

Durham Joins Together to Save Lives Task Force

Mental Health Treatment Committee

Minutes

August 11, 2020

Attendees: Donna Rosser, Helen Tripp, Gudrun Parmer, Marc Strange, Ryan Bell, Melissa Gordon Pitts, Vera Reinstein, Joy Brunson-Nsubuga, Larry Greenblatt, Tremaine Sawyer, Amy O'Regan, Lacie Scofield, Nidhi Sacdeva, Crissi Rainer, Anjni Joiner, Stephanie Eucker, Jesse Battle; Cindy Haynes

The group convened, Cindy welcomed everyone and began introductions.

The minutes were approved as submitted.

Alliance Health

Alliance Health Carlyle was not in attendance. Vera mentioned having prepared a 1-page document for Dr. Eucker related to the Duke ED study. She will submit the document to Dr. Eucker for review. Dr. Eucker and Carlyle were to discuss a process for tracking patients across Duke System. Discussion was tabled until the next meeting.

Duke ED Peer Support Services

Dr. Eucker mentioned that she and Joy will meet this week to discuss peer supports (PSS) in the ED. Joy reported that they are working with Alliance and the state, who received a grant from the National Association of State Mental Health Program Directors (NASMHPD). The grant will fund incentives as well as .5 FTE for an additional PSS. They are in the process of recruiting for both positions and should begin interviewing soon. The focus of the grant is on follow-up and connection to an initial appointment and 4 additional appointments. Incentives will be in the form of gift cards.

Question (Lacie): Will additional PSS position have same duties?

Response (Joy): There will be some overlap but will work more with connecting clients from DRRC's crisis center to aftercare.

Comment (Dr. Greenblatt): One of the Medicaid PHP's is interested in creating a value-based payment program for OBOT. They would pay practices for hitting certain quality markers. They want to pilot the program with Duke in July 2021.

DRRC OBOT

Joy reported on progress with recreating DRRC's OBOT as a standalone program. The process is complete. New flyers and all protocols, to include home induction, have been established. The rollout is set for Mon-August 17.

Program Coordinator (CLC Grant)

Lacie will be on vacation next week (Aug 17-21). Lacie, Ryan and Crissi completed the very extensive progress report required by the state for the CLC program and submitted it. The program is fully funded and has a budget for the next fiscal. There is money in the budget for educational activities (Materials/training). Lacie will be working on a plan for those activities and will present them at the September meeting. There are plans to address housing issues also included in the grant. Looking at developing a survey of housing options. Also working on adding to the evaluation of the program to include information on long-term connections with participants and referrals for harm-reduction services. Data evaluator, Crissi, will work on another survey focused on participants who do not enroll. The survey will also include questions about use of Naloxone kits received and the need for additional kits. The chairperson for the DCoDPH Leadership Team requested we develop a target metric for the CLC program. We decided to focus on participation rates—the proportion all overdose patients in Durham linked to peer support. Lacie requested data from Helen on EMS overdose calls. Lacie emailed information to committee members and shared findings with the committee.

Question (Lacie): Helen or Joy, Helen has hired an additional Community Paramedic. Is there a way to change work schedules such that Herb's and Community Para-Medics' schedules overlap more?

Response (Joy/Helen): J-Herb has a fulltime job that the RRC works around. Willing to look at schedules for possible increase in overlap. Keep in mind that Herb has been asked to change his schedule previously. Christine was also excited that she was able to contact participants beyond cold call visits. H-Community Para-Medic program hours are 7am-7pm, 7 days a week. Herb works from 7am-12pm, Mon-Wed. Herb has not been on any cold calls.

Lacie requested to table discussion for a separate meeting.

Question (Jesse): Is there a relationship between column E (# Contacts) and column O (# Naloxone Kits)?

Response (Helen): The total # Contacts only reflect contacts made by Community Para-Medic program following an overdose. The total # Naloxone kits are all Naloxone kits distributed through our system, whether by Community Paramedics or Lieutenants who respond to 911 calls outside the Community Para-Medics program.

Based on 78 Total Contacts and 341 Total Overdoses for the year, Lacie has calculated a Contact Success Rate of 22.9 percent. This will be our starting target number. Once PSS position has been filled and ED referrals begin, she predicts this rate increasing significantly. Due to COVID-19 and the clinical trial at DUMC, there have been no ED referrals from DUMC or Duke Regional. We continue to receive referrals from Project Comet at DUMC. Dr. Kamath is also working with Lacie to set up inpatient referrals from Duke Regional. Lacie also shared information about the flyer created for the Detention Center with Dr. Alkhawam, who suggested that she may be able to have the flyer included in their discharge instructions. Lacie asked if Dr.

Eucker could do the same for DUMC. Dr. Eucker says that if Duke Regional implements it, DUMC can access it.

Joy and Dr. Eucker will meet on Friday to discuss referrals to OBOT at RRC. They will also discuss referrals to PSS. The posting for the PSS position is on the RRC's website and on Indeed. Joy will forward the link to the committee as well.

Question (Dr. Greenblatt): Does DUMC have plans to begin MAT induction in the ED?

Response (Dr. Eucker): The program was rolled out this week and we have our first patient.

Question (Dr. Greenblatt): How many waived ED providers are there?

Response (Dr. Eucker): 15-20.

Question (Cindy): Can we get a list of names of waived providers?

Response (Dr. Eucker): For Duke purposes only.

Comment (Lacie): Duke Regional has waived ED physicians. Unsure about readiness for MAT induction.

Response (Dr. Eucker): They are relying on DUMC to pilot the program.

Detention Center MAT

Major Bazemore was not in attendance. Tremaine reported that other than maintaining persons on their medications, there is no report at this time.

Question (Lacie): Has there been any progress with hiring the PSS for the Detention Center?

Response (Tremaine): Not yet.

Question (Donna): What are the qualifications for PSS?

Response (Joy): NC Certification for PSS; history of lived experience whether mental health, or substance use; experience in the field.

Next steps are:

- Will get updates from Carlyle at next meeting.
- Will get updates from Major Bazemore at next meeting
- Joy and Dr. Eucker to meet on Friday to discuss OBOT referrals following MAT induction in ED. Will also discuss referrals to PSS from ED.
- Working with Dr. Kamath to get Lacie's flyer on PSS included in discharge instructions.

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

***Our next committee meeting is scheduled September 8, 2020 at 3:00 PM via WebEx and phone.**