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**Detox Implementation Committee**  
**Meeting Minutes**  
**Friday, February 24, 2012 at 11:00 AM**  
**Conference Room, Greater Dayton Area Hospital Association**

***Present:***

Bryan Bucklew, Chair, GDAHA  
Linda Bostick, Project C.U.R.E.  
Karina Carlisle, Montgomery County Jail  
Dr. Brien Dyer, CrisisCare  
Christine Ferens, Kettering Behavioral Medicine Center  
Wendy Haynes-Britton, Day-Mont  
Mark Hess, Dayton Police Department  
Tim Kernan, GDAHA  
Jill Marlow, Good Samaritan Hospital  
Scott Newman, Montgomery County Jail  
Kathy Peroutka, Nova Behavioral Health  
William Roberts, Public Health/CADAS  
David Taylor, Adult Probation

The meeting was opened at 10:00 AM by Chair, Bryan Bucklew

**1. Welcome/Introductions**

Bryan Bucklew welcomed all in attendance.

**2. Approval of Minutes**

The minutes from January 27, 2012 were approved as written.

**3. Membership Roster**

- Bryan asked that anyone needing a copy of the updated membership roster be sure and take one.

**4. Project C.U.R.E./Fast Track Program**

Linda Bostick, Medical Services Supervisor from Project C.U.R.E. explained the former Fast Track Program at Project C.U.R.E.

Linda stated that the program ran for approximately two years and is no longer in operation. The program was prioritized for pregnant women and those hospitalized for severe detox. During the running of the former Fast Track Program Project C.U.R.E. was allowed to have the client come in and the agency was able to dose the client based on a doctor's orders from the hospital. Currently Project C.U.R.E. coordinates a doctor's appointment for a pregnant woman a day after she is discharged from the hospital. This is the best currently that C.U.R.E. can do.

Linda went on to say that in the last 10 months this is what Project C.U.R.E. is doing:

- Instituted a process where the client can go to CrisisCare. CrisisCare will then fax Project C.U.R.E. all of the necessary information. The client will go through the screening, financial and nursing processes and then be seen by the doctor the next day.
- Past history--the above mentioned process took two weeks and people would start using again within that time period and in the worst case scenario were dying as a result.
- All clients get to see the doctor
- This streamline process worked for a short period of time but unfortunately Project C.U.R.E. does not have enough physicians or physician time. Presently, appointments are extremely prioritized.
- Out of county patients are accepted into the program only if they have insurance
- Looking at adding another physician to the staff

Project C.U.R.E. is funded through the ADAMHS Board. Linda stated that they have put in place a fee system where the client pays \$2.00 per day and this seems to be going well. Linda added that the client WILL NOT be turned away due to a financial hardship. However, if the client is non-compliant, and begins to use again instead of paying the fee, they will be discharged from the program.

Dr. Dyer asked Linda if it was possible to get the Fast Track Program up and running again and if Linda thought this was a good option. Linda stated that she felt the program worked, however she would like some history on why the program was shut down.

Dr. Dyer added that he believes the program is no longer in operation due to compliance difficulties and possibly some issues with the assessment process.

Linda shared with the committee that Project C.U.R.E. currently has 624 clients. They are structured to treat just opioid addiction with medication (Methadone). Most clients are poly-substance abusers. Those clients who come in will not be turned away because of their poly-substance use.

#### **5. Best Practices Substance Abuse & Mental Health Services**

- Bryan asked if we could pull together best practices currently being used and bring back to the committee.

#### **6. Ambulatory Detox Guidelines (Dayton VA)**

- Bryan stated that he had contacted a representative from the VA to obtain their detox practices and would bring this back to the committee.

#### **7. Medical Detox Team**

- Bryan suggested putting together a matrix to include protocol and a flow chart as to what is happening now with the end goal being the ability to raise a common denominator among the committee and public. If we do not know the details we will know who to contact.
- Jill stated that Kettering uses motivational interviewing. Jill added that we do have good practices within our own community. These practices need to be operational and then modified or enhanced.
- Jill suggested that the committee break out into a sub-group to get down on paper what is currently being done and have this completed before our next meeting.

#### **8. Timeline (How long does it take to navigate a patient through the system)**

- Jill stated that she created a flowchart last September and she offered to update this chart and bring back to the committee.
- David Taylor asked that we make sure we involve all departments/agencies in the creation of a timeline as times and opinions about getting someone into treatment vary.

#### **9. Agenda Items (Past & Future)**

- Obtain guidelines from VA for Ambulatory Detox.
- Flowchart current process and any modifications we can do to improve the current process.

- Bryan, Dr. Dyer, Jill, Christine Tim and Darla will meet at a later date to work on flowcharting (Plan to get flowchart out to committee members two to three weeks before next meeting).
- Note that March's meeting may be lengthy GDAHA will order in lunch.

**NEXT MEETING at the GDAHA Conference Room:**

- Friday, March 23, 2012 10:00- TBD

Minutes Prepared by: Darla Rudolph, Administrative Secretary  
ADAMHS Board for Montgomery County

Minutes Reviewed by: Tim Kernan, Director Health Initiatives  
Greater Dayton Area Hospital Association

Minutes Approved by: Bryan Bucklew, Chair, President & CEO  
Greater Dayton Area Hospital Association