion

Mr. Shepherd asked Mr. Cecil if he felt comfortable with this.

Mr. Cecil stated that he feels more comfortable with this than mailing out a letter and never receiving any follow-up.

Ms. Thomas reminded the Board that the budget and the Board of Health Members update should be placed in the Handbook. Accreditation requires that the Handbooks be updated.

MOTION

Mr. Shepherd made a motion to adjourn. Dr. Lanning seconded and the motion was approved without dissent.

BOARD MEETING DATES

The Board of Health will meet Tuesday, September 9, 2014 at 12:30.

MEETING ADJOURNED

Respectfully submitted,

Monecia R. Thomas, MHA
Secretary to the Board

This is a true and accurate copy of the July 8, 2014 Board of Health Minutes.

Dr. Mark Hamrick, Chair