

# Durham Joins Together to Save Lives Task Force

## Mental Health Treatment Committee

### Minutes

September 14, 2021

**Attendees:** Elijah Bazemore, Donna Rosser, Nidhi Sachdeva, Larry Greenblatt, Brittany Agnew, Helen Tripp, Laci Scofield, Marc Strange, Jason Tatreau, Joe McKinney, Tammy Vaughn, Crissi Rainer, Tremaine Sawyer, Michele Easter, Amy O'Regan, Carlyle, Johnson, Holly McCoy, Keyanna Terry, Rod Jenkins, Cindy Haynes

The group convened, Cindy welcomed everyone and began introductions. Cindy announced that we are going to have a presentation from Dr. Jamie Carter on Lincoln Community Health Center's Substance Use Disorder Program.

Major Bazemore requested to move his the Detention Center's update because he would have to leave the meeting early today (noted in section below).

The minutes were approved as submitted.

#### **Detention Center MAT**

Chief Bazemore (Interim) reported they are still working diligently with the MAT program in Durham County detention. He has a small team that meets each Tuesday morning to keep program running. The plan is to schedule a meeting with the big group either first or second Tuesday in October.

The Detention Center's new clinician, Tammy and community health worker, Chris, started in July. Chief Bazemore announced that the Detention Center has been given preliminary approval by the State for OTP program. This a six-month process. We will work to assure benchmarks are met at end of 6 months. We are also working with Tammy, Tremaine, and Chris to bring program to fruition.

Received grant from Alliance, a no-cost extension from IIR and another grant which will be used to complete OTP room. Induction started but **we will go full-fledged in October. "Cindy commended Chief Bazemore for work on MAT program. Congratulations on a great job to you and your team Chief."**

#### **Presentation (Dr. Carter)**

Following Chief Bazemore's report, Dr. Carter introduced herself and shared a presentation on programs for patients with OUD at Lincoln Community Health Center. Dr. Carter provided a brief overview of Lincoln. They started OUD treatment or MAT program in 2016 with funding from a HRSA grant. From 2016-2019, traditional model of the program was to include multi-step intake process followed by behavioral health assessment for treatment readiness, then schedule with provider to begin medication treatment. The treatment philosophy was not flexible and expected the treatment outcome would be abstinence. If not achieving the outcome, then referred to higher level care. In 2019, an informal chart review revealed that 30%-40% of patients lost to follow-up before starting medication. Also In 2019, with funding from Duke Endowment, Lincoln transitioned to lower barrier model. The focus shifted to a harm reduction model of care.

Restructured intake process where the patient had the initial visit with provider and was placed on Buprenorphine. The patients still had the behavioral health assessment but not at first visit. At that time we began treating OUD as an emergency and built-in pathways for same-day treatment. Dr. Carter informed the group that they had started peer support (bridge counselor) role to the program but it was not successful due to COVID-19.

Finally Lincoln was able to change from sliding scale and low-cost, to no-cost with funding from Duke Endowment. This removed treatment barriers for both patients and providers. Lincoln currently has between 250-300 active patients. We have 5 waived providers and trained 2 PAs. In addition we are currently working with Duke In-patient Team, who refers patients from hospital to Lincoln. The pilot has been evaluated and Dr. Carter reported on the shared big picture results. The results are as follows:

- Low barrier model engages higher risk population than high barrier.
- Patients in low-barrier model more likely to start medication than high barrier.
- Low-barrier more successful in retaining in care at 3-6 months.

Dr. Carter stated the Patient Satisfaction Survey revealed the following

- Low-barrier model patients highly satisfied with care
- Transportation a major barrier to care
- High rates of improvement in various life domains

Dr. Carter thinks program is successful but Lincoln is losing funding from Duke Endowment starting October 1, 2021. She anticipates funding from NC DHHS will come to FQHCs but until then, she would like to find funding source to cover patient co-pays for treatment. Lincoln would need anywhere from \$30,000-\$50,000 for a year. The other challenge is behavioral health staffing. We are having trouble filling positions and looking for opportunities to collaborate concerning patients who need support with being sustained in treatment. At Lincoln, working to promote shared philosophy across system of care in Durham of low-barrier, harm reduction treatment.

Dr. Carter welcomed comments and suggestions from group. Chief Bazemore mentioned there are individuals being released from Detention Center experiencing transportation issues as well. He asked about possible assistance from team to address transportation issues.

Lacie mentioned with the grant they have provided free UBER gift cards for those who enter CLC program.

Holly suggested committee look at California's system for addressing SUD and mental health treatment.

Cindy agreed good idea for committee to look at California model to see if committee can learn anything from their system.

**Carlyle asked Dr. Carter if telemedicine is used for Lincoln's OBOT services. What are the barriers, if any?**

Dr. Carter said we do use telemedicine but transitioning back to in-person visits. It has been challenging to find right balance. We've had some cases, in-person seems more therapeutic and gives a more complete picture. If someone has barriers to in-person visit, we will work with them. We are generally trying not to use long term.

Carlyle says looking for funding for co-pay issue and have meetings set up.

Susan mentioned barriers like homelessness, applying for Medicaid, transient, mental health challenges, no access to phone or technology to use telemedicine.

Dr. Carter agreed with these barriers and could use more information on PSS program to address loss to follow-up.

Carlyle added as Alliance has moved toward becoming a tailored plan and is required to provide non-emergency medical transportation, mostly for Medicaid patients.

Dr. Carter says Lincoln does have transportation but it's not convenient as far as time is concerned.

Lacie and Susan will investigate using UBER gift cards to address Chief Bazemore's concerns for people who are previously released from Detention Center.

Cindy thanked Dr. Carter for presentation and suggested continued brainstorming with committee.

### **Alliance Health**

Carlyle reported Alliance received funding late in federal fiscal from DHHS to purchase Naloxone that will be distributed in catchment area (\$1.3 million). Alliance is actively working on expanding our network to Orange and Mecklenburg counties. We are hoping to expand options for opioid treatment with State funds in near the future. The problem is getting allocation letters that require rolling out funds shortly thereafter, without knowing what they will receive the next month. We are working with Finance Department to streamline process of paying providers, while waiting for allocation letters. The hope to expand options for Durham and Cumberland and to find funds for co-pays at Lincoln. Alliance is purchasing MAT medications through Gurley's to support uninsured receiving Buprenorphine and other MOUD.

Carlyle state that Alliance will have opportunities as tailored plan to incentivize transportation by comparing cost to cost of a hospital visit.

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

Captain Helen Tripp reported Partnership with Brittany to do follow-up with DRRC working well. Community Paramedic, Lisa, has finished all criteria to become certified PSS. Looking for opportunities to collaborate with others and keep momentum going.

### **Duke ED Peer Support Services**

Susan reported there's not much to report on Big Duke and keeping up with patient referrals.

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

Dr. Tatreau reported he has met multiple times over last several weeks with the Psychiatry group, Hospital Medicine colleagues, Case Management and Visitor Relations. We have a fully approved policy in place and working out fine details on workflow which will allows PSS from DRRC to come to Duke Regional to meet with interested patients. Our Case Managers will make direct contact and when PSS arrives at hospital they can easily locate the patient. The goal is to identify patients early in process and connect them with a PSS. Dr. Tatreau thanked Lacie, Susan and Brittany for their help with moving things forward. Dr. Tatreau introduced Joe McKinney who recently joined team as Behavioral Health Case Manager. Joe is an LCSW and LCAS and will play role in identifying patients as well. Our tentative Go-live date is October 1<sup>st</sup>.

## **DRRC OBOT**

Susan reported DRRC is still running OBOT program and continuing to provide PSS for the CLC grant and TTI grants to expand services. We have 2 new full-time and a part-time clinicians. Our part-time Nurse Practitioner will start in couple weeks. With help from Alliance, there are plans to offer medication management for mental health. We are excited for collaboration opportunities.

Dr. Carter asked Susan to elaborate on the medication management for mental health. Susan stated currently we have our Mental Health Nurse Practitioners to do mental health management for individuals coming for OUD treatment. This will be an extension to those who do not have OUD. This is also for Medicaid and state-funded individuals. They will be served through OBOT.

## **Housing Update (Group)**

Lacie reported we continue facing funding challenges with housing. Currently we are working on project with Oxford House to aid with the first 1-3 months for eligible individuals coming out of hospital or Detention Center. We are looking at how to develop a contract. If the arrangement for Cumberland works, it's not difficult to replicate in Durham.

Lacie happy looking at contract with Oxford House.

## **Program Coordinator (CLC Grant)**

Lacie reported that because of pandemic, we haven't been able to get peers into either hospital. That was always the goal to have peers meet with patients in hospital. Happy that Dr.'s Tatreau and Kamath convinced leadership in hospital to let them back in. The PSS will be entered into hospital vendor system and assigned badges. We will set up appointments on Mon, Wed and Fri, from 1:00-3:00 PM. Dr. Kamath is looking into PSS bringing a resource folder and if approved, free Naloxone kit.

We will start working with inpatient program on medical floors. Our plan is to start October 4<sup>th</sup>. The Case Managers will collect metrics for program prior to patients entering CLC program. Ryan and Crissi will do data collection for those entering CLC program.

We had eleven (11) new participants in program in August, seven (7) enrolled. We distributed seven (7) Naloxone kits. Since the program's inception, we have had a 119 participants with 87 having enrolled. The majority entered the program at DRRC OBOT and had first appointment for counseling and Suboxone.

We are growing. The team spent the last couple weeks working on the State required progress report. There were 68 participants during this 6-month reporting period. Our last reporting period we had 48 new participants. There is a concern that we may hit capacity soon. We need more PSS and we've increased hours for current peers. There were 75 UBER gift cards in April and distributed to help with transportation to treatment and court dates.

Crissi presented survey data from period from April to date showing a snapshot of 6 months when the peer came in contact with the participant and if they opt to be in the program.

Crissi reported the most common referral source is DRRC, and justice involved. At one month, enrollees more likely to remain in treatment. The most often requested services are OBOT,

transportation and housing. The enrollees have reported really appreciating UBER gift cards to get to treatment, various appointments and to pick up medications. Most participants and enrollees used more than one substance at time enrolled.

Thirty-six percent of enrollees no longer using substances. Crissi also thanked Susan, Brittany, Catherine, and Tina for collecting survey data. Lacie mentioned that peers attempt to contact enrollees at end of 1 month to complete survey. If unable to make contact, peers complete parts of survey for which they have information. Cindy will send document to committee.

**Next steps are:**

- PSS at Duke Regional tentative go-live October 1<sup>st</sup>
- Continue to discuss ways to partner with LCHC
- Detention Center OTP go-live October 2021
- Cindy to share document to committee

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

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