



January 13, 2025

**Attendees**: Abena Bediako, **City of Durham Safety and Wellness**; Michele Easter, **Duke Psychiatry**; Kelli Egnaczak, **Justice Services Department;** Kenneth Gruber**, UNCG;** Eric Johnson, **Alliance Health**; Roshanna Parker, **Justice Services Department;** Lao Rubert, **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**; Marc Strange, **Justice Services Department**; Helen Tripp, **Durham County EMS**; Tonya VanDeinse, **UNC School of Social Work**; Doretta Walker, **Judge;** Laylon Williams, **Alliance Health;** Angela Winchester, **Department of Adult Corrections**

**Minutes**

 **Duke Bass Data +-**Nicole Schramm-Sapyta reported that the latest information from the written report will be coming out soon. One of the senior students will be completing a mapping exercise, looking at census tract data. There are some preliminary descriptive statistics on chronic illness and the new data has been delivered. Seven Focus group results were finished in September in collaboration with the Recovery Community of Durham and Oxford Houses. There were a total of 48 unique individuals that had a stay in the Durham County detention facility in the past five years in addition to either a substance use disorder or a mental health diagnosis. Some of the individuals were in recovery in varying stages, but they really wanted to pick people who have been recently incarcerated in the detention facility so that they could get data that was relevant. Questions were asked about the services received while in the detention facility, transitioning, being released and others such as what are the good programs, what works and what would you suggest for improvement? There was an even balance of men and women. Most of them were black or African American, that stayed in the detention facility long enough to get some services. Many of them had participated in the STARR program, received support from jail mental health and received medication while they were in the detention facility. They received referrals and a few people had help to find a job upon release. Nicole reported that preliminary results are that people were happy with the services they received if they got some. It was expressed that it was hard to get enrolled because so many people utilize the services and the services are limited. The question was asked if they discussed access to the care, not the quality of the service? Yes, it was reported that JSD staff have too many patients to deal with, waiting to be accompanied by jail staff to the service and/or waiting for availability of the service.

The next was a senior honors project asking the question whether the neighborhood that someone lives in has more of an impact or how it interacts with the person's mental health diagnosis, race, sex, general demographics, and their insurance. Everyone was categorized into whether they have a lifetime diagnosis of substance use disorder or serious mental illness, both of those, neither of those nor insurance. The students have census tract of their most recent address and based on their census tract, they can look at characteristic of the neighborhood or the census tract that they live in. Publicly available data from the American community survey can tell in that census tract the unemployment rate, median income, food stamp rate, insurance coverage rate, whether it is an urban suburban or rural census tract. A historical look at Durham is being conducted to see which areas were redlined, and many of those redline areas are now in the process of gentrifying. The project will take a look at the history, current changes in those neighborhoods, the location of police precincts, health and social services and asking which of all of these factors put together are strongest in terms of predicting or how do all these things interact in terms of predicting re-arrest?

The newer students will complete a project with some descriptive statistics on chronic illnesses working with Michele Easter. She pointed them to this list of priority chronic illnesses, which are illnesses that require more regular intervention. People need to come to the doctor regularly if they have one of these illnesses and just briefly, they were asked how many people in our data set have at least one of the following and the answer was a ballpark figure. Hypertension was by far the most common in this group of people, diabetes was the next most common, hepatitis C and kidney disease came next. A few people have obstructive lung disease and heart failure, it's a younger population, which is not surprising. Of 25 people who have at least one chronic illness, about 25%, have two or more, and the most common pairing is hypertension and diabetes. The students also did a quick look at insurance coverage. More of this population with chronic illnesses tended to have Medicaid and the people with no illnesses are more often uninsured. Duke has spent some time getting individuals enrolled in Medicaid if they are going to be coming in regularly for a chronic illness. That is the preliminary data glance that they have been done.

A new data set delivery has occurred from Beth Steenberg with the Justice Services Department looking at the services people received while they were in detention. Did they get medication, did they have clinic medicines, where they placed in therapeutic housing, and did they get referrals when they were released? A big data refresh has been conducted of all the incarcerations and all of their Duke health records up through December 31, 2023. It has taken this whole year to get this data with a lot of back and forth with regulations and other issues. The data was just dumped to their pace folder last week, so students will be start looking at it this week and they want to ask questions about the continuity of care. How are these services working, are they reducing negative consequences people are released, is it helping with continuity of care and is it preventing re-arrests? They are going to take some time to sort through the data.

Michele Easter reported that there was a recent publication that is open access about this very population and on the topic of primary care need. It focuses on those priority chronic illnesses that Nicole just mentioned. There is another article that is not open access, that is about frequent emergency department use in this population and currently Michele is working on one that focuses on veterans who are jail involved and try to get health care at Duke. The question was asked regarding all the different services that people got in the facility, are the medications well path, jail mental health or both? The response was they just asked them, did you get medication from the jail while you were in there? Did you go to the clinic? They are not sure if the clients would know where the medication is coming from.

 **State Office of Violence Prevention**-Mike Sistrom encouraged the committee to write the

governor and our legislative delegation to support continuation of this new and promising State Office of Violence Prevention. Efforts are being made to get important stakeholders in Durham to come together to create a coordinated collaborative. The State Office of Violence Prevention executive order is expected to end in March 2025. The executive order only gave approximately two years to come up with this plan. However, the office needs to continue so it can be a facilitator for state level action as needed, and especially to help communities like Durham to learn from the success. Mecklenburg County has a version of an office of violence prevention run out of their public health department. Greensboro also has an office of Violence Prevention and Wake County is getting close to implementing one. Legislative buy-in is needed to allow it to continue. There is confidence that the office does not require a lot of money and could probably get Justice Department funding. Timing is important because the March deadline is soon approaching. The committee decided that a letter of support will be submitted in support of the State Office of Violence Prevention on behalf of the Durham County Stepping Up Initiative. The question was asked whether a similar presentation can be done for the CJAC committee to get them to provide support also. Mike agreed to present the same information to the CJAC committee at an upcoming meeting.

**Subcommittee Updates**
**Access to Care**

Renee Shaw reported that meetings have been held with Jail Mental Health, HEART, Duke and Recovery Innovations to discuss each of their Involuntary Committee (IVC) processes, how decisions are made, barriers and challenges of the process, resources, needs and recommendations. At the next access to care meeting the plan is to begin to address the information collected.

**Mental Health Court, Mental Health Court Expansion Initiative Subcommittee**

Tonya VanDeinse reported that she is working on the evaluation activities for the Mental Health Court Expansion Initiative. The next step will be discussing the implementation, informing and advising on what the Mental Health Court could look like going forward, using the perspectives of the participants. There is also programmatic data and surveys that will be evaluated. The analysis phase is from January to February and writing will be in March.

**Peer Support Subcommittee-**More volunteers are needed for this subcommittee. An email was sent out but there was not a lot of response. The peer support subcommittee will work together to ensure that peer support is at each intercept. In addition to addressing how we can support each other and what agencies provide with their peer support. For anyone who would like to join any of the subcommittees (Access to Care, Housing, and/or Peer Support) please send an email to Renee Shaw.
 **Partner Updates**

**Durham County EMS**
EMS just interviewed for two new community paramedic positions. Two people applied and they are both currently working part time for EMS as fill in. They now must go through the County hiring process and hopefully they will start in February/March. This will expand coverage to midnight. These individuals will be working noon to midnight because the majority of opioid overdoses are between 1:00 PM and 1:00 AM or 3:00 PM and 11:00 PM being the highest volume times. These two positions are being funded by opioid settlement funding.

**Community Safety Department**

Abena Bediako reported that the Community Safety Department is in the process of hiring for their familiar neighbors’ program. They were awarded a grant and bringing on three additional staff to primarily manage that program. So far one person has been hired. They are also in the process of working on the office of Survivor Care and looking to launch that soon. The Community Safety Department is also getting ready to implement an IVC unit. It will be slightly different than originally thought. They are still working out some of the kinks with some of the partners in the state, but the unit will have a licensed clinician and an EMT that will go out and do initially lay person petitions. Clinicians will do the petitioning and the exam all in the community and eventually sooner than later they will be able to go out and do the exam from the magistrate.

**Juvenile Crime Prevention**

Roshanna Parker reported that the Juvenile Crime Prevention Council RFP for the year 2025 has just opened. It is available on the JSD website and will be open until February 1, 2025. This is for juvenile programs that address some of the risk factors in Durham associated with youth. An information session is going to be held on January 29, 2025, to answer any questions. The state representative for JCPC will be on that call to answer questions people might have about the application process or the type of programming they are looking for. The council would like to get this out as widely as possible so that they will have a larger pool of applicants this year. There are some existing programs that they know will reapply because there are some good programs out there, but they are always looking to see what is new and innovative in the community, around youth serving programs. It was also recommended that JCPC be another committee that supports the Office of Violence Prevention.

 **Forensic Community Support Team**

Renee Shaw reported that we are very close to getting the Forensic Community Support Team (FCST) started. There is a meeting coming up on Monday, January 27th to try to finalize everything. The FCST being discussed today is different than Forensic ACTT that the Department of Health and Human Services are launching? It is different, FCST will be very similar to the CST’s that exist in the community today. This team will be very familiar with navigating the justice system. The selected provider will be Carolina Outreach. Referrals from the team will come from Mental Health Court and Jail Mental Health. A discussion was held regarding the need to pay close attention to what Medicaid expansion can do for our population. The FCST is for the uninsured individuals who cannot get in quickly to address some of those needs that were identified by jail mental health such as not being able to get people connected to providers quickly. Medicaid was built into the sustainability plan provided to the county. It is reported that Medicaid expansion is going to help in the future with these kinds of services to be able to increase teams or fund them going forward.

**Alliance Health**

Eric Johnson reported that the state had just announced that people leaving prisons with a mental health diagnosis will be eligible for Medicaid direct for 365 days starting in January. This opens the door for someone coming out of prison to have a limited time frame for Medicaid. It would be up to the tailored plans to make sure that people are getting everything that they need before the end of the 365 days. The hope is to have them set up with full Medicaid. Alliance Health is going to start the 1115 reentry waiver next year awarded to North Carolina by the federal government. Individuals leaving prison will be eligible to get services 90 days prior to release from prison. The expectation would be that the service provider and tailored care management manager would go to the prison and meet before individuals are released. If a detainee gets rearrested and goes back Medicaid will not stop but be paused. There is nothing in it specifically about people getting disqualified for anything if they went back in and then came back out.

**Upcoming SUI Meetings for 2025**

May 12, 2025

July 14, 2025

September 8, 2025

November 10, 2025