

C-Fort Minutes

Guest speakers/attendees:

- Louis Leake (CTC Fayetteville)
- Gregory Berry (NCHR)
- Chris (CFV)
- Serena Gunn Stornello (Head Holistic Journey Services)
- Delvin McAlister (CHI)
- David Grovdahl (CFV/Cumberland EMS)
- Lisa Jayne (Cumberland County)
- Kiersten Jones (RHA Health Hilltop)
- Katreva Miles (Insight Human Services)
- Martina Sconiers-Talbert (CCHD)
- Jennifer Green (CCHD)
- Charlton Roberson (CDC/NCHRC Life Net Services)
- Vinette Gordan- FSU Rep.
- Elizabeth Stephens (Insight Human Services)
- J. Garner (Reentry)

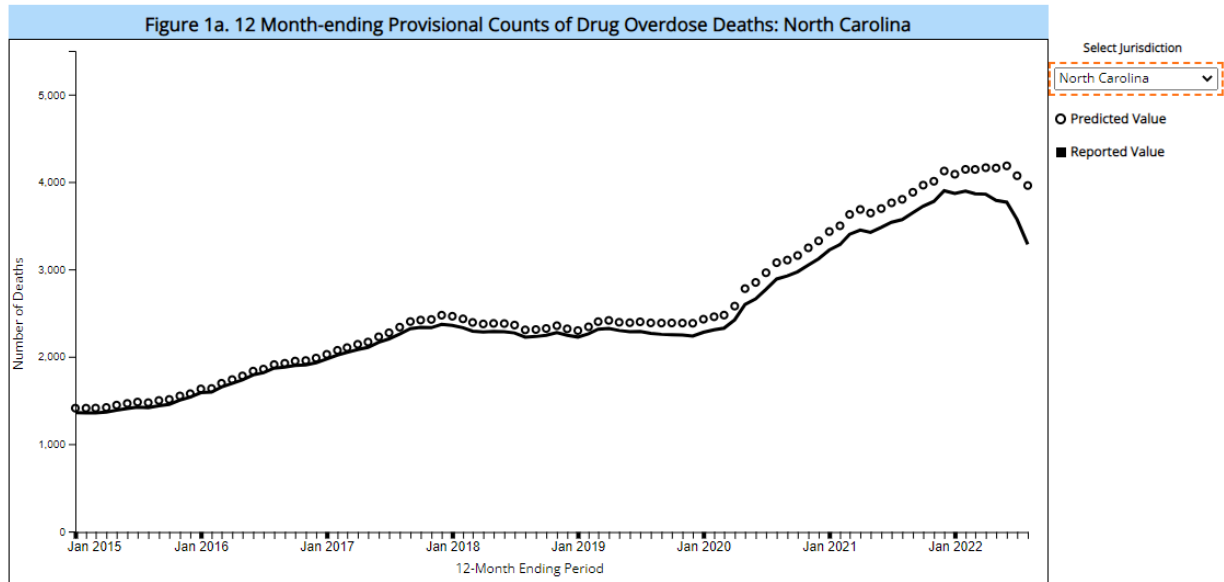
- Kendle Holeman (Insight Human Services)

Louis Leake Overdose updates:

- There were 733 opioid overdose ED visits as of 11/22 in comparison to 748 as of 11/21.
- There was a slight increase in those numbers overall as a state.
- There were 1,311 NC emergency dept. (ED) visits for overdose involving medications or drugs with dependency potential: 11/22
- There were 187 Fentanyl-pos+ deaths, NC office of chief medical examiner (OCME) toxicology data: 9/22

12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths

Based on data available for analysis on: January 1, 2023



-Above is a CBC graph that shows the # of overdose deaths in a 12 month period for NC. Reported value: 3286 Predicted value: 3959.

North Carolina

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Key Health Indicators

Fertility Rate	56.2 (births per 1,000 women 15-44 years of age)
Teen Birth Rate	17.3 (births per 1,000 females 15-19 years of age)
Infant Mortality Rate	6.8 (infant deaths per 1,000 live births)
Life Expectancy (at Birth)	76.1 years (2020)
Marriage Rate	5.5 (marriages per 1,000)
Divorce Rate	2.8 (divorces per 1,000)
Leading Cause of Death	Heart Disease
Drug Overdose Death Rate	30.9 (per 100,000) ¹
Firearm Injury Death Rate	16.0 (per 100,000) ¹
Homicide Rate	8.6 (per 100,000) ¹
COVID-19 Death Rate (Q2, 2022)	15.3 (per 100,000) ²

-The graph above shows, for every 100,000 there's been 30.9 drug overdose death rate in NC.

Gregory Berry, NC Harm-Reduction updates:

-We do not have our Narcan # data for the last quarter.

-a little over 400 referrals out; 40 were successfully linked, 2 are recovery support.

-There is a coalition, NCHRC is involved in for making the "good Samaritan law" ; we're looking to expand the protection. With hopes of it reaching the state legislator to try to make changes to the current law.

-Most importantly, we need support from the community stakeholders, local gov't, police depts, or anyone looking to support the cause.

-Our goal is to expand and strengthen the good Samaritan law and encourage ppl to call if they're in need of help.

-Looking for quotes to put out on literature, lining up in-person interviews, petitions, interested in emergency services, district attorney offices, law enforcement support, etc.

Chris- CFV updates:

Jan updates

-46 narcan reversals (opioid related)

-made contact with 28 out of 46 giving them Narcan kits & resources. 2 lived out of county, 4 homeless, 1 in the hospital unresponsive, 3 overdose deaths.

Dr. Green- CCHD update:

-16 slots in the BJ grant, almost at our count. Will do a budget revision if necessary.

Charlton Roberson- (CDC/NCHR Life Net Services) update:

-working on bringing MAT's into the detention center.

-Elijah is scheduled to meet with major Adams on Monday for next steps.

-Target date July.1st for phase 1.

-Have identified a few community partners to potentially partner with.

-Community resource center: have target dates 2/9, 2/10, 2/16,2/17,2/23,2/24. The center is waiting to see what we decide. The purpose of the visit is to get a look at what they're doing to possibly implement their practices.

Dr. Green I-pad data for vending machines:

- working w/ IT staff so ppl can take a quick survey for demographic data, age, gender, etc.
- We have #'s but no knowledge of where it's going/who is using it.
- We have bags identified & orders have been placed. Anticipating its arrival in a week or 2.

Dr. Green's Brainstorming activity: Opioid Settlement Funds:

What is your vision for a recovery community center? What services /organizations should be available?

- Transportation services
- Instrumental resources: ex. Access to Wi-Fi.
- Referral program
- charging stations
- snap benefits
- transitioning care/medical clearance program
- A working grp of stakeholders with the memorandum & some sort of release so that we're able to communicate with involved partners
- Services for both substance use disorder & mental health
- legal support (but not necessarily legal representation)
- thrift store items i.e., clothing
- warm handoffs
- shower availability

What are the ideal hours of operation?

-24/7? Who (professionals/volunteers) will willingly commit to an on-call or 24/7-hour position? Let's define what the goals are. Most problems aren't medical but instead behavioral. We would need staff support. Some of these services can be provided on certain days, ex. Only on T/R or M/W/F.

Where should the Recovery Community Center be located (Specifically)?

- The old Merita Bakery (across from the HD)
- empty county buildings
- we'll need a large space to occupy multi-agencies.
- Keep zoning in mind!

What infrastructure is needed in the space?

- clothing closets
- showers
- multi-professional office space

Dr. Green updates on settlement funds:

-We have reviewed applications for the RP. Our review panel is reviewing those now & looking for recommendations in the next 2 weeks or so.

Grant updates:

-The Sampson grant: For all providers, this is a grant you all can apply for. You must be able to stand it up w/n 4 mo. Per the application. Due. March. 7th. NOT for "for profit organizations".

-Question: Are you able to partner with a non-profit & have them be your fiduciary for the grant? Not sure currently.

-Dr. Green suggested that we apply collectively instead of individually so that we're not competing against each other.

CFV:

-has 2 grants they're working on "peer support emergency dept", no updates on this yet; however it's moving forward.

-2nd grant they're working with alliance; they're changing their mental health & substance abuse responses.

-They're incorporating licensed clinical social workers, peer-support, & community paramedics that will be starting next month.

-They're working with law-enforcement to try to reduce the # of responses they go to. Will be creating a mental health team in its place. Aiming for 3/1/23 to be fully functioning.

-FSU REP. Vinette Gordan: received collision recovery grant.

Closing Thoughts:

-Next meeting scheduled: 2/21/23

-We are considering moving the dates of our meeting. Ex: 3rd Wednesday of each mo.