

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

**April 12, 2022, Meeting Minutes**

**Present:** Tremaine Sawyer, Gudrun Parmer, Marc Strange, Michele Easter, Lacie Scofield, Helen Tripp, Susan Kornett, Cindy Haynes, Carlyle Johnson, Kelley Waggy, Kristen Patterson, Leticia Ross, Amy O’Regan, Tammy Vaughan, Jesse Battle, Carolyn Crowder

**Welcome & Introductions:** Co-Chairs Gudrun Parmer and Carlyle Johnson called the meeting to order, welcomed all present and began introductions.

**Review of March Minutes:** Minutes were reviewed and approved.

**Opioid Settlement Update:** Carlyle Johnson shared updates on the national class-action litigation for Mckesson, Cardinal, Amerisourcebergen, and Johnson & Johnson. Additional litigation is pending, this includes a bellwether case in Durham County.

Carlyle shared that the State of North Carolina is getting ready to release the funding. Each county and municipality had to sign a memorandum of agreement (MOA), all counties have signed along with 17 municipalities. All entities will select from two options and must submit plans for utilization of these funds.

Gudrun shared that it has been discussed that this committee be a part of the conversation on the utilization of funds in Durham. Gudrun also shared that $11,589,000.00 from the settlement will be distributed to Durham County over an 18-year period. Durham will receive 2 payments in 2022: $445,000 and $979,000. Subsequent payments will be released in 2023, 2024 and 2025, the payments range from $775,000, $934,000, and $962,000 and the funds do not have to be spent in the year received. The discussion amongst the committee made it clear that these funds could be used to expand the current evidence-based programs.

Carlyle also shared information on the McKensey settlement: these funds will be distributed by the DHHS through an RFP which was posted on April 7, questions are due April 15, applications are due May 12, and the notice of award is June 10. The performance period for those awarded will run from July 1, 2022-June 30, 2024, awarding up to $200,000 a year for 2 years.

Carolyn Crowder stated that a big issue at hand is the lack of a complete continuum of care. There are many gaps and funds are meant to be utilized effectively and efficiently by putting participants in a place they belong based on the Stages of Change and this is non-existent. We have been placing people in the programs we have, and that money would be most useful in creating “places” to fill the major gaps. Filling these gaps would provide a more complete continuum of care and a better functioning system. Currently Lincoln’s biggest issue is people being kicked out of other services because they have relapsed and “do not deserve” health care. There is an extreme need for a system that does not reject health care to those in need.

In closing this conversation, Gudrun shared that all should become familiar with Opioidsettlement.org and develop ideas and plans for further funding conversations.

**Lincoln CHC:** Carolyn Crowder shared that Lincoln Community Health Center is a safety net Primary Care provider for Durham and contingent counties. Lincoln receives federal funding to provide primary care for all who need it. While Lincoln is not free, they operate on a sliding scale, and this allows them to provide care to all in need. Lincoln considers opioid addiction as a medical condition that needs treatment in a primary care setting.

Lincoln’s MAT Program started in 2017 via funding per HERSA, this grant has rolled over into standard funding. Lincoln prescribes Suboxone/Buprenorphine for treatment, as such they are not classified as an opioid treatment center. The program was designed to decrease deaths due to overdose and to provide health care to those who were unable to receive it.

Lincoln currently serves over 300 patients that are unable to receive care elsewhere. Over the last 6 years Lincoln has developed community relationships and one of their closest allies is COMET. COMET is a team of professionals that serve individuals who are in intensive care or are otherwise hospitalized for drug related issues. COMET discharges their uninsured patients to Lincoln, and they provide Buprenorphine for patients until they can attend their first appointment with Lincoln. Lincoln currently receives enough funding that patients on MAT do not pay. This funding comes from a variety of sources and grants and covers copays. Lincoln is a low barrier program and strives to provide medication to the patient as quickly as possible to prevent deaths. Lincoln operates as a harm reduction model, meaning patients do not get kicked out and continue to receive care.

Lincoln’s outcome is not sobriety based, it is “Life and continued survival”. To become a patient at Lincoln you must provide proof of income annually, which is a federal regulation, and they work with patients to provide this documentation.

**Program Updates**

***CLC Grant Program Coordinator Update*** Lacie Scofield shared that they had 10 new program participants and distributed 14 Naloxone kits in the last month. The port was very active in March, Brittaney went on 17 home visits and 5 participants were gained. March and April saw progress with Duke, 5 referrals were gained via the ED and were handled over the phone. Lacie also shared that the SUD Guides have been completely distributed and more have been ordered along with a Spanish version of the guide.

Brittaney stated that their new Peer Navigator is present and introduced Henry to the group. Brittaney then shared that her last day with the program is 4/29/2022. Laci shared their sadness over the loss of Brittaney, she also shared her excitement about Henry coming on board. Laci reported that the Peer Navigator from the Detention Center, Chris, has also resigned. Tammy will be filling that void in the absence of a Peer Navigator until the position is filled.

Lacie shared that the Faith based Conference will be held on April 28, 2022. This conference is for pastors and leaders to come together educate and discuss housing within the community.

Lacie also raised the possibility of adding individuals with lived experience to the committee. Committee members were in support of adding individuals that can offer feedback and critical information only gained from those who have lived through these experiences.

***EMS:*** Helen shared that they are averaging 75 opioid calls per month and can contact around 15 of those individuals for follow up. Naloxone kits have been added to ambulances and they are averaging 20 kits a month. The Naloxone kits are currently being supplied via DHHS.

***Detention Center MAT Program*** Tammy shared that in Phase 1 they had 122 individuals on suboxone, 64 individuals on methadone. In Phase 2 they have 15 individuals on suboxone, 13 individuals on methadone and consist of 13 men and 2 women. They have also received donations of bookbags and lockboxes.

**Next Meeting**

The next meeting will be held virtually on Tuesday, May 10, 2022, from 3:00pm-4:30pm.

Meeting adjourned at 4:25pm.