



July 8, 2024

**Attendees**: Daniel Burridge, **UNCG**; Michele Easter, **Duke Psychiatry**; Kelli Egnaczak, **Justice Services Department;** Kenneth Gruber, **UNCG** Wendy Jacobs, **County Commissioner;** Eric Johnson, **Alliance Health;** Antionette Page**, Durham County Sheriff Office;** Roshanna Parker, **Justice Services Department;** Alan Pitstick, **Department of Community Corrections**; Jasmira Ross, **Recovery International;** Tremaine Sawyer, **Justice Services Department**; Nicole Schramm-Sapyta, **Duke Institute for Brain Science;** Marie Spencer, **Durham County Sheriff Office**; Marc Strange, **Justice Services Department**; Tonya VanDeinse, **UNC School of Social Work**; Doretta Walker, **Judge;** Laylon Williams, **Alliance Health**

**Minutes**

**Sequential Intercept Map**

**Tonya VanDeinse** reminded the committed that Durham County has completed the sequential intercept map at least 3 times.There is not a whole lot of guidance on how to keep these updated and integrated into our stepping up initiatives however, Tonya feel that Durham County is doing a good job. We did not do the full process again because we did not need to recreate anything. Our access to Services Subcommittee has been updating the intercepts and then Renee's been presenting to the community for feedback. The meeting today was to get more feedback and talk about plans finalize that and start our action planning. Now identifying gaps would be the goal and then the homework would be to think about gaps and potential action steps in July and August. September’s meeting will be used for action planning. The Intercepts were reviewed to see if anyone has been left out, taking into consideration there is no way we can include everybody. Efforts were made to stick to major categories.

In Intercept 2 the changes were largely justice service related around language and with the detention officers and CIT. Misdemeanor Diversion programming was clarified. Commissioner Jacobs reported that she wanted to ensure that inductions were being reflected in both Intercept 0 and 1. Arrows will be used the same way it is being used for community paramedics that goes back and forth. Induction can be placed in the middle of both intercepts. Commissioner Jacobs reported that Durham County is starting a harm reduction program within Durham County Public Health, this needs to be reflected in Intercept 0. They will be doing things such as distributing items like syringes, and Narcan. It was suggested that the terminology be changed to Crisis Stabilization and Harm Reduction. This would say something that's different which would be the emphasis that we are putting now on harm reduction. Tonya reminded the committee that the titles are from the National Model but could be changed.

The main observations from 2022 were the update of the original process from 2019. In that report some changes were made, a surveying, individual and group meetings. Findings included:

* There is a lot of commitment from community members and leaders.
* There are many behavioral health resources and community supports for people involved in the justice system.
* There is a lot of public investment in programs and interventions, Mental health, Substance Use services and detention, which are largely county funded. Local leaders are committed to addressing challenges and service gaps.

The questions for discussion were do these observations still resonate now two years later? Have we seen any changes in public commitment to this work, either increase and/or decrease? Are there any notable changes in resources aggregately. Members reported that this information continues to resonate. The question was asked if we should include or note the NC 1115 Reentry Wavier that will go into effect in 2025. The reentry waiver would allow provider agencies to start working with individuals 90 days prior to release. Meaning they could bill for services, which is huge. In addition to that, it could allow upon release, medication and or prescriptions. It was also suggested to add Medicaid Expansion.

Durham has most of the evidence-based interventions that the Sequential Intercept map recommends, but capacity is limited. Mostly we had wait lists in 2022 for SAIOP, ACTT and CST, and then people who were uninsured or underinsured had harder time accessing those services. We said that we needed additional service capacity information to better understand the needs and trends over time. The issue is that we do not have a mechanism for tracking capacity, so we really don’t know what the gaps are. The question was asked if there are any notable changes, resources and supports around any of these services that would enhance capacity? Funding was provided to obtain a Forensic Community Support Team. That is a textbook example, we stated there is a gap and identified an entity that can help address that gap. That was a big win from last time, subcommittees do work. Currently the contract for the Forensic Community Support Team remains in progress. Roshanna is working through the red tape and will make sure this is done. That was county dollars, which goes back to public investment. With Medicaid expanding, will attention be needed to whether the capacity that exists will serve the new higher demand? Commissioner Jacobs reported that Lincoln has added a new clinic. There is Lakewood Clinic that did not exist before. That is direct expansion of services and access. One of the key things that the new Lakewood clinic is focusing on is MAT. The cities opioid funding is going directly to Lincoln for Medication Assisted Treatment which is something new. Opioid dollars that the county has now is a new funding source. Community Linkages to Care expanded its staffing so capacity was also expanded. One of the things that we should bring forward to our September conversation is this issue around capacity and what's on the horizon with Medicaid expansion. That could be something that we think through with respect to those tables that we could potentially update.

Another observation is the therapeutic value of lived experience the support that peers provide.
Peer support can increase trust and rapport building and improve treatment engagement, and peer supports can be embedded at multiple points across the map from community-based services to reentry. Does this still resonate with you? Have we moved the needle on communicating the value of lived experience and our service capacity? Have we seen any changes in how we integrate peer supports? It is noted that integrating peer support has expanded, community linkages to care, which is a peer support program is expanding. **W**ith things like the heart program, we are really lifting up the value of peer support and the work that we do in Durham. The EMS Community navigation post overdose incorporates peer supporters. Peer support is a common practice, and people are seeing the value. There are a lot of agencies that are now offering peer support but not the financial support with the service. Adequate funding for housing is also a resource that we are missing. It was reported that the fit program got money this year from a state source. It is unsure if it will affect Durham's capacity specifically or if it just affects other parts of the state but that's another expanded peer resource.

Housing provides a foundation for stability and safety, not addressing housing stability, limits, effectiveness of behavioral service approaches. Obviously, affordable housing is limited, and efforts are needed to ensure access. An expansion here would be the Carver Creek Campus for permanent supportive housing, which is going to be around 100 eventually 150 units one day. The City, County and Durham Public Schools, has a housing task force launching. They will be looking at things like transitional housing and supportive housing, that is taking shape right now.

Next steps include consolidating feedback, meeting in September to begin action planning and reestablishing subcommittees based on action steps.

Gaps identified were mostly related to:

* Housing
	+ Long term funding for housing
	+ Housing first approach
	+ Whether the capacity is going to meet the demand.
* Inpatient Hospitalizations
	+ It has been hard to get.
	+ There are no longer-term options for hospitalization. Individuals are getting in and out and bouncing around different institutions.
* Capacity related questions. What we used for 2022, we were confirming that the provider offered those services, how many teams, how many clients we wanted to know whether they had a wait list how long did it take to get off the wait list and get to services and any other waitlists information. We wanted to see from previous years we wanted to be able to understand what that wait list looked like overtime, if they offered services to those who didn't have Medicaid. If we tackle this again, we could change these questions up or stick to the same thing, but this information was really hard to get, and the big limiter is really just how to keep a real time wait list which was a challenge.

**Bass Data +:**

Dr. Nicole Schramm-Sapyta reported that the Bass Data + team have conducted several focus groups with one more scheduled in August. The focus groups have been really informative, and the big takeaway is that they love the programs that are at the jail. The jail is doing great work, but more is needed. Another striking comment that they heard was that they felt like people have to be really, really sick to get into the programs. Raw data collection will continue in August. A deep dive analysis of all will occur in the fall.

**Familiar Faces Site Visit to Orange County**

Marc reported that during the visit to Orange County they saw a lot of facilities and a lot of what they were trying to do, both in terms of reentry and interventions for mental health inside correctional facilities. Keeping in mind, that they have a much larger budget than we do. For example, they are building a new jail that an entire sector (similar to Durhams pods) that has 8 units in it, roughly 64 individuals with mental health would be housed. and within their viewing area of the sector, they have a section of desk and computers where they have health professionals, caseworkers in medical, all sitting there 24 hours a day so that they can provide them with appropriate supportive services. One of the commanders of the jail made the comment that they thought they were cutting edge, until they went to three or four other places in other states. They have the data sharing that they are doing all within the county but are still struggling to get outside groups to participate. A regular meeting of the different county agencies is held focused on kind of what we are trying to do with the familiar faces initiative. They are trying to consolidate services, ensure individuals don’t fall through the cracks not duplicate services and keep them moving forward.

Kelli Egnaczak stated that one thing that Marc shared with her that she thought was very helpful they had social workers that were actually in the lobbies of the jails for helping people when they got out, and that's something that we have struggled with. **Kelli asked the question** what about the people that aren't receiving support from Jail Mental Health, STARR or MAT? Marc reported that they do have a couple of community agencies that have space inside the discharge area where these groups have kiosks with someone stationed for the most part 24 hours a day to catch people as they are leaving and is staffed by peers asking them what they need?

One of the jails tried to do scheduled releases like 8 to 10 every morning, but that didn't work for the court system. Also, they do universal drug screens rather than just taking people's word for what they are using. They are not successful doing that because they rely on detention staff to collect the urine. Their goal is to try to do it between everybody coming in, so they have a better idea of what they are dealing with up front. Their problem comes back again to funding, having someone who knows what they're doing observe and being able to get the right direct screens for the right people.

**Community Partner Updates**

**Alliance Health**

* Eric announced Tailored Plans launched Monday, July 1st.
Alliances continues to be the managed care organization that includes medical now. Authorizations for any kind of medical treatments come to Alliance. Alliance is also helping their members with healthy opportunities. Healthy Opportunities is also known as social determinants of health. There are additional added benefits that their members are eligible for and some of that is transportation, and some items help members with daily living.

**City of Durham Community Safety-HEART**

* Abena announced that the HEART team received the State NAMI award.

**Mental Health Court/Mental Health Court Expansion Initiative**

* The MHCEI Executive Committee is working on a no cost extension for the grant and pulling together lessons learned to guide the future. How we will move forward with mental health court and how we serve those individuals who may not qualify necessarily to be in the court.
* Working with the University of South Florida on a training curriculum as identified in the grant. The University of South Florida was selected due to their experience with mental health specific courts