



Agenda

Thursday, August 27, 2026 (5:00PM-6:30PM) - Via Zoom

Co – Chairs: Dr. Wanda Boone, CEO of Together for Resilient Youth (TRY) & Wendy Jacobs, Board of County Commissioners (BOCC)

	AGENDA ITEMS
5:00 pm – 5:05 pm	Welcome and Introductions – Commissioner Wendy Jacobs Task Force Co-Chair
5:05 pm – 5:15 pm	Update on Medicaid/HR1 Impacts, SUD Exceptions, and Planning Efforts– Carlyle Johnson, Alliance Health
5:15 pm – 5:20 pm	Discussion/Q&A
	Updates on Policies Impacting Homelessness, Substance Use and Mental Illness
5:20 pm – 5:30 pm	Legislative Update – Overview of HB 437: Implications for Homelessness and Substance Use – Representative Zack Hawkins, NC House of Representatives
5:30 pm – 5:40 pm	Impact of the Strategic Framework to Make Homelessness Rare and Brief on People who use Substances – Anise Vance, Assistant Director Durham Community Safety Department, City of Durham
5:40 pm – 5:50 pm	Impact of HUD CoC Funding Changes on People with Mental Health and Substance Use Disorders – Anthony Henderson, Manager, HOPE Team (Housing Opportunities and Pathways Engagement) Durham Community Safety Department, City of Durham
5:50 pm – 6:00 pm	Discussion/Q&A
6:00 pm – 6:10 pm	Data Report Card – Dr. Wanda Boone, Task Force Co-Chair

6:10 pm – 6:15 pm	• Discussion/Q&A •
6:15 pm – 6:20 pm	• Announcements ○ Planning a Tour of Healing Transitions
6:20 pm – 6:30 pm	• Updates and closing – Dr. Wanda Boone, Task Force Co-Chair
	Next Meeting: Thursday, November 19, 2026, 5:00pm-6:30pm Location: Zoom

Schedule for Durham Joins Together Committees:

- Prevention/Education – 2nd Wednesdays, 10:30 AM Virtual
- Treatment and Harm Reduction – 2nd Tuesdays, 3:00 PM Virtual
- Housing – 4th Fridays, 1:00 PM Virtual

Committee Chairs:

- Prevention & Education – Dr. Wanda Boone
wanda.durhamtry@gmail.com
- Treatment and Harm Reduction – Tremaine Sawyer & Lacie Scofield
tsawyer@dconc.gov; lfscofield@dconc.gov
- Housing – Division Chief Helen Tripp
htripp@dconc.gov

*Committee Reports due 1 week prior to task force meeting.

Durham Joins Together Goals and Objectives for 2028

Goal 1: Reduce and Prevent Substance Misuse Through Education and Community Collective Impact

Objectives:

- Reduce ED overdose visits by 10% (from 136.5 to 122.8 per 100,000).
- Reduce the percentage of ED overdose visits among Black residents from 55% to 45% of the total ED overdose visits.
- Reduce self-reported vape use by 5% of the students surveyed in middle school (16%) and high school (29%).

Data Sources: NCDHHS Injury and Violence Prevention Branch (baseline 2024), Youth Risk Behavior Survey (baseline 2023)

Goal 2: Address Substance Misuse and Reduce Harm Through Intervention and Treatment

Objectives:

- A. Increase the percentage of people who receive treatment for OUD from 0.4% to 0.5%.
- B. Obtain comprehensive data on patient retention rates from SUD treatment providers to establish a baseline retention rate.
- C. Enroll all eligible residents on Medicaid (100%) and retain those who are currently enrolled.

Data Sources: NCDHHS Injury and Violence Prevention Branch (baseline 2024), NCDHHS NC Medicaid Division of Health Benefits

Goal 3: Enhance Continuum of Care for Individuals with Substance Use Disorder

Objectives:

- A. Conduct an assessment to determine why the Alcohol and Drug Abuse Treatment Center (ADATC) facility was not successful.
- B. Conduct an inventory of existing services, the possibility of enhancing those services, and options to reduce use of emergency departments for detox.
- C. Explore existing continuum of care models in other counties, define best practices, and identify an ideal continuum of care from detox to inpatient and long-term treatment.

Models to Explore: Healing Transitions, Anuvia Prevention and Recovery, McLeod Centers for Wellbeing, Hope Haven, Upcoming Medicaid-covered level of care

Goal 4: Support Stable Housing for Individuals with Substance Use Disorder

Objectives:

- A. Reduce the total number of chronically homeless individuals by 10% (from 399 to 359) and the total number of Black or African American individuals who are homeless by 10% (from 2,766 to 2,489).
- B. Open a day center for individuals who are homeless that includes connection to harm reduction resources and treatment for substance use disorders and co-occurring disorders.
- C. Add a total of 20 additional beds in recovery housing facilities with no restrictions on MOUD.

Data Sources: Homeless Management Information System (HMIS) via Durham County DSS's Coordinated Entry system (baseline 2024)