

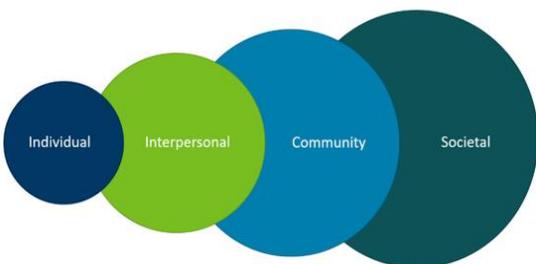


Durham Joins Together Taskforce Meeting Report

Committee	Prevention and Education (DJT Focus – Opioids) Together for Resilient Youth (TRY) Other: Alcohol, Tobacco, Marijuana, Vape, Gummies, Alcohol Sales; Suicide, Youth Violence, Interpersonal Violence, ACEs, Resilience
Committee Chair or Co-Chairs	Dr. Wanda Boone, Jude Johnson Hostler, Mindy Solie
Date	09/13/22

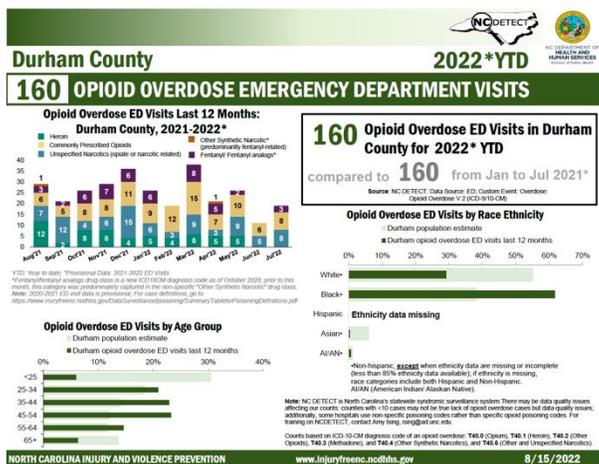
Committee members: *Please identify names of attendees and affiliation (example: Donna Rosser, Durham County Department of Public Health)*

Dr. Wanda Boone, CEO TRY Coalition and Members: Co-Chair Jude Johnson Hostler, NCDHHS Perinatal Addiction Counselor, Co-Chair and Advisory Board Mindy Solie, District 3 Facilitator, Associate Professor of the Practice in the Duke Institute for Brain Sciences, Paula Harrington, Oxford Houses and Recovery Community, Parents Grieving Overdose –(Lauri Morgan, Chris Musgrove, Carlotta Dunagan, Jeff Canady), Pamela Joyner, Juvenile Justice, Shaneeka Moore Lawrence, Regional PTA President, Francelia Burwell, Statewide PTA President, Harold Chestnut, City- Wide PAC, Marcus White, Representing PH Council, Carla Fryling MH Consultant, LaToria Trice, UNC Reception, Mrs. Florine Moore, TRY CHW, Keesha Judd, TRY CHW, Nancy Rosales, TRY CHW, Nathalia Rosales, LIFT Youth Leader, Stephanie Morgan, Duke Clinical Trials, Conner Reed, NCCU Intern, Nadine Barrett, Duke CTSI Equity, Dr. Seronda Robinson, NCCU Department of Public Health Education, Maame Amoako, Duke Medical Center Intern, Ashley Bass-Mitchell, Alliance Behavioral Health, Andre Hinton, Durham Sheriff's Office, Angie Mejia, Youth Coordinator/CHW, Carolyn Myers, Family and Home.org, Crystal Taylor, Beats and Bars/Black Farmers Collaborative, Patricia Murray, Durham Skywriter, Earl Chestnut, District 4, Earl Boone, Pastor/Bethesda Elementary Teacher, Harlan Crenshaw, Durham Police Department, Jason Southworth, Carolina Behavioral Healthcare Pharmacy, Lee Barnes, Family Fair Convenience Stores, Kyle Smith, Insight Human Services, L'Tanya Gilchrist, DCHD, Josephe Silverstone, Durham Children's Initiative and Antonio Jones, Durham Committee on the Affairs of Black People.



Current Activities:

RESILIENCY INFORMED PREVENTION with EQUITY All coalition members, volunteers and community health workers have been trained on TRY's resilience based, equity informed and community process to prevention. TRY Collective Impact Coalition & Trauma Informed Living meetings on the 2 Wednesday of the month building on prevention strategies from providing information to policy.



SUBSTANCE USE: Prevent, monitor and advocate for prevention of overdoses among all residents with a focus on Black residents based on monthly reports. TRY Conducts community awareness campaigns on the harmful effects of Alcohol, Tobacco/Juul, Marijuana, Opioids/Fentanyl on the developing brain. We hold town hall events featuring expert academic and community guest speakers. TRY holds an annual conference featuring community members, youth, young adult experts alongside academic and research experts. Distribute home use medication lock boxes to families, businesses and recovery programs. TRY Purchased 6 of the 7 permanent drop boxes placed throughout Durham.

Metrics/Measures

Goal 1 Increase the capacity of community members and institutional members to prevent substance use.

Objective 1 By 01/23 Establish the TRY Action Team of 7 community members 5 institutional members

5 community members 08/31/22, 2 institutional members

Objective 2 By 03/23 NC PTTC and/or identified instructors will have conducted classes on the collective impact model, SPF and seven strategies for community change curriculum attended by 50% of the Action Team (AT). **Trainers identified 08/31/22**

Objective 3 By 04/23 NC PTTC and/or identified instructors will have conducted classes on Trauma Informed Behavioral Health curriculum attended by 50% of the AT **WIP**

Objective 4 By 9/23 three AT members will conduct a Town Hall one community presentation each month for six months to disseminate timely information to communities regarding activities that prevent and reduce use among. **WIP**

TRY Action Team (TAT) and Collective Impact

This project will enhance the capacity of the coalition to increase the coalition's effectiveness addressing underage drinking in the community through the development of the TAT. The TAT is not an Advisory Board but an Action Team that helps ensure that community and institutional representatives are on the same collective impact page (common agenda, shared measurement, mutually enforcing activities and continuous communication). The composition of the AT (7 community experts, 5 Institutional leaders) will enhance cooperation and coordination on the issue of alcohol use among youth and young adults. Serve as a catalyst for increased citizen participation and greater collaboration among all sectors and organizations of a community to foster a long-term commitment to reducing alcohol use among youth. Strengthen collaboration among communities and the local government to reduce alcohol use among youth and young adults.

Adverse Experiences Change Your World

Change your Words. Change Your World: (Dr. John Evans, Duke University) <https://dhwprograms.dukehealth.org/about/meet-the-team/john-f-evans-mat-ma-edd/>. Expressive writing has been shown to improve resilience as well as emotional and physiological health in both clinical and non-clinical populations. A number of studies have shown this paradigm to be an effective therapy to improve emotional, psychological, and physiological health in those who have experienced trauma. 80% success

Goal 1 – Increase the number of participants trained in Change Your Words. Change Your World.

Objective 1 - By 8/23 Community Health Workers will have trained 50 youth and adults on Change Your Words. Change Your World addressing the prevention of trauma outcomes including substance use **28 currently trained – 08/31/22**

Coping Together

<https://globalhealth.duke.edu/news/family-support-model-developed-kenya-comes-north-carolina> (Dr. Eve Puffer, Duke University) is a family intervention program that includes the whole family. 108 families have been trained on the session in 2 cohorts this year with 95% success rate: Communication skills, Creating a family vision, Creating a family plan for success, Problem solving skills, Coping Skills, Conflict resolution, Solution focused action planning and resolution.

Goal 1 – Increase the number of participants in the Good Neighbor Business Network

Objective 1 - By 8/23 Community Health Workers will have trained 40 families on Coping Together addressing MHSU **25 currently trained – 08/31/22**

Good Neighbor Network

The goal of TRY was to improve community health, safety, and wellness by improving alcohol outlet compliance. Members realized that the bottom line was money: businesses need to be profitable and the community needs businesses for its quality of life. Stripping businesses of their licenses or denying licenses to businesses on the basis of the location was met with a great deal of objection from most stakeholders. A comprehensive inclusive alcohol outlet approval process that controlled compliance seemed to be the strategy that would lead to success. TRY members were not comfortable with strong-arm tactics, boycotts, and public shaming by publishing the names of noncompliant alcohol outlets.

Goal 1 – Increase the number of participants in the Good Neighbor Business Network

Objective 1 - By 9/23 increase by 5 the number of Good Neighbor Business participants from 550 to 555.

Objective 2 - Decrease by 1% the number of noncompliance alcohol outlets from 14% to 13% by 8/30/23

Objective 3 - By 6/23 increase untrained alcohol outlets from 260 to 300

Living in Future Tense

Character First develops the skills and abilities necessary to help students grow in character. It teaches them how to effectively communicate and work with others to accomplish goals and live a life consistent with their beliefs. Filled with real-life scenarios, activities, and discussions.

Goal 1 Decrease youth substance use in the community by implementing evidence-based programs within the school district to address behaviors that may lead to the initiation of use.

Objective 1 - By 9/23 decrease by 2% from 23% to 21% the number of middle school students who did not use substances in the

last 30 days as measured by the school youth survey

Objective 2 - By 9/23 decrease by 2% from 26% to 24% the number of high school students who did not use substances in the last 30 days as measured by the school youth survey conducted every 2 years.

Decrease substance use in the community by implementing evidence-based programs within the school district to address behaviors that may lead to the initiation of use. **Scheduled: YE Smith, Durham School of the Arts Scheduled 10/23, Southern HS, Hillside HS 10/22 – 6/23**

✓ TOGETHER FOR RESILIENT YOUTH ACTIVITIES (AND CENTERS FOR DISEASE CONTROL CROSSWALK)

Strategies and Activities		Short-term Outputs/Outcomes	Intermediate Outcomes	Long-term Outcomes
Component 2: Prevention	Strategy 4 – Prescription Drug Monitoring Programs	Strategy 4 <ul style="list-style-type: none"> Increased measurable collaboration and communication Increased application of data to drive prevention and response activities between state and local efforts ✓ Increased access for state health departments to multiple data sources 	Strategy 4 <ul style="list-style-type: none"> Increased use of PDMP by providers and pharmacists Identification of high risk prescribing and patient behaviors Better tracking of opioid prescriptions; decrease in high risk prescribing behaviors. 	<p>*red font indicates strategies where DFC Coalitions could help</p> <ul style="list-style-type: none"> Decreased rate of opioid misuse and opioid use disorder Increased provision of evidence-based treatment for opioid use disorder Decreased rate of ED visits due to misuse or opioid use disorder Decreased drug overdose death rate, including prescription and illicit opioid overdose death rates
	Strategy 5 – Integration of State and Local Prevention and Response Efforts	Strategy 5 <ul style="list-style-type: none"> Increased local and state capacity for sustainable surveillance and prevention efforts Increased understanding of context resources and needs in city/county/state ✓ Increased understanding of evidence-based, scalable response approaches Increased focus on highest risk groups 	Strategy 5 <ul style="list-style-type: none"> Greater awareness of drug and opioid overdose epidemic by state health departments, with respect to burden and resources, including at the city/county level ✓ Increased state involvement in local-level prevention efforts Increased preparedness and response at the local level. ✓ 	
	Strategy 6 – Establishing Linkages to Care	Strategy 6 <ul style="list-style-type: none"> Increased awareness and coordination of linkages to care ✓ 	Strategy 6 <ul style="list-style-type: none"> Increased referrals to and engagement in evidence-based treatment 	
	Strategy 7 – Providers and Health Support Systems Support	Strategy 7 <ul style="list-style-type: none"> Provider, health system, and payer awareness of and supports for guideline-concordant opioid prescribing, non-opioid medications, and non-pharmacological treatments ✓ 	Strategy 7 <ul style="list-style-type: none"> Increased use of non-opioid medications and non-pharmacologic treatments for pain by patients Decrease in high risk opioid prescribing 	
	Strategy 8 – Partnership with Public Safety and First Responders	Strategy 8 <ul style="list-style-type: none"> Improved coordination of public health and public safety efforts; Use of shared data to inform collaborative public health/public safety prevention and response activities; Greater jurisdictional awareness of opioid overdose epidemic and evidence-based approaches by public safety and first responder partners ✓ Increased opportunities/processes to link individuals to care Increased use of pre-arrest and pre-trial diversion type programs to address opioid-related behaviors 	Strategy 8 <ul style="list-style-type: none"> Improved utilization of evidence-based approaches to prevention, intervention, and referral to treatment 	
	Strategy 9 – Empowering Individuals to Make Safer Choices	Strategy 9 <ul style="list-style-type: none"> Awareness of the risks of prescription and illicit opioids ✓ Awareness of non-opioid medications and non-pharmacologic treatments among prescribers and other clinical partners 	Strategy 9 <ul style="list-style-type: none"> Decreased initiation of opioid use and misuse ✓ Increased fidelity to opioid prescription/mediation protocol Increased use of non-opioid medications and non-pharmacologic treatments among patients 	
	10 – Prevention Innovation Projects	Strategy 10 <ul style="list-style-type: none"> Improved flexibility to respond to changing conditions within the jurisdiction Promotes the development of novel prevention strategies ✓ 	Strategy 10 <ul style="list-style-type: none"> Expanded opioid prevention activities, improved jurisdictional responsiveness 	

Strategy 4 - Report on Durham OD data reported by the NC Injury Prevention Branch and local heat maps received from First Responders
 Strategy 5 - Identify City/County Data and report trends throughout communities.
 Strategy 6 - Implement TRY Whole Health Initiative and partner with Recovery Support and Oxford Houses.
 Strategy 7 - Participatory Research on non-addictive pain alternatives administered at the ED.
 Strategy 8 - Partner with First Responders - Data Heat Maps and Naloxone use.
 Strategy 9 - Distribute Information throughout the community including on the dangers of prescription and illicit opioids County-wide.
 Strategy 10 - Develop novel prevention through Trauma Informed Living comprehensive approach.