

**Criminal Justice Advisory Committee Minutes Tuesday, May 25, 2021**

**Members Present**: Ben Rose, Deborah Williams, Lao Rubert, Walter Tate, Eric Johnson, Dawn Baxton, Gudrun Parmer, Michael O’Foghludha, Melinda King, Syretta Hill, Tom Cote, Joseph Laizure, Jodi Miller, Rod Jenkins, Omar Taylor, Jessie Battle, Nida Allam, Satana Deberry, Ben Haas, Celeste Kelly, Pierce Freelon

**Members Excused:**

**Members Absent:** Shamieka Rhinehardt, Amelia Davis

**Guests**: Ryan Smith, Brian Aagaard, Katie Mallette, Carlyle Johnson, Elijah Bazemore, Helen Tripp, Lindsey Bickers-Bock

**Staff:** Roshanna Parker, Demetrius Lynn, Marc Strange, Beth Steenberg, Christie Long

**Welcome and Introductions**

The meeting was called to order at 4:00 pm; CJAC Chair Lao Rubert welcomed everyone and asked those present to introduce themselves.

**Review and Approve March Minutes**

Chair Lao Rubert asked the committee to review the minutes. Gudrun noted a correction, Dawn Baxton was listed as absent and should be listed as excused. Correction Noted. Ben Rose made a motion to approve minutes, Satana Deberry seconded, and the minutes were approved.

**Durham Opioid Intervention Effort**

Katie Mallette with Durham Public Health shared that Durham County has formed a task force called “Durham Joins Together to Save Lives,” or DJT. Their mission is to “eliminate and prevent substance misuse through education, peer support, and treatment.” DJT has set several goals and formed the following committees: Mental Health and Treatment, Prevention and Education, Data and Policy.

Katie shared that Public Health formed an Opioid Response Committee. This committee responds to the opioid crisis in Durham County by securing funding, training needs, and program promotion. Public Health facilitates Naloxone kit distribution, Safe Syringe Program, Disposal Drop Boxes, and Community Linkages to Care.

Katie shared that the Naloxone kits are available via the DCoDPH Pharmacy, Health Ed Outreach, and DCoDPH Clinic Providers. In 2018 they switched over to nasal kits, which lead to a significant jump in kits being distributed. In 2020 they started providing kits to Durham County EMS and Sheriff Deputies. The Safe Syringe Program (SSP) offers syringe kits anonymously, and there is no limit. Durham County kits come with Naloxone and Fentanyl testing strips to prevent overdosing. For FY 20-21, they are on track to distribute more than they have in the past. Durham County has two different Drop Boxes. The Medication DropBox and the Syringe Disposal Box are in the HHS lobby. Community Linkages to Care is a Peer Support Program. This program is supported by a grant awarded to Public Health in December 2019. This program aims to connect Durham County residents to treatment and support for substance use and reduce the strain on local hospitals. Katie noted that the PowerPoint would be shared with the Criminal Justice Advisory Committee.

Major Bazemore shared that the Durham County Sheriff’s Office houses the Sheriff’s Medication Assisted Reclamation & Treatment Program (SMART). Major Bazemore stated that the concept behind this program comes from the requirement that they provide treatment for individuals in detention who have an opioid use disorder. They developed a 2-phase approach; phase 1 treats individuals with an opioid use disorder already being treated in the community and is funded by Durham County Public Health. In July, DCSO anticipates starting inductions in the detention facility. Major Bazemore shared that one of the significant challenges to implementing the program is permanent funding. They have been awarded a BJA Grant, funds from DCo Public Health, and a grant secured through Alliance Health, allowing SMART to bring in a clinician and an internal peer support position. Major Bazemore stated that by making Medication-Assisted Treatment a Standard of Care, we increase the opportunity to improve community outcomes.

Carlyle Johnson shared that Alliance Health manages the behavioral health system for Medicaid and the uninsured for Cumberland, Durham, Johnston, and Wake Counties. Carlyle shared that he has been heading up the Opioid Crisis initiatives for Alliance for the last four years. Carlyle shared that we are at a major turning point in the treatment of Opioid Use Disorders and that Durham County is on the frontline of the paradigm shift. Alliance views Opioid Use Disorder as a multi-faceted effort, and community connection is a necessity. They also recognize that the system can be complicated to navigate. As a result, they are working on changes in policy, practice, and more evidence-based approaches to making it easier to get from one point to the next. Alliance has been expanding access to treatment through federal grants they received. Alliance also works with the DRRC to connect people from ED visits to aftercare via opioid treatment programs, office-based opioid treatment, and hospitalist at Duke. Alliance also recognizes that an additional gap in housing and working within the community meets these needs.

Helen Tripp shared that Community Paramedics has been working with DJT since 2018. Community Paramedics provides Naloxone kits during their follow-ups and works to provide individuals with the resources they need around the county. Helen shared that they have partnered with a peer support specialist because of the Community Linkages of Care grant. EMS reports an average of 41 overdoses per month. In December, January, and February, these numbers were high, but the numbers decreased by March. Community Paramedics have contacted about 13 individuals who had overdosed a month, averaging eight visits a month thanks to the Peer Navigator. Helen shared that they have formed good relationships with the community, allowing them to help with Durham County’s opioid crisis.

**City of Durham Community Safety Department**

Ryan Smith shared that a 911 call for service project was initiated in August of 2020. This program is a partnership with RTI, Raleigh, Cary, Burlington, Greensboro, Winston Salem, and Rock Hill, South Carolina. The first 2 phases of the project included analyzing data and looking at examples across the country to provide models for an alternative response.

Brian Aagaard with RTI stated that the aim of the first two phases is about creating a foundation of data-driven response to alternative strategies. The first step was collecting, organizing, and analyzing nearly one million calls for service to understand the resident demand for service and how that changes over time with a specific interest in call closure. Phase 2 involved scanning the scientific literature, noting where the literature was lacking, and checking the field of practice to create a set of options for the cities to review as they analyze their data. Brian shared that initiatives are so new that there is no strong evidence based on their efficacy in many cases. Rapid evaluation of pilots must take place to determine which ones are working and giving the outcomes needed.

Ryan shared that RTI’s work is now funded in part by a grant received from Arnold Ventures that will support their ongoing evaluation and technical assistance through April 2022. Ryan shared that City Manager Page released her budget, and one of the priorities is to create a new Community Safety Department. Currently, the flow chart calls for staffing the department with 15 people with seven responsible for alternative-response pilots. More clarity on the department and staffing will be forthcoming as they move into the next fiscal year. At this time, there are six areas of focus: fully leverage the remote response, think about ways to expand the use of the remote-response (nurse practitioner and remote clinicians), accurate notation of 911 calls that have mental health or behavioral need, and proper tracking of this information, exploring alternate response models for traffic calls, alternative to alarm calls and false alarm calls, as well as thinking about models like COHOOTS as alternative response models for mental and behavioral health calls. Ryan stressed that there is a lot of work ahead to facilitate these efforts in the months to come and a need for collaboration amongst stakeholders and committee members.

**Local Reentry Council (LRC) Update**

Demetrious Lynn shared that the LRC had 21 referrals, 12 intakes, ten successful employments, and six individuals housed in April. More referrals are now received from individuals soon to be released since the LRC sends letters and referral forms to them in hopes that the case managers complete these and return them. The LRC can meet virtually with individuals before release.

**Member Updates**

Celeste Kelly shared that the Covid Hotel Pilot started September 5, 2020, and is set to end May 30, 2021. The pilot housed post-release individuals exposed to Covid released to the hotel for quarantine up to 14 days to prevent the spread. Individuals were assisted with home plans and resources in the community, medical care, etc. They had several specialized teams to monitor these individuals. Celeste shared that this was a very successful pilot that served 558 individuals.

Rod Jenkins added that vaccines were provided by request onsite at the hotel and appreciated the collaboration. Rod also reminded the committee the while Durham County is at its lowest COVID percentage since the pandemic started, they are still working to vaccinate the whole of Durham. The vaccines are administered at Durham Public Health 9 am-4 pm daily.

Gudrun Parmer shared that CJRC is opening its doors on June 1, 2021, to clients and walk-ins. Classes will resume in the coming weeks.

**Meeting Dates for 2021:**

 **July 27, 2021**

**September 28, 2021**

**November 30, 2021**

**\*Meeting Adjourned at 5:28 pm**