

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

**April 11, 2023, Meeting Minutes**

**Present:** Carlyle Johnson, Tremaine Sawyer, Fred Johnson, Kim Chansen, Ashkin Evans, Arthur Payne, Amy O’Regan, Carolynn Crowder, Helen Tripp, Lacie Scofield, Michelle Easter, Nathania Allen, Allegra Haymon, Eric Morse, M.D., Quanesha Archer, Kristen Patterson, Cindy Haynes, Marc Strange, Alicia McKinney

**Welcome & Introductions:**

Chair Carlyle Johnson called the meeting to order, welcomed all present and began introductions.

**Review of March Minutes:**

The minutes were reviewed and approved unanimously.

**NC FIT Presentation**

Evan Ashkin shared that the risk of death from an opioid overdose in the first 2 weeks post release from prison is 50 times greater than for the general population. Dr. Ashkin stated that most of their data comes from prisons, not detention centers, and that the challenges of reentry are well known (i.e.: lack of economic resources, return to low resource communities, lack of government identification, lack of primary care provider, low health literacy). To combat this, NC FIT utilizes the Transitions Clinic Network Model.

The Transitions Clinic Network Model (TCN) has been utilized for the last 20 years, and was founded by Shira Shavit MD and Emily Wang MD and developed by focus groups held at San Quentin in Prison in California. The consistent message was that people coming out needed navigators with a shared life experience to Facilitate Trust, Build Rapport, Peer Support, Understand Challenges of transition from life on the inside, back to the community. With this understanding they leaned into the Community Health Worker (CHW). Strategies were developed to hire people with histories of incarceration and train as a CHW. Training was created with a specific focus on reentry. From there they were able to embed CHW’s into Primary Care Medical Homes to work with clients and create comprehensive reentry plans. Dr. Ashkin shared that the big difference with the Formerly Incarcerated Transition Program (FIT) Program has been their ability to connect to Essential Healthcare Services. In NC, there are 8 TCN clinical sites.

TCN is evidence based. Individuals in TCN model programs see a 50% reduction in emergency room utilization, 50% reduction in preventable hospitalizations, 45% reduction in days of incarceration in 1st 12 months post release, reduction in Parole and Probation violations, and ROI of $2.55 for every $1 invested.

TCN was first implemented in Durham County as FIT in 2017 through a grant from NC DHHS. In 2018 they received funding through the Duke Endowment grant to continue funding in Durham and add Orange County. In 2019 FIT contracted with the state prison system for 5 CHW positions and expanded to Wake County, Guilford County and Mecklenburg Counties. In 2022 FIT developed a partnership in New Hanover County with LINC Inc. to establish a program in Wilmington. Additionally, FIT plans to expand to Winston-Salem and Asheville in 2023.

FIT’s Core Mission/Goals are Improve the wellbeing of people impacted by the criminal legal system; Focus on people with chronic medical conditions, mental illnesses, and/or substance use disorders; Create and implement comprehensive reentry plans with clients; and Link clients to essential health services that are patient-centered and culturally sensitive

Core Elements for FIT program are: Community Health Worker (CHW) with personal history of incarceration (Hired by Health Department, Medical Clinic or other community Reentry program); Primary Care Clinic aligned with mission and values of FIT (Integration of CHW into clinic operations, Clinician champion, Work with NC FIT to assure fidelity to TCN model); Collaboration with local Reentry partners (Strong connections to Reentry Programs to address multiple barriers to successful reintegration, Join NC FIT Program Network)

NC FIT has assisted in the development of jail based MOUD programs in 2 FIT Counties, developed a state prison system MAT Pilot, inducing with Suboxone prior to release, and provided technical assistance in 22 communities across NC improving access to MOUD for people in jails, diversion/deflection, and harm reduction along with community partners.

Michele Easter asked about capacity regarding friendly faces at local ED’s and would Medicare expansion assist in this. Dr. Ashkin shared that FIT’s measured impact is in reference to prisons and they are still collecting data in reference to detention centers. He does feel they could have a large impact and are working with community partners and their funders. Case workers can handle a 60–70-person caseload and could use 12 additional workers. Medicare Expansion States have been able to fund more and serve more individuals. Lacie asked if a singular medical history of SUD qualified as a chronic medical condition and Dr. Ashkin stated yes.

**Durham Recovery Response Center (RRC) Update**

Nathania Allen shared the following DRRC data:

* January 2023: 200 total presentations, 18% re-admission rate, 17.02 hours in the retreat and 3.09 days in the living room (length of stay), 2 HEART team drop offs, 9 Police drop offs (3.25 mins police drop off times), 1 EMS drop off, 96.17% customer satisfaction rating
* February 2023: 178 total presentations, 16% re-admission rate, 20.54 hours in the retreat and 3.18 days in the living room, 4 HEART drop offs, 8 Police drop offs (2.70 mins police drop off times), 1 EMS drop off, 96.06% customer satisfaction rating
* March 2023: 200 total presentations, 18% re-admission rate, 18.59 hours in the retreat and 2.99 days in the living room, 2 HEART drop offs, 9 Police drop offs (3.8 mins police drop off times), 1 EMS drop off, 100% customer satisfaction rating

It was shared that Police drop offs have decreased and this may be due to the HEART Program.

DRRC has restarted the CIT Tours, NA/AA meetings are on site, and a book exchange. It was shared that DRRC partners with the NC Harm Reduction Coalition to distribute clean kits and Bombas to provide clean socks and apparel in addition to an onsite clothing closet. DRRC additionally offers to-go snack bags for in/outpatient clients. In an effort to alleviate additional recovery barriers greyhound bus tickets are provided for programs in other cities that may be beneficial. Meals are prepared daily along with special meals on recognized holidays. Medications that are not covered by Alliance are paid for by DRRC.

Allegra Haymon, Peer Manager, shared that she recently attended the “Come, let’s talk” event, where there was a discussion about Hayti Reborn Justice Movement. It was noted if individuals do not meet HRJM criteria they will bring them to DRRC. Allegra is working on gathering brochures for Open Table Ministries to provide those to their guests. DRRC has also started a partnership with New Season Treatment Center and have several other meetings scheduled within the community to continue to build partnerships.

Lacie Scofield asked what percentage of their guests a diagnosis of SUD and what percentage had MH as their primary diagnosis. Nathania shared that 72% were there due to SUD (primary diagnosis) and 23% were due to MH diagnosis.

**Program Updates**

Lacie Scofield shared CLC had 22 new participants, 10 enrolled in the follow up program. The new Peer Support Specialist made 7 attempts to visit with community paramedics to visit post OD and were successful in reaching 2 individuals. In April, CLC has already received 2 referrals from Duke Regional Hospital which is promising. CLC has received a request from residents at Oldham Towers after a presentation regarding smoking to cover substance use with senior residents. CLC was also invited to speak at Golden Life Group.

Helen Tripp shared that they have trained 17 medics who will be the MAT medics. The new start date for the program is 05/01/2023. Backorders for Buprenorphine have resulted in the delay. Dr. Morse offered to provide the needed meds so that the program could start.

Dr. Morse shared that he has a meeting scheduled with TROSA and Morse Clinic has recently started working with Horizons. Members discussed the ADA requirements and how that may have motivated some agencies to now allow clients on Methadone in their programs.

Fred Johnson reported that the Duke Collaborative has hired an Addiction Specialist starting in September.

A brief discussion about the availability and distribution of Naloxone, upcoming vending machines and possible locations for those.

Meeting adjourned at 4:20 p.m. Next meeting is scheduled for 05/09/2023 at 3:00pm.