

Durham Joins Together to Save Lives Task Force

Mental Health Treatment Committee

Minutes

January 12, 2021

Attendees: Tremaine Sawyer, Donna Rosser, Major Elijah Bazemore, Brittney Agnew, Lacie Scofield, Gudrun Parmer, Helen Tripp, Katie Mallett, Karen Verhaeghe, Nicole Schramm-Sapyta Carlyle Johnson, Marc Strange, Susan Kornett, Keyanna Terry, Cindy Haynes

The group convened, Cindy welcomed everyone and began introductions.

The minutes were approved as submitted.

Gudrun began with asking if we could consider renaming the committee maybe behavior health Treatment. Cindy to speak with Wendy and Wanda about the request name change.

Alliance Health

Carlyle reported as part of Medicaid transformation, Alliance must apply to become tailored plan. Still in process of responding to state RFA. Application due Feb 2. Decision in June will determine if accepted. If successful, begin managing behavioral health, medical and pharmacy care for those covered by tailored plan. Standard plans start July 1 and take most of Medicaid population in mild-moderate range. Alliance still covering moderate-severe, those with developmental disabilities and the uninsured. Major transition and existential threat because must apply and be accepted. Alliance hopeful and optimistic but huge undertaking. More updates to come. Also explained challenges with intergovernmental transfer of funds to support programs like Detention Center MAT program and Public Health Well Path contract.

Duke ED Peer Support Services

Susan reported PSS in ED still under development. Looking at getting tablets or doing videos on PSS and OBOT services for patients at hospital ED in effort to introduce peer navigator virtually.

DRRC OBOT

Susan reported had brief meeting with Duke staff to review workflow, assure that all on same page, streamline individuals at hospital interested in Buprenorphine services and OBOT. Recently got 3 patients released from incarceration. Commended Major Bazemore and Tremaine (Star program). Most dedicated and motivated participants. OBOT continues to see patients through referrals and intake but not growing as much as Susan would like. Looking at incorporating Sublocade injections. Rollout may take couple weeks to a month. Will offer primarily in outpatient OBOT setting. May offer on unit. More for high risk because immune compromised (Reduce COVID risk coming into clinic) or unstable housing (Reduce risk of attack or meds carried in lockbox stolen and distributed on street). Karen asked (In chat) While unable to put face with name, what is response from patients? Brittany reported response is pretty

good. Susan added that original plan was for Brittany to meet patients in hospital in person. COVID interfered with that plan. DRRC emphasizing warm/hot handoff. Presently, referrals and follow-up conducted by phone, which is working. Virtual interface will allow more time to establish rapport. Cindy offered to talk with Dr. Boone about billboard signage for DRRC/OBOT services. Major Bazemore suggested Susan investigate getting services posted to System of Care website and the DCoDPH website. Cindy mentioned Lacie's work to include SUD services on DCoDPH's website. Cindy offered to talk with Lindsey about updating services on System of Care website.

Program Coordinator (CLC Grant)

Lacie shared updated table tracking referrals to peer support services. In month of December, 6 new participants, including 5 enrollees in CLC program. No ED referrals. Duke Main looking at use of iPads for video chat between Brittany and patients in ED. Duke Regional distributing flyer Lacie created on peer support services to patients in ED. Hoping to get self-referrals from that effort. Have gotten referrals from Detention Center. Asked Tremaine if flyers were copied and distributed in Detention Center. Tremaine replied copies made but distribution process slow. DCoDPH Pharmacy distributing flyer as well. Reported on 5 Educational Initiatives. Donna provided brief update on Provider Training to occur in March/April 2021. Lacie provided update on Training for Durham County Employees, originally scheduled for this month but has been rescheduled for March. Also provided update on Housing Options Initiative and shared table of resources in draft form and asked that it not be shared with community because more work needed on section about MAT allowed. Asked committee to look over list and share any other resources not listed. Goal is to include on DCoDPH website. Lacie reported that most resources listed in the table acknowledged accepting people on MAT. Carlyle asked if inquiring specifically about list of medications. Pointed out that some accept those on Naltrexone but not others. Lacie plans to call each herself and ask about specific modalities. A question was asked if only 14 agencies are listed, would it be searchable on website? Cindy said, "Yes". Another barrier for those in need of housing is deposit. Money in budget for staff training will not be used. \$4,000 could be used to help CLC program participants with housing deposits. Asked for feedback. Major Bazemore mentioned that Alliance has a Care Team that looks at housing options. Contact Gudrun for information on Step Up Durham. Housing for New Hope. Susan added that some resources report that funds for deposits have been exhausted and that some clients do not qualify for other resources. Major Bazemore also mentioned services specific to veterans. Karen shared in chat that funds for housing has been reallocated for COVID. Gudrun suggested leaving funds for housing flexible. Lacie mentioned thoughts to include funds in contract with DRRC and let them distribute funds to CLC participants.

Detention Center MAT

Major Bazemore reported as follows: As of 01/11, 50 on Suboxone, 34 on Methadone for a total of 84. Of the 50 on Suboxone, 5 return to custody, 34 male, 16 females for average stay 16 days and total days 798. Of 34 on Methadone, 2 returned to custody, 24 male, 10 female, average stay 17 days and total 574 days. If in Phase 2, 18 individuals identified through COWS protocol (16 men and 2 women). Biggest concern remains sustainability. Have a meeting scheduled with RTI to identify private funding options. Met with County Commissioner to get Detention Response Team on agenda for work session. Literally waiting on Public Health to sign off on paperwork to get money signed over to them (?) Reached out to grant people who identified grant to look at. Have not followed up. Carlyle added a \$250,000 grant from DHHS coming out

this month they will respond to. Major Bazemore added need \$750,000 to underwrite medical component. Hopes County will supplement whatever remains. Clinician onboard. Will be on next call. Internal peer support should start this month. Karen asked through chat, how Well Path staff is feeling about program. Major Bazemore responded that they are onboard. Major Bazemore went further to state, "Our problem is not with Well Path. They have a nationwide team that is 100 percent supportive of what we're doing." Explained that MD and FNP have DX certification, policies in place, budget submitted etc. "Public Health is our holdup. And I'm not going to say it's the Public Health Director. Major Bazemore acknowledged the impact of the pandemic but asked the "team" to look around the call and asked if there was anyone from Public Health other than Mrs. Rosser. Katie Mallette, Lacie Scofield and Kiana Terry were also identified by Cindy and Gudrun. Major Bazemore responded, "I stand corrected." Lacie replied that she and Donna report committee concerns to Lindsey, who in turn reports them to Director Jenkins. Cindy responded, "Rod said that he could not come. I'm glad that you're getting the message back to Lindsey, but it would also be good to have her pop in on occasion just so other partners can see her interest or buy-in as well." Cindy added not good to start programs only to "snatch them away from people". She said that Durham County has history of doing this. Understands financial constraints but need Durham County buy-in. Cindy also mentioned that she is quite aware that we are in the middle of a pandemic and supports Mr. Jenkins attention to COVID to make our community safe. Susan acknowledged work of Durham County EMS (Helen and Paramedics Program). Restated the need for leadership buy-in. Susan expressed appreciation for Durham County EMS's collaboration with DRRC.

Cindy agreed and also acknowledged that Helen and the EMS Community Paramedics program has been with us from the beginning and reaching out to this population for quite some time when no one else would. She too is grateful for the EMS collaboration.

Strategic Planning for Program Sustainability (Group)

- **What do we have** – Meetings set up with community leaders to assist with sustainability process. We are talking with RTI for potential partnership opportunities.
- **What do we need** – Durham County Public Health leadership buy-in to the program. We are waiting on Public Health to get paperwork signed. Funding for the medical component. Carlyle mentioned buy in from Public Health and County Commissioners will make for stronger grant applications.
- Next steps/Action Items – Carlyle mentioned the DHHS RFP for \$250,000 to cover 2years is something the group plans to apply for with still having concerns for the remaining cost for medical. Maybe the county could supplement what we don't come up with in grants. We should continue efforts to make County Commissioners aware of paradigm shift in treatment of OUD to MAT and mention how failure to provide is a violation of the 8th Amendment and the ADA.

Next steps are:

- Cindy to speak to Wendy and Wanda about name change
- Submit request to be on the Commissioner's upcoming work session agenda

Please note our meeting will convene from **3:00 PM - 4:30 PM** virtually.

***Our next committee meeting is scheduled February 9, 2021 at 3:00 PM via WebEx and phone.**