

Treatment and Harm Reduction (THR) Committee

Meeting Minutes – April 14, 2026

Attendance

Tremaine Sawyer (DCoJSD), Lacie Scofield (DCoDPH), Lee Morales (DCoJSD), Tony Brown (SouthLight), Ray Inge (SouthLight), Irving Hewitt (Oxford Houses), Sarah Sterling (Duke), Chenelle McInnis (Duke), Nicole Poole (Milestones Healthcare), Zandra Joiner (Milestones Healthcare), Christian Dotson (DCoDPH), Jaeson Smith (DCoDPH), Kim Chansen (RI), Carlyle Johnson (Alliance Health), Helen Tripp (EMS), Lisa Finley (TROSA), Roshanna Humphrey (DCoJSD), Quanesha Archer (DCoDPH), Kristen Patterson (DCoDPH), Amy O'Regan (NCDHHS), Hayley Cunningham (Radical Healing).

Call to Order and Approval of Minutes

- Meeting opened by Co-Chair Lacie Scofield.
- February meeting minutes were reviewed and approved unanimously. March minutes were unavailable due to staffing absence.

Presentation – FY27 Opioid Settlement Update

Presenter: Jaeson Smith, Opioid Settlement Manager, DCoDPH

Jaeson Smith provided an overview of Durham County's opioid settlement strategic planning process, current funding realities, and FY27 planning efforts.

Opioid Settlement Funding Overview

Durham County is projected to receive approximately **\$21.7 million** in opioid settlement funds between 2022–2038. Approximately **\$8.2 million** has been received to date.

Key points included:

- Funding is front-loaded and decreases significantly over time.
- Durham currently averages approximately **\$1.3–1.5 million annually** in available funding.

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- Strategic sustainability is critical to avoid creating programs that cannot be maintained long-term.
- FY27 requests totaled approximately **\$6 million**, significantly exceeding available funding.

Jason emphasized the importance of:

- prioritization,
- sustainability,
- measurable impact,
- and strategic allocation of limited resources.

Evidence-Based Strategy Areas

Jason reviewed the 12 approved opioid settlement strategy categories under Option A of the National Settlement Agreement. Current Durham priority strategies include:

- Treatment and MOUD access
- Recovery support services
- Early intervention/prevention
- Naloxone distribution
- Post-overdose response
- Syringe service programs
- Criminal justice diversion and reentry services

Discussion highlighted the importance of combining:

- prevention,
- treatment,
- recovery,
- and reentry supports.

Strategic Planning & Advisory Committee

Jason reviewed Durham's use of the Collaborative Strategic Planning Process which will position the county for potential future "Option B" expansion. The process involves 14 steps and an Opioid Settlement Advisory Committee.

The Opioid Settlement Advisory Committee:

- meets regularly,
- reviews community needs,
- evaluates funding requests,
- and makes recommendations to the Board of County Commissioners.

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The Board of County Commissioners remains the final decision-making authority regarding funding approvals.

Community Engagement & Future Funding

Participants asked questions regarding:

- future RFP opportunities,
- eligibility for new organizations to receive funding,
- and community participation.

Jason encouraged organizations to:

- remain engaged,
- subscribe to settlement newsletters,
- attend advisory meetings,
- and participate in public comment opportunities.

He also clarified that Durham County and the City of Durham maintain separate opioid settlement funding processes. Both the county and the city have released RFPs for funding and may do so again in the future.

Presentation – EMS Community Paramedic Opioid Follow-up and MOUD Program Update

Presenter: Capt. Helen Tripp, Division Chief, Durham County EMS Community Paramedics

Helen Tripp presented updated FY26 opioid overdose response data and EMS community paramedic data through March 2026.

Opioid Overdose Trends

Data from July 2025–March 2026 showed the following:

- Durham EMS responded to 548 opioid-related calls involving 453 unique individuals.
- February overdose numbers had declined substantially.
- March demonstrated a significant spike in overdose activity, increasing from 33 calls in February to 80 calls in March.

EMS Post-Overdose Follow-Up Program

Durham EMS Community Paramedics continue conducting:

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- post-overdose outreach,
- follow-up attempts within 24–72 hours,
- resource linkage,
- and treatment referrals.

Barriers identified included:

- unstable housing,
- inaccurate contact information,
- transportation issues,
- and individuals overdosing outside Durham County.

Despite barriers, EMS emphasized ongoing efforts to maintain contact and engagement with individuals after overdose events.

Buprenorphine/MOUD Program Discussion

Capt. Tripp reviewed Durham EMS's field-based MOUD induction program. Program components include:

- Buprenorphine induction after overdose,
- Daily follow-up for up to seven days,
- Referral and connection to outpatient providers,
- Linkage to primary care and OTP services.

Referral partners discussed included:

- Lincoln Community Health Center
- Opioid Treatment Programs (OTPs)
- Community recovery providers

Positive trends highlighted:

- former patients self-referring for assistance before relapse,
- peer referrals,
- increased community trust,
- and proactive help-seeking behaviors.

Helen highlighted ongoing collaboration with Durham County Justice Services Department. Coordination efforts include:

- probation/parole referrals,
- justice-involved reentry support,

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- reciprocal referrals between EMS and Justice Services,
- and continuity of care for individuals returning to the community.

The committee emphasized the value of integrated behavioral health and justice-system partnerships.

Opioid Overdose Disparities

EMS demographic data demonstrated significant disparities:

- approximately 60% of opioid-related EMS calls involved Black/African American individuals, despite Durham's population being approximately 34% Black/African American.
- The most impacted age range was 35–55 years old.

Committee members discussed:

- culturally responsive outreach,
- targeted prevention efforts,
- and equity-focused intervention strategies.

Drug Supply & Overdose Spike Discussion

Committee members discussed possible reasons for the spike in overdoses that occurred in March. It was mentioned that Durham police arrested a local drug dealer that month. When this happens, there is typically a spike in overdoses because clients resort to buying drugs from a new dealer who may be an unreliable or unstable source.

The committee discussed ways to reduce future harm from drug busts:

- Police could alert harm reduction organizations immediately before or immediately after drug dealer arrests
- County harm reduction and law enforcement staff could develop a coordinated response following major drug enforcement activity.

Capt. Tripp volunteered to contact Durham police to find out if coordination would be possible.

Committee Member Updates

Oxford Houses

Irving Hewitt announced:

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- expansion of an additional Durham recovery house
- the upcoming NC Oxford Houses statewide convention in Raleigh (May 1–3)

Alliance Health

Carlyle Johnson shared concerns regarding:

- Medicaid recertification,
- potential federal work requirements,
- loss of medication coverage,
- and the impact on treatment continuity.

Participants emphasized concerns that interruptions in Medicaid eligibility may result in:

- loss of buprenorphine access,
- treatment disruption,
- relapse,
- and overdose risk increases.

Discussion included:

- need for navigation assistance,
- low-barrier medication access,
- community education,
- and collaboration between providers and harm reduction organizations.

Future presentations regarding Medicaid impacts and SUD treatment networks were discussed.

The next THR Committee meeting is scheduled for May 12th, 2026 at 3:00-4:30 PM.