



May 13, 2024

**Attendees**: Michele Easter, **Duke Psychiatry**; Cloe Egnaczak, **Justice Services Department**; Kelli Egnaczak, **Justice Services Department;** Wendy Jacobs, **County Commissioner;** Roshanna Parker, **Justice Services Department;** Alan Pitstick, **Department of Community Corrections**; Jasmira Ross, **Recovery International;** Kay Sanford, **Mental Health/Substance Use Disorder Committee;** Tremaine Sawyer, **Justice Services Department**; Nicole Schramm-Sapyta, **Duke Institute for Brain Science;** Lacie Scofileld,**Mental Health/Substance Use Disorder Committee;** Ryan Smith, **City of Durham Safety and Wellness;** Marie Spencer, **Durham County Sheriff Office**; Marc Strange, **Justice Services Department**; Helen Tripp, **Durham County EMS**; Doretta Walker, **Judge;** Leah Whitehead, **City of Durham;** Laylon Williams, **Alliance Health**

**Minutes**

**Housing and Medication for People with Opioid Use Disorder: (Lacie Scofield and Kay Sanford)-**Lacie Scofield introduced the county wide task force called, The Durham Joins Together to Save Lives Task Force. It was started in 2018 by County commissioner Wendy Jacobs and Doctor Wanda Boone, who's the CEO of Try Together for Resilient Youth. The purpose of this group was to bring together all the groups in Durham that are working to address the opioid epidemic and foster collaboration. It started with four committees, but now there are only two that are active, mental health and substance use disorder. Tremaine Sawyer and Lacie Scofield are the chairs of the treatment committee and Doctor Boone is chair of the Prevention Committee. The committee consists of representatives of all the major treatment facilities such as Morse Clinic, New Seasons Treatment Center, Lincoln Community Health Center, Recovery Response Center, Durham County Government (Detention facility, Justice Services Department, Department of Public Health and EMS), and they have invited all the recovery housing agencies that they could find, such as TROSA, Oxford House, Freedom House and etc.

The committee is very interested in the housing issue and how it relates to treatment, Kay Sanford is the chair. The goals of the committee are to develop ideas and actions to address financial and other housing barriers for people with substance use disorders and justice involved. Initially the first activity was trying to provide financial assistance for people seeking housing, which was a big issue, especially deposit and rent. Money was a big barrier for people to enter recovery housing and at the time they had a representative from Alliance Health on the committee. The committee worked with the representative to create a contract between Alliance and Oxford House, and now there is money to assist individuals moving into Oxford House with rent and deposit.

After that issue was addressed, they moved to another very important issue within Durham. There are several housing options and recovery specifically recovery houses for people with substance use disorders that do not allow residents to take Medication Assisted Treatment (MAT) and that includes methadone and buprenorphine containing medications which is a problem for a lot of the agencies. The committee is trying to increase access to these lifesaving medications but when on these medications it is difficult for individuals to find housing. MAT is now the standard of care for people with opioid use disorder. The first way the committee attempted to address the issue was to make a list of all the recovery housing options and homeless shelters in Durham where someone with a substance use disorder could find housing. A master list was made and is on the website of the Durham County Department of Public Health. Each of the agencies were contacted to find out which are restricting MAT. TROSA and the Durham Rescue Mission are obviously some of the biggest and are very adamant about their policy. The committee discussed what can be done as a group and thought that they should just ask for meetings to sit down to talk and find out what are the barriers/reasons and see what could be done. They thought that maybe they could come to an agreement to help them overcome some of the barriers and/or dispel some misinformation. They developed a set of talking points which they turned into a fact sheet and reached out individually to some of the agencies. Not all the agencies have been done but they are working through them. They have scheduled a meeting with just four or five subcommittee members to meet in person so that the agencies feel comfortable meeting and not overwhelmed or pressured to have a conversation with some common ground.

The first group that they talked to was Freedom House, and this was really one of the easier ones because they are on board with the medication message. They reported that there are federal rules and only OTP's can prescribe methadone, so they didn't think they were allowed, but the committee representative from Morse Clinic who is a methadone providers informed them that it is not true because they would not be the provider. They just didn't have the information, so they have decided now they are working toward being able to allow people to take methadone. They need to figure out how it's going to be done for all the Freedom House locations, and that's taking some time to work out the lock boxes, the transportation, but it's going forward. The other three groups they have had a chance to contact are TROSA, Cub Creek and Durham Rescue Mission. They had the greatest success with Cub Creek which has seven houses specifically for people in recovery. They prohibited people from taking medication. The director said she has plans to open an eighth house coming soon and she has been thinking about having that house allow MAT. If she opens that house and it works out well, she might change the rules in some of the other houses. They met with TROSA, there was initial interest from the counseling and program staff. They said that the real reticent is with the peers that run the program. They offered to give their peers training and they did a survey. The committee was informed that after the survey, they received 30 requests for emergency mental health visits from their peers, it was that upsetting. There are people in recovery that are still against medication, it caused them mental health distress and so they are really pushing back. TROSA has decided to pause, and the committee may come back to them in a year, but at this point it's really not worth the time to keep pursuing.

During the conversation with the Durham Rescue Mission, the committee tried many times to get a meeting with them, Julia Gamble was very persistent, and they finally said yes. They just met with them in May and it was a very positive meeting. They are not ready to change yet, but I think some a trust was built and they are willing to talk more. It was left that they will schedule a meeting in four to six months. They also asked for the contact information for Freedom House and Morse clinic if they ever need to refer somebody. They are going to keep contacting some of the other groups on the list.

Because it was in everyone's best interest the committee decided to come up with a fact sheet that identifies and addresses the myths about medication for treating opioid use disorders and provide not only a list of the myths, but refutations of these myths, as well as a set of resources so that after you know we met and went away, these individual agencies could have places to go where all of this is evidence based. The fact sheet starts with an introduction that reinforces the premises, that housing is a vital component to the treatment of substance use disorders. It states categorically that people with a history of substance use disorder, especially those who are taking medication, face stigma. It reminds us that the use of methadone or suboxone is now the medically accepted gold standard for the treatment of opioid use disorder. It introduces the reality that there are federal anti-discrimination laws that make it illegal for most organizations to deny housing to a person who is taking advantage of medication assisted treatment. It concludes on a very positive note that our subcommittee wants to work with the housing agencies to help them avoid these potential class action suits that we know are coming and have been brought in several states already. Agency logos were included to immediately show the diversity of the people who are interested in not only keeping housing as it is, but expanding it for Durham in general and people for who are using MAT. Kay reviewed the myths fact sheet.

The fact sheet explains well that the process of treating opioid use these orders with MAT is a patient centered process like with all chronic illnesses with the collaboration between the patient and the medical provider. While there are some groups that do not welcome people taking MAT Alcohol anonymous and Narcotics Anonymous, have stated that any medication choice is between the patient and the patients Kay reported that at the moment they are putting together a much broader toolkit which will have this in a whole lot more things coming and they just want to make sure that when all of their groups go out, they are all talking from the same set of definitions. The SUI committee was encouraged to use it and if you find anything new, different and exciting, send it to MH/SU Committee. The fact sheet is also online. The question was asked how are we getting the facts sheet out to people? Commissioner Jacobs reported that she is working on a statewide opioid response commission called one more thing and they talk a lot about the stigma and just how it affects everybody, including primary care doctors who are supposed to be providing access to MAT. She feels that there is an opportunity within all of us in our roles now that there is easy access information. The question was asked
what ideas do we have to get this information out? Ryan Smith reported that they would be happy to have it for their responders to distribute where it makes sense and appropriate on calls. He has also thought of other partners to make sure that they are aware of such as neighborhood improvement services and community development. They could be natural partners just to make sure that they are aware, have copies and are prepared to distribute. Kay reported that a presentation was provided to the North Carolina Housing Coalition and to the Second Annual Medication Assisted Treatment Conference at North Carolina Central University last week. She does not believe they have focused on how to widely distribute this throughout the community. When this information was presented at the Durham Joins Together, Wanda Boone very appropriately commented that this is a rather dense academic kind of document and can be appropriate for some but should be made for all. The information is not proprietary and could be changed into community language friendly. Kay reported that they do not have the time or staff to change themselves but would be more than happy to offer these to anyone. It was also recommended to think about getting this information into Lincoln, Jubilee Home, other housing providers and take advantage of the printed version. Lacey and Kay are open to come and present to different outreach groups. The director of Freedom House and Paula Harrington from Oxford House have had the best effect because they are running housing agencies that do allow MAT and in some cases it took them a while to get to that point and so they can really empathize. It was suggested that the committee try to get some of the peers from the groups that don't want MAT to come and talk with the peers at the other housing group? Commissioner Jacob stated it was a good idea, but she was thinking of inviting them to actually come and visit, more like an open house. Something that may feel not as triggering or threatening to the peers being physically, mentally threatened.

Michele Easter reported that if it were her leading this, she would want to say explicitly that you can respect that a person might feel triggered by Medication Assisted Treatment because of their own path and they need to not be around the triggers, at least while they are newly in recovery and at their homes. There are some people who really do choose abstinence and even though it doesn't work for most people, we need to respect that. Michele thinks that people will be turned off if they don't already agree. Kay reported that is one of the areas that they try to address with the members of the team that they send out, don't in any way disrespect the fears and the stigma that come with treating or not treating. This is one of the reasons why they tried to keep membership somewhat limited so that they could talk very honestly amongst themselves. They do not want to give housing agencies the impression that they are wrong but want to help them grow and learn as times are changing.

Lacie reported that she wanted to be clear that they are not asking them to make everyone in the house take medication if there are people that don't want to take medication, it is their choice. They do state in the fact sheet that medication can be taken discreetly. There is no reason why one resident of the house should even know that the other person is taking that medication. There is a misconception that the person taking MAT is going to act high, and if they're taking it in accordance with what the doctor tells them to, they should not be nodding out or acting high, you really shouldn't know. It is important to stress that what they are recommending is that residents be able to work with their medical care providers in the same way if they have a, other kind of illnesses. There are some houses that say no meds period. One of the fears that have been expressed is that by doing this, the agency itself will lose control of who they take into their program. Many of them are also terribly afraid of the behaviors that they have seen in people who are using and are not on medication, so there is a fear that it will be totally disruptive to the peace and tranquility

**Stepping Up Innovator Counties Categories Proposal**

Marc asked the committee to provide feedback of the three ideas presented and explained that we can be in all three categories, but it's about choosing where we think we are the best fit where we are in the process, how we want to go and how we want to approach it. Commissioner Jacobs suggested that we think about which one that we think that we fit into the most or that which is our priority. Roshanna reported that we need to follow up and get more information to bring back or send it out to this group so we can make a better-informed decision about which area we need to target. Marc recommended that all questions be submitted to the national committee at one time.

**Sequential Intercept Map**

Roshanna suggested that we move to the next agenda item since Renee and/or Tonya are not present to discuss the updates and changes. A considerable amount of work has been done to update the sequential intercept map.

**Partner Updates**

**Duke Data Plus**-Nicole reported that the data plus team, new students will be coming in next week and she has a stakeholder report that she is completing final edits. The team finished up this spring. They have been doing a lot on the cost analysis and a meta-analysis of MAT carceral settings that shows a lot of promise, showing that it works basically. Nicole also reported that they have a student who will be completing her thesis next year looking specifically at neighborhood related factors.

There are also some refinements on the analysis of reducing cash bail. On the surface cash bail is a good thing because it lets people free who would have otherwise been penalized just for being in poverty. What they keep seeing is that those with serious mental illness, especially with comorbid drug addiction, are most likely to get rearrested. The cash bail reforms are not helping our sickest population. That is a system wide issue and not just let the person out but to let the person out with the support that they need.

Nicole also reported that they now have three focus groups which is the new direction and is still doing more. Generally, the theme that they are hearing from the people who are recently incarcerated and willing to talk to them is that the programs are good, it is just getting into them and finding out about them. Nicole is finding that to be a really rewarding exercise and really promising for Durham County. Things are being done right, we just got to get enough of it and get people into it. The stakeholder report will be shared with the Stepping Up Initiative Committee and CIT Leadership Committee which is more short term.

The cash bail project will be submitted to an academic journal and the meta-analysis of medication assisted treatment are also both going to academic journals and will also be shared with Stepping Up Initiative Committee and CIT Leadership Committee. The focus group report will go to this committee plus the individuals that want a copy of it who volunteered to speak to them. Commissioner Jacobs asked if the meta-analysis of MAT would be something that could be shared with a statewide group that she is involved with? Nicole reported yes, she would be happy to share it broadly and that they ended up being a small met analysis because they narrowed it to six-month outcomes to prevent duplicating what is already in the literature. You can see the literature at the beginning where there have been a couple of meta-analysis looking at 12-month outcomes.

**Durham County EMS-**Helen reported that they now have buprenorphine on all the ambulances. They are expanding their program so that all medics can administer buprenorphine. Helen reported that sometimes they do run into people who are just as involved, and they are not available to them.

At a recent conference Helen learned to connect with probation departments and make sure that they understood that they are available to do MAT to help their clients get connected with treatment. Helen reported that they are trying to get our information out and realized their MAT may be a little to advanced, it is written more at a provider level. Lisa is in the process of working on a lower level that will be easier to read to get out to more people to let them know what they are doing. She also reported looking at the fact sheet and rewording.

Helen reported that they have one peer support position and are in the process of making an offer for one grant. On the second grant they are trying to get a person hired.

**Mental Health Court**- Cloe reported that there were two graduates for Mental Health Court the last court date. More participants are engaging in groups at JSD and hope to have more graduations to come.

**Alliance Health**-Laylon provided an update regarding CIT. A class was held in April with 24 first responders coming through the training. There is a total of 1331 first responders that have come through the Durham CIT training program.

**Justice Services Department**-Marc reported that JSD was contacted by the Sheriff's Department training academy requesting mental health clinicians to participate in a school shooting training drill that they were conducting. One of JSD clinician engaged in the training by talking with first responders involved in the training about what they need to watch for themselves and their peers, how to take care of themselves and deal with the secondary trauma of being involved in this type of situation. It is JSD hope that this can become an ongoing relationship so that the Sheriff’s Department staff are better equipped to manage incidents and take care of themselves.

**Upcoming Meeting Dates for 2024:**

* July 8, 2024
* September 9, 2024
* November 11, 2024 (Holiday-Discuss rescheduling)