



Detox Implementation Committee
Meeting Minutes
Friday, January 27, 2012 at 1:15 PM
Conference Room 113 Sinclair Community College

Present:

Bryan Bucklew, Chair, GDAHA
Diane Cummins, Samaritan Homeless Clinic
Dr. Brien Dyer, CrisisCare
Christine Ferens, Kettering Behavioral Medicine Center
Sarah Glenn, RCI/WRC
John Goris, Nova Behavioral Health
Wendy Haynes-Britton, Day-Mont
Mark Hess, Dayton Police Department
Melissa Jones, WSU/CAM
Tim Kernan, GDAHA
Jill Marlow, Good Samaritan Hospital
David Taylor, Adult Probation

The meeting was opened at 1:15 PM by Chair, Bryan Bucklew

1. Welcome/Introductions

Bryan Bucklew welcomed all in attendance, and all members present introduced themselves and stated why they wanted to be involved with the Detox Implementation Committee.

Bryan Bucklew noted the list of Detox Recommendations and asked if anyone had questions about acronyms to please ask for clarification.

2. Membership Roster

Tim Kernan asked that everyone present please review the membership roster located in their packets and advise Darla Rudolph of any changes.

3. Review of Subcommittee Recommendations

- Dr. Brien Dyer stated that he was involved with the original Alcohol & Drug Abuse Task Force Detox Subcommittee. The current Recommendations for the Detox Implementation Committee came from this work.

- Dr. Dyer clarified the meaning of detoxification. (Page 4 Appendix N 333)
- Dr. Dyer covered the following Different Types of Detox Services & Target Populations:
 - ❖ Develop a single site for detox services potentially with 24/7 access. Dr. Dyer stated that the subcommittee decided against this item due to financial constraints.
 - ❖ Medically Supervised/Inpatient Detox (Page 5 Appendix N 334)
 - ❖ Ambulatory/Outpatient Detox (Page 5 Appendix N 334)
 - ❖ Variety of Entry Points (Page 5 Appendix N 334)
- Bryan requested that the link to Appendix N be sent out to all committee members and that the committee focuses on the recommendations assigned to the committee at this time.
- Dr. Dyer stated that he felt **Recommendation #1** was most important: "Adopt consistent detox protocol across the systems" (Appendix N, pg. 340).
 - ❖ Jill Marlow stated that ER doctors would welcome this.
 - ❖ Sarah Glenn stated that Women's Recovery Center located in Greene County has a doctor who distributes Suboxone and works with the women (Greene Co. residents only) to dose and then sends them onto another doctor who tapers down the dose.
- **Recommendation #2** "Follow best practices for detox services established by the Substance Abuse and Mental Health Services Administration in the Treatment Improvement Protocol 45" (Appendix N, pg. 41)
 - ❖ Discussion Items included pregnant women and the distribution of methadone. It was agreed upon by the committee to invite a representative from Project C.U.R.E. to serve on the committee.
- **Recommendation #3** "Train all non-medical staff in Clinical Institute Withdrawal Assessment for Alcohol (CIWA-A) and Clinical Institute Narcotics Assessment (CINA)" (Appendix N, pg. 341)
- **Recommendation #4** "Transfer all eligible persons to the Dayton Veterans Administration for detox services" (Appendix N, pg. 341)
 - ❖ All present were in agreement with this recommendation.
- **Recommendation #5** "Implement ambulatory Detox guidelines established by the Dayton Veterans Administration at the hospitals" (Appendix N, pg. 341)

- ❖ Discussion item included that some VA patients are not willing/wanting to go to the VA for treatment.
- ❖ Bryan stated that he would contact the new Executive Director at the VA and ask if someone from the VA would join the committee.
- **Recommendation #6** "Conduct a community campaign to educate the public on the proper use of the Emergency Departments" (Appendix N, pgs 341-342)
 - ❖ Dr. Dyer stated that this might be a good idea in theory, but uncertain as to how well it would work.
 - ❖ Mark Hess stated that we need to do what we can to educate the public but this is not an easy fix.
 - ❖ Bryan stated that a lot of community hospitals assess those non-urgent cases and send to FQHC. Bryan added that he is uncertain where the funds would come from to conduct a community campaign.
- **Recommendation #7** "Establish a Medical Detox Team at each of the hospitals" (Appendix N, pg. 342)
 - ❖ Bryan asked Jill if she could get a team together at Good Samaritan Hospital and also asked if Christine Ferens could get information to Jill as to what processes they use at KBMC.
 - ❖ Dr. Dyer suggested that it would be helpful to know what both the hospitals and treatment agencies can and cannot do.
 - ❖ Diane Cummins stated that Detox and Treatment are often confused.
 - ❖ Christine Ferens stated that KBMC offers Motivation Interviewing Training to their staff
- **Recommendation #8** "Allow patients assessed by a Medical Detox Team to bypass CrisisCare and obtain a bed-to-bed transfer" (Appendix N, pg. 342)
 - ❖ John Goris stated that he felt this was ideal as most beds are already paid for. Nova currently has openings. Bryan added that we need to become more transparent with this information and let this be known to area hospitals. We need to do what is best for the patient.
 - ❖ David Taylor stated that "we have made the system more complicated."

- ❖ Bryan asked the committee members if it would be helpful to do a timeline. David stated that yes it would to find out from the agencies as well as the probation officers how long it takes to get a patient into treatment.
 - ❖ Christine Ferens stated that not only should Medicare/Medicaid patients be looked at but include the privately insured patients as well.
- **Recommendation #9** "Develop community Sobering Centers for individuals in need of a safe place to Detox (Appendix N, pg. 342)
- ❖ Diane Cummins stated that homeless clients who are intoxicated are turned away from the clinic.
 - ❖ David Taylor asked if funds were available would the Sobering Centers be ideal.
 - ❖ Jill Marlow stated that most patients that Good Samaritan sees are not in any stage of change and inpatient readmissions are high. Dollars could be saved if there were Sobering Centers for patients to access.
 - ❖ Wendy Haynes-Britton reminded the committee that recovery is a process and that there will be recidivism.
- **Recommendation #10** "Develop a Detox Triage Hotline at CrisisCare"
- ❖ Dr. Dyer stated that we do this but is it a consistent process.
 - ❖ Christine suggested that perhaps there could be one number assigned that the public could call with any questions about detox.
- **Recommendation #11** "Reinstitute the Fast Track program at Project C.U.R.E. (Appendix N, pg. 344)
- ❖ Discussion ensued around this item and it was decided that someone from Project C.U.R.E. be invited to join the committee.

4. Action Items

- Send out link to all committee members to access the full report as well as Appendix N.
- Bryan will contact Executive Director at the VA to ask for a representative to be assigned to the committee.
- Bryan will get with Christine about detox team at KBMC.
- Create a Matrix
- Examine the different protocols of detox

- Examine cost of detox beds
- Research training on detox protocols
- Invite a representative from Project C.U.R.E. to join the committee
- Invite a representative from the Montgomery County Jail to join the committee

5. Adjournment

There being no further business the meeting was adjourned at 2:30 PM

NEXT MEETING at the ADAMHS Board Conference Room:

- Friday, February 17, 2012 10:00-11:30 AM

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