Durham Joins Together to Save Lives Task Force

Mental Health Treatment Committee

Minutes

July 9, 2019

Attendees: Cindy Haynes, Elijah Bazemore, Greg James, Rita Hunter, Carlyle Johnson, Madison Ward Willis, Stephanie Eucker, Sheriff Birkhead, Shonicia Jones, Larry Greenblatt, Victoria Thornton, Nidhi Sachdeva, Hillary Murphy, Kay Sanford

The group convened and began introductions. Cindy welcomed our guest Madison Ward Willis. The minutes were approved as submitted.

The guest speaker Madison Ward-Willis is with North Carolina Health Care Association, which is the member association for hospitals and health systems across North Carolina. Madison represents the foundation 501-C (3) of the association. She is currently overseeing the opioid portfolio. The peer support grant through the Division of Mental Health Is a part of that portfolio.

Madison began her presentation (see slides attached) on the Peer Support Specialist Program announcing that one in eight persons entering a hospital ED is seeking some behavioral health service (Injury and Violence Prevention Branch). In 2016, for every 1-overdose there were 2-hospitalizations and 3-ED visits, six deaths/day due to opioids in NC. The next slide describe the relationship between increased dispensing of opioids and overdose percentages in NC counties. With the shift in opioid dispensing, 9-percent decrease in ED visits in Jan-2018 compared to Jan-2017. However, with the decrease in prescribed opioids, we are seeing an increase in overdoses from heroin and fentanyl. Eighty-percent of overdoses now involve heroin, fentanyl and other substances.

Madison explained with the right support, recovery from addiction like any other chronic illness is possible. One of the foundations goals is to make sure that healthcare is accessible and equitable. The foundation seeks out innovative practices and pilots. That is how the Peer Support Project was born. The investment has come from the NC HHS Division of Mental Health Developmental Disabilities and Substance Abuse Services.

When a person presents in the ED with a substance abuse disorder or overdose that is a critical point in their journey in which a peer support could connect them with community resources, harm reduction services, or get them into long-term treatment.

Funded to pilot this work at 6-sites for 1-year, which began in April 2018. Due to some lag in in startup, the program is still funded through September of 2019. Originally, 2-peer support specialists were imbedded into the ED overnight. After trial and error, most sites now have 1-peer support specialist to come in early morning and stays until mid-afternoon while the second overlaps by an hour or so and remains until around 9pm. Some hospitals have coverage on weekends as well.

They work with case managers and other members of the treatment team in assisting the patient to needed services and to be a contact for the patient. The Peer support specialist role is to walk alongside patients and show them that recovery is possible. It varies from hospital to hospital with peer support specialist and the treatment team in identifying patients. Some hospitals have built a peer support consult into their EMR's so that a nurse or physician could put in an order for the peer support to see the patient.

With the pilot, initially there was an uptick in caseloads. Now seeing a decrease in ED visits, hospitalizations, readmissions. One site has shared anecdotally that many patients who visited the ED frequently are now in long-term treatment or are not visiting the ED as frequently.

Peers have shared that they find that when they become well known by practitioners in the ED, they are identified as the experts and their opinions are more likely to be respected.

The peers do a 30 and 60-day follow up with the patient and complete a form on the patient's status. Quite a few patients are lost to follow up (Phones disconnected or just cannot get in touch with the patient). Would like to see a better way for peers to follow up with patients.

The peer support specialist's access to the EMR varies from site to site. However, most peers have as much access as anyone on the treatment team. At the sites where the peers do not have access to the EMR, one site uses pen and paper documentation and someone else enters the information later. That is because they are working on getting access for the peers. The goal is for them to have access. The goal of the program is to have patients in long term treatment, receiving harm reduction services, in a detox facility or getting the care that they need whatever that looks like. I think that the peers would say that the ED would not be the best place for patients to be for an extended period.

We are about a quarter behind in reporting but seeing great results. From August 1, 2018-March 31, 2019, we have served 1500 patients. ED visits decreased 66-percent, hospitalizations 74-percent and 30-day readmissions 54-percent. This data is compared to a full year of data from the previous year. We expect that the percent decrease will not be as high once there is a full year of data collected.

Patients who interact with a peer may accept enrollment into the program. They are tracked through 30 and 60-day follow up. Peers also track patients through referrals made either by phone or by visiting the referral agency. There is also a partnership with Patient Ping, which is a system that provides alerts for admissions and discharges from other hospitals and health systems who contract with Patient Ping.

Maddison ended her presentation with informing the group there will be a 1-year report prepared at the end of the funding year that will ask that question of clinicians, physicians and peers. The plan is to put together a manual of lessons learned successes. We think it is very important to disseminate this information. She will share the report with us. Madison stated they (NCHCA) are in talks about what years 2 and 3 would look like but we do not know what funding will look like at this point. She is willing to talk with Duke about expanding sites.

She stated that the best way for NCHCA to support our efforts at this time would be most importantly to connect anyone interested with some of the other sites clinicians and peers as well as with Wake Forest who are really the experts. As other funding opportunities come available, NCHA would be willing to let us know about those.

Major Bazemore reported that the July 1st Kickoff for the Detention Center MAT Program (starting with Tier 1 using suboxone and methadone) has been pushed up to address some concerns. We currently utilize BAART and they are all on board with the program. The problem is if a person on methadone is not a patient of BAART, they can only provide doses for 30 days, that guest dosing. We are trying to get an extension without canceling or switching to BAART. The State has a problem with dosing over 30 days because BAART cannot treat them outside of guest dosing.

Working on training component using NCHA opioid video in August-September. On July 18th planning grant funders to join on a tour BAART. On July 19th we will meet at the Detention Center.

On August 13th, a team of five from Durham will be going to Washington, DC for the grant. The team will meet early next week to see if we can move forward with an August 1st date considering the current situation. Carlyle (Alliance) offered to assist with getting the State to help with the issues at the Detention Center. Another thing we are excited about Tremaine is working on Seeking Safety (positive resilience trauma program). Currently doing an abstinence program, looking to starting MAT Program or separating the two programs.

Dr. Eucker reported the Peer Support Program at Duke is working really well. We have to find a way to increase patient uptake and increase clinician use of the peers.

The group those who attended spoke highly of the opioid summit and looking forward to the next one.

Next steps are:

- DRRC Open House on July 10th, Cindy to forward flyer to the group.
- Tour at BAART on July 18th.
- Planning grant staff to meet with Detention Center team on July 19th.
- Five members of Durham Detention Team will go to Washington, DC for the planning grant August 12-14th.

Please note our meeting time has changed. We will begin at **3:00 PM** instead of 4:30 PM at the Durham Department of Public Health in the 2nd floor conference room.

Our next committee meeting is scheduled August 13th at 3:00 PM, Location TBD