**Mental Health and Substance Use Disorder Treatment (MHSUD Tx) Committee**

**Meeting Minutes – April 8, 2025**

**Attending:** Lacie Scofield (Co-Chair), Tremaine Sawyer (Co-Chair), Larry Greenblatt, Dana Clifton, Lee Morales, Tamika Harper, Kay Sanford, Michele Easter, Carlyle Johnson, Lisa Finlay, Brooke Anderson, Rod Jenkins, Meredith Niess, Arthur Payne, Rod Jenkins, Marc Strange, Paula Harrison, Eric Morse, Kimberly Chansen, Kristen Patterson, LA Cutter, Morgan Culver, Nicole Poole, Dona Ross, Jaseon smith, Rachel Hirshman, Sean Hardy, Drew Woten, Lisa Finlay, Zandra Joyner.

**Minutes Approved:** Larry Greenblatt motioned to approve the minutes from the last meeting (March), which was seconded by Kristen Patterson. The minutes were approved.

**Presentations:**

**Project COMET (Caring for Patients with Opioid Misue through Evidence-Based Treatment) at Duke University Hospital – Dana Clifton, MD, Co-Medical Director**

How COMET got started

In 2017 patients were admitted with complications from injection drug use, primarily opioid use. They were offered treatment for infectious complications in the hospital, but they were not offered evidence-based treatment for opioid withdrawal or OUD. Many had long hospital stays and only two options: 1) stay for treatment and get discharged or 2) self-direct discharge. After discharge they also only had a few options: 1) maintain abstinence on their own, 2) return to use, or 3) get a referral for outpatient treatment.

So, an idea was proposed back in 2017 to treat patients with evidence-based meds for opioid withdrawal and OUD and to focus on lower risk patients who could be discharged with PICC and outpatient parenteral therapy. After receiving funding and approval from Duke leadership, staff were hired, and Project COMET was launched July 1, 2019.

What does COMET do?

Consult service is provided for OUD and opioid withdrawal for any hospitalized patient at Duke. It is available 7 days/week and staffed by a hospitalist and social worker. A peer support specialist is available 6 days/week. Patients are diagnosed with OUD or opioid withdrawal and treated with evidence-based meds. They receive comprehensive harm reduction education, and any unmet social needs are addressed. A smooth transition to community is ensured at discharge.

Improvements Over time

Shortly after launching, methadone was added to MOUD options and pregnant patients were incorporated in 2020. In 2020-2021, the relationship with skilled nursing facilities (SNFs) fell apart. Next, consults for adolescent patients were increased and peer support was added through the CLC program at DRRC.Ongoing partnerships were also established with other community providers.

Who are our patients - Demographics and Comorbid Diagnoses

Median age: 40 years
Race: 60% white, 31% Black, <1% Hispanic
Insurance: 60% government insurance, 31% unknown/uninsured
Durham County resident: 41%
Pain: 84%
Psychiatric illness: 63%
Any infection: 59%
Infection related to injection drug use: 47%
Hepatitis C: 32%
HIV: 3%

Recent outcomes data examined

COMET staff conducted a retrospective review of health records data for hospitalized patients with OUD. They used a propensity score overlap weighing to compare patients who received a COMET consult vs patients who did not receive a COMET consult. Concurrent and historical control groups were used. There were significantly higher MOUD and naloxone prescriptions in COMET patients. Compared to concurrent controls, COMET patients had a lower 30-day mortality and readmissions rate and a longer LOS. There was no impact on self-directed discharges.

Transition to the community

Rachel Hirshman, a Project COMET social worker, noted that patients often have a lot of barriers to a smooth transition to the community. COMET staff attempt to link all patients to care who are interested in OUD treatment post-discharge. The adolescent population presents a unique challenge. All patients are provided harm reduction education and resources.

Where are we headed

Future directions include: 1. Providers becoming addiction certified via practice pathway, 2. Increasing community engagement through a bridge clinic and mobile van, 3. Expansion to patients with all types of SUDs, and 4. Expansion to other hospital sites such as Duke Regional. Additional staffing and funding will be needed for these expansions.

**Open Table Ministries – Drew Woten, Executive Director; Sean Hardy, Assistant Director**

Drew Woten explained that Open Table Ministries is a 501 C3 non-profit. They are located downtown and serve people who are homeless. They just celebrated their 15-year anniversary last year and have been renting out space at Trinity Church for about 8-9 years. There are four main programs they offer: 1) Free Store, 2) office hours, 3) winter emergency shelter, and 4) community case management.

The Free Store is a big weekly outreach event every Tuesday morning from 9:30-11:30 AM. Folks are only asked to come once a month. Unhoused individuals can get coffee, a warm shower through Fresh Start Durham, clothing, shoes, coats, toiletries, and other practical items. Office hours are from 9:00 AM to 1:00 PM on Mondays, Wednesdays, and Fridays. People can walk in and get support including mail services, resources, and help obtaining ID documents.

Open Table has also partnered with the city of Durham to provide overflow shelter during winter emergencies (White Flag Nights) at Yates Baptist Church. The fourth program is called Community Case Management. No matter where people are in their housing journey, Open Table can help.

Sean Hardy explained that homelessness in the Durham community over the past 3-4 years has been growing with no end in sight. Last year, a point in time count showed that there are about 415 people in a night that are homeless. The rule of thumb is that you multiply that by 2-3x and that is the actual number of people who are homeless. They are waiting for the data from January 2025 and expect that the number will be higher and keep getting higher. Right now, due to the uncertainty with what is happening at HUD, some partners are not sure if they will be able to continue providing financial support for housing.

Open Table is trying to help fill the gaps and help with housing. They plan to build a number of pallet shelters, semi-permanent structures that can house individuals both during the day and at night.

This summer, they are also hoping to launch a mobile health van at the Free Store that will connect folks with health care and harm reduction. A lot of clients have health needs, but they have fear about accessing hospitals and clinics like Duke and Lincon Community Health Center. Open Table offering health care in the parking lot can be a pathway to having longer health care treatment.

**Committee Member Updates:**

Timeka Harper reported that Freedom House and Morse Clinics are moving forward with training staff at all Freedom House locations on methadone. They still have to complete the training at three more locations before Freedom House can start accepting residents who take methadone.

Lacie Scofield announced that Keith Collins, one of the CLC Program’s peer support specialists, has left the program. The CLC program is now looking to hire a third peer support specialist to replace Keith and the open position has been posted online.