

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

**December 13, 2022, Meeting Minutes**

**Present: Gudrun Parmer, Marc Strange, Christopher Giattino, Steven Loney, Arthur Payne, Lacie Scofield, Helen Tripp, Carlyle Johnson, Tremaine Sawyer, Cindy Haynes, Kim Chansen, Michele Easter, Tammy Vaughan, Stephanie Euker, Donna Rosser, Major Barnes, Joy Brunson-Nsubuga, Ryan Bell, Rodney Jenkins, Kelley Waggy, Captain McKinney**

**Welcome & Introductions:**

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

**Review of November Minutes:**

The minutes were reviewed and approved unanimously.

**Community Linkages to Care (CLC)**

Lacie Scofield shared they had been informed that NCDHHS will not be renewing the CLC grant in FY24 so funding for the CLC Peer Support Program will end on May 31, 2023. Lacie also shared that they have been trying to find another source of funding but have not had any luck so far. The CLC Program was developed by both the MHSUD Tx Committee and the Data Committee of the Durham Joins Together Task Force. Members of these committees originally applied for funding as a group. As the CLC team continues to look for funding and applies for grants, they were hoping for feedback from this committee on what the program could look like in the future.

Lacie presented the following program options for FY24:

1. End the program- Committee collaborates on a new program TBD.

2. Keep the program the same – 1.5 peer navigators based at DRRC. Joy, others at DRRC, and Lacie feel that this option is not sustainable. There are not enough peers to do all the work required, which includes post-overdose visits with EMS, going into both Duke hospitals to meet with patients, taking referrals from the detention center and the crisis unit, meeting with participants and providing support during their appointments at DRRC, and collecting a large amount of data. Also, when one of the peer navigators leave, it causes a big disruption to the program.

3. Amplify the program - Hire 3 full-time peer navigators, still based at DRRC. It is proposed to increase salaries to keep up with inflation and prevent turn-over and offer more mental health support to the peers.

4. Move the program - Hire peer navigators based at a different location (e.g. a treatment facility other than DRRC); Morse Clinic or Lincoln Community Health Center are both possibilities. If a site is picked that is not a treatment facility (e.g. DCoDPH, Duke Hospital, or EMS) participants would have more flexibility choosing where they would like to receive treatment. However, it would be more difficult to collect data and to provide peer support while the participant is at the treatment site.

5. Expand program – Hire peer navigators based at multiple treatment facilities (e.g. DRRC \*and\* one or two other treatment facilities). Peer navigators could take turns doing post-overdose visits with EMS and meeting with patients at the hospitals. Data collected from the sites would be combined.

6. Major program expansion – Hire peer navigators at multiple types of locations (e.g. one or more treatment facilities, Duke, \*and\* EMS.) Peer navigators would work together to ensure warm hand-off of patients. This option is very expensive.

Options to consider for Data Collection:

1. Stop collecting clinical and outcome data. (Or apply for research funding separately from program funding, which would enable publication in a medical journal).

2. Continue with peer navigators collecting data. The problem is that the peers do not like this duty and are not trained to do it. It has resulted in messy, sometimes unreliable data.

3. Hire a full or part-time data collector based at DRRC (and at the other treatment facilities if we expand the program).

Expansive discussion ensued regarding the information presented and possible/plausible options. Overall, members were highly supportive of continuing the CLC program, continuing data collection, and increasing the number of peer navigators and their salaries. It was clearly understood that the current program’s inability to offer competitive wages had resulted in a much high rate of turn over. Joy added the importance of adding funding for supervision for Peer Navigators.

While there was much support, there was no decision made in regard to where the peers should be based or as to how many locations should house peers. It was clearly understood that this would be highly dependent on the amount of funding that could be secured. In closing, Gudrun asked Director Jenkins if the CLC program could be added to the Public Health’s FY24 budget request. Rod stated this possibility would be further discussed at a later date.

**National Opioid Settlement**

Gudrun shared that the National Opioid Settlement Funding Survey was posted on the Durham County website. Commissioners are looking forward to reviewing input in advance of selecting opioid mitigation strategies to fund over the next 18 years.

**Announcements**

Carlyle shared that Alliance Health has a contract with Oxford House to support individuals with SUD, this is a resource that will be available in Durham. Alliance also has a new contract with Morse Clinic-Durham that can serve individuals with Medicaid as well as the uninsured.

Gudrun thanked everyone for attending and the meeting adjourned at 4:29p. The next meeting is on February 14, 2023, from 3:00 to 4:30PM.