

Durham Joins Together to Save Lives Task Force

Mental Health Treatment Committee

Minutes

December 8, 2020

Attendees: Major Elijah Bazemore, Donna Rosser, Carlyle Johnson, Tremaine Sawyer, Aparna Kamath, Brittany Agnew, Gudrun Parmer, Karen Verhaeghe, Larry Greenblatt, Marc Strange, Susan Kornett, Jason Tatreau, Katie Mallett, Lacie Scofield, Keyanna Terry, Amy O'Regan, Lindsay Bickers-Bock, Stephanie Eucker, Rod Jenkins, John Anderson, Cindy Haynes

The group convened, Cindy welcomed everyone and began introductions.

The minutes were approved as submitted.

New Business – Cindy shared an outline for the strategic planning process. She asked attendees to consider the following to start:

What do we have (Resources) as a result of this committee being in place?

What do we need in order to continue our work?

Cindy asked the group to begin with updates while waiting for others to join for the strategic planning part of the meeting.

Alliance Health

Carlyle reported Carlyle updated the group on changes to Medicaid transformation. Currently, behavioral health handled by MCO's like Alliance. Medical services handled by the state. In July, standard plan will be operational. Most Alliance clients with mild conditions will go to standard plan in July. The following year, Alliance hopes to become a tailored plan, addressing more severe and chronic conditions and handling medical and pharmacy costs etc. Presently responding to RFA from the state due February 2. Will find out if they become tailored plan in June. Services will be added to include new SUD services. Working with provider community to identify those interested in providing these services. Other updates: Expecting funding under State Opioid Response II (SOR II) to support MAT service expansion. Will also get funding for stimulant use disorder treatment. Dr. Greenblatt added details concerning standard plan (less severe mental illness). Most practices have joined network, which will care manage those patients. Five insurance companies/prepaid health plans responsible for paying for care. In our community, will be Duke Population Management Office. Standard plan patients will get needs met separate from Alliance. Carlyle suggests providing regular updates on progress.

Duke ED Peer Support Services

Stephanie reported that Suzan and Brittany invited to join December 9 staff meeting to present on Peer Support Program to faculty as reminder of what they do. Working on setting up

telehealth visits using iPads. Discussed strategies for improving patient engagement and rolling out connection to OBOT program.

DRRC OBOT

Susan reported continuing to take in guests and looking into expanding the program and opening it up to community. "No wrong door." Welcoming guests through Retreats, ED, community and Detention Center. Carlyle asked if plans for the OBOT program have changed from transitional to long-term? Susan responded that she plans to maintain people in OBOT program for as long as needed and for as long as they qualify for those services. Carlyle invited Susan to take part in Alliance Opioid Collaborative to have discussions on how to support and sustain the program. Susan accepted. Brittany mentioned that a new peer, Catherine, has been hired.

Program Coordinator (CLC Grant)

Lacie reported that any patients entering OBOT program are offered peer support services. There have been meetings with both hospitals to flesh out referral processes to both OBOT and peer navigators. Excited that now getting patients from both hospitals. Lacie thanked Dr.'s Kamath and Tatreau for assistance with Duke Regional ED. Got first patient. Second peer navigator on board and can start referrals from Detention Center. Trying to set up meeting with Detention Center and CJRC to flesh out process. Lacie shared table used to organize all various participants coming into Peer Navigator CLC program from EMS, Duke Main (ED and inpatient), Duke Regional and justice-involved programs, self-referrals police and other. Table also shows leads, participants, enrollees and number of Naloxone kits distributed. Lacie mentioned that CLC Program now featured on the DCoDPH website. Previously the website did not have an area devoted to SUD and OUD services. Lacie shared the hub she created for all programs that link to Syringe Exchange and CLC programs, as well as the DJT Task Force and other services.,. Lacie reported on progress with CLC Educational Initiatives. Cindy announced the meeting of the DJT Task Force, scheduled for Thurs-December 10, at 5:30pm via Zoom. She will send out the link to everyone. She welcomed Health Director Jenkins and Lindsey to the meeting.

Detention Center MAT

Major Bazemore reported Detention FIT person started in October, LCAS, Tammy Vaughn began work with Tremaine November 30. As of December 8: 47 Suboxone, 34 Methadone for a total of 81 Phase 1 participants in the MAT program. Of the 47 on Suboxone, 31 Male, 16 Female and only 4 to recidivate to Detention Center. Average stay=17 days. Total stay=793 days. Of the 34 on Methadone, 24 Male, 10 Female. Average length of stay=17 days. Total stay=574 days. Only 2 to recidivate since the inception of Phase 1, in September 2019. Data collection for Phase 2 (Inception October 2019?): 23 individuals (20 Male, 3 Female) determined eligible for induction based on COWS assessment during intake. Meeting scheduled with Public Health within next couple weeks.

Karen asked: What feedback are you getting from inmates on the program? Major Bazemore responded that one individual shared with her provider that had she known that she could have been continued on MAT during her stay at the Detention Center, she would have disclosed that she was in treatment. Tremaine shared that those continuing MAT during their stay are grateful to the Sheriff's Office for allowing them to continue their medication and helping to eradicate

stigma around MAT. Individuals not in treatment for their OUD want to know more about treatment options. Tammy will be able to assist with education and get individuals connected to services prior to their release.

Strategic Planning for Program Sustainability (Group)

(Cindy announced that Joy and Dr. Browning would not be in attendance. Attending the RI Retreat.)

- **What do we have** – Major Bazemore started by mentioning the Detention Center MAT Program and successes. Carlyle mentioned funds available for MAT from Alliance. However, delays in time from funds being awarded to receipt of funds can be problematic.
- **What do we need** – Major Bazemore mentioned Phase 2 of the Detention Center MAT Program/Need assistance with applying for grant funds to sustain the program beyond June 2021/buy-in from Public Health and County Commissioners concerning importance of program. Carlyle mentioned buy in from Public Health and County Commissioners will make for stronger grant applications.
- Next steps/Action Items – Carlyle suggested making 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. Also make a strong outcome data case involving participant follow-up for return on investment. Larry suggested basic cost-savings analysis to present to County Commissioners rather than long-term follow-up for now. Cindy suggested making a case for the Detention Center MAT program at the DJT Task Force meeting on Thursday

Mr. Jenkins reported that he is familiar with MAT from previous work experience with the Fayetteville team and is looking forward to learning and working more with Durham's program. He is agreement with Carlyle and Major Bazemore in regards to reaching out to the Commissioners. He reported that the County Department of Public Health is experiencing some economic challenges due to COVID. Next month will be the litmus test on the holiday's impact on economy. However he is interested in supporting efforts.

Major reported that we need to get all MOUs, ROIs, DUAs in place with the Sheriff's Office, County, Alliance, and Public Health.

Dr. Anderson stated it would be ideal to have a centralized referral to connect patients to services, i.e. NCCARE 360. Centralize the Duke side link patient to services in the community, expand the number of providers waived where patients can go for treatment. Similar to the UNC HUB and Spoke Model for Opioids where the patient can go to be stabilized then referred to the PCP. The goal is to develop that kind of service. Shout out to LCHC who has been a great resource in this regard to work with Dr. Carter.

Next steps are:

- Inquire support needed at DJT Task Force Meeting
- Cindy to send the group the Task Force Meeting invite
- Speak with County Commissioners about fiscal support for sustainability
- Secure data to show outcome data, cost savings analysis
- Create access followed in the community with SDOH focus, PSS f/u and others

- DRRC will serve as a resource, meeting with Duke to discuss services for Detox
- Continue strategic planning discussion for sustainability of programs in next meeting

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

***Our next committee meeting is scheduled January 12, 2021 at 3:00 PM via WebEx and phone.**