**Durham Joins Together to Save Lives Task Force**

**Mental Health and Substance Use Disorder Treatment Committee**

Tuesday, June 11, 2024

3:00 PM - 4:30 PM

**\*Zoom and Phone Access Only**

**Welcome**

Introduction/Guests

**Minutes**

Review and Approval of Minutes: April 9, 2024

**New Business**

**Presentations/ Discussions**

* New OTP Regulations and Updates – Arthur Payne (Morse Clinic)
* Peer Support Specialists Panel Presentation – Ronald Gary (Durham County Detention Facility), Keith Collins (RI International), Toni Edmondson (RI International)

**Program Updates**

* MOUD/SUD Treatment Providers
* Durham County Agency and Department Updates
* Housing Subcommittee
* Others

**Ongoing Commitment**

* Identify strategies that reduce stigma and increase access to SUD treatment, harm reduction and diversion programs, particularly among BIPOC and other marginalized populations.
* Discuss ways to increase access to Peer Support for SUD and to provide a support network for Peer Support Specialists.
* Develop ideas and actions to address housing barriers for people with SUD and justice-involved populations.
* Identify additional stakeholders to participate on the committee.

**\*Next Mental Health and SUD Treatment Committee Virtual Meeting:**

**Tuesday, July 9, 2024, from 3:00 PM - 4:30 PM**

**Mental Health and Substance Use Disorder Treatment (MHSUD Tx) Committee**

**June 11, 2024, Meeting Notes**

**Present: Lacie Scofield, Colin Moore, Arthur Payne, Toni Edmondson, Anna Gaddy, Jennette Mehta, Keary McClernan, Kristen Patterson, Quanesha Archer, Tammy Vaughan, Roshanna Parker, Michele Easter, Carlyle Johnson, Tremaine Sawyer, Kay Sanford, Dave Crispell, LaManda Pryor, Nicole Poole, Zandra Joyner**

**Welcome and Introductions**

This is the Mental Health and Substance Use Disorder Treatment Committee, part of the Durham Joins Together Saves Lives Taskforce. Lacie is co-chair and Tremaine Sawyer is the other co-chair. May 2024’s meeting was cancelled in order for DCo employees to attend the County Manager’s meeting. Lacie asked that all in attendance introduce themselves.

**Review of April 2024 minutes**

The April 9, 2024 minutes were reviewed and unanimously approved.

**New OTP Regulations and Updates**

Arthur Payne of the Morse Clinic gave a short presentation on new Opioid Treatment Program (OTP) regulations and updates ([42 CFR Part 8 Final Rule | SAMHSA](https://www.samhsa.gov/medications-substance-use-disorders/statutes-regulations-guidelines/42-cfr-part-8)). There are DEA regulations of controlled substances. Heroin at its inception was unregulated, first regulated in 1914. In 1972, the regulation for methadone as a treatment began. The Nixon administration had strict rules at that time to only prescribe it in an opioid treatment program through to 1995, at which time the regulations switched to guidelines.

We’ve been operating on these guidelines since then. There were flexibilities allowed for methadone during the COVID national emergency for take-home use. This allowed for lower barriers to usage and prescription which proved useful. However, the DEA regulations were changed in February. NC has not finalized their response. The 3600 rules will need to be adapted/realigned.

One of the biggest changes is how licensed practitioners are defined. Essentially, you don’t have to be an addiction board-certified psychiatrist or doctor in order to work in OTP. This could be helpful with workforce issues, leading to shorter waitlists, less paperwork, faster dispensing, etc.

Buprenorphine and methadone can now be prescribed over telehealth which will open access to areas we’ve previously been unable to reach. Many of our population live in rural counties where it’s difficult to find any services. We’ll need to see the NC state changes to define how we’ll be able to dispense and who we can dispense to as OTP.

They have removed the 1-year limitation on OUD (basically, we don’t need to turn away people for “not being sick enough”). They also removed the requirement for two failed attempts at detox for individuals under 18. Parental guidance/authorization is still required.

We’ll be able to streamline the intake process. Abstinence for 90 days at minimum also used to be in place, but now more take-homes are allowed. This still needs to be assessed on a case by case basis, but we could start take-homes immediately. The definition of “counseling” has also been expanded to include Harm Reduction efforts, etc. but is no longer tied to the take-home requirement.

There was also a change in inductions for methadone; if individual tolerance is appropriate, higher doses could be prescribed (i.e. 50mg vs. 30mg) to reduce overdose/withdrawal.

The initiation date for these changes was April 2. The communication is that all of these regulations will be adopted by NC state agencies. Drug testing is still a requirement.

Lacie reminded the group that OTPs are the only outpatient treatment programs federally approved to offer methadone. Durham has only three OTPs – Morse Clinic, New Season Treatment Center, and BAART. Representatives from all three providers are on the MHSUD Tx Committee.

Ronald asked about drug testing to be approved for take-homes. It should be 8 tests per year, but the recommendation is one per month.

Kay asked about how the new regulations allow for telehealth with their doctor, but the drug testing will still be needed, so do they still need to go somewhere once a month? Arthur said the once per month is only a recommendation. Patients will possibly still need to go to a clinic again, but the requirements have been relaxed.

**Peer Support Specialists Panel Presentation**

Lacie stated that the committee recognizes the importance of listening to people with lived experience. She said that peer support specialists can offer a valuable perspective because they have lived experience, and they work with many clients who also have lived experience. She invited three peer support specialists – Ronald Gary, who works in the Durham County Detention Facility, and Toni Edmondson and Keith Collins, who work on the CLC Peer Support Program – to participate on the panel. Lacie said she meets regularly with all three peers, has learned so much from them, and wants to share their wisdom with the group.

***Lacie****: What are some important recommendations/pieces of advice people with lived experience have for treatment providers?*

**Toni**: Labeling someone on medical charts follows them, even to the pharmacy, for years. It creates stigma that can prevent people from accessing medication that they need. Toni’s been sober for 8 years now and used meth and heroin via IV for 20 years prior to that. Toni is labeled as a drug seeker in her medical records; originally from Catawba County and now in Durham County. This persistent label has complicated her efforts to receive appropriate treatment for other conditions that need to be treated, such as ADHD. The word “manipulative” also tends to stick, so be careful of negative language. Discharges with summaries are also very helpful.

***Lacie****: Toni has also mentioned that people with SUD often have several undiagnosed issues. When receiving treatment for SUD, these undiagnosed issues are often discovered at the same time and require treatment with several types of medications. Being labeled as a “drug seeker” for requesting these medications is unfair.*

**Toni**: Currently trying to treat herself for ADHD, which could be a side effect from overuse of stimulants, and yet stimulants seem to be one of the only treatments available for ADHD. Sometimes, those drugs can’t be avoided to treat certain diagnoses.

**Keith**: There’s a bit of stigma associated with justice-involved/formerly incarcerated people.

**Ronald**: Providers should implement personalized treatment plans. Everyone’s experience is different and carte blanche treatment doesn’t always work without proper dialogue and education.

***Lacie****: What is the biggest barrier to starting and continuing treatment for people with SUD?*

**Ronald**: Stable housing and having a safe environment. Formerly incarcerated folks especially have issues; they could return to family homes but those may not be safe and include other users. Transitional housing is in short supply.

***Lacie****: Can providers help with housing?*

**Ronald**: Yes, particularly if they connect their patients with a peer to help them navigate available services. Most recovery houses charge ~$150 which is usually not going to be covered by insurance.

**Toni**: Transitional housing was $135 a week but just since September it has risen to $175 a week. Cost of living is affecting homeless folks who are trying to get on their feet.

**Toni**: Language is another large barrier. They refer out since they have no bilingual staff. Transportation is also a large barrier. Most outpatient services have a high no-show rate because of transportation. We’re not only treating substance use but also mental health. Toni shouted out Duke Outpatient mobile units.

**Ronald**: Telephones are also an issue. A lot of times, if they have a phone it’s been cut off. They won’t remember emergency contact numbers.

***Lacie****:* *EMS community paramedics have expressed that this is a major issue. When they try to follow up with a patient after an overdose, they often cannot get in touch because many people do not have phones. The CLC peers have also had this problem when trying to follow up or schedule an appointment with a program participant. Do you recommend buying burner phones or minute cards?*

**Ronald**: Yes, and we’re working on our own solution for that and an internal process.

**Toni**: IFCH in Lincoln County is a program where the court system gives people access to a phone.

***Lacie****: This group has discussed how to increase access to medication for opioid use disorder (MOUD), including low-barrier buprenorphine programs. MOUD reduces overdose deaths, which is extremely important. Removing the requirement for counseling has increased access to MOUD. However, MOUD providers should still encourage patients to enroll in counseling. How important is counseling to recovery?*

**Keith**: Counseling was vital for me in developing other skills and habits.

**Ronald**: It also helps with the thinking process, changing the mindset, thinking from a different perspective. The more that counseling builds trust, the more they can get to root causes and teach techniques like motivational interviewing.

**Toni**: Counseling is one of the most difficult things for patients to access as well just because of the process to book and the cost (insurance often doesn’t cover). Counseling should be just as accessible as getting your blood pressure checked at a pharmacy.

Zandra commented that the counseling availability was a great idea and wanted to underline that.

Tammy wanted to share about a DHHS app that could connect people with appropriate recovery services. She will share with Lacie to share out with the group.

Quanesha had a question about the process of getting clients connected to Medicaid because of the transportation and phone resources available. If you have clients released from incarceration/jails in the last two years, FIT is accepting referrals and has phones available. There may not be funding for phones for every person, but they can provide it on a case by case basis.

**Announcements**

Kristen wanted to give updates about the Opioid funding. We are in the process of interviewing for an Opioid Manager position and Health Education has completed interviews for a Harm Reduction position as well and they should be included in this committee as well.

LaManda with Hayti Reborn Justice Movement is new to the committee and just wanted to share thanks for resources. HRJM wants to be a one-stop resource for folks who are justice-involved. They have a rapport with Durham Tech and try to help with workforce development. Funding is coming from Durham County, City of Durham and Representative Foushee’s office.

Toni wanted to thank everyone for taking the time to listen to the panel.

Tremaine said that they’ve been able to help people get approved for Medicaid.

Next meeting, July 9th, will include discussion questions for all members.