

Durham Joins Together to Save Lives Task Force

Mental Health Treatment Committee

Minutes

April 14, 2020

Attendees: Hilda Smith, Amy O'Regan, Andrea D., Elijah Bazemore, Keisha McGill, Alisha McKinney, Marc Strange, Lauren Brinkley-Rubinstein, Joy Brunson-Nsubuga, Kay Sanford, Larry Greenblatt, Wanda Boone, Lacie Scofield, Helen Tripp, Phillip Keene, Nathania Allen, Lindsay Bickers-Bock, Donna, Rosser, Nicole Schramm-Sapyta, Karen Verhaeghe, Rasheeka Fogg, Loftin Wilson, Carlyle Johnson, Tremaine Sawyer, Sheriff Clarence Birkhead, Ryan Bell, Chrissie Rainer, Willa Robinson-Allen, Stephanie Eucker

The group convened, Cindy welcomed everyone and began introductions.

The minutes were approved as submitted with said corrections.

Cindy informed the group that this will be a joint meeting. Lacie informed her about reaching out to stakeholders of the grant so Cindy and Lacie decided to have the meeting together since the majority of stakeholder attend the Mental Health Treatment Committee monthly. Cindy introduced Lacie Scofield, Project Coordinator and informed the group that she will lead the first half of the meeting. There may be some overlap so we may adjourn early.

Lacie provided a brief history and addressed Covid-19.

We were awarded a grant from the NC Division of Public Health Injury and Violence Prevention Branch. It was awarded in December and the first funding cycle runs through May 2020. Lindsey is the Grant Administrator for DCoDPH and hired Lacie in early March. Lacie's position is part-time (18-20 hrs/wk). Shortly following Lacie's hire, DCo experienced a malware attack, leading to a computer systems crash. In the same week, actions were taken in response to COVID-19 and all unessential staff were sent home. Lacie is working from home, with no access to county email.

The grant announced funding for 3 strategies: 1) Start a SEP, 2) Create/continue a PORT and 3) Connect justice-involved persons to care. This grant addresses strategies #2 and #3, with primary emphasis on strategy #2. Lacie described the PORT, to include the role of ED Physicians, Peer Navigators and Community Paramedics. She also described barriers leading to difficulties in reaching post-overdose patients, both prior to and during the COVID-19 crisis. In short, there are currently no patients enrolled in the program. The State has sent an email notifying grant recipients that although deadlines would remain the same, there would be leniency regarding deliverables and with redirecting funds within the budget. For example, the purchase of a laptop, lock boxes and educational materials redirected from funds for conference travel budgeted for, but due to the pandemic, will not occur.

Two weeks ago, Lacie held an emergency conference call with groups involved in the PORT to brainstorm ways to address obstacles, including COVID-19, to increase client enrollment. These metrics will need to be reported to the State. Each agency represented on the PORT shared action items with the committee.

EMS

Helen Tripp reported on plans for community paramedic(s) to coordinate with peer navigator(s) and both conduct follow-up visits with clients, post-overdose. Phil normally meets with post overdose patients in the hospital or an agreed location, give them naloxone, resources and information about the PSS. Since COVID-19, Phil and PSS are not allowed in Duke ED. However, no opportunity for actions over last few weeks with no overdose calls. Calls have only picked up within the last couple days. Helen is working full-time with COVID 19 and Phil will be partially reassigned to these tasks starting tomorrow. We will not have ambulance for follow up during COVID but we are providing naloxone kits. Since 2016, there has been a policy allowing clients to be transported directly to DRRC, instead of the ED. Over the past couple years that has dwindled. Not sure why.

Duke ED

Stephanie and Amy discussed plans for strategy involving a pop-up in EPIC to identify patients who would benefit from peer support. Also, identifying an ED-based social worker who could be a more direct liaison between patients with OUD and peer supports. Separately, they will be starting an ED-based MAT program in the coming months. Also advocating for training peer supports in Motivational Interviewing and harm-reduction strategies. For now, the in-patient social worker, Shavonne Hamilton, will continue to refer inpatients for peer support. Cindy mentioned the flyer that had dedicated phone lines for connecting ED patients to peer supports and asked if this flyer is still in use. Stephanie reported that it is, but a dedicated contact in the ED would be a better resource. Karen inquired about applying for the position.

DRRC

Joy and Rasheeka have noticed that the subcommittee/stakeholders for the Peer Navigator program has changed over the last year. The plan for making contact with patients in the ED and transporting them to DRRC for MAT induction and follow-up in their OBOT is not working and they are receiving calls as they would like. They have engaged 92 individuals in the program. They are meeting on April 23rd to discuss a change in the peer navigator's scope of work. The peer navigators have loss access to the ED due to COVID. There will be a change from 3 part-time peer navigators, to 1 full-time and 1 part-time. The peer navigators will work earlier hours, so that when they are able to return to the ED so they can catch patients prior to discharge. They have requested lockboxes and Naloxone kits. In addition to training in Motivational Interviewing, they think Christine would benefit from being trained in Wellness Recovery Action Planning (WRAP). The DRRC was also contacted by Lisa DeSantéz(?) with the State, about available grant funds from NASHBID(?) for up to \$75 in incentives per client enrolled in the program. This will allow RRC to provide \$15 gift cards as incentives to clients following each of their first 5 appointments. Cindy mentioned a resource guide that she feels would be helpful for DRRC to use for clients from Durham and surrounding areas. Wanda offered to provide lockboxes for DRRC to distribute to clients. Stephanie will also provide Joy with a list of resources that she developed from the resource manual Cindy mentioned. Lacie mentioned that grant funds would also be used to purchase educational materials from the

Prevention/Education Committee. In the next funding cycle, Lacie and Donna will work together to develop new educational materials to promote our Peer Navigator services.

Data Analysis

Ryan spoke with Helen and reported on plans to report the number of Naloxone kits distributed to the community by the Community Paramedics. Ryan would also like to track the number of resource materials distributed to clients with the contacts made to peer navigators. Helen and Phil will work with Ryan to gather numbers to report to the state. Chrissie plans to work with Rasheeka to collect information on engagement outcomes on calls to the DRRC each month and determining the source of those calls. She is also collecting outcome information on Peer Support Specialists activities (i.e. what they are spending their time on and monthly activities). Finally, Chrissie is conducting key stakeholder interviews with anyone directly involved in planning and/or implementing the Peer Support Project. Interviews will take 30 to 45 minutes. All of this information will be included in Ryan's and her report to the state. Ryan has been in touch with Stephanie Poley, who will provide him with a list of medical codes that will be used in pulling data on patients in the program that will help with analysis on aspects of program success.

Lacie plans to reach out to Duke Regional to propose a similar set up as Duke Main for connecting patients with Peer Navigators. Lacie also reached out to Loftin Wilson with NC Harm-Reduction Coalition, who shared information on characteristics of successful PORTS around NC.

Cindy continued the meeting asking how COVID-19 has affected agencies ability to serve their clients and continue to serve the community.

Alliance Health

Carlyle Johnson reported that they are busy holding teleconferences with the state on how to sustain the provider network. They have worked out a sustainability plan, past claims, SIAOP and service definition telehealth and bill telephone service. Their current focus is on how to sustain a provider network and keeping providers paid and clients connected with needed services in light of this crisis. Lindsey asked how Durham County could help as they have naloxone. She suggested that reaching out to Katie Mallett to see how the county can provide funds from SOD grant. Carlyle mentioned Wake County's difficulty with getting detox patients into aftercare and transitional housing. He asked if Durham is experiencing some of the same problems. Nathania responded that DRRC is experiencing some of the same problems, but have been able to negotiate more leniency from some residential programs. Carlyle wonders if access to rapid testing for COVID-19 would help with this problem. Nathania thinks it would likely help. Alliance may have some funding to pay for an Oxford House. He and Nathania will discuss.

Detention Center MAT

Major Bazemore reported that the Detention Center has been shut down (No visitors). Employees are screened and temperatures taking before entering the building and they continue to run Phase 1 of the MAT program. As of Monday-27-Suboxone, 24 Methadone, with 1 Suboxone and 1 Methadone in custody. We had an individual on Methadone and BAART cut

of the supply. We are currently working on three grants. Until the State lift COVID-19 restrictions, Phase Two is on hold. We will continue to keep the ball moving. Major will reach out Ana again before the end of the week.

Next steps are:

- Project Coordinator, Lacie Scofield will attend the Mental Treatment Committee regularly for updates on the grant
- DRRC staff to pick up lock boxes from Wanda (Durham TRY)
- Durham County to work with the Prevention Education subcommittee for educational materials
- Duke ED to identify an ED based Social Worker to be liaison to PSS
- PSS to be trained in Motivational Interviewing and Harm Reduction
- Ryan and Data Team to work with EMS and the county on tracking distribution of naloxone kits and materials
- Ryan to work with Stephanie Poley to develop codes of medications through Duke Medical Records
- Dr. Eucker to provide Joy with a list of resources from the Resource Guide

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

***Our next committee meeting is scheduled May 12, 2020 at 3:00 PM via WebEx and phone.**