

A screenshot of a video game

Description automatically generated with medium confidence

March 11, 2024

**Attendees**: Abena Bediako, **City of Durham Safety and Wellness**; Michele Easter, **Duke Psychiatry**; Cloe Egnaczak, **Justice Services Department;** Kelli Egnaczak, **Justice Services Department;** Abigail Holloway, **Durham County Public Defender Office;** Shentelle Livan, **Yelvertons Enrichment Services**; Roshanna Parker, **Justice Services Department;** Lao Rubert, **Local Reentry Council**; Nicole Schramm-Sapyta, **Duke Institute for Brain Science;**  Renee Shaw, **Justice Services Department**; Ryan Smith, **City of Durham Safety and Wellness;** Mike Sistrom, **Criminal Legal System Task Force**; Marc Strange, **Justice Services Department**; Helen Tripp, **Durham County EMS**; Tonya VanDeinse, **UNC School of Social Work**; Doretta Walker, **Judge;** Leah Whitehead, **City of Durham** **Community Empowerment**

**Minutes**

* Yelvertons Enrichment Services-YES- Shentelle Livan discussed the YES peer support program, which serves Wake, Durham, and Orange Counties. This program specifically aids individuals with an intellectual developmental disability (IDD) or traumatic brain injury (TBI) diagnosed before the age of 22, as well as co-occurring mental health or substance use issues. Unlike traditional peer support, where peer support specialists assist individuals with mental health or substance use issues, YES peer support specialists cater to the IDD/TBI population. The program, funded by the state, offers participants a 90-day period of free support, during which peer support specialists help them set and achieve goals, particularly focusing on social skills, communication, hygiene, housing, food assistance, employment support, and skill/confidence building. Specialists offer up to three hours of one-on-one support weekly, meeting individuals where they feel most comfortable in the community to address their specific needs and facilitate their integration into society. Concerns were raised about the readiness of individuals with higher needs to disconnect from services after the 90-day period. Are there are warm handoffs to ensure continuous support? Ms. Livan acknowledges the importance of rapport-building with this population and emphasizes that warm handoffs to long-term care services are initiated throughout the program, not just at its conclusion. Peer support specialists begin discussing discharge after 60 days to prepare individuals for transition. Livan outlines the referral process, primarily through the program's website, where a dedicated page provides information and referral links, with a 2–3-day turnaround time for contacting referrals. She also explained that the program serves individuals with mild to moderate IDD diagnoses, including those with autism or traumatic brain injury. For those without a formal diagnosis, collaboration with assessment agencies is facilitated through the grant. Additionally, Livan notes that individuals with mental health or substance use disorders, alongside an IDD diagnosis, are not excluded from the program. While typically serving those aged 6 to 55, recent adjustments have expanded eligibility criteria. Ms. Livan explained that services are provided wherever individuals are located, with no necessity for a central office, as most people prefer community-based meetings.
* Familiar Neighbor Pilot **(Ryan Smith)** The Familiar Neighbors pilot, is a subset of the countywide Familiar Faces initiative. This initiative aims to address recurring interactions with individuals across public safety and healthcare systems. The pilot involves working with 20 neighbors over two to three years, focusing on building rapport, understanding individual histories, and creating personalized care plans. The team consists of case managers, peer support specialists, and licensed clinical staff who engage with neighbors repeatedly in the community, with no set endpoint. The goal is to support neighbors while learning about challenges and gaps in services provision. Partnerships with Duke Regional Hospitals and dedicated staff aid in gathering information and supporting the effort. The pilot is set to begin working with neighbors in the community by the end of the month, with updates to follow on progress and insights gained. Roshanna expressed optimism about the collaborative efforts between the city and county departments, emphasizing the importance of sharing data and involving all relevant stakeholders. She highlights the upcoming pilot potential to identify gaps in assisting individuals and praises the initiative's comprehensive approach. Kelli and Lao further discuss the importance of understanding the gaps in existing support systems, particularly for individuals with frequent interactions with the justice and healthcare systems. They stress the significance of continued engagement and building trust, even with individuals who may initially refuse services. Ryan acknowledges the possibility of individuals refusing services and emphasizes the team's commitment to building rapport and trust over time. He underscores the importance of understanding and addressing challenges in the collaborative effort between the city and county.
* Subcommittee/Partner Updates
  + Access to Care **(Renee Shaw)** Brochures from the access to care subcommittee have been distributed. Progress is also noted on the forensic community support team, including discussions on contract expectations and the necessity of justice system training for community mental health providers. Measures have been implemented to prevent misunderstandings about mental health court participation by inmates being screened. A clarifying statement has been made to educate inmates that they are being screened for justice services recovery courts and does not guarantee acceptance. Additionally, efforts are being made to focus on mental health court specific training needs through the mental health court expansion initiative grant. The sequential intercept map will be updated in an upcoming access to care subcommittee meeting and then presented to the entire committee to review and provide feedback.

Nicole discussed preparations for administering a survey to Carver Creek residents as part of the access to supportive services initiative.

Helen shared updates on community paramedics' efforts, including expanded training for administering buprenorphine in the field and staffing changes within the team.

Roshanna highlighted an increase in housing assistance recipients due to ARPA funds. Lao Rubert raised concerns about housing eligibility for justice-involved individuals.

* **Upcoming SUI Meeting Dates for 2024:** 
  + May 13, 2024
  + July 8, 2024
  + September 9, 2024
  + November 11, 2024 (Holiday-Discuss reschedule or cancellation)