

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

**June 13, 2023, Meeting Notes**

**Present: Tremaine Sawyer, Lacie Scofield, Donna Rosser, Marc Strange, Quanesha Archer, Eric Morse, Capt. McKinney, Kristen Patterson, Jason Tatreau, Dana Clifton, Carlyle Johnson, Amy O’Regan, Michele Easter, Kimberly Chansen, Tammy Vaughn, Rod Jenkins, Arthur Payne**

**Welcome & Introductions:**

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

**Review of May Minutes:**

The minutes were reviewed and approved unanimously.

Presentations/Discussions

* **Duke Collaborative**- Dr. Dana Clifton shared that she helped to develop and form Project COMET, which has been in operation since 2019. COMET stands for Caring for patients with Opioid Misuse through Evidence-based Treatment. COMET is a Consultation service that diagnoses and treats OUD and opioid withdrawal. They are staffed by hospitalists 7 days per week. Dr. Clifton shared that all hospitalists have DEA-X waiver licenses (although these are no longer needed for buprenorphine prescribing). COMET also has Social Worker coverage M-F and PRN urgently on weekends. The primary aims of COMET are to improve quality of care for inpatients with OUD, start evidence-based medication to treat OUD and opioid withdrawal, and connect patients to ongoing care for OUD post-discharge. Additionally, COMET aims to improve provider satisfaction, knowledge, and comfort in caring for this population. Project COMET’s harm reduction efforts include Education on safer injection practices, education on overdose prevention, fentanyl test strip distribution and collaborations with NCHRC and NC Survivors Union. Dr. Clifton shared that COMET faces the following challenges: Linkage to care especially for those who are not insured or live in rural areas, lack o facilities to transition to for those needing ongoing medical care or rehab, need for dedicated peer support, and more social work support.

Amy O’Regan shared the Duke Emergency Department is treating anyone who comes in actively overdosing as well as Buprenorphine continuation or induction and is facilitating connections to outpatient services through Social Work. Naloxone is also provided at time of discharge. DUKE Emergency Department is also training a pediatric team and creating a pathway that works for adolescents. The biggest Challenge that they currently face is maintaining a stock of naloxone.

Jason Tatreau shared that Duke Regional Hospital works closely with Lacie Scofield and the CLC team facilitating access to Peer Supports at the ED as well as Psychiatric consult services for SUD evaluation including BH case management & SBIRT. Duke Regional is not able to give out naloxone/Narcan. While Duke Regional does not see the same volume as Duke ED, they understand the importance and need for these programs and are working towards adapting DUH order sets and workflow for DRH ED for buprenorphine and naloxone.

Dr. Lawrence Greenblatt shared that they have hired a new full time addiction medicine provider, they will mostly serve outpatients. Dr. Greenblatt shared that Duke family medicine has started medical management of patients with OUD, expanding to include pregnant and postpartum women.

The following can be referred for OUD services:

* Patients who are interested in seeking medication assisted treatment for their OUD who are not currently connected to a program/clinic for medication management
* Present to the ED or are currently hospitalized with an identified OUD and are currently connected to a program/clinic for medication management of their OUD
* Were recently from an inpatient unit and considering medication assistance for an identified OUD (and declined a referral during their inpatient stay)
* Are being seen at a Duke Clinic and not currently connected to a program/clinic for medication management

DukeWELL referrals are completed by placing a new order/consult in EPIC for an ambulatory referral to REF530 Ambulatory Referral for Opioid Use Disorder.

Dr. Greenblatt shared that the goals for this service are to Provide linkages to care and facilitate services, support providers system wide and equip people with accurate information regarding referrals, connection to resources, and reducing barriers to care.

Helen Tripp shared that she has been in talks in regards to EMS providing a bridge between the ED and their Provider appt. Once this has been confirmed and she knows what it will look like she will update the group.

* **Sheriff’s Medication Assisted Treatment Program-** Captain McKinney shared that they are quickly approaching having served 500 participants in their SMART program. In phase 1 there have been 293 detainees and 125 detainees in Phase 2. Captain McKinney shared that she would be sending out dashboard data shortly. The SMART program attended a Summit sponsored by the BOCC that was very informative. SMART was awarded a vivitrol grant and they just found out they have been approved for a medical director. Captain McKinney shared that they are excited for the expansion of MAT.

Program Updates

* CLC- Tremaine Sawyer congratulated Lacie Scofield on her promotion to Overdose Prevention and Response Project Manager. Lacie shared that they have finished updating the Substance Use Resource Guide for 2023, this will be available in both English and Spanish. Lacie briefly walked the team through the updated version and shared the changes and additions. There is a limited supply of hard copies, but more will be ordered soon.
* EMS- Helen Tripp shared that they officially started their MAT field induction May 8, 2023. They have not inducted anyone at this time but they idea is that once EMS is called for an overdose, they will administer Narcan as usual but then their trained Paramedics can administer buprenorphine and provide services until the individual is transferred to other care services.

Announcements

* Durham Joins Together Quarterly Meeting, 06/22/2023 @ 5:30pm-7:00pm

**Meeting Adjourned 4:03pm**

**Next meeting**

08/08/2023 3:00pm-4:30pm