

Durham Joins Together to Save Lives Task Force

Mental Health Treatment Committee

Minutes

May 12, 2020

Attendees: Cindy Haynes, Marc Strange, Elijah Bazemore, Tremaine Sawyer, Donna Rosser, Elijah Bazemore, Keyanna Terry, Chrissie Rainer, Gudrun Parmer, Aparna Kamath, Carlyle Johnson, Amy O'Regan, Joy Brunson-Nsubuga, Stephanie Eucker, Lacie Scofield

The group convened, Cindy welcomed everyone and began introductions.

The minutes were approved as submitted with said corrections.

Cindy informed the group that moving forward the agenda will have Program Coordinator update for Lacie to report on the CLC grant

Alliance Health

Carlyle reported that updates similar to last month in that Alliance is working with provider networks to support them in providing care, most of which through telehealth. It is a fairly complex process when federal and state involvement requires changes in billing codes and updating contracts. About 90 Medicaid Bulletins have come out with information that is communicated to providers, to sustain them in providing telehealth services. Challenges involve housing, access to telephones, and the risk of COVID-19 spreading among clients living in congregate settings. Alliance continues to evaluate other ways to support providers. Alliance is also supporting another ED program with Wake Med. They have postponed plans for April, until July. They are also working with the state in getting federal approval to extend grant funding beyond the September 30 deadline. Carlyle is also working with Major Bazemore to get funding to support the Detention Center MAT program. Carlyle has concern for the economic impact on demand for services, not yet seen – clients uninsured, who lose their insurance; those who were self-pay but can no longer pay for services. The state has received federal approval for more take home doses of methadone from opioid treatment programs, which will help with social distancing. This change has also been added to the contracts sent to providers.

Duke ED Peer Support Services

Joy reported over the last month, they have been giving thought to revising the scope of work, engagement tools and necessary trainings for the peer navigators. They are also thinking about how they can expand outside the RRC into other community resources, while also giving Peer Navigators time in the ED to connect with people. They are working to get the scope of work, MOU and other ideas into a document, allowing everyone to have clear expectations. They are making progress in establishing processes for working with EMS and Duke.

Dr. Eucker reported meetings have been constructive. In upcoming staff meeting, she will mention the option to call a PSS from the hospital room/ED. Question (Cindy): Thought processes for engaging Duke Regional and Dr. Kamath's involvement?

Response (Dr. Eucker): The same processes that they are discussing for Duke Main will probably work for Duke Regional. Shavonne is working with Christine (PSS at RRC), to see inpatients at Duke Main. Concerns about possible patient flow issues and slowing of discharges have resulted in more hesitancy to bring PSS's into the ED. This is less of a concern if the person is hospitalized.

Question (Dr. Kamath): Will meet with Dr. Eucker offline. Is Dr. Clifton involved in that process with the inpatient side?

Response (Dr. Eucker): Got compliance worked out and set up a process. Dr. Clifton made slight adaptations to make it work for the inpatient side.

Question (Dr. Kamath): From the ED perspective, we have providers who are interested. Heard that PSS's are meeting with patients in the waiting area and accompanying them to RRC.

Response (Lacie/Amy): Amy is setting up a process involving a social work champion at Duke Main and working on a BPA in EPIC for a popup to indicate an overdose or diagnosis of OUD that would explain how to refer to peer support and trigger a Naloxone prescription. The request has been submitted. Dr. Eucker is also leading a MAT study on Buprenorphine induction in the ED. A social work champion will be needed for that program. Ideally, that person would also champion the peer support program and work directly with persons with OUD to set them up with Buprenorphine induction if interested and refer them for peer support. Lacie will set up a meeting with Amy, Dr. Alkalonne(?), Shavonne and Dr. Kamath to discuss getting some of the processes planned for Duke Main, to Duke Regional. Amy expressed interest in discussing Dr. Kamath's work on the Opioid Safety Committee at Duke Regional.

DRRC OBOT

Joy reported the program has slowed down due to COVID-19The OBOT was developed as a part of the Peer Navigator project and now needs to be revamped to include community-based induction and to make it sustainable on its own. Pursuing the idea of telehealth services.

Detention Center MAT

Major Bazemore reported as of Mon-May 11, 30 Suboxone, 26 Methadone, for a total of 56. At present, 2-Methadone and 1-Suboxone in custody. They were able to get an individual who was guest dosing transferred from their original provider, to BAART. Anticipating having entered Phase 2 by now but had to halt services. Ramping up services awarded a \$93,000 grant and currently working on a \$900,000 grant application due Thurs-May 21. The plan is to do a soft rollout of Phase 2 in June. By the end of May, start interviewing for the LCAS and Peer Support positions. County recruitment for the external Peer Support/FIT Worker should begin soon as well. There is still ROI, MOU and data use agreement work that should be completed by the end of June. Cindy congratulated Major Bazemore on the \$93,000 grant award and application for the \$900,000 grant.

Program Coordinator (CLC Grant)

Lacie reported we have come up with a lot of ideas on how to increase participation. A lot of it involves changing the amount of time the peer navigators spend at Duke. We would like for them to engage in motivational interviewing and getting more resources to patients. Joy asked that the plan be put in writing, possibly with our statement of work which is a part of the contract with DCoDPH. We have since realized that this is something that needs to be worked out between Duke and the Peer Navigator Program. There is already a MOU with the program and EMS, so we are working on one with Duke. Amy will facilitate moving it through Duke Leadership and hopefully have it applied to Duke Regional as well. The first funding cycle ends May 31. We will have funding through next year. We have received guidance from the state on how to define a participant of the CLC program. We had only been considering persons recently experiencing an overdose. We can count anyone served by the peer navigators. This would include the inpatients referred by Shavonne, which means we have a total of 3 participants. We have an additional in-depth evaluation focused on patients who consent to be transported by EMS or from the ED/hospital, to DRRC. If they give consent, we can proceed with a much more focused follow up, which involves accessing medical records. At present, we have one participant enrolled in this part of the intervention. For clarification, persons consenting to the focused follow up will be referred to as “enrollees”. All others will be referred to as “CLC participants”.

Next steps are:

- Cindy to include section for Lacie to provide CLC grant update as standing agenda item
- Carlyle will continue to work with the state to get federal approval to extend grant funding beyond September 30th deadline
- Joy and Stephanie to complete the amendment to the SOW & MOU with Duke
- Joy to pursue telehealth services for OBOT program
- Lacie to set up meeting with Amy, Shavonne, and Dr. Kamath to discuss having the same process set up for Main Duke at Duke Regional
- Major Bazemore and team to start a soft roll out of Phase 2 of MAT in June
- Major Bazemore to submit MAT \$900,000 grant application on Thursday

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

***Our next committee meeting is scheduled June 9, 2020 at 3:00 PM via WebEx and phone.**