**Durham Joins Together to Save Lives Task Force**

**Mental Health and Substance Use Disorder Treatment Committee**

Tuesday, July 9, 2024

3:00 PM - 4:30 PM

**\*Zoom and Phone Access Only**

**Welcome**

Introduction/Guests

Attending: Larry Greenblatt, Tremaine Sawyer, Lacie Scofield, Dave Crispell, Renee Shaw, Donna Rosser, Jesse Battle, LA Cuttler, Kimberly Chansen, Anjni Joiner, Quanesha Archer, Jasmira R, Carlyle Johnson, Jennette Mehta, Tammy Vaughan, Timeka Harper-Purcell

**Minutes**

Review and Approval of Minutes: June 11, 2024

**New Business**

 **Presentations/ Discussions**

* Committee Discussion and Updates

**Program Updates**

* MOUD/SUD Treatment Providers
* Durham County Agency and Department Updates
* Others

**Ongoing Commitment**

* Identify strategies that reduce stigma and increase access to SUD treatment, harm reduction and diversion programs, particularly among BIPOC and other marginalized populations.
* Discuss ways to increase access to Peer Support for SUD and to provide a support network for Peer Support Specialists.
* Develop ideas and actions to address housing barriers for people with SUD and justice-involved populations.
* Identify additional stakeholders to participate on the committee.

**\*Next Mental Health and SUD Treatment Committee Virtual Meeting:**

**Tuesday, August 13, 2024, from 3:00 PM - 4:30 PM**

**Discussion Questions**

1.   What are the key challenges or gaps you are currently facing in your program or workplace we need to address? (Examples could include specific funding issues, access to care challenges, stigma around SUD and MAT, data collection needs, housing shortages, etc.)

2.   How can members of this committee collaborate as a team to address some of the key challenges mentioned?

3.   Are there any other collaborative initiatives addressing these challenges within our organizations, systems of care, and community?

4.   How can we ensure everyone feels heard and valued in our team meetings?

5.   How is SUD and MAT data being collected, analyzed, and used to inform your program objectives?

6.   Are there any specific guest presenters or subject matter experts we should invite to our future meetings?

**Discussion**

For the past few months, the committee has invited guest speakers to share current efforts and activities happening in Durham. The co-chairs wanted to take an opportunity in this meeting to learn about challenges and find ways to collaborate as a group. They invited participants to look at the discussion questions that were emailed prior to the meeting and chose some (or all) of the questions to discuss.

Tammy Vaughan with the SMART program at the Detention Center gave an update that they received funding from Building Bridges that will help with housing assistance. The money will pay for 12 individuals to use transitional housing for up to 90 days.

Tammy answered Questions 1 and 5. Data is being collected via screening tools and questionnaires filled out by clients (who provide a urine screen) and has shown that most folks don’t come to their first appointment. Barriers include homelessness and lack of cellphones (or out of use numbers). This has led to prioritizing collecting working phone numbers and being in greater contact with community agencies to track attendance.

Grant funding has allowed SMART to pass out phones to folks in the MAT program which has led to successful appointments. Lacie has also discussed looking for funding to procure phones for participants in the CLC program as well, although there’s added difficulties if folks lose or sell phones given to them.

Quanesha Archer added that the FIT program can pass out phones via UNC funding with conditions (the client must maintain the phone for a 3-month period and is not issued a new one if it’s lost or sold).

A challenge for Kim Chansen at RI is insurance difficulties. The process for applying for Medicaid can be complicated for their clients (needing to create an account, verify via email, etc). Some clients have also been getting roped in to sales calls for marketplace insurance providers and getting enrolled erroneously and so their claims are being denied. Often, individuals don’t even know how they got signed up for these plans in the first place and the disenrollment process is convoluted.

LA Cutler from Hope Centre for Advancement said it’s important to find out what clients’ main providers are so that you can verify the insurance you’re trying to help them sign up for is accepted by those providers. If uninsured individuals are applying for Medicaid and are found to be ineligible, they’re often passed on to marketplace providers with high deductibles.

Quanesha added that FIT is fully staffed as of June 2024. They can take referrals for justice-involved individuals in the local detention centers/jails who were released in the last two years and are uninsured or underinsured. FIT connects them with Lincoln Community Health Center and provides a Community Health Worker (CHW) to help them navigate appointments. UNC maintains grants to help pay for initial care. FIT staff are also focused on Medicaid expansion and signing folks up. If clients need specialty care outside of Lincoln, FIT can help cover those costs as well.

FIT has some additional services depending on UNC’s funding, such as the phone program or paying for Uber rides. They’ve also had limited housing funding, for example to fill gaps and cover transitional housing for individuals who don’t live in Durham (otherwise there’s a 90-day waiting period).

A challenge for Quanesha and FIT is finding housing beyond transitional housing. Waitlists on this type of low-income or senior housing can sometimes span years.

Jesse Battle with TROSA said clients face challenges with stigma around SUD and MAT once they complete TROSA’s program. Jesse is interested in having information at future meetings on services and programs that are happening in Durham to better identify how to collaborate.

LA agreed that getting to know other agencies would be helpful. How can we do the best we can for the patients and not let insurance and other barriers get in the way of the help they need? LA proposed a twofold meeting with some presentations from providers to share what’s working and not working, and then some discussion with those who make decisions on why it’s not working or why it’s working.

Dave Crispell with Jubilee Home shared that The Welcome Home Center can provide phones for recently incarcerated folks. Dave argued for some in-person meetings to gather and network to help build relationships.

Dave answered Question 2 and mentioned that permanent housing is where his org wants to go next, but this is a huge up-front cash issue. They’ve recently worked to submit some applications for federal funding collectively with other orgs. How can the committee be better prepared to jump at federal funding opportunities with proposals that are already loaded, competitive and incorporate multiple organizations?

Lacie pointed out that this has worked in the past, as members of this committee applied for funds that resulted in Durham County’s CLC program.

Jennette Mehta works with Housing for New Hope, which goes directly to campsites with unhoused folks, learns about the barriers to them securing housing, and tries to connect them to resources. Jennette identified that there’s a desperate need for a day shelter in Durham. Hygiene is the first step toward healthcare. There aren’t places for their clients to shower, do laundry, access computers, etc.

Tremaine mentioned that distributing hygiene kits along with naloxone, etc. has been discussed.

There are some mobile shower units from Fresh Start Durham (https://freshstartdurham.com/) at Open Table and St. Joseph on Tuesdays and Wednesdays, but Jennette thinks that isn’t enough. Many clients are using drugs, and not having a place to clean themselves while they use is dangerous.

Timeka Harper-Purcell from Freedom House Recovery Center said that she has hygiene items that she can donate to Fresh Start and other groups. Jesse indicated that he also has items he can donate. Kim and LA said that they can use donations such as soap, wash cloths, towels, clothing, and tampons.

Timeka said that Freedom House’s biggest challenge is funding, specifically for MOUD medications. Matching Medicaid to providers giving out this medication has proved difficult. Different counties have different funding and services, so there’s inconsistency on when there’s a copay or not. Uninsured people who enrolled in Medicaid often cannot afford the $4 co-pay for medications. Prior to enrolling in Medicaid, their medication was free through the IPRS grant.

Carlyle brought up that some of these plans where clients are having co-pays may be ACA plans rather than Medicaid. If you’d like access to free medication in Durham, Carlyle should be able to help as they have a contract to procure buprenorphine for the uninsured. Carlyle thinks there could be a workaround for the Medicaid copays, especially since this barrier to medication access may end up costing Alliance more money in the long run. As of July 1, Alliance also manages pharmacy benefits as a Tailored Plan which may help.

Per LA and Timeka, Aetna has been a default HMO for Standard Plan Medicaid applications, but Aetna now won’t reimburse for these services, so before signing anyone up for a plan, you should check with the insurance on what they will reimburse.

Anna Wallin with the North Carolina Technical Assistance Center works with NC FIT and the Harm Reduction Coalition on training and programmatic implementation support (data collection, evaluation).