

Durham Joins Together to Save Lives Task Force

Mental Health Treatment Committee

Minutes

June 9, 2020

Attendees: Cindy Haynes, Helen Tripp, Major Bazemore, Karen Verhaeghe, Carlyle Johnson, Donna Rosser, Lawrence Greenblatt, Amy O'Regan, Aparna Kamath, Crissi Rainer, Keyanna Taylor, Lacie Scofield, Marc Strange, Nicole Schram Sapata, Gudrun Parmer, Sheriff Birkhead, Rasheeka Fogg

The group convened, Cindy welcomed everyone and began introductions.

The minutes were approved as submitted with said corrections of the spelling of Crissi Rainer's name.

Alliance Health

Carlyle reported Alliance is waiting on federal government approval of the State's request to extend spending of \$283,000 in Opioid Response funds beyond the September 30 deadline. They plan to use some of these funds for the LCAS AND Peer Navigator positions in the Detention Center. They have funds for Well Path as well but need to know the operational process for getting the funds to them. Board of County Commissioners, Public Health, or other process.

Duke ED Peer Support Services

Amy reported no update for peer support because Duke is implementing a new Buprenorphine Initiation program at the ED. Under the leadership of Dr. Eucker, they will implement new protocols at the ED to provide Suboxone to anyone coming into the ED for overdose or presenting with indicators of OUD. This requires robust changes to the medical records systems in Maestro Care and EPIC, to better identify patients with OUD and offer treatment if they want it and connect them with social services to include peer support. However, with COVID-19 and the need for changes to the medical records system, there has been a delay in the start of the program. Shavonne may still be referring patients to Peer Navigators at DRRC. Once the program is up and running, we will be better able to identify patients with OUD and resume referrals to peer support.

DRRC OBOT

No update, Joy not available.

Program Coordinator (CLC Grant)

Lacie reported the fiscal year for the grant ended May 31. This week we will get a Qualtrics survey from the state, which will be our progress report for the fiscal year. Lacie, Crissi and Ryan will meet to compile data and determine who will work on each segment of the progress

report. The report includes an opportunity to report on challenges like COVID-19. Funding is guaranteed for the next fiscal year. A new contract for the Peer Navigators is required for the new fiscal, which will include a new Scope of Work. There is a new collaboration between the Peer Navigators and the Community Paramedics which began last week. Helen and Phil have consented to Peer Navigators accompanying Phil on "Cold Call," post-overdose home visits. This collaboration began a week ago with 2 home visits, resulting in 1 additional CLC participant. This effort will continue weekly. Lacie, Joy and DUMC representatives met with new representatives from Duke Regional Hospital to include: Dr. Aparna Kamath (Hospitalist), Dr. Jason Tatreau (Medical Director of In-patient Psychiatry and Gregory Pickett and an additional Social Worker/Case Manager. Dr. Laura AlKhawam (Physician Champion identified by Dr. Eucker), was unable to join the call. The history of the program was discussed, and Joy shared a list of services that Peer Navigators could provide. The purpose of the call was to discuss strategies for increasing program referrals from Duke Regional ED and to initiate inpatient referrals as is the case with Shavonne Hamilton with DUMC's Project Comet (Caring for Patients with Opioid Misuse through Evidence-based Treatment). Dr. Kamath suggested that the first step would be creating an internal workflow and consent documents for patients to meet with Peer Navigators. Dr. Eucker explained that because Duke Regional preferred to have Peer Navigators meet with people in the waiting area, they had not developed these documents and processes. Dr. Kamath requested these documents from DUMC so that Duke Regional could develop similar documents. Dr. Kamath met with Dr. AlKhawam, Dr. Tatreau and Dr. Brian Burrows (Medical Director of ED at Duke Regional) this morning. Dr. Kamath reported as follows:

They discussed system differences between Duke Regional and DUMC, as well as the physical proximity of DRRC to Duke Regional. They also discussed developing processes and protocols for inpatient referrals. Their next steps involve inviting Lacie to a meeting for further discussion. Dr. Kamath will also attend a meeting of the Duke Health System's Opioid Task Force this week and will discuss how they can align program participation efforts with her Opioid Subcommittee co-chair, Dr. Anderson.

Lacie also reported that she is working on setting up for the next part of the project, which involves offering peer support to justice involved individuals. After meeting with Major Bazemore and Mark Strange about a month ago, she made the decision to hold off on this part due to issues related to COVID-19. They will meet on Thursday to discuss plans for initiation. Challenges to this effort include the Detention Center and CJRC having both received grants that include positions for Peer Navigators. They will discuss this challenge and possible solutions during the call.

Dr. Kamath requested Lacie share data on DUMC referrals to the program. Lacie explained that recruitment for the program has been slow and that she was brought onboard as Project Coordinator in March. With the onset of the epidemic, her efforts have been to meet with project partners to make improvements in processes that will likely improve recruitment. Since December, 3 persons have been recruited to the program. Cindy further explained that the CLC grant is the second round of state funding to address OUD in the community and working with EMS and our community partners. Our initial efforts during the first grant were to identify and train peer support specialists as well as determine the best hours for them to work to recruit patients in the ED. A dedicated call line was also set up that was to be shared between DUMC and Duke Regional for referrals to DRRC. There were a few referrals from DUMC, but Dr.

Burrows' idea to have peer supports recruit from the waiting room of the ED at Duke Regional was not as effective as Dr. Eucker's allowing peer supports to talk with patients in the ED itself. During the application for the second round of funding, a Project Coordinator position was included to bring together all partners involved to discuss strategies for streamlining the recruitment process.

Dr. Greenblatt commented that not long ago, discussions about offering treatment of OUD in the ED were met with pushback. The thought was that ED's would become overwhelmed with large numbers of people demanding treatment and that they wouldn't be able to manage them. It is interesting to hear that the ED is offering services and too few people are taking advantage of these services. He further added that part of the problem now may be related to the fear of seeking OUD treatment in the ED due to COVID-19, as is the case with many other illnesses.

Lacie added that patients do not have to consent to MAT in order to receive peer support services. This misconception may also be part of the problem. Peers meet the person at their stage of change and offer other services like housing and food assistance, even if the person does not consent to transport to DRRC at that time.

Cindy commented that initially, conversations with Dr. Eucker involved getting patients to consent to treatment in the ED. But the point is to connect the person with a peer support who could provide follow-up and be available when the person is ready for treatment.

Lacie added there are two consent forms. The first states that they are okay with talking with a peer navigator. The second says that they are ready to be transported for treatment. They have worked to get that message out and enhance services and materials for people who don't choose MAT services at the time of referral.

Dr. Kamath commented that Duke Regional understands their role as a community hospital in serving patients with OUD. It is not a lack of desire to collaborate and improve. It is more a need to understand processes that have been streamlined so that we are all on the same page and to make the path and processes easier to follow. Structurally, the Duke Regional ED differs from the DUMC ED. There will need to be flexibility to allow for those differences.

Cindy explained that when there was a lack of response from Duke Regional and efforts were made to determine why this was, consideration was given to Dr. Burrows duties as VP and having many other things to work on causing the program to be less of a priority (on the radar, but not quite on the radar). We determined the need for physician champions to help us move forward. Dr. Kamath was suggested.

Dr. Kamath spoke on behalf of Dr. Burrows, Dr. AlKhawam and Dr. Tatreau in saying that they are all invested in these efforts. They would like to see the process made feasible, easy and flexible. They have worked with Dr. Greenblatt on improving efforts to treat patients with OUD before and they are also happy to work with Lacie to this end.

Cindy encouraged Lacie to pick Dr. Greenblatt's brain concerning his level of expertise with treatment of OUD.

Detention Center MAT

Major Bazemore reported the program has not progressed as anticipated due to COVID-19. We met at noon today to discuss background items. We are working on updating our action plan

which has not been done since February/March. We are continuing in Phase 1. To date, 32 individuals on Suboxone, 26 on Methadone, for a total of 58. Currently 1 on Methadone and 2 on Suboxone. Because he/she will be in the Detention Center long term, the person on Methadone may be stepped down to Suboxone. To date, 9 to reoffend for a rate of 39% over 9 months. Work on the OTP application has started. There is a moving target date of June 30 to have the application submitted. Once submitted, they have funds to purchase equipment. There are legal documents that must be completed: ROI, MOU, Consent Agreements and Data Use Agreements. Will attempt to move into Phase 2A, which is induction of Suboxone or Buprenorphine. There are plans for a soft rollout on July 6. If all contracts are completed and personnel is in place, there are plans for an actual rollout on August 1. Interviewed for LCAS and Peer Supports last Friday, with 3 strong candidates. An offer has been made to the top candidate for the LCAS position. We have the Alliance grant in place as mentioned by Carlyle earlier. We have been awarded a BJA grant for \$93,000 which begins August 2021. Will use these funds for the Peer support/FIT program. They will work with the internal peer in the Detention Center. That Peer Support will be hired by Public Health, which is in the final stages. On May 21, we submitted an application for \$900,000. If awarded, that funding will run from October 2020-October 2023.

Next steps are:

- Carlyle is waiting on approval for the \$283,000 state grant funds extension beyond the September 30 deadline
- Amy and Dr. Eucker are still working on OUD tracking in Maestro Care.
- Shavonne is still referring patients to DRRC from Project COMET.
- Lacie will meet with Ryan and Crissi to discuss completing the progress report on the CLC grant.
- Doctors Kamath, Burrows, Tatreau and AlKhawam will meet with Lacie to discuss developing a workflow for Duke Regional.
- Dr. Kamath will meet with her Opioid Task Force co-chair to discuss how they will work on this initiative.
- Major is preparing for Phase 2A-Initiation of Suboxone planned for August 1.
- Making an offer to number 1 candidate for the LCAS position.
- Working on OTP application

Question (Karen): Update on agreement with Well Path

Response (Major Bazemore & Cindy): Public Health and Well Path now onboard due to funding from Alliance and future grant funding.

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

***Our next committee meeting is scheduled July 14, 2020 at 3:00 PM via WebEx and phone.**