**Meeting: 08/07/2018**

**Durham Joins Together – Data Subgroup 8:30-9:30AM Brightleaf Square**

**EMS Data**

Data collected by paramedics

* Location of dispatch
* Reason for dispatch
* What is found at dispatch

Data is found at EMc detects and is reported to OMS performance improvement

UNC call data goes to NC-detect

Problem with how data is updated through update iterations which would cause problems with longitudinal analysis. Probably can only get data since 2015.

* 911 calls may be coded differently on how reported e.g. unconscious vs. drug overdoes
* Drug overdoses may not be reported in calls to stay out of trouble.
* ED to EMS need to match data
* Cannot get jail records even though community paramedics try to get people coming out of jail

RTI CFS analytics is look at 911 call tracking software and we have RTI contact information

Can link cause of death with EMS data to get more complete picture

Have a codebook of EMS data collected

Want to know whether Narcan is admin or not – gaps in data and what caveats are

Can we get data from sheriff’s office about Narcan admin?

Does Harm Reduction database report Narcan admin?

Can we get NC-detect UNC coding?

**Michele meeting with Larry Greenblatt**

Buprenorphine not being prescribed as patients are more difficult

Many cases involving endocarditis due to injection not being linked to drug use treatment

Could EMT providers be brought in while being treated for endo?

Carolinas collaborative could start with ER visit for opioid use and estimate risk for overdose

* Can cause of death be linked to criminal justice record?

There are gaps in treatment service that could be addressed through better linking of data

IRB inquiry for obtaining data has been submitted by Michele

**Agenda items**

Strategies that could be implemented in response to RFA “Emergency Overdose: Local Mitigation to the Opioid Crisis for Local Health Departments and Districts.”

**LINK TO APPLICATION**: [https://injuryfreenc.ncdhhs.gov/library/rfa/A361.htm](https://na01.safelinks.protection.outlook.com/?url=https%3A%2F%2Finjuryfreenc.ncdhhs.gov%2Flibrary%2Frfa%2FA361.htm&data=02%7C01%7C%7C54ef0b7ec56441b46c0e08d60f772832%7Cc16a00a3560947c0b2c272d8635e3423%7C0%7C0%7C636713402837868665&sdata=T%2BPAl9jJbU9s3mkZjTgP5ObakBo%2BD1SXi8hzuacu6Gg%3D&reserved=0).

Applications will be accepted by email only until 5:00 pm on **Tuesday, September 25, 2018.**

 The purpose of this RFA (attached) is to recruit and fund local health departments/districts in North Carolina to implement strategies to prevent fatal and non-fatal opioid overdoses, increase access and linkages to care services for the most vulnerable populations, and build local capacity to respond to the opioid epidemic in North Carolina.

Local Health Departments and Districts can seek one-time, federal funds up to $100,000, to that advance one or more strategies identified in the North Carolina Opioid Action Plan. The five (5) approved strategies supported through this RFA are:

1. Establish or expand syringe exchange program(s) (SEPs)
2. Connect justice-involved persons to harm reduction, treatment, and recovery services
3. Establish post-overdose response team(s)
4. Advance Fair Chance Hiring policies and protocols
5. Expand or establish housing first or rapid re-housing and retention services

 All prospective applicants are encouraged to attend a Bidder's Webinar on Tuesday, September 11 at 12:00pm ET by registering with the following link: [https://attendee.gotowebinar.com/register/4261019167889980162](https://na01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fattendee.gotowebinar.com%2Fregister%2F4261019167889980162&data=02%7C01%7C%7C54ef0b7ec56441b46c0e08d60f772832%7Cc16a00a3560947c0b2c272d8635e3423%7C0%7C0%7C636713402837868665&sdata=ILcr1eA4vB3yCDv74APzHmHf5JIJ%2BtnYyPwywCJMNWE%3D&reserved=0" \t "_blank).

County drug diversion program by race

Updates from Michele on DUHS data access

Who to contact about getting NC-detect UNC coding

What data can be used to make EMS data more descriptive