

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

**April 9, 2024, Meeting Notes**

**Opening time**: 3:00pm

**26 Attendees:** Tremaine Sawyer, Lacie Scofield, Dr. Wanda Boone, Donna Rosser, Kay Sanford, Captain Helen Tripp, Timeka Harper-Purcell, Roshanna Parker, Anna Wallin, Arthur Payne, Carlyle Johnson, Kimberly Chansen, Kristen Patterson, Linda Cuttler, Dr. Logan Adams, Michele Easter, Monica Washington, Quanesha Archer, Dr. Anjni Joiner, Meredith Niess, Rod Jenkins, Amy O’Regan, Beth Steenberg, Sheriff Clarence Birkhead, Renee Shaw & Sherry Hodge

**Welcome & Introductions:**

Vice Chair Lacie Scofield called the meeting to order, and Chair Tremaine Sawyer asked that all in attendance introduce themselves.

**1st Speaker: Dr. Wanda Boone: Durham Joins Together: Together for Resilient Youth -TRY** (Founded in 2003, Coalition committed to serving communities on a local, national, and international level)

To use the public health model to address underlying adverse experiences that can result in behavioral health challenges such as substance use, chronic disease, and violence by increasing resilience and reducing community risk factors through mobilization and collective impact.

**Opioid Abatement Community Guide:** Community, community -based organizations and others can use this guide to prevent overdose in the community.

“Thank you for giving us the opportunity to be a part of this process. We feel empowered.” “We will follow the leadership of Dr. Wanda Boone, Together for Resilient Youth (TRY) and our coalition to spread the use of guide far and wide.”

Many thanks to: NCCU Project Team – Together for Resilient Youth Project Team – Coalition Members, Community Health Workers, Community Health Ambassadors and Members and Community District Leaders including Nancy Rosales, Hope Elisa Bryant, Angela McMillan, Brittany McClellan, Marcella Scurlock, Paula Harrington, Brian Harris, Stanley Branch, Avery Mathis, Jude Johnson Hostler, Nicole Schramm-Sapayta, Linda Hobbs, Wendell Tabb, Francelia Burwell, June Monique McKithen, Jess Bousquette, Durham Committee on the Affairs of Black People, Durham CAN, Greater Durham Black Chamber of Commerce.

**Health Ambassador Leadership Program (We will be with you all the way) – Achieving Health Hand in Hand (AHHH):** Designed to empower individuals like you who are well connected to and engaged in your community to learn what it takes for community change. Let’s create a better tomorrow for us all. Individuals that live in public housing (COHORT 1 Stipends for 10 Public Housing Residents) that have become Health Ambassadors through our program and they receive information on the following:

* Adverse Experiences & Self Care
* Opioids, Overdose & Narcan Use
* Substance Use & Violence Prevention
* The Power of UBUNTU
* Youth, Family & Community

**Core Programs:**

* **Champions of Change**: Learn about and use evidence base models to address the strengths, risks and solutions needed for the community members. Ages 18 years and older.
* **Coping Together**: 8 engaging and fun 1-hour virtual sessions per week. Designed to strengthen connection and support the whole family through communication skills, creating a family vision, problem solving skills & conflict resolution.
* **Change your Words, change your World**: Expressive writing has been shown to improve resilience as well as emotional and physiological health in both clinical and non-clinical populations. All ages are welcome to write for health.
* **Living in Future Tense (LIFT) Youth Coalition**: Youth program that focuses on the development of the skills and abilities necessary to help students grow in character, effectively communicate and work with others. We believe this empowers youth to accomplish their goals and live a life consistent with their beliefs. Ages 9-17 years.
* **AHHH Trauma Informed:** The resilience arm of TRY takes trauma informed care and adopted the concepts for use in any workplace or organization. Trauma and resilience, trustworthiness, transparency, support, collaboration, mutuality, empowerment, choice, cultural & historical issues.
* **Resilient Together:** Families that have lost loved ones due to overdose, suicide, violence are welcome to join this social group to gain strength as they learn to live again in a loving space.

Unlocking your potential while advocating for safety and well-being in the community. Paid Community Health Worker Certification through Durham Tech. Fee based training is available for faith -based and select non-profit organizations.

**OPIOID 101. THE PROBLEM: Opioid abuse is devastating for the individuals, families, and communities in North Carolina:** In 2020 Black people 15-24 years old experienced the largest rate increase (86%) compared with other age/ race groups from 2019 to 2020. Currently more North Carolinians die from opioid overdoses than in car crashes. According to the NC Opioid & Substance Use Action Plan Data Dashboard at least 4,243 people in NC died from overdoses in 2022 (Hoban, 2023)

**OPIOID 101. Prescriptions & Misuse: *1. Why would a doctor prescribe an Opiate?*** Most often to treat pain after an injury, surgery, or serious health concerns like cancer. Some are prescribed for coughing and diarrhea. ***2.******Why do people misuse Opioids?*** Opioids can make you feel relaxed, but they have chemicals that can change your brain and nervous system. Those changes in the brain and body make opioids highly addictive*.* ***3. Social*:** People with opioid use disorders are part of families, communities, and the workforce. They also play an important role in society as parents, caregivers, and employees. The disruption brought on by opioid use can spread to family system across several generations, affecting how well our educational system works, taxing social services like child welfare, escalating food insecurity and lowering productivity. As a result, financial burdens beyond the direct effects documented to date at the local and state level are ultimately created. This implies that solutions must also be comprehensive and far-reaching. ***4. How to Protect Your Family*:** Talk to your kids about use. Ask your child to explain how they know about alcohol and drugs. Use simple language to explain. Store medications safely and dispose of leftover prescriptions. Keep opioids and other prescription medicines put away in a secure place. Be sure to return leftover prescriptions to a hospital doctor’s office or pharmacy. Many communities offer “take back” events to collect unused prescription medications. Know what to do in an opioid overdose emergency.

***Reference: www.healthy children.org***

**Three Waves of Opioid Overdose Deaths: “The Rise in Opioid Overdose Deaths Can Be Outlined in Three Distinct Waves”** 1. The first wave began with increased prescribing of opioids in the 1990’s, with overdose deaths involving prescription opioids (natural and semi-synthetic opioids and methadone) increasing since at least 1990s. 2. The second wave began in 2010, with a rapid increase in overdose deaths involving heroin. 3. The third wave began in 2013, with significant increases in overdose deaths involving synthetic opioids, particularly those involving illicitly manufactured fentanyl. The market for illicitly manufactured fentanyl continues to change, and it can be found in combination with heroin, counterfeit pills, and cocaine.

**Addressing Health Disparities and Social Determinants of Health: Data on many drivers of health are not often collected alongside health outcome data.**

* **Economic Stability:** Employment, income, expenses, debt, medical bills & support.
* **Neighborhood & Physical Environment:** Housing, transportation, parks/ playgrounds, walkability, zip code & geography.
* **Education:** Literacy, language, early childhood education, vocational training & higher education.
* **Food:** Food security, access to healthy options.
* **Community, Safety & Social Context:** Social integration, support systems, community engagement, stress, exposure to violence/ trauma, policing/ justice policy.
* **Health Care System:** Health coverage, Provider/ pharmacy availability, access to linguistically/ culturally appropriate/ respectful care, quality of care.
* **Racism and Discrimination:** *“Communities of color have been systematically marginalized through decades of a criminalized response to addiction.”*

All these effect health, well-being, mortality, morbidity, life expectancy, health care expenditure, health status & functional limitations.

**SUBSTANCE MISUSE IS COSTLY: One years estimated total lifetime cost (medical, statistical life, loss from medication & drug overdose deaths 2021)**

* **Total Medical Cost**: Durham County $835,659 - Statewide $24,535,913
* **Total Statistical Life Loss:** Durham County $1,215,633,217 – Statewide $35,304,800,000
* **Combined Cost**: Durham County $1,216,468,875 – Statewide $35,325,130,000
* **Cost per capita:** $3,717 - Statewide $3,332

**231 OPIOID OVERDOSE EMERGENCY DEPARTMANT VISITS:** More black overdoses than white in the year 2022-2023. It was deemed that there were more Black overdoses because of alcohol & opioids being used together. Hispanic data is missing because it was too low to count. The highest percentage was in the age range 35-44yo at 20%. Thew lowest percentage was age 65+ at around 8%.

**HARMS ASSOCIATED WITH HIGH-RISK ALCOHOL CONSUMPTION INCLUDING OVERDOSE:** Alcohol poisoning, firearms, motor vehicle crashes, certain types of cancer, liver damage & stroke. The percentage of overdoses in Blacks were significantly higher.

**Responsible drinking means**: ‘Zero alcohol when under 21, driving, pregnant or taking certain medications.”

**RAISING AWARENESS ABOUT ACEs CAN HELP: Change how people think about the causes of ACEs and who could help.**

* Shift focus from individual responsibility to community solutions.
* Reduce stigma around seeking help with parenting challenges or for substance misuse, depression, or suicidal thoughts.
* Promote safe, stable, nurturing relationships and environments where children live, learn, and play.

**4 LEVELS OF ADVERSE EXPERIENCES:**

* **Adverse climate experiences**: Environmental Justice, droughts, fires, climate change, pollution, Covid-19, floods.
* **Adverse childhood experiences**: Incarceration, emotional neglect, mental illness, emotion/ sexual abuse, domestic violence, homelessness & racism.
* **Adverse community experiences**: It is not the people. It is the built community: poverty, violence, poor housing/ affordability, discrimination, lack of social/ economic mobility & lack of opportunity.
* **Atrocious cultural experiences**: Genocide, slavery, colonization, forced family separation, segregation & harmful social norms.

**Four (4) or more ACEs may lead to lack of physical activity, smoking, alcoholism, drug use, missed work, severe obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD & broken bones.**

**Six (6) or more ACEs may result in 20 years less life expectancy.**

**RESILIENCE: What is resilience: ability to recover & adapt from adversity, trauma, illness life changes or misfortunes.**

**Five (5) ways to build resilience: emotional, physical, spiritual, social & family.**

**More Peer Navigators are needed to help in this area.**

**PREVENT OVERDOSE DEATHS BY USING NALOXONE:** Free Naloxone is available vis vending machines at the Justice Center, Durham County Board of Health. TRY distributes Naloxone to Middle and High Schools within the community. Fentanyl Test strips are packaged with Naloxone. Naloxone may be purchased over the counter at pharmacies.

**Building Community Coalitions: “If you want to experience communities authentically; question history, embrace the unfamiliar, and challenge explanations of reality. – Dr. Wanda Boone**

**MEDICATIONS FOR OPIOD OVERDOSE, WITHDRAWAL & ADDICTION**: Reduces Opioid cravings (Methadone, Naltrexone, Buprenorphine, Buprenorphine/ Naloxone). Threats withdrawal symptoms (Lofexidine). Reverses Overdose (Naloxone & Nalmefene).

**Remember to uplift other organizations and their resources: HEART, Durham Recovery & Response Center, Duke Regional Behavioral Health, Carolina Outreach Behavioral Health Urgent Care, El Futuro, Durham Wellness City Recovery Innovations, National Suicide Prevention Lifeline, National Alliance on Mental Illness (NAMI), Trevor Project, GoDurham, GoTriangle, LGBTQ Center of Durham, NC 211, Alliance Health, NCCARE 360, Durham Network of Care, Durham County Resources for Individuals Who Use Substances guide to harm reduction.**

**UBUNTU: Communities for communities engaging together. Incorporates the 7 strategies of change within the Stakeholders Groups. UBUNTU is the story of an archaeologist who was leaving the village for the last time and wanted to give everyone a gift. He got a basket of fruit and put it down by a tree and there were children there and he told the children that whoever gets to the basket first will get the entire basket. The children held hands, ran to the basket, got to the basket together, sat down and ate the basket of fruit together. The children told him that they did it together because why would one of us be happy and the others sad. We could be happy together. Therefore, that is the power of UBUNTU and the power of our coalition. That’s how we work towards prevention. Please join the prevention efforts by contacting Dr. Wanda Boone at** **WANDA.DURHAMTRY@GMAIL.COM****.**

**Note: Dr. Boone informed the group that substance use amongst the youth is down and that there are strategic plans in place for suicide prevention as well. The Board of Education has passed a resolution about black youth in crisis that includes suicide rates and the actions the community can take so that everyone can work together. It has been presented to the County & City and waited for it to be presented. Dr. Boone is very pleased at how we work together in Durham as a community.**

**2nd Speaker: Renee Shaw: Justice Service Department: The Steeping Up Initiative**

* **Stepping Up is a National Initiative to reduce the number of individuals with mental illness in the jail.**
* **Stepping Up asks communities to come together to develop an action plan that can be used to achieve measurable impact in local justice systems.**
* **Innovator County: Shared definition of mental illness, every person that is booked in the jail is screened & track / analyze the data electronically. Note: Durham is an Innovator County.**

In 2019 Durham did an ***Sequential Intercept Map*** of how an individual moves through the justice system from ***Intercept 0 = Hospital, Crisis, Respite, Peer/Community Services, Intercept 1 = Law Enforcement/ Emergency Services, Intercept 2 = Initial Court Hearing, Intercept 3 = Jails/ Courts, Intercept 4 = Re-Entry & Intercept 5 = Community Corrections/ Community Supports.***

Many community agencies came together to create this map (ex. The Homeless Shelter, The Jail, The Police Department and many more Providers). The priority areas that were noticed the most prior to Covid 19 were as follows:

**Priority Area 1 – Community Education**: Making residents aware of available mental health services.

**Priority Area 2 – Access to Housing**: Increase access and availability for people with mental health problems in shelters and collaborate with existing housing initiatives to coordinate resources.

**Priority Area 3 – Length of Stay**: Address the long length of stay for people with mental illnesses or SUD in the Detention Centers.

**Priority Area 4: Services for Mental Health Court**: Address the gap in services to support participants in MHC.

In 2022 the map was redone because a lot of agencies had closed, and new agencies came aboard so this time we took the map one step further by sending out surveys to Providers, communities and individuals that had come through the justice system so we could improve on what had already been done on the map. The HEART Program was just coming aboard at that time. If you follow the map, it will take you through every step of the individual’s process at each intercept.

The 2022 priority areas were:

**Priority Area 1 – Access to Services**: Enhance service capacity and improve access to services.

**Priority Area 2 – Housing:** Address safe and affordable housing needs as a critical component of behavioral health treatment.

**Priority Area 3 – Peer Support**: Assess feasibility to integrate peer support in services provided at each intercept.

**Achievements**

**Access to Care**

* Final stages of having a Forensic Community Support Team
* Brochure developed and approved.
* Familiar Neighbor Pilot

**Housing**

* Joined Local Re-entry housing subcommittee.

**Peer Support**

* Researched providers to obtain additional information.

**Next Steps**

* Update 2022 SIM & looking at goals for 2024.

**Renee opened the panel up for questions and or comments:**

Lacie Scofield shared that she coordinates the CLC Peer Support Program and that she noticed it was not on Renee’s SIM so she would like to get with Renee on adding them to the SIM and Renee agreed. Lacie also informed the team that CLC Peer Support Specialist are currently being used by the MAT Program at the Jail when services are needed upon release for their clients. Renee looks forward to updating the SIM with the CLC information for 2024.

Arthur Payne shared that Morse Clinic has recently connected with Chess Connections Peer Support which is a mobile app. that NCDHHS has authorized. Morse Clinic will be meeting with them tomorrow and will advise more after they know more about their services. Renee is looking forward to hearing more about it and extended the invitation to Arthur to join the committee. He stated he might know a few people there (with laughter).

Timeka Harper-Purcell presented a question to Renee about any changes at the LME level to have reimbursement for agencies that provide Peer Support services. Renee stated that they were not only looking at agencies through Alliance but that they also looked at agencies like Justice Service Department that are not funded by Medicaid or any type of Insurance that still provided those services. Renee stated that they didn’t go any further with Alliance than that.

Tremaine Sawyer wanted to know the best way for someone to remap or join the committee with Renee. Renee put her email in the chat.

Lacie Scofield & Kay Sanford shared that they would really love to get with Renee on the housing portion of the SIM.

Renee Shaw will provide slides and 2022 final reports.

**Renee Shaw can be reached at crshaw@dconc.gov**

**Program Updates & Announcements**

Lacie Scofield shared that CLC hired a third (3) Peer Support Specialist and are now fully staffed. One of the Peers has been approved to enter the Hospitals. The Peer visited the first client at Duke Hospital and gave them their NARCAN kit.

Donna Rosser shared that there will be a “Operation Medicine Drop, Medicine Take Back” at the Northeast Baptist Church on Hwy 55 April 27, 2024, from 10a-2p. DJT Task Force meeting for April 25 has been rescheduled to May 23 from 5p-7p. Donna will send out another calendar and link for the meeting and Lacie will try to put it in the chat & do a follow up email.

Roshanna Parker shared that April is the 2nd Chance Month & JSD will collect backpacks for individuals that don’t have anywhere else to store their belongings and JSD will collect them M-T 8:30a-6p and on Friday 8:30a-4p. JSD will also be collecting everyday type clothing (Jeans, shirts, etc.) Note: “no dressy clothing “for clothing closet.

Captain Tripp shared that she lost one of her Community Paramedics to retirement but will be recruiting soon. Will have Peer Support Specialist interviewing soon for the 2 grant funded positions they have available. These will be MAT Peer Support Specialist working with the Post Overdose Response Team. They will also conduct follow-up surveys. All the Paramedics are now trained to administer Buprenorphine.

Arthur Payne shared that there are significant changes in the opioid treatment programs that affect the Morse Clinic of Durham & New Seasons in Durham to provide Methadone in new and more flexible ways. Will now be able to do inductions through Telemedicine. Working with MAT & the Sheriff at the Jail to connect that service to try to get people connected before they are released. Also looking at getting a medication unit & mobile van. Also dropping the requirement of one-year documented active use. Can now start adolescent treatment with parental consent. Working to close the gaps in service.

Logan Adams asked Arthur Payne if there are any State regulation barriers to implementing the Federal regulations? Arthur Payne gave the feedback that NC SOTA for the State has said that they will adopt all Federal flexibilities. Will get further guidance in June when more comes out publicly. Not any barriers to note.

Kay Sanford shared that this is an exciting time to provide treatment to people that have been desperately wanting treatment with opioids. One of the biggest challenges has been the lack of friendliness of some of the OPT’s and this change that Arthur Payne spoke of is stellar. This is good news.

Arthur Payne shared that he is open to ideas from the panel at any time.

Tremaine Sawyer shared that Wellpath in the Detention Center is doing additional screening for individuals with SUDs as they come in. Everyone doesn’t get a diagnosis of mild, moderate, or severe but identifies if they use some level of substances. Alcohol is the most prevalent used at this time. There is a Vivitrol grant in place at the Detention Facility. Can be treated with OUD. STARR is in support of it. STARR provides Psychoeducation classes and brief interventions for people with a brief stay in jail.

Meeting Adjourned at 4:30pm