



September 11, 2023

**Minutes**

**Attendees**: Nathania Allen, **RI International;** Abena Bediako, **City of Durham Safety and Wellness;** Michele Easter, **Duke Psychiatry;** Kelli Egnaczak, **Justice Services Department**; Harlan Crenshaw, **Durham Police Department;** Brianna Garrett, **Intern Justice Services Department;** Brenda Howerton, **County Commissioner;** Wendy Jacobs, **County Commissioner;** Eric Johnson, **Alliance Health;** Malik Kennedy, **Justice Services Department;** Joseph King, **Durham Police Department;** David Labarre, **Durham County Sheriff;** Leigh Mazur, **HEART**; Erin Lewis, **B &D Integrated Health Services**; Megan Moore, **Wilson Center for Science and Justice at Duke Law**; Roshanna Parker, **Justice Services Department;** Alan Pitstick, **Department of Community Corrections**; Lao Rubert, **Justice Services Department Committee/Local Reentry Council**; Tremaine Sawyer, **Justice Services Department**; Nicole Schramm-Sapyta,**Duke Institute for Brain Science;**  Renee Shaw, **Justice Services Department**; Mike Sistrom, **Criminal Legal System Task Force**; Ryan Smith, **City of Durham Safety and Wellness;** Marc Strange, **Justice Services Department**; Helen Tripp, **Community Paramedics;** Tonya VanDeinse, **UNC School of Social Work**; Judge Doretta Walker, **Durham County, District 14;** Dr. Allison Williams, **B &D Integrated Health Services**

* **Community Behavioral Health Clinic Update** (B&D Integrated Health Services)-Dr. Williams reported that B&D Integrated Health Services has been actively reaching out to various community stakeholders to ensure they are aware that they are providing behavioral health services for the uninsured and as a result they have served approximately 200 individuals. Services provided include outpatient therapy, psychiatric medication management, peer support services, SAIOP, primary care screenings, SOAR trained staff and linkage to other services available in the community. They feel that they have made a real impact on the uninsured. It has been noticed that there is an uptick in the number of individuals that are court mandated and have made a large impact with this group. Individuals are being helped with applying for insurance or reapplying if lost. This is a three-year grant with the first year completed with funding through NC DHHS. The grant has allowed B&D to extend their psychiatric clinic and crisis services which are available 24/7. Typically, it is done telephonically but they can go out to meet the individuals and at times they refer to mobile crisis. Dr. Williams reported that they have a program at WakeMed that they would like to repeat at Duke. Trying to duplicate this service on B&D Integrated Health Services agenda. Duke has invited them in to meet with patients in the emergency department to talk about services and to conduct some harm reduction strategies.

Part of the sustainability plan is to apply to become a Health Center. More than half of their board members are clients, and they help give input as to how they need to shift things so that they can better serve the community. The CCBHCs model requires that they rate acuity at first contact, and if they have an immediate need it is addressed immediately. More urgent needs are one business day and if it is a routine need, they have a 10-days business requirement to connect to services. They can honor the time requirements which is 10 days for most services other than outpatient therapy, everywhere has a general shortage. They have improved in that area and have made significant strides. A large percentage of the individuals that they are serving are uninsured or underinsured and once Medicaid is expanded, they would qualify.

* **EMS Grant Update** (Helen Tripp**)-**EMS received a grant from the state last year to provide medicated assisted treatment which is currently being called medication for opioid use disorder to individuals who call 911 and are treated by EMS. EMS has paramedics who volunteered to get additional training to learn more about opioid use disorder and to be able to administer the MAT in the field. The training is occurring because it is not a medication that is typically used. EMS wanted to make sure that they were completely trained, had a good understanding of what MAT is, how to understand buprenorphine and when to use it. From May 8th to the end of the month there were 53 suspected opioid overdoses and 30 had an MAT medic on the call. Twenty-three were appropriate, but only two were offered. a lot of times when a person is awakened from an opioid overdose, they become combative and belligerent in the back of an ambulance. It is not always easy to manage, so the goal is to make sure they are breathing to support and if they don't wake up, they go to the emergency room. That is one of the reasons you'll see the numbers where there are several that were appropriate, but not quite as many that were offered. There were 6 inductions (2 in June, 3 July and 1 August) in the field, which is amazing for a brand-new program. There are 66 programs in Durham that they are partnering with to refer people for treatment after started in the field. Follow up means that after induction in the field, they will follow up with the individual for up to six more days while giving an additional dose of buprenorphine every day for up to six days and connecting with a provider.

In July there were 11 overdoses which is the highest volume that we have had in Durham since Helen has been tracking data, which was concerning. There is an idea that there was probably a bad batch of something coming in. They didn't know what kind of opioid was used because the only way they can tell in the field is if the patient tells them, there is no way of testing to see what they took. It is suspected that because of the symptoms and the fact that they responded to Narcan, there was an opioid used, Narcan only works on opioids. There is a cause-and-effect relationship there and/or it can also include things like oxycodone, or other opioid substances. They are not seeing as much heroin as they used to but are getting a lot of reports of fentanyl. There are plans to test in the future.

EMS is in the process of hiring a peer support specialist with lived experience to take over doing the referrals and assist with connection to resources and services. Anyone seen by EMS, will be seen within 24 to 72 hours to make sure that they get an Narcan kit, information about recovery to try to get them connected to treatment facilities in the area and now they can offer MAT if they are interested in that as well. There will be an ongoing process for evaluation to make sure that the work being done is working.

Additional work includes getting more Narcan into the community. They have distributed almost 1000 Narcan kits in the Community and are partnering with harm reduction for education. Intranasal Narcan kits are being provided and Narcan kits are placed on the ambulances for crews to hand out for calls and kits were given out at public events. They distributed about 250 fentanyl test strips and provided quite a bit of education year to date to the different communities to include the libraries. The question was asked if they have xylazine strips? Xylazine strips were not included in their grant, and they must make sure that it is ok to buy those under the grant to distribute. Helen reported that the data that she has read about xylazine test strips, is that they are still not considered to be reliable. She is very cautious about putting a product out that they are not sure is going to work the way as intended. In public health, the pharmacy is now giving out free xylazine and they have been doing the fentanyl strips. Commissioner Jacobs reported that at the commissioners work session last week, a presentation and request for funding for more support for harm reduction was provided. Narcan vending machines have been purchased, one for the jail and one for public health. They are working with HEART when they encounter someone who is interested in MAT. The task force considered a proposal from the Crisis Response Roundtable about encouraging the city and county to support Narcan kits to be available for relevant municipal and county employees who might encounter people who need it. Mike Sistrom encourages them to contact and work with Jennifer Carroll, an expert in that field. Helen also reported that they will be attending an event this Thursday at the Justice Services Center. It was reported that the in a national Drug Court training, around the US they are having Narcan parties where they are inviting individuals to their agency, or their community and they will provide education and give out Narcan to those that attend the event.

* **Medicaid Enrollment and Resource Fair**(Megan Moore-Wilson Center for Science and Justice at Duke Law) Megan reported that with Medicaid expansion coming the Wilson Center for Science and Justice is planning a Medicaid rolling event targeting justice involved individuals. It has evolved into more of a resource fair where it can be a one stop shop for multiple kinds of resources and not just Medicaid enrollment. Some of the programs that they are partnering with are the Durham County are the Fit program, public health, harm reduction coalition, and the local reentry council. They are working with legal aid of North Carolina to provide some application assistance to help people enroll and to also to schedule future enrollments for people who might not have their documents in line. The local reentry council is going to help to get people in the right direction if they need a driver’s license or Social Security card, which are major documents that people might not have. There is hope that this will begin early 2024, but they are waiting for more information on the budget passing and what that means for the implementation of expansion before a firm date is set. The committee requested Megan to come back and provide feedback from this event when it occurs. It was also recommended that Megan connect with Durham County DSS since they process all the applications and connect with Lincoln.
* **Housing Case Manger** (Ontario Joyner & Malik Kennedy)- The Housing Case Manager, Malik Kennedy was introduced to the committee. This new position is a part of the funding received through the city, ARPA funding. This is the reentry housing support that came to us from the city and in the form of three categories, short term emergency housing, short term transitional housing and long-term housing support. Commissioner Jacobs reported once Malik becomes acclimated to the position, she would like to know what the available resources in Durham are, what capacity do we have, where are our gaps as it relates to housing. It was announced that the Department of Public Health is updating its Durham County housing options for people with substance use disorders. They are going to use students from Duke to get this done.
* **Subcommittee Updates**
  + **Access to Care**
    - Update on Forensic Community Support Team. Roshanna reported that funding for $494,000.00 was approved by the board for the forensic community support team. We are waiting to see how the funds will be allocated to Alliance Health. She will verify how the funds can be used, if the funds are good to the end of the fiscal year or they can be used until they are gone. The expected capacity of the Forensic Community Support Team is about 50-60 individuals.
    - A brochure was developed to provide education to the community. Renee will send the brochure for everyone to review.
  + **MHC/MHCEI**
    - Joyce Kuhn was hired as the new Justice Liaison. Joyce will have an office in the drug court suite at the courthouse on the sixth floor. She will spend one day a week each in the district attorney’s office and the public defender’s office. The focus of the justice liaison position is to get referrals for MHC and MHCEI.
  + **Peer Support Subcommittee**
    - We continue to work on identifying all the peer support agencies within Durham County, the list is growing.
* **Partner Updates**
  + **Duke Institute for Brain Science-** The Bass Connections team has just started for the fall. Students are getting acquainted with the work that was done over the summer and moving ahead. The big push for the fall will be analyzing cost data from Duke Health to provide some descriptive analysis of how much those with a history of incarceration, serious mental illness and substance use, are costing the duke health system. They will also be conducting focus group interviews and talking to people with lived experiences and asking what is their perception? What could the county do better and what do you think works? It is going to take a while to get all approved for the protection of human subjects in research through the Institutional Review Board.
  + **City of Durham Safety and Wellness (HEART)-** Abena shared that starting the week of October the 23rd HEART will be moving citywide seven days a week.
  + **Criminal Legal System Task Force** Mike Sistrom reported that the task force is winding down. Wednesday the criminal legal system task force will approve final proposals and provide them to the city and county by the end of the week. Some of the proposals include support to the Justice Services Department and their efforts (i.e, specialty courts, expansion of reentry in various categories). There is hope that there will be more community awareness of the task force and everything that goes into it.
  + **Durham Police Department-**Crenshaw reported thateffective October 10th, DPD will be going to a 10-hour schedule with co-response calls, seven days a week (6:00 am to 9:00 pm).
  + **Carver Creek-** Commissioner Jacobs reported that the funding for the Carver Creek campus has been finalized. Now the focus is on the planning for the campus.