

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

**September 12, 2023, Meeting Notes**

**Present: Tremaine Sawyer, Lacie Scofield, Larry Greenblatt, Marc Strange, Arthur Payne, Amy O’Regan, Dane Mullis, Valerie Parker, Carlyle Johnson, Helen Tripp, Sara Harrigton, Timeka Harper-Purcell, Donna Rosser, Quanesha Archer, Kimberly Chansen, Dana Clifton, Tammy Vaughn, Anjini Joiner, Shanquinta Daley, Odinaka Idada, Eric Morse, Jesse Battle, Alex Rubenstein, Roshanna Parker, Jason Tatreau**

**Welcome & Introductions:**

Chair Tremaine Sawyer called the meeting to order and asked that all in attendance introduce themselves.

**Review of August Minutes:**

The minutes were reviewed and approved unanimously.

Presentations/Discussions

**Disability Rights NC**- Dane Mullis shared that they have received funding from Vital Strategies, an overdose prevention program, and have launched 2 initiatives since March 2023 to protect the rights to healthcare and other services for North Carolinians with substance use disabilities. These initiatives include access to regular agonist medications for substance use disorder. Dane shared that as part of the partnership Disability Rights will leverage data collection, individual legal assistance, systemic litigation, and related strategies to address discrimination in health care.

Sara Harrington covered determining when people with substance use disorder (SUD) are protected by the ADA and examples of SUD discrimination in healthcare and rehabilitation settings. Sara shared that per The Rehabilitation Act of 1973, Americans with Disabilities Act of 1990, and North Carolina Persons with Disabilities Protection Act all provide civil rights protections for individuals with physical and mental disabilities.

These acts protect people with substance use disorder from discrimination due to their disability under certain conditions. SUD, under certain circumstances, is a disability under the ADA’s definition because it is a condition that substantially limits a major life activity. Congress, however, created an exception of the term “individual with a disability” with regards to SUD. The ADA states that an individual actively using does not qualify. There is an exception to this and that is if the individual who is using is actively accessing health and rehabilitation services. Current use is classed as “illegal use occurred recently enough to justify a reasonable belief that a person’s drug use is a real and ongoing problem.” Under the ADA, whether someone is currently using substances illegally is decided on a case-by-case basis.

Illegal use of substances does not apply when the use of a controlled substance is taken 1.) under the supervision of a licensed health care professional 2.) other uses authorized by the Controlled Substances Act or other Federal Laws.

Sara shared that SUD is a protected class when the following applies:

* Successfully completed a substance treatment program, or is in recovery by other means, and is no longer using substances illegally.
* A history of having a SUD
* A person with SUD and is seeking healthcare or rehabilitation services regardless of whether they are currently using substances illegally; or
* Benn mistakenly regarded as using substances illegally, but, in fact, is not.

Sara shared the Obligations of Healthcare providers to people who are currently using illegal substances:

* Healthcare providers may not deny health or rehabilitation services to an individual because of their current illegal use of substances, if the person with SUD is otherwise entitled to such services
* Under the Emergency Medical Treatment and Labor Act (EMTALA), Emergency Rooms are required to offer anyone who need emergency services the following:
	+ Provide all patients with a medical screening examination
	+ Stabilize any patients with an emergency medical condition
	+ Transfer or accept appropriate patients as needed

Entities covered by the ADA, must modify policies and procedures so that people with disabilities are given equal opportunity t participate in or benefit from goods, services, facilities, or privileges that people without disabilities receive. In the SUD arena this means, even if a covered entity’s policy states that no medications are allowed, in-patient treatment centers have an obligation to ensure patients have access to their legally prescribed medications.

Sara shared that people with SUD’s will often have co-occurring or additional disabilities that are protected under the ADA as well, such as: Mental Health disabilities, HIV, Hepatitis, Mobility impairments, Insulin dependance. These co-occurring disabilities are where these see the most violations. Healthcare and rehabs that treat patients with SUD different from other patients may be violating disability laws, examples of such treatment include:

* Not admitting due to SUD
* Not treating a hospital patient with SUD for pain after surgeru
* Not allowing a hospital patient with a record of SUD to receive visitors
* Not providing a patient with SUD a medication to treat withdrawal symptoms during a hospital stay
* Unnecessarily isolation or separating patients because of their SUD or history of SUD

Sara shared that not only do people with SUD experience discrimination, but they may be discriminated against when they are taking medical treatment for SUD. This discrimination can include the following:

* Requiring patients to stop taking MAT in order to be admitted to a treatment facility
* Requiring patients to change their MAT medication or dosage to be admitted to a facility
* Providing the same services to all residents BUT charging MAT residents an additional fee
* Failing to provide accommodations to patients with SUD so that they can continue or start MAT

Additional healthcare related discrimination includes:

* Pharmacies refusing to fill new prescriptions of MAT
* First responders refusing to carry naloxone to save people from opioid overdoses
* Skilled nursing facilities refusing to admit people who have SUD or are on MOUD

Sara shared that lately the DOJ has taken up helping individuals with SUD and has been helping to prosecute and settle complaints. These settlements have been against states and medical providers.

Lacie asked Sara to cover recovery housing. Sara shared that that is a gray area and that they focus mainly on health care. Sara shared that housing may come in to play when it is considered an extension of the rehabilitation treatment and not having housing that allows MOUD. This is something they are looking more into down the road.

There was extensive conversation amongst the committee members and the presenters, and the presenters acknowledged that this is a very new frontier and we are all going to have to work together to protect the rights of individuals with SUD.

**Housing Subcommittee**-

Lacie shared that the housing subcommittee has been working on options for housing in Durham that refuse or place restrictions on individuals on MAT. Lacie shared that they were able to meet with TROSA and asked Paula to share her experience.

Paula shared that they were given a tour and an extensive explanation of their program. Paula shared that she felt they were receptive to the idea of MAT and acknowledged their need for more extensive training in order to provide housing.

Tremaine shared that he agreed with Paula and that the door was open with TROSA to continue the conversation regarding MAT.

**Program Updates**

-Captain McKinney shared that the SMART Program has served

* Eric Morse, Morse Clinic, shared that they have finally received a Blue Cross Blue Shield contract and are testing to see if reimbursement is active.
* Helen Tripp, Durham County EMS, they have inducted 6 patients and of the 6, 3 decided not to continue. They are holding interviews next week for the certified Peer Specialist and look forward to filling the position.
* Tremaine, Detention Center, shared that today was the unveiling of ‘Narcan near Me”, a program the provided Narcan vending machines. There is a machine located at the health department and one in the lobby of the detention center.
* Lacie Scofield, CLC, shared that she has been involved in the vending machine effort. The machines hold 250 kits, and their goal is to provide 500 kits. Lacie shared that they received funding from Durham County and will be posting positions shortly.
* Donna Rosser shared that in response to a request from Durham Housing Authority to provide education on substance use to residents in their senior communities, Public Health began offering sessions on SUD stigma and harm reduction starting in April 2023. Sessions have been completed at several facilities.
* Odinaka Idada, Reliable Health Services, shared they treat patients regardless of their ability to pay and are open to referrals.

**Meeting Adjourned 4:27pm**

**Next meeting**

09/12/2023 3:00pm-4:30pm