



## **Criminal Justice Advisory Committee Minutes** **Tuesday, March 28, 2023**

**Members Present:** Dr. Angeloe Burch Sr., Ben Haas, Ryan Smith, Lao Rubert, Eric Johnson, Robbie Breitweiser, Irene Lawrence, Michael O’Foghludha, Walter Tate, Kelly Inman, Melinda King, Jesse Battle, Syretta Hill, Elaine O’Neal, Dawn Baxton, Nida Allam

**Staff:** Gudrun Parmer, Roshanna Parker, Marc Strange, Kelley Waggy, Katie Conyers

**Guest:** Irene Lawrence, Ella Hargrove

### **Welcome and Introductions**

Chair Ben Haas called the meeting to order and welcomed attendees. Ben asked that all in attendance take a moment to introduce themselves.

### **Approval of Minutes**

Ben Haas asked the minutes were reviewed and approved unanimously.

### **Remembering Omar Taylor**

Ben Haas asked that all present take time to remember Omar and the committee held a moment of silence in honor of Omar. Roshanna Parker shared that a resolution is being submitted to the BOCC to honor Omar Taylor and all of the work he has done in Durham.

### **Report from Durham Counties Safety Department**

Ryan Smith explained that there are four different pilot programs; Community Response teams (CRT), Crisis Call Diversion (CCD), CO-Response Teams (COR), Care Navigation Teams (CN).

CRT- CRT is an unarmed response team made up of a Licensed clinical Social Worker, Peer Support Specialist and a EMT. This team is dispatched via 911 to applicable calls. There have been 1649 responses, 9.0 avg minutes to scene, 31.6 avg minutes on the scene, 40.7 ag total minutes. The top call types are Trespass or Unwanted, Heart Assist, Mental Health Crisis, Non Urgent Welfare Check, Urgent Welfare Check. CRT operates 7 days a week in a limited area of Durham. This is limited to 12 police beats or 1/3 of the city. The other 2/3 receive the traditional police response.

CCD- CCD embeds a licensed clinical social worker into the 911 call center. That person works in tandem with dispatchers to triage and access calls as they come in. This clinician can then make determinations about types of responses that are most appropriate. There have been 1684 CCD Responses, 0.1 avg minutes to connect, 8.5 avg minutes on call, 8.6 avg total minutes. The top call types are Heart follow-up, crisis call diversion, mental health crisis, suicide threat and crisis with violent Subject.

COR- COR started September 26, 2022, and places a clinician in the Safety Department paired with a Crisis Intervention Officer (CIT). At inception these individuals arrived separately but now they arrive together as a paired team or a Co-Response Team. These individuals go to elevated weapons/violence calls. There have been 753 COR Responses, 10.7 avg minutes to scene, 43.8 avg minutes on scene, 54.5 avg. total minutes. Top call types are Disturbances, Heart Follow-up, Domestic Violence, Harassment or Threats, Involuntary Commitment. COR operates Monday-Friday 8am-6pm.

CN- CN is follow-up after crisis and with the goal of no more than 48hrs post response with a focus on referring to appropriate care.

Ryan provided a brief walkthrough of their site and the type of information that can be reviewed under each tab. It was shared that while you can not drill down you can see an intensive overview of data. For those who wish to dive in further visit [www.durhamnc.gov/heart-data](http://www.durhamnc.gov/heart-data)

The anticipation is that overtime and with further training data will continue to improve and give a much more in-depth look at the needs of Durham. An additional dash-board feature will be a comparison of call types that were with in the service area and without. This will provide data quantifying efficacy and will help to put the work done in perspective.

Dr. Burch asked what happens when an individual falls through the cracks and what is in place to help these individuals navigate the system. Ryan shared that for their team is in the early stages of working with CJRC and neighbors who have moved through the jail multiple times. Ryan's team will go into the jail and work on connecting these individuals with the services and providers they need.

Ryan asked that members save the date for Wednesday April 18 to participate in a free viewing of the documentary that RTI has put together. Information will be sent via email after the meeting.

### **Name Change for CJRC**

Roshanna Parker shared that the proposal to change the name of the Criminal Justice Resource Center to Justice Services Department was put before the BOCC and Approved on March 26, 2023. This change will go into effect July 1, 2023.

### **Process for County Opioid Settlement Funding**

Gudrun Parmer shared a quick overview of the counties NC Opioid Settlement. Durham County will receive \$11, 591, 700 over an 18-year payment cycle. This money will come to North Carolina to then be distributed to Counties and a small portion of selected cities. The County must decide between the following options:

- A. One or more strategies from a shorter list of evidence-based, high-impact strategies to address the epidemic. The strategies are as follows:
  - 1. Collaborative strategic planning
  - 2. Evidence based addiction treatment
  - 3. Recovery support
  - 4. Housing

5. Employment
6. Early intervention
7. Naloxone
8. Post-overdose response
9. Syringe service programs
10. Legal system diversion
11. Addiction treatment for incarcerated persons
12. Reentry programs

B. One or more strategies from a longer list of strategies after engaging in a collaborative planning process.

The Board approved the Memorandum of Agreement Resolution, created a special revenue fund, and compiled an inventory of existing efforts. Additionally, the Board invited and collected Community Input via a dedicated webpage, online surveys, and Community Input sessions. The Surveys were gathered from 12/07/2022-01/31/2023 and from these the highest priority areas were determined:

**Highest Priority**

1. Evidence Based Addiction treatment
2. Early Intervention
3. Strategic Planning
4. Recovery Housing
5. Recovery Support Services

**Highest Overall Votes**

1. Evidence Based Addiction Treatment
2. Recovery support services
3. Recovery housing
4. Employment services
5. Early intervention

This survey also addressed what is missing (Family support, Early Intervention, Evaluation/monitoring) and Who is most impacted (low-income areas, all areas, communities of color).

The Board held a Community Input Session with a group of diverse Stakeholder and 68 Attendees, this session was an astounding success, and the following strategies received the highest votes:

1. Evidence-Based Addiction Treatment
2. Evidence-Based Recovery Support Services
3. Recovery Support Housing

Gudrun shared that the next steps are to take this information to the BOCC for them to Decide on Option A or Option B, Prioritize Funding and Authorize Spending.

**Local Reentry Council**

Roshanna Parker shared that the LRC held an onsite Resource fair in February that was extremely successful. The LRC has also submitted their application for continuation of funding to the State, the current award runs through June 30, 2023, and they are anticipating the award prior to this date.

The LRC has received 55 referrals, completed 28 intakes, CJRC's employment program is up and running and has enrolled 7 clients. Roshanna shared that the LRC is excited to kick off Second Chance Month and that they would be attending the Reentry conference in Charlotte, Nc. The LRC is also holding a bookbag drive to be able to provide individuals the means to carry their belongings. Roshanna shared that she would be emailing this information out to the Board.

### **Member Appointments**

Ben Haas made a Motion that the following individuals be appointed to their corresponding positions as CJAC members:

- Mental Health or Substance Abuse Provider- Jesse Battle
- Individual Formerly Criminal-Justice Involved- Chuck Manning
- Housing Provider- David Crispell (Jubilee Home)

The Board voted to approve unanimously.

Meeting Adjourned 5:22pm

May 30  
July 25  
September 26  
November 28