

**MINUTES OF A
WORK SESSION
OF THE JACKSON COUNTY
BOARD OF COMMISSIONERS
HELD ON
OCTOBER 11, 2022**

The Jackson County Board of Commissioners met in a Work Session on October 11, 2022, 1:00 p.m., Justice and Administration Building, Room A201, 401 Grindstaff Cove Road, Sylva, North Carolina.

Present: Brian McMahan, Chairman
Boyce Deitz, Vice Chair
Mark Jones, Commissioner
Tom Stribling, Commissioner
Gayle Woody, Commissioner

Don Adams, County Manager
Heather C. Baker, County Attorney
Angela M. Winchester, Clerk to the Board

Chairman McMahan called the meeting to order.

(1) OPIOID DISCUSSIONS SUMMARY: Mr. Adams provided a summary of the history of the opioid discussions of the Board thus far. He provided a link to the information provided to the Board at the August 9th meeting, which included the Memorandum of Agreement (MOA).

The Board decided to move forward to be educated regarding Option A strategies. The county would develop a single resource page to provide links to all previous information and progression of the Board's discussions.

He provided a link to the information provided to the Board at the September 6th meeting. This was a PowerPoint using slides from the North Carolina Association of County Commissioners. The information included goals of the association and the allocation of funds.

(a) He shared the MOA Guiding Principles from previous discussions:

- Spend the money to save lives.
- Use evidence and data to guide spending.
- Invest in prevention of root causes.
- Focus on equity and populations disproportionately impacted. Include people with lived experience.
- Transparency and accountability. Fair and transparent process for deciding where and how to spend the funding.

(b) They would hear from speakers that day who would focus on four of the 12 High Impact Abatement Strategies:

- Evidence based addiction treatment
- Legal system diversion
- Addiction treatment for incarcerated persons
- Reentry programs

Commissioner Deitz asked if there was any way to do something soon to alleviate some of the problems in the county? There were people dying every week.

Mr. Adams stated that they had to spend the funds in the 12 areas of Option A. He understood the Board wanted to go through a process where experts would present to the Board and then the Board would decide which of the 12 areas they wanted to proceed forward with. He was developing a process to set the Board up to give staff direction.

Chairman McMahan stated he knew they felt an urgency to do something because it was real and happening on a daily basis in the county. But, these dollars from the settlement were very restrictive. They could use those funds for big picture planning to have a lasting impact over the 18 years. If there were strategies that could be useful, they could use other funds to help, but they needed to identify those.

He felt it was important to go through the process. He did not know everything about opioids and the crisis. For him, as a leader in the community, to be able to spend the dollars in the most efficient and effective way to make the biggest impact, he needed to understand it better.

Commissioner Woody stated she thought it was important for people to see the amount of money the county would receive each year for 18 years. The payments were substantial the first four years, but then decreased. That was important when looking to sustain any efforts they decided on. The county would receive \$3.2 million total, which was amazing, but they would only receive \$144,000 in 2039. They really had to be strategic.

Chairman McMahan stated that as a member of the regional Vaya Board, they talked about ways to partner together with other counties and jurisdictions. After the Commissioners went through the learning process, they may determine the best they could do for the community would be something they could not do alone. That was where they would need other counties partnering with them to pool their money to approach this in a broad perspective. It was not just the county's problem, it was regional, statewide and national. He thought they should keep that in their minds as they worked through the strategies.

Mr. Adams stated that the Southwestern Commission Council on Government (COG) was working with Swain County, who received a \$300,000 planning grant from Dogwood to help with the planning of their dollars. Swain transferred the grant to the COG, who started a regional planning process.

Once the Board went through the process and was educated, they could start talking about what they were interested in proceeding forward on. That would help give direction to staff as they participated in the regional process about opportunities to achieve some of the goals regionally.

He would recommend an internal prioritization process to start to identify like priorities where regionally they would be able to make a difference. The funding would be utilized the way the planning process unfolded. The Board would give the priority and staff would develop processes for the priorities.

They would also have the annual budget process. They had opportunities for discussions about the human services agencies and jail settings. As they went through this planning process and the budget process, opioid dollars may line up or maybe it would a priority that the Board would move forward with outside of the opioid planning process.

Commissioner Jones asked what funds the county had already received from the opioid settlement?

Darlene Fox, Finance Director, stated they had received a total of \$267,767 to date.

General discussions were held.

Informational item.

(2) OPIOID USE DISORDER DEFINITION / EVIDENCE BASED TREATMENTS: Dr. Richard Zenn, Vaya Health Chief Medical Officer and Shelly Foreman, Vaya Health Western Region Community Relations, were present for this item.

Dr. Zenn presented: North Carolina Opioid Settlements: An opportunity to help communities:

(a) North Carolina Opioid Settlements:

- Historic \$26 billion agreement resolves litigation over the role of four companies in fueling the opioid epidemic.
- Memorandum of Agreement between the state and local governments directed how opioid settlement funds were distributed and utilized.
- Complicated process and schedule of payments through 2038.

- Before spending funds, every county or municipality must select which opioid mitigation strategies to fund.
 - Local governments required to file annual financial reports and impact information.
- (b) Option A: High Impact Opioid Abatement Strategies:**
- Collaborative strategic planning
 - Evidence based addiction treatment
 - Recovery support services
 - Recovery housing support
 - Employment related services
 - Early intervention
 - Naloxone distribution
 - Post overdose response team
 - Syringe Service Program
 - Criminal justice diversion programs
 - Addiction treatment for incarcerated persons
 - Reentry programs
- (c) Option B: Additional Opioid Remediation Activities:**
- Collaborative strategic planning with diverse array of stakeholders.
 - Array of Core Abatement Strategies (26 strategies in 9 categories).
 - Expand array of evidence based or evidence informed programs or strategies:
 - Expand High Impact and Core Abatement Strategies.
 - Offer more specific funding opportunities to implement High Impact and Core Abatement Strategies.
 - Include special populations.
 - Expand prevention, education, training, planning, coordination and research opportunities.
 - Before spending funds, a local government must formally authorize the expenditure in its budget or through separate resolution or ordinance.
- (d) NC Opioid and substance Use Action Plan 3.0 Priorities:**
- Equity and lived experiences
 - Prevention
 - Harm Reduction
 - Care Connection
 - Goal: Reduce all drug overdoses by 20% from expected by 2024
- (e) Opioid and Substance Use Action Plan Data Dashboard:** The rate of overdose deaths among residents of Jackson County in 2021 (annual) was 47.8 rate per 100,000 residents. Number of deaths: 21
- (f) What is an Opioid?**
- Class of drugs found in the opium poppy plant that work in the brain to produce a variety of effects, including pain relief.
 - Blocks pain signals between the brain and body.
 - Makes some people feel relaxed, happy and “high”.
 - Slowed breathing, constipation, nausea, confusion and drowsiness.
 - Highly addictive.
 - Natural, naturally derived and synthetic opioids.
- (g) How does addiction to opioids occur?**
- Personal history and length of time using opioids play major role.
 - Hallmarks of addiction were irresistible craving for a drug, out of control and compulsive use of the drug and continued use despite consequences.
 - Opioids activate powerful reward centers in the brain:
 - Trigger release of endorphins, the brain’s feel good neurotransmitters.

- When it wears off, it feels uncomfortable (withdrawal), leading to desire to get the good feeling back.
 - Over time, the body slows production of endorphins and same dose does not give a strong a response – tolerance.
- (h)** Factors related to substance abuse:
- Vulnerability due to family history and life experiences.
 - Trauma.
 - Psychosocial determinants – unemployment, housing difficulties, poverty, stigma, discrimination, social isolation.
 - Chronic pain and other medical problems:
 - Well-meaning prescriptions provided.
 - Self-medicating.
 - Access/availability.
- (i)** What does the evidence suggest?
- Opioid Use Disorder (OUD) Treatment approaches and rates of adherence:
 - Buprenorphine 46% to 54%
 - Methadone 43% to 53%
 - Naltrexone 35%
 - Detox then abstinence 7% to 13%
 - Those receiving MOUD medications as part of treatment were 75% less likely to die due to their addiction than those not receiving medication.
 - Every \$1 invested in addiction treatment would yield return of \$4 to \$7 in reducing drug related crimes.
 - Only an estimated 10% to 20% of people with OUD received any treatment at all.
- (j)** Buprenorphine:
- Partial agonist at mu receptor. Comparatively minimal respiratory suppression and no respiratory arrest when used as prescribed.
 - Long acting. Half-life 24-36 hours.
 - High affinity for mu receptor. Blocks other opioids. Displaces other opioids. Can precipitate withdrawal.
 - Slow dissociation from mu receptor. Stays on receptor for a long time.
- (k)** Methadone:
- Full agonist at mu receptor.
 - Long acting. Half-life 15-60 hours.
 - Weak affinity for mu receptor. Can be displaced by partial agonists and antagonists, which can both precipitate withdrawal.
 - Monitoring. Significant respiratory suppression and potential respiratory arrest in overdose. QT prolongation.
- (l)** Naltrexone:
- Full antagonist at mu receptor. Competitive binding at mu receptor.
 - Long acting. Half-life oral 4 hours, IM 5-10 days.
 - High affinity for mu receptor. Blocks other opioids. Displaces other opioids. Can precipitate withdrawal.
- (m)** What does the evidence suggest:
- Emphasize evidence based treatments:
 - Newer/novel forms of MOUD
 - Behavioral therapies
 - Treatment of comorbid conditions
 - Evidence based strategies for preventing opioid overdoses:
 - Targeted naloxone distribution

- MAT
 - Academic detailing
 - Eliminating prior authorization requirements for medications for OUD
 - Screening for fentanyl in routine clinical toxicology testing
 - 911 Good Samaritan Laws
 - Naloxone distribution in treatment centers and criminal justice settings
 - MAT in criminal justice settings and upon release
 - Initiating buprenorphine based MAT in emergency departments
 - Syringe services programs
- (n)** Current challenges in the opioid epidemic:
- Comorbid addictions with stimulants, central nervous system depressants, nicotine
 - Higher prevalence of fentanyl
 - Newer, more potent variants of fentanyl and other opioids
- (o)** Vaya Opioid Misuse Prevention and Treatment Program areas of focus:
- State opioid action plan alignment
 - Member empowerment and engagement
 - Access to care
 - Community education and resource deployment
 - Provider education and monitoring
 - Annual reports and outcomes monitoring
- (p)** Opioid and substance use – Vaya’s current actions:
- Access to NARCAN. Since July 1, 2021, Vaya purchased and disseminated over 15,000 doses of Naloxone (NARCAN) to Vaya providers for free distribution to members at risk of opioid overdose.
 - Expanding medication assisted treatment programs. Exploring partnerships with local DHHS and jails to support medications for OUD (MOUD) in areas with decreased access.
 - Increasing follow up after substance use related hospitalization and detox. Vaya Care Management increased engagement with members prior to discharge from ADATC facilities to facilitate follow up.
 - Increasing recovery housing. The state provided \$500,000 to Vaya to allocate towards support in recovery housing. Criteria for applying for funds in development.
 - Fentanyl test strips. Vaya was exploring opportunities to purchase fentanyl test strips to also disseminate to providers to distribute to members at risk of fentanyl overdose.
 - Implementing substance use waiver. Effective December 1, 2022, the SUD waiver would ensure that Vaya offers the complete ASAM continuum, which would include development of new programs in the Provider Network.
- (q)** Principles to consider for use of settlement funds:
- Spend money to save lives.
 - Use evidence based strategies to guide spending.
 - Invest in youth and family prevention.
 - Focus on racial equity.
 - Develop fair and transparent process for deciding.
 - Root causes of opioid deaths were diverse; however, lack of economic opportunity, financial and housing instability, persistent physical and emotional pain, untreated mental health problems were common factors.
 - Access and retention in Medication Assisted Treatment.
 - Opioid crisis was a polysubstance crisis.

General discussions were held.

Informational item.

(3) OPIOID USE DISORDER CRIMINAL JUSTICE SYSTEM INFORMATION:

Dr. Albert Kopak, PhD in Justice Studies, Research Scientist at MAHEC, stated he was a professor in the Department of Criminology and Criminal Justice at Western Carolina University for 12 years. He did not have any first-person experience with Substance Abuse Disorder, but his dad was a police officer. He also had experience with Substance Use Disorder in his personal life in terms of extended, very close family.

Dr. Kopak presented:

(a) Considerations for Diversion Programs:

- Pre-arrest diversion programs can be designed to reduce jail admissions and decrease fatal overdoses.
- Most diversion programs include criminal charges and some form of deferred prosecution in the case of unsuccessful outcomes.
- Diversion programs for people with mental health and substance use needs require the involvement of a service provider.
- Law enforcement officers and EMS can assess eligibility and divert people to appropriate agencies.
- Programs can be based on self-referral (prevention or intervention).
- The first priority of diversion programs is treatment of substance use disorder and other mental health conditions.

(b) Considerations for MOUD in Jail Settings:

- Deaths in custody tend to involve health complications in combination with substance use disorder.
- Deliver of MOUD in jails can help stabilize people through the withdrawal process.
- Initializing MOUD in jails and maintaining existing treatment plans require different levels of resources.
- Providing MOUD immediately prior to release can reduce the likelihood of fatal overdose.
- A jail-based MOUD program requires a licensed physician and adequate correctional staff.

(c) Considerations for Reentry Programs:

- Reentry programming should be based on a comprehensive assessment.
- The reentry process should begin at the time of jail admission.
- People who have been incarcerated have an array of social service needs.
- Reentry programs must involve continuity of care.
- Programs should be individually tailored (e.g., abstinence and management).
- Peer support specialists and community health workers are vital elements of reentry programs.
- Community-based services are imperative for the reentry process.

General discussions were held.

Informational item.

(4) ELECTRONIC TAX LISTING OF PERSONAL PROPERTY: Tabitha Ashe, Tax Administrator, presented a draft resolution providing for electronic listing and extending the time for filing electronic listings of personal property for property tax purposes. Notices would continue to go out by mail and could still be paid in-person or by mail. This would provide another option for citizens.

Consensus: *Add this item to the next regular meeting agenda for consideration.*

(5) **BUILDING REUSE PROGRAM**: Tiffany Henry, Economic Development Director, stated that at a previous meeting, Mr. Adams presented information to the Board for approval to move forward with a Building Use Grant with the Department of Commerce for American Sewing. A requirement of the grant was a 5% match from the county. The benefit amount was \$60,000 with a \$3,000 match requirement. Mountain West Partnership would administer and oversee the grant.

She presented a draft resolution authorizing submission of an application to the North Carolina Department of Commerce. They were ready to move forward and requested this item to be on the next regular agenda for consideration of approval.

General discussions were held.

Consensus: *Add this item to the next regular meeting agenda for consideration.*

(6) **OTHER BUSINESS**: Chairman McMahan requested to discuss affordable housing at a future work session. They had the housing committee that was staff driven. He wanted to get an update and talk about future opportunities for citizens or other organizations to be a part of the committee.

There being no further business, Commissioner Woody moved to adjourn the meeting. Commissioner Stribling seconded the Motion. Motion carried and the meeting adjourned at 3:43 p.m.

Attest:

Approved:

Angela M. Winchester, Clerk to Board

Brian Thomas McMahan, Chairman