



March 13, 2023

**Minutes**

**Attendees**: Douglas Beckett, **Durham Police Department;** Abena Bediako, **Community Safety Department;** Michele Easter, **Duke Psychiatry;** Kelli Egnaczak, **Criminal Justice Resource Center**; Delany Garrett, **Public Defender Office**; Wendy Jacobs, **Durham Board of County Commissioners**; Eric Johnson, **Alliance** **Health**; Joseph King, **Durham Police Department**; Leigh Mazur, **Community Safety Department**; Roshanna Parker, **Criminal Justice Resource Center;** Gudrun Parmer, **Criminal Justice Resource Center**; Alan Pitstick, **Department of Community Corrections**; Lao Rubert, **Criminal Justice Advisory Committee/Local Reentry Council**; Renee Shaw, **Criminal Justice Resource Center**; Mike Sistrom, **Criminal Legal System Task Force**; Ryan Smith, **Community Safety Department;** Helen Tripp, **Durham County EMS**; Tonya VanDeinse, **UNC School of Social Work**;

Agenda

* **HEART**- Patterns, Trends and Gaps:
  + Ryan reported that HEART is not citywide. An example on mental health crisis calls is coded by 911 as a mental health crisis. There is law enforcement response without HEART. About 25% of those mental health crisis calls are going to the hospital compared to about 9% when it's, HEART on the scene. Ryan reported that in his conversation with Chief Andrews, they hypothesize that when law enforcement meets with someone who appears to be in a mental health crisis, transporting to the hospital is by default. The safest, most appropriate is when you have mental health clinicians on scene who can make additional assessments and have confidence about other places that are appropriate or more appropriate. This could be one of the things that's driving the differences in transportation rates.
  + HEART is also working with CJRC staff with familiar neighbors. These are neighbors who have been identified primarily by downtown businesses who have called multiple times to DPD for second degree trespass, and they have been in and out of our jail 20 or more times over the last six months. HEART is working with jail mental health to learn more about those neighbors and their follow up care. A clinician and peer support staff from HEART go into the jail to meet with these neighbors when they are detained to begin building rapport and prepare for their release. We want to see if this additional connection can lead up to some longer-term care management with CJRC which can help reduce the amount of repeat connection with law enforcement that is seen for these neighbors. One of the gaps that is seen with these neighbors is the need for more permanent supportive housing. We need transitional housing of a few days to a week, to a few months, to longer than three months to permanent supportive housing or transitional housing that might be in the span between three months to a year. Housing that someone might eventually move out of and into permanent supportive housing with a lot of strong on site or integrated care and support.
  + The following questions were asked:
  + How soon are you able to be alerted and get access to the familiar neighbors? HEART has developed a strong relationship with Sergeant Antoinette Page, Kelli and others who are working in the Mental Health Pod. They usually try to notify them as soon as they are aware. They have identified this list of nine or ten neighbors that they are focused on in this initial mini pilot of building a strong partnership between the jail and HEART. HEART has not been able to get into the jail recently because of some COVID issues. The goal is to go to the jail weekly to meet with any neighbors who are there. If jail staffs are aware that a neighbor is about to be released, they try to connect with that person and transport them to places that they would like to go while trying to continue to build that rapport. They have provided cell phones to this group of neighbors and other services. The neighbors will stop by their office at City Hall.
  + As part of that screening can HEART make it known to a magistrate that might influence their decision on whether they keep the person there or that they realize there is a better place than staying in the jail? Ryan reported that for some of the neighbors who are in mental health crisis, the frustrating thing is he does not think we have a better place for them to be and that's a problem.
  + Will HEART be able to quantify cost savings at some point? Commissioner Jacobs reported that investment in programs like HEART can result into redistributing the costs of having people sit in the jail or in the ED. Funds can go towards things like permanent supportive housing, transitional housing or services. It is a good idea that HEART, county programs and CJRC are collaborating, and this should be presented either to the board of County Commissioners or to joint City/County meeting because we are creating this integrated system on our own which is important for elected officials to understand. Commissioner Jacobs also reported that she spoke with the Sheriff about expanding the HEART program countywide. The sheriff was very supportive of the idea of expanding to unincorporated areas. Ryan reported that he can look at all the eligible calls that has occurred since the program launched across the City of Durham and when they happened. Some of the data mentioned is not publicly available yet. The comparison of transportation data and comparison of arrest data will be coming. You can see a lot of data already on the City of Durham dashboard, including calls that they can't get to citywide yet. Commissioner Jacob also reported that during the county budget retreat she spoke with the county manager to give consideration in the upcoming budget to think about how we interrupt the crisis cycle for individuals with severe mental illness.
  + Lao Rubert reported that we may be making people with mental health issues worse, especially with COVID requiring such restrictions in the jail. How would you quantify that? Gudrun reported that the best solution would be if individuals did not go the detention center in the first place. The only options are RI and outpatient and there are other reasons they are taken to the detention center. Those reasons still exist and until we have some robust diversion options to something. Delaney Garrett reported that this is a lot of frustrations that the judges have. They don't have anywhere to send somebody. They are not rising to the level of being able to be committed and probably shouldn't or don't need to be committed. Mike Sistrom reported that they are already on the list and they're getting added to the list of the task force the Criminal Legal System Roundtable of proposals that they are going to present, how to expand prearrest diversion, post arrest diversion and collaborating with everyone to make those proposals while taking into account all of the issues. Gudrun reported that this does not happen overnight we will have to prioritize and think about what other options are there. Ryan reported that something that they have been looking into as related to involuntary commitments, infield first examinations. Ryan reported that he ask Dr. Kincaid of Duke, what percent of involuntary commitments that come through the lay petition process end up not meeting the criteria. the first exam and then are released. He estimated somewhere between 30% to 40%. The hope is if they begin a process where their team, if it's a late petition, can conduct an infield first exam. There may be some individuals who do not meet the criteria that they can avoid an unnecessary transportation to the hospital and there may be other more appropriate outpatient or other resources to address those needs. Kelli Egnaczak reported that they IVC about two or three people a month in the jail that they are unable to manage, and they feel need a higher level of care. However, 90% of the time the clients are out the ED the next day and back on the street. Kelli reported that Dr. Knaudt has discussed this issue with Duke to try to resolve. IVC is used as a last resort by the jail because it is known they're going to be out within 24 hours and back in the jail. Delaney reported that judges know that too.
  + Michele Easter asked if there a higher level of engagement that could happen with Duke about IVC and also, funding for programs such as case management and peer support that would really help Duke. Gudrun reported that Dr. Knaudt has tried as the Medical Director for the detention center and if she cannot make the case for some of the reasons, she is not sure who can make the case. Michele suggested reaching out to one of Nicole's contacts, who might be in a better position for this. Ryan suggested having a meeting to better understand what’s happening there and think about opportunities for collaboration with the head of Duke Regional. Commissioner Jacobs reported that she has personally been in some conversations with people and Duke leadership about trying to come together to discuss collaborating and she will keep working on it. She thinks collaborating with Duke Regional is a great idea but it's going to take data, information and commitment to get the kind of change that Michele is talking about and is needed.
  + Lao reported that a meeting was held with Brian Kincaid and one of the things that he said was sometimes they were releasing people quickly because they had no insurance. Since there may be a realistic hope of Medicaid expansion, is it too soon to begin to have some committees that begin thinking about from the perspective of justice involved people how Medicaid expansion might be able to help some of these questions we are discussing? Nicole reported that last week they got the cost data from Duke Health and her team is beginning to clean the data and analyze it. We soon may be able to say things like on average, how much familiar face costs.
* **Durham County EMS Community Paramedic Grant Update-** Helen reported that EMS have two grants. One is Harm reduction grant and the other one is the EMS Bridge MAT Grant. They are moving along and starting to feel like they are making some progress now. Helen reported that they are having their first training of the paramedics who have volunteered and will be providing field induction, if the person agrees. The second training will be on April 4th. The only thing that will delay this depends on whether they get their medication in on time or not.

They have a connection with the Police Department but waiting for the supplies to come in so that they can provide them with Narcan kits and working on contracts with NC harm reduction to assist with the training. The program manager has been identified and the contract for that is in finance. Helen reported that she should have some data hopefully in the next few months to share. The following questions were asked:

* + Is EMS working with a with an organization or will they use a staffing agency? They are using a staffing agency for that position.
  + Commissioner Jacobs asked how many paramedics have volunteered to do this training? 17 paramedics have stepped up. They had 18, but one has had to step aside for some family issues. Does the harm reduction involve the Durham Police Department with the Narcan kits? The Police Department current chief has been very proactive about wanting Narcan in the hands of her officers. Harm reduction is going to be supplying about 150 to 200 kits and EMS are going to be supplying the rest. The goal is for the patrol officers, to have a kit on hand. They will be working with DPD to ensure everyone's trained on how to recognize an overdose, how to administer the Narcan and other things that they will need to know. DPD will be reporting back to EMS when they use kits and will be helping them to resupply as needed.
  + When EMS connect people to continue MAT are there any concerns about adequate providers for people? Helen reported they have six (6) providers that they can refer to. Their community paramedics will, and they will be hiring an FTE peer support specialist. The peer support specialist position is in HR. That person will be responsible for making those connections to the community providers.
  + Commissioner Jacobs asked do we have any funding support for transportation? Yes, that is part of the grant.
* **NACO Familiar Faces Update**: Commissioner Jacobs and Gudrun went to visit Bexar County Texas and they have an incredible system of care in a much in a very challenging environment. Hospitals, law enforcement agencies and first responders all working together. In Southwest Texas, they have decision makers meeting monthly to coordinate their crisis response system and it's all data-driven, they are using studies and data to guide their decision making. The hospital CEO's are buying into. You must have the people at the top and it's the data that has convinced them not any type of moral arguments. They do have several co-responder teams like HEART and a jail annex where they divert people. Everyone is screening people for mental health and using mental health as number one reason to work together. The campus visit of Haven for Hope was impressive and motivated Commissioner Jacobs personally to come back and try to do something, especially around permanent supportive housing. With the help of Gudrun, Commissioner Jacobs has convened a group who have formed a familiar faces initiative and permanent supportive housing committee. Out of that we are really fortunate to have an opportunity that has come our way, which she will share more at our next meeting but to really try to create a situation where we have a little mini campus and will afford us the opportunity to double the amount of permanent supportive housing. Services will be offered on site and there is also room for expansion.

They also have been working with The North Carolina Association of County Commissioners hoping to raise up this issue at the state level, with our conference in August and getting the state association involved with a template for data sharing that could be available to counties throughout the state. Commissioner Jacobs also reported that her, Gudrun and Helen are working on trying to overcome some of the barriers related to some type of a county wide data sharing agreement. Gudrun and Commissioner Jacobs are headed to Kansas soon to see some of the work that's happening there.

Gudrun reported that Roshanna Parker has submitted a request as part of the 2023/2024 for CJRC budget to fund this familiar faces, data sharing or start this. CJRC has asked for funding to find a contractor who would work with us once we can figure out the data sharing agreement. There has already been a company to reach out about whether they could help us. It would be easier if we had someone who knows what they're doing to help take a first look so we can start making our case to everybody that is needed.

* **Stepping Up Initiative Subcommittees Updates**
  + **Access to Care Subcommittee (Renee Shaw):** We are still looking at the wait list or the barriers for enhanced services like ACTT and CST. We learned that there is not an issue with individuals who have Medicaid, but those who don't. Additional questions will be added to the monthly report.
  + **Peer Support Subcommittee (Renee Shaw):** The peer support subcommittee continues to identify additional providers. Additional questions have been added to include if they have funding to support the individuals specifically and how many hours they provide.
  + **Housing Subcommittee (Lao Ruppert):** The ARPA grant that is funded by the city now has gone through the legal contracting piece and must go through the County which occurs tonight. The ARPA funding is designated for justice involved people and it has an emergency housing component, up to three-month component and a case manager which will be focused on keeping people in their housing.
  + **Mental Health Court Expansion Initiative Update (MHCEI):** Progress continues to be made. Positions are being posted for hiring of the Justice Liaison and the Case Manager. Technical assistance calls with BJA continue to be made. The MHCEI Executive committee continues to resolve issues on the admission criteria. A site visit was conducted last week from the Department of Justice Bureau of Justice Assistance Senior Policy advisor who oversee the justice and mental health collaboration projects and connect to protect. She was given an introduction of Durham and she reported that she learned quite a lot from us. There is hope that she might be able to help us identify additional funding now that she knows what the pieces are that we have here to develop additional projects, partnerships, and resources. It was a good visit.
* **Partner Updates:**
  + **Alliance Health:** It was reported that the Tailored Plan was supposed to go live on April 1. The state moved it back to October 1 and they should be ready to start.
  + **Department of Public Safety:** No new updates
  + **Duke Psychiatry:** No new updates
  + **Durham Police Department:** It was announced that Sgt. Crenshaw is out but should return within a couple of months.
  + **Jail Mental Health:** It was announced that Major Barnes who is over programs will be retiring. He has been with the Sheriff’s Dept for 32 years. March 31, 2023 will be his last day. Major Barnes has attended some of the Stepping Up Committee meetings in the past and will be missed.
  + **Local Re-entry Council (LRC):** The LRC applied for ARPA funding which should be approved on today, March 13, 2023. Once it is approved, they will move forward with posting for the housing case manager.It was announced that a calendar of events is being planned for Re-Entry Month or Second Chance Month which is in April. The calendar of events will be shared once complete. LRC is hoping to do a resource fair during the month of April, since it is Second Chance month. The goal is to plan one to two events per week during the entire month of April to recognize individuals that have done well and to also share additional resources through the LRC and CJRC. LRC staff will be attending the statewide reentry conference in Charlotte April 3rd through the 5th.