

Durham Joins Together to Save Lives Task Force

Mental Health Treatment Committee

Minutes

January 11, 2022

Attendees: Alicia McKinney, Joe McKinney, Lacie Scofield Lisa Mc McNernry, Susan Kornett, Tremaine Sawyer, Carlyle Johnson, Donna Rosser, Marc Strange, Michele Easter, Helen Tripp, Keyanna Terry, Christopher Giattino, Tammy ? , Laticia Soria, Gudrun Parmer, Larry Greenblatt, Sheriff Birkhead, Cindy Haynes

The group convened, Cindy welcomed everyone and announced that DCoDPH Director Jenkins had a press conference and would not be in attendance but sends his regards. She began introductions. Jubilee Home Director Leticia Soria is new to the group.

The minutes were approved with correction on page 2 Community Paramedic's name Phil.

Alliance Health

Carlyle reported that there were no major updates since last meeting. Continuing to transition providers from Orange and Mecklenburg Counties as part of network expansion. Added Orange and Mecklenburg to catchment effective December 1, 2021. Continuing steps to become tailored plan. Expecting additional funding for opioid treatment and working on various contracts in preparation. Working on ways to support OBOT in community. Alliance purchased \$1.3 million in IM and nasal Naloxone and distributed in community (crisis facilities, opioid treatment providers, harm reduction and other places). Alliance recognize there is a shortage and wanted to help partners.

Laticia asked who OBOT funding designed to serve. Carlyle responded for uninsured, in need of opioid treatment. Carlyle informed the group that Alliance has funding currently used to contract with providers in Durham and recently added Durham Treatment Center. They also have State funded contract for Opioid Treatment Program for both providers in Durham. Morse Clinic plans to open third facility in Durham sometime in March. Will check with Eric Morse on status. Challenge with stated funded OBOT is how to pay for lab costs, medication and services. The service components work differently from Medicaid. Until Medicaid expansion, will continue to be a challenge. Carlyle wants to talk further with Laticia. He provided his contact in chat.

Gudrun mentioned the press release from yesterday stating that all 100 NC Counties signed onto opioid settlement. She wants to know what happens from there. Carlyle says he saw same press release. From his understanding, there is incentive if all 100 counties sign on. All counties to receive 18-years of funding. Atty. General's Office is clear that funds will support services for persons affected by opioid epidemic. The Counties unable to use funding in ways "off the menu." Guidance might come out as early as April. Durham City and Durham County will get separate funding amounts. Can work together or separate.

EMS Opioid Data with Race/Ethnicity Stats (Captain Helen Tripp)

Community Paramedics continuing to do follow-up for post-overdose response, partnering with DCRC and peer navigator whenever possible to do visits within 48 to 72-hours after an

overdose. We also attempt to contact persons on scene of overdose if anyone is available to do so. When looking at stats for last 1 ½ years, averages number of overdoses for first half of fiscal year 2021 was around 49/mo. While first half of fiscal year 2022, averaging 77/mo. Averaging same number follow-ups/mo. due to loss to follow-up as well as one of two community paramedics out. Phil will return to work next week. Previously getting Naloxone from Public Health Pharmacy. As of last month, received shipment from DHHS, who had surplus of funds for harm reduction and provided inter-nasal Naloxone. Now have enough to put on ambulances allowing EMS crew to provide Naloxone and education at time of overdose. Hoping to reach more individuals. Grant opportunities coming up through Public Health.

Duke ED Peer Support Services

Susan reported they have started shooting peer support videos for the Duke Hospital today. We would like to see this service offered to other community partners. One peer has completed Vendor Mate process and others working on finalizing. Will start with one going into hospitals in-person, followed by others.

PSS Services in Duke Regional ED (Dr. Jason Tatreau & Dr. Aparna Kamath)

Susan reported updates same as above. We are working on the videos for both locations and getting peers through Vendor Mate process to enter facilities in-person, rather than just connecting thru email and telephone. Looking for warmer touch and handoff.

Joe from Duke Regional asked if referrals for peer support services had improved since last meeting. Susan responded that Lacie keeps data on ED referrals to peer support. Lacie responded that there had not been many referrals from Duke Regional for the past couple months. Reason excited about completing Vendor Mate process so that peers can enter ED in-person to meet with patients. Hopes that referrals will increase drastically after that. Susan added that referrals from Duke Main and Duke Regional may go directly to Recovery Response Center for stabilization and from there, filter into peer support program. Lacie agreed that there are a lot of direct referrals to RRC.

DRRC OBOT

Susan reported the OBOT program opened primarily with concentration on individuals with moderate to severe OUD for treatment with Buprenorphine and if co-occurring disorder of mental health, could treat that as well. Now, starting to take referrals from mental health as well as substance use. Even if not co-occurring. Starting slow because need another dually licensed clinician to accommodate individuals from community. Starting this week, duplicating these services in Jacksonville, NC location, with plans to duplicate in Cumberland County as well (Alliance catchment area). We are expanding out, wanting to reach as many individuals with mental health and SUD as possible.

Laticia asked Susan to clarify where referrals are coming from in Durham location when she mentioned slow rolling with mental health support with OBOT program. Susan responded beginning with guests on recovery unit indicating desire for aftercare with facility. Once they get another licensed clinician, they will market to anyone in community (Duke Main, Duke Regional, Detention Center, self-referrals, and anyone in Alliance catchment area), just like SUD Med Management program. The manpower issue is only having one dually licensed clinician. We will be able to market program fully once all clinicians are in place.

Housing Update (Group)

Carlyle reported Alliance has had conversations on ways to use some funds that have come from State. We will have a few more conversations to decide how to disseminate funds. Alliance hopes to have better idea by end of week.

Lacie added that in last meeting it was decided that funds would go to CJRC to support housing and from there, figure out way to get some funding to CLC program.

Carlyle added plan to follow up with RI to get their thoughts. Meeting tomorrow to discuss.

Gudrun said she did not think that funding would go through CJRC but thought that Lacie would explore if she could get it directly through Public Health.

Lacie said when she offered to explore getting funding from Alliance to go through Public Health, others said process too difficult, and Gudrun said process may be lengthy but could find way to get Alliance funding through CJRC.

Gudrun agreed but thought at end of conversation, it was decided that Lacie would explore Public Health route.

Lacie said at end of conversation, it was decided that Carlyle would rather not go through Public Health but explore way to get funding directly to DRRC. So, funding will either go through CJRC OR DRRC. Offer has been made to DRRC in past; however, DRRC said additional funding stream could be significant barrier.

Carlyle said there was conversation prior to holidays. RI has gotten back with him expressing interest. Have meeting scheduled for tomorrow to talk with them. One challenge involves getting funding out in sustainable way and have flexibility to support those coming out of Detention Center and those at risk for going to Detention Center if not engaged in treatment. Maze of governmental bureaucracy is the problem.

Program Coordinator (CLC Grant)

Lacie began her report with good news about funding. DHHS increased funding for current fiscal by \$10,000. Funds will be used to purchase more Uber gift cards for participants to travel to treatment and other service appointments. Large portion going to contract with DRRC to increase part-time peer navigator's hours from 20 to 25-hours and serve more people. Still interviewing candidates to fill position. Originally the grant was funded through August 2022. Received news that program will be funded an additional 9mos, through May 2023 at same funding level as previous year. Happy to hear that Phil is returning because program has been down one peer and one community paramedic (Half our PORT) and fewer enrollees as a result. Discovered a few participants not recorded and left off table. Numbers went up. Through December, 156 participants, with 121 becoming enrollees and distributing 90 Naloxone kits. Because peers meet with participants multiple times (Particularly enrollees in OBOT program). As a result, over 600 total contacts with participants. About 56% of enrollees join OBOT program and attend first Suboxone appointment. Of enrollees who remain in program 1 month, 70% are no longer using substances. As Susan mentioned, trying to get through Vendor Mate process. Peers required to provide childhood vaccine records. One peer has completed process. We recently had a conversation with Chris and Tammy from Detention Center about transportation barriers for individuals released to attend first appointment for MA. We will

provide Chris with a few Uber gift cards every couple month to assist. Educational Initiatives-Next Thursday, January 20, 2022 will host webinar on *How to become a "Recovery-friendly" workplace*. Aimed at employers and Lacie emailed flyers to everyone. Please share with own HR Department and with others. Training completely supported by SAMHSA through its Opioid Response Network (ORN). Working with consulting company called C4 Innovations, who are experts in subject matter. Had series of provider trainings and offered recorded sessions for credit online thru December 31, 2021. We had 79 registrants for course. Talking with planning committee about possibility of offering another provider training. Suggestions include Trauma Informed Care, Polysubstance Use, Pregnancy, Parenting and Substance Use. Donna will call another meeting in February. Want to get feedback from Dr. Tatreau and Kamath on what training providers at Duke would benefit from. We don't have funding, but asked Carlyle if he has information about funding.

Carlyle will let us know if funding for provider training comes available.

Detention Center MAT

Sheriff Birkhead announced that Major Bazemore retired at end of December. Wish him happy trails on retirement and all future endeavors. He has appointed Cpt. Barnes to vacant position. Major Barnes worked closely with Major Bazemore for several years. He will be point person working with Tremaine and STARR program and MAT. Sheriff Birkhead stated he has had conversations with some on call and others on thoughts about taking MAT program to another level. He is in the process of drafting a job description for MAT Coordinator/Researcher/Lead person in charge of all things MAT within next 45-days. Major Bazemore took MAT program from concept to what it is today. It's time to give it full-time attention with its own coordinator. Stay tuned. Asked Cpt. Alecia McKinney for specific updates on MAT program.

Cpt. McKinney reported as follows:

As of January 4, 2021, Phase I-Served 104 Suboxone (81 Male, 23 Female) and 61 Methadone for a total of 165 detainees. Phase II, a total of 4 on Suboxone.

Cindy mentioned concerns expressed about current platform. Informal poll of group to see if interested in moving to Zoom. After discussion, decided to use WebEx for December meeting and will discuss other options if difficulties continue.

Next steps are: Update

Cindy announced her plans to step down as Committee Chair. She has chaired committee since 2015 and prior to that, chaired Mental Health Substance Use Disorder Committee for Partnership for Healthy Durham. Her current position with Duke Population Health Management Office responsibilities are increasing. She has asked that Gudrun Parmer and Carlyle Johnson take over as Mental Health Treatment Committee Co-Chairs. They have agreed to do so. Cindy asked that everyone give them the same support she has received over the years. She will remain on the committee and will be a resource as needed. She is still vested in seeing that individuals in this population continue to receive the support needed to thrive in our community. Cindy thanked everyone for the phenomenal work done over the years. Gudrun announced that although she and Carlyle will now facilitate meetings, the committee will function the same. We

will need to take care of logistical details. She asked if members have problem with Microsoft Teams. We will keep same meeting dates and times for now.

Sheriff Birkhead expressed thanks to Cindy for several years of dedicated service and congratulated her on future endeavors. Carlyle asked if Cindy knows if committee will receive updates on Opioid Settlement funding. Cindy said she has meeting scheduled with Wendy Jacobs and will ask about that. Cindy adjourned meeting.

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

***Our next committee meeting is scheduled February 8, 2021 at 3:00 PM via WebEx and phone.**