

**Brunswick County**  
**Substance Use and Addiction**  
**Commission**  
Meeting Packet

January 4<sup>th</sup>, 2024, 5:00 pm-6:30 pm

*Enclosed:*

Meeting Agenda (Page 2)

December 2023 Meeting Minutes (Pages 3 – 5)

Exhibit A to NC Opioid Settlement MOA "Option A" List (Pages 6 – 7)



# Brunswick County Substance Use and Addiction Commission

## Agenda

Meeting scheduled for January 4<sup>th</sup>, 2024, from 5:00 pm – 6:30 pm at the Brunswick County Health Services Board Room Building A, 25 Courthouse Dr NE. Bolivia, NC 28422

- I. Call to Order
  - A. Attendance
  - B. Public Comment
  - C. Special Presentation
- II. Old Business
- III. Regularly Occurring Items
  - A. Approval of December Meeting Minutes
  - B. Agenda Adjustments
  - C. enCompass & Responding to Addiction
  - D. Opioid Settlement Planning Discussion
    - a. Needs Identification Surveying & Interviewing
- IV. New Business
- V. Commission Inputs
- VI. Adjournment



# Brunswick County Substance Use and Addiction Commission

BRUNSWICK COUNTY SUBSTANCE USE  
AND ADDICTION COMMISSION  
MONTHLY MEETING  
**December 7, 2023, 5:00 PM**

## **I. CALL TO ORDER:**

The meeting of the Brunswick County Substance Use and Addiction Commission was called to order by Mr. Torbich 5:08 PM in person at the Brunswick Health Services Board Room. Also, on video zoom.

### **A. Attendance**

The following members were present:

Mr. (Rev) William Eberle  
Ms. Johnnie McAdams  
Mr. Jeremy Seamon  
Ms. Laura Trueman  
Mr. Josh Torbich  
Ms. Kathleen Gomes  
Mr. Jon Oliver  
Ms. Megan Wilson (new member)

Members absent:

Ms. Joscelyn Ott

Health Services staff present

. Mr. David Howard, Director, Health Services Director  
. Ms. Olivia Jarvis, Health Educator  
. Ms. Teresa Mobley, Prevention Specialist, Coastal Horizons (video)

### **B. Public Comment: None**

**C. Special Presentation:** Triple P, Channing Higgins, Blossom Together Parenting and more Ms. Channing Higgins presented a slide show of the Triple P parenting program and her vision of a yet to be parenting drop in and training center she hopes to build in Boliva. Triple P is an evidence based parenting family support system designed to help children and parents realize and meet their potential working with any family issue. There are several levels of service ranging from small problems to very major issues where children are removed. The process includes: 1. Talking care of yourself as a parent 2. Having a positive learning environment. 3. Having a safe and interesting environment 4. Having realistic expectations 5. Using assertive discipline. Ms. Higgins is available



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to offer Triple P at other sites currently, but is seeking funding to create her envisioned drop-in center.

## II OLD BUSINESS:

**A. Primary Care Provider Training November 9, After Action Report**  
Mr. Seaman was thanked for his hard work in setting up this presentation which was attended by 30 providers. The presentation was successful and meets the objectives of the Commission. Suggestion was made to offer another such training next year.

## III REGULARLY OCCURRING ITEMS

**A. Approval of Minutes:** ( Eberle, Trueman))

**B Agenda Adjustments:** none

**C. Encompass & Responding to Addiction: No report**

**D. Opioid Settlement Strategic Planning discussion**

**a. Strategic Planning Process**

**b. Areas of Need, Brunswick County Report from the Duke Margolis Center for Health Policy**

Ms. Truman presented information identified for Brunswick County in the Duke Margolis report. Economic stability was listed as moderate need while Environment (overdoses, and needle exchange access was listed as high need.)

Mr., Howard reported that he met with Commissioners and recommendation was to stick with Option A, as they are not prepared to go forward with Option B which requires more work in both the application and monitoring process. He reported that his recommendation was to fit new projects into the same package following the spirit and strategies of the MOU. Discussion followed about strategic steps leading to a recommendation to the Commission by March when the budget process begins. Currently 450, 000 dollars is planned for. Recommendation was to turn the January meeting into a "gaps identification meeting". Emphasis will be on services not funded by Medicaid since the expansion just came through. Prior to the meeting commission members were tasked to contact groups to survey needs which are seen by community members. A brief questionnaire will be developed by Ms. Jarvis, and



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used to draw consistent categories of answers. Suggestions for the survey should be sent to Ms. Jarvis ASAP. Various commission members were assigned targeted groups to survey once the questions are designed:

Ms. Wilson (schools)

Ms. Jarvis (CRCI)

Mr. Oliver (ER and EMT services All first Responders)

Ms. Gomes (Community Health Centers)

Ms. Truman (pharmacy)

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## IV. NEW BUSINESS

### A. New Commission Member Appointee Recognition:

Ms. Wilson, Assistant Principal at Union Elementary will be the new representative from Brunswick County Schools. She introduced herself to the group

## V. COMMISSION INPUT: No report

**VII. ADJOURNMENT:** Move to adjourn (Eberle/Trueman). There being no further business, the meeting was adjourned at 6:45 PM

The next Brunswick County Substance Use and Addiction Commission meeting will be held on **January 4, 2024, at 5 PM**, at the Brunswick County Health Department

\_\_\_\_\_ Chairperson

\_\_\_\_\_ Secretary



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## EXHIBIT A TO NC MOA: HIGH-IMPACT OPIOID ABATEMENT STRATEGIES (“OPTION A” List)

*In keeping with the National Settlement Agreement, opioid settlement funds may support programs or services listed below that serve persons with Opioid Use Disorder (OUD) or any co-occurring Substance Use Disorder (SUD) or mental health condition.*

*As used in this list, the words “fund” and “support” are used interchangeably and mean to create, expand, or sustain a program, service, or activity.*

1. **Collaborative strategic planning.** Support collaborative strategic planning to address opioid misuse, addiction, overdose, or related issues, including staff support, facilitation services, or any activity or combination of activities listed in Exhibit C to the MOA (collaborative strategic planning).
2. **Evidence-based addiction treatment.** Support evidence-based addiction treatment consistent with the American Society of Addiction Medicine’s national practice guidelines for the treatment of opioid use disorder – including Medication-Assisted Treatment (MAT) with any medication approved for this purpose by the U.S. Food and Drug Administration – through Opioid Treatment Programs, qualified providers of Office-Based Opioid Treatment, Federally Qualified Health Centers, treatment offered in conjunction with justice system programs, or other community-based programs offering evidence-based addiction treatment. This may include capital expenditures for facilities that offer evidence-based treatment for OUD. (If only a portion of a facility offers such treatment, then only that portion qualifies for funding, on a pro rata basis.)
3. **Recovery support services.** Fund evidence-based recovery support services, including peer support specialists or care navigators based in local health departments, social service offices, detention facilities, community-based organizations, or other settings that support people in treatment or recovery, or people who use drugs, in accessing addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need to improve their health or well-being.
4. **Recovery housing support.** Fund programs offering recovery housing support to people in treatment or recovery, or people who use drugs, such as assistance with rent, move-in deposits, or utilities; or fund recovery housing programs that provide housing to individuals receiving Medication-Assisted Treatment for opioid use disorder.
5. **Employment-related services.** Fund programs offering employment support services to people in treatment or recovery, or people who use drugs, such as job training, job skills, job placement, interview coaching, resume review, professional attire, relevant courses at community colleges or vocational schools, transportation services or transportation vouchers to facilitate any of these activities, or similar services or supports.
6. **Early intervention.** Fund programs, services, or training to encourage early identification and intervention for children or adolescents who may be struggling with problematic use of



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drugs or mental health conditions, including Youth Mental Health First Aid, peer-based programs, or similar approaches. Training programs may target parents, family members, caregivers, teachers, school staff, peers, neighbors, health or human services professionals, or others in contact with children or adolescents.

7. **Naloxone distribution.** Support programs or organizations that distribute naloxone to persons at risk of overdose or their social networks, such as Syringe Service Programs, post-overdose response teams, programs that provide naloxone to persons upon release from jail or prison, emergency medical service providers or hospital emergency departments that provide naloxone to persons at risk of overdose, or community-based organizations that provide services to people who use drugs. Programs or organizations involved in community distribution of naloxone may, in addition, provide naloxone to first responders.
8. **Post-overdose response team.** Support post-overdose response teams that connect persons who have experienced non-fatal drug overdoses to addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need to improve their health or well-being.
9. **Syringe Service Program.** Support Syringe Service Programs operated by any governmental or nongovernmental organization authorized by section 90-113.27 of the North Carolina General Statutes that provide syringes, naloxone, or other harm reduction supplies; that dispose of used syringes; that connect clients to prevention, treatment, recovery support, behavioral healthcare, primary healthcare, or other services or supports they need; or that provide any of these services or supports.
10. **Criminal justice diversion programs.** Support pre-arrest or post-arrest diversion programs, or pre-trial service programs, that connect individuals involved or at risk of becoming involved in the criminal justice system to addiction treatment, recovery support, harm reduction services, primary healthcare, prevention, or other services or supports they need, or that provide any of these services or supports.
11. **Addiction treatment for incarcerated persons.** Support evidence-based addiction treatment, including Medication-Assisted Treatment with at least one FDA-approved opioid agonist, to persons who are incarcerated in jail or prison.
12. **Reentry Programs.** Support programs that connect incarcerated persons to addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need upon release from jail or prison, or that provide any of these services or supports.