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

**November 14, 2023, Meeting Notes**

**Present: Tremain Sawyer, Nicole Schramm-Sapyta, Lacie Scofield, Eric Morse, Dasherline Johnson, Stephen Smith, Kristen Patterson, Quanesha Archer, Roshanna Parker, Michele Easter, Dana Clifton, Alex Rubenstein, Logan Adams, Helen Tripp, Jane Crowder, Larry Greenblatt, Timeka Harper-Purcell, Sheriff Clarence Birkhead, Jesse Battle, Andrea Couch**

**Welcome & Introductions:**

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

**Review of October Minutes:**

The minutes were reviewed and approved unanimously.

**BASS and DATA + Presentation**

Nicole Schramm-Sapyta shared that she and Michele Easter, along with students, have spent the last 6 years examining the complex interplay between the Justice System, Health System, Mental Health, and substance use disorder in Durham County. Nicole shared that the big take-aways from this presentation are:

* Individual Diagnoses of serious mental illness and substance use disorder predict frequent re-arrest in the Durham County Detention Facility
* Community/neighborhood factors are important in both re-arrest and health system usage.
* Durham Counties Justice System has made efforts to improve outcomes for those incarcerated with MI and SUD
* Duke Health is a frequent point of contact, especially ED.

Nicole shared that they were blessed with a very rich data set. From the Durham County Detention Facility, they have data from 2014-2020. This data covers detention/release dates, charges, demographic characteristics of 29,000 detainees. From the DUKE E.H.R. they have service date, service type, primary care, diagnoses, prescription, and demographic characteristics data. These two data sets were matched and merged behind the scenes, so they only receive anonymized data.

The first question posed was How do mental illness and substance use disorder relate to Re-Arrest? The takeaway from this is Co-Occurring Substance Use Disorder and Serious Mental Illness associated with re-arrest. Nicole Shared that data showed a significantly higher rearrest rate amongst those with co-occurring substance use disorder and serious mental illness. There was a question as to the re-arrests coming from drug crimes and the data shows that was not really the case.

Nicole shared that they also reviewed Neighborhood-level Factors via Census Tract Analysis from DUKE Health (Slide attached). This data showed that areas that were higher in poverty were also higher in bookings and also clearly shows that the wealthy areas able to afford insurance have lower bookings. it is shown that lack of insurance in the low-income areas correlates with higher bookings and more visits to the DUKE ER.

Durham County has many policy-related efforts and initiatives to aid those with Mental Illness who are also Justice Involved. This study held a focused look at the effect of the end of Cash Bail for minor Offenses and found that while many critics felt that this policy would lead to higher levels of re-arrest. Nicole shared that this was an easy hypothesis to test. They found that there was no overall change in re-arrest pre- vs. post-policy-change. Additionally, they found that BOTH before and after:

* SUD and Co-Occurring SUD+SMI higher risk of re-arrest
* Women were less likely to be re-arrested.
* Those released on their own recognizance or secured bond were less likely to be re-arrested than other release reasons.

Michele Easter shared that she is less involved with the student work than Nicole is but is on a related track that hopefully raises awareness and/or sparks ideas for change.

Michele shared that she worked on an older subset of similar data from 2014-2018, this data is also matched and merged in the same fashion as previous data. In reviewing this data Michele found that of the 24,000 people booked in the jail, 75% also have a record at DUKE and 60% had encounters between 2014-2018.

Michele shared that her interest was looking at individuals who utilized the ED frequently and its correlation with SMI, AUD, and SUD diagnoses. Michele shared that 4 or more E.D. visits in a year is considered frequent so, she counted people who visited 20 or more times over the 5-year span as a specialized group of individuals. This specialized group was then broken out by singular and co-occurring diagnoses. It was found that individuals with these co-occurring diagnoses were 2.5x more likely to visit the ED 5+ times a year.

Michele then compared the most common diagnoses received at the ED by frequency of ED use and Jail involvement. It was found that in the full health care sample (used at least once) the most common diagnosis was Circulatory followed by Musculoskeletal, Mental Disorders, Endocrine and Injury. In the Frequent user sample, the most common diagnosis was Circulatory followed by Mental Disorders, Musculoskeletal, and Endocrine. In the Jail sample (used at least once), the most common diagnosis was Injury followed by Musculoskeletal and Mental Disorders. In the frequent user Jail sample, the most common diagnosis was Mental Disorders followed by Musculoskeletal, and Injury.

Michele shared the summary of results showed:

* Co-Occurring SMI and SUD are associated with highest risk of chronic or frequent ED use.
  + Especially SMI, SUD, and AUD
* Frequent jail detention also associated with more frequent ED use.
* ED visit Diagnoses
  + mental disorders more prominent among frequent users than other ED-users, particularly those with Jail Involvement.
  + Injury and poisoning are more prominent among jail-involved ED-users.
* How to meet needs, stabilize people, promote recovery, and prevent unnecessary ED-reliance? There are two basic approaches.
* Community-Based
  + Get connected to community treatment and resources to reduce need for ED-e.g., ACT teams, Forensic CST, housing.
  + Primary care engagement could make a difference.
* Jail-based
  + Great treatment, referrals, warm hand-offs, coordination.

Nicole shared that the Main take-aways from the study was that:

* Co-Occurring SMI and SUD is associated with higher likelihood of repeated arrests, even after cash bail policy change.
* Neighborhood poverty is associated with higher levels of re-arrest and health system usage.
* Justice-involved, familiar face population comes to the ED for mental health issues as a high rate compared to the general health-system sample.

Tremaine Sawyer asked is the slide that mentions Injury/poisoning is related to overdose. Michele Easter shared that it does include overdose.

**Housing Subcommittee**

Lacie Scofield shared that Timeka Harper-Purcell, clinical director of Freedom House, would be giving todays update.

Timeka shared that they met with the Owner of Cub-Creek transitional program last week to discuss MAT services and they anticipated feeling less than hopeful as Cub-Creek has significant concerns regarding ability to oversee along with personal biases and stigmas. It was shared that the owner was open to continued discussion about MAT. The owner shared that she is open to the potential of opening a house that was MAT specific.

Timeka shared that Freedom House has been working with Arthur Payne and the Morse Clinic in figuring out the logistics of being able to provide methadone in an effort to expand those they can help. Arthur shared his appreciation of Timeka to help bridge the gap and offer lifesaving medications.

Lacie shared that the committee would next be reaching out to the Durham Rescue mission and will update post meeting.

**Program Updates**

**Morse Clinic-** Arthur shared that Morse Clinic is continuing to serve the Durham Community. Tremaine and Arthur will be presenting on the 12/7/23 OPDEEAC panel. Morse Clinic will also be collaborating with DUKE outpatient efforts to connect individuals with an OTP.

**CLC-** Lacie Scofield shared that their new Peer-Support Specialist connected with 16 participants in October and 10 became enrollees. 2 participants were referred by the detention center and 1 was referred by DUKE Regional. Lacie shared that they were in talks with Dr. Adams about expansion. Dr. Adams is referring via the peer mobile number as he comes across individuals interested**.**

**DUKE Out-Patient-** Dr. Logan Adams shared that he has a clinic at the DUKE Out-Patient clinic for internal referrals for primary care SUD Patients.

**Detention Center-** Tremaine Sawyer shared that traditionally STARR has been a closed model but they now work with Well path that does a universal DAS10 and anyone who screens positive for substance use according to the DAS10 is contacted by a SUD Counselor for brief intervention.

**Announcements**

Meeting Adjourned at 4:20pm