STRATEGIC PLANNING MEETING

Location:	Justice Services Center, Multipurpose Room, 326 E. Main Street, Durham, NC 27701
Date:	Wednesday, March 5, 2025
Time:	5:30 – 7:30 pm

AGENDA DETAILS

I. WELCOME!

a. Sarah will read the minutes from last month's meetingWelcome from Co-Chairs: Commissioner Wendy Jacobs & Dr. Wanda Boone

FACILITATOR: LINDSEY BICKERS BOCK

II. CONTEXT SETTING (5:50 PM)

a. History of Durham Joins Together to Save Lives

b. Progress on previous goals

i. **Eliminate substance misuse and overdose**
EMS identified overdoses, Helen Tripp
Emergency Department identified overdoses, Dr. Wanda Boone

ii. **Increase access to treatment (MAT)**
Treatment rates, Lacie Scofield

iii. **Create a continuum of support**
Increasing access to care, Wendy Jacobs

III. TABLE DISCUSSIONS (6:30 PM)

a. Reduce and prevent substance misuse and overdose through education & community collective impact

b. Reduce and prevent substance misuse and overdose through intervention & treatment

c. Enhance continuum of care

d. Support stable housing for individuals with substance use disorder

IV. REPORT OUT (7:10 PM)

Share: proposed goals & objective(s); needed information for next steps
Next meeting: Thursday, April 24, 5:30 pm

V. MEETING MINUTES

Welcome

Co-Chair and BOCC Member, Wendy Jacobs began the meeting by welcoming everyone and drawing their attention to the resources available, asking that they pick them up throughout the evening. She asked that Co-Chair Dr. Wanda Boone continue the welcome.

- Dr. Boone introduced herself as CEO of Together for Resilient Youth and thanked everyone for attending. She emphasized the importance of participant input in shaping the future direction of the DJT Task Force. She introduced Lindsey Bickers Bock as the facilitator for the evening.

- Strategic Planning Facilitator, Lindsey Bickers Bock, introduced herself as the Health Education Division Director for the Durham County Department of Public Health. In this role, she said she has seen how the Community Health Assessment intersects with opportunity to intervene with substance use as a topic that Durham County is concerned with.
- Lindsey shared that her role as facilitator of the meeting would be to provide context and framework for bringing those with content expertise to the table to discuss where DJT Task Force has been and where we hope to go within the next 5 years.
- Lindsey walked everyone through the agenda. She then began with a history of the DJT Task Force, noting that the group emerged from a grant from the UNC School of Government thinking about how local governments could come together and do collective impact work. She added that the history of the group was also informed by Fentanyl added to the drug supply and a pandemic, which necessitated a balancing act with substance use and other health priorities. Thus, the goals set in 2018 may seem strange without considering these caveats.
- Lindsey shared the goals set in 2018 as follows:
    - Goal: Eliminate substance misuse and overdose
        - Objective: By 2023 decrease EMS identified overdoses by 20%.
        - By 2023 the decrease in ED identified overdoses by 20%
    - Goal: Create a continuum of support
        - Objective: By 2019 increase access to MAT by 100%
    - Goal: Facility-based Detox Recovery Centers
        - Objective: Build a second facility by 2022.
- She said that we had not revisited these goals since that time. She added that we are excited to bring the group back together to think about where we go from here.

Lindsey introduced the next item on the agenda and presented Captain Helen Tripp.

- Helen introduced herself as working with Durham County EMS and managing the Community Paramedics Program which was started in the fall of 2017. In February 2018, they began doing post-overdose response. These efforts preceded the DJT Task Force and resulted from a grant between the NC Department of Health and Human Services and the NC Office of Emergency Medical Services to get Narcan into the community as a part of post-overdose response.
- At that time, their goal was to visit everyone post-overdose, provide them with a naloxone kit and a list of community resources and to connect them to those resources as much as possible.
    - The goal was to reach 100%. They are averaging about 20% contact. Helen said this is because people do not always overdose at home and when community paramedics return 24-48 hours later, they cannot find them. She says she tracks reasons they can't find people. As they were building the program, this helped them understand the barriers to follow-up.
- When Durham Joins Together was formed, Helen was glad to be involved and participate in training with Dr. Boone and others through the UNC SOG Collective Impact program.
    - Helen said that due to a reporting system change, she does not have data prior to 2020. She shared information on EMS identified overdoses starting in 2020, which included a monthly average of 28.5 overdoses. After March of 2020, she noted a significant increase in the rate of overdose.
- Their objective was to decrease EMS identified overdoses by 20%. Then came COVID and Fentanyl, which presented barriers to reaching that goal. They started with 28.5 % in 2020 and for this year, 50.2%.
    - Helen mentioned that the interesting thing about overdoses in Durham is the disparity they have identified. The population of Durham is approximately 33% Black/African American. However, they account for 60% of overdoses. She said they want to know the reasons and what they can do to reduce that disparity.
    - They have also seen an increase in overdoses among Hispanics in Durham. Overdoses have gone from negligeable when compared to other races, to almost doubling since they started tracking them.
- Helen mentioned another goal: By 2019, increase access to MAT by 100%
- She said because community paramedics can now induct individuals on Buprenorphine in the field, 100% of EMS identified post-overdose patients now have access to Medication for Opioid Use Disorder (MOUD).
- Helen shared that in FY 2024 (October 2023-September 2024), the program reached 48 patients, getting them inducted, providing them with Buprenorphine and connecting them to community resources.
- Since October 2024, they have worked with another 11 patients who are now on treatment, no longer using illicit substances and are much safer. She said that even

though they haven't met the other goal, they are still progressing and doing positive things.

ED Identified Overdoses

- Dr. Boone presented information on ED Identified Overdoses:
- She shared that even though work began in 2018, prevention work did not stop as they saw changes in the data. Early on, they saw that there were more Emergency Department overdose visits for Black/African Americans than for whites in Durham and that Durham is the only county in NC having that statistic. Dr. Boone said she relied heavily on the NC IVP Branch to find out what the challenges were leading to this statistic. What they came back with was the use of prescription opioids and alcohol. Fentanyl was also a contributing factor.
- She also shared that the rate of ED Identified overdose has dropped from above 60%, to 55%. Dr. Boone said that the reason for this significant decrease is the prevention and education provided to the community. This included training Community Health Ambassadors to take information back to their communities.
- They also published a Community Prevention Guide that can be used by any community member to understand fully the challenges they are seeing. Even though they are still looking at the data, Dr. Boone said they have been and will continue to take steps to help ensure that that number continues to go down. She said there is a lot of work to be done. They are excited about the work that needs to be done in terms of prevention and education. They are also working to get Naloxone into the community and share information on where the community can get free Naloxone in their resource guide.
- She added that Together for Resilient Youth is a coalition of coalitions. This means they are made up of 12 sectors and community stakeholders that engage in prevention efforts in the community to ensure that the number continues to drop.

- Lacie Scofield presented on Treatment Trends and Data
- Lacie introduced herself as a part of the Durham County Department of Public Health. She shared that she arrived at DCo DPH in March of 2020, about one week prior to the pandemic exploding. Although she was not around in 2018 for the start of the DJT Task Force, Lacie was hired to lead the Community Linkages to Care (CLC) Peer Support Program -- a program that matches people in Durham, struggling with substance use, with peer support. The goal is to get individuals into treatment.
- She mentioned that the DJT Task Force has 2 functioning committees: 1) Prevention and Education, led by Dr. Boone and 2) Mental Health Substance Use Disorder Treatment (MH SUD Tx.), Co-Chaired by Lacie and Tremaine Sawyer, with Justice Services.
- Lacie said that she was asked to go over how they have done since the founding of the DJT Task Force as it relates to treatment. She said that although she knew where to find overdose data, she did not know where she could find data on treatment. She

discovered that the NC IVP Branch has data on overdose, and they now have 2 data metrics on treatment. They are based on Buprenorphine prescribing for all NC counties. Lacie highlighted the following:

- In 2013, .3% of the Durham population had a Buprenorphine prescription. While in 2023, that number increased to .4% of the population.
- The second metric looks at Medicaid and uninsured claims for behavioral health involving opioid use.
- In 2013, 298/100,000 residents.
- In 2023, 400/100,000 residents, which is almost the same as the numbers above.
- There was also a dip in treatment rates from 2019-2020. Lacie explained that this is because strict laws requiring people to show up in-person for treatment for OUD, prevented access to Buprenorphine and resulted in an increase in overdose deaths.
- In the following year, laws changed, making it easier for patients to access Buprenorphine, resulting in fewer overdoses.
- Lacie raised the question of how we are doing with treatment in Durham. She said first we need to know how many people in the population need treatment for OUD. Say that over that 10-year period, there was a huge increase in people with OUD. We'd like our treatment rates to go up much faster than they are. If the number of people with OUD has stayed the same, then we did well with the increase in treatment rates. However, we are missing a number - How many people have OUD. Without that number, we don't know how many to aim for. Unfortunately, that data isn't available by county. It is only available by state from the National Survey on Drug Use and Health (NSDUH.)

  - Results of the survey:

- In NC, 2.3% of the population has OUD. If Durham is about the same, we have a way to go from .4% to 2.3%. Also, none of this data is broken down by race. Captain Tripp and Dr. Boone agreed we have a racial disparity in the overdose rates in Durham.

- Commissioner Wendy Jacobs presented on Access to Care
- Commissioner Jacobs began by saying that she is incredibly proud of the amazing resources we have in our community. She attributed these gains to partnerships with the Justice Services Department, Public Health Department and our community providers. She credited various funding sources including local county funding, grant funding, Medicaid and Medicaid Expansion.
- She shared that she recently attended a federal legislative conference where there was talk of threats to Medicaid Expansion and because NC is a 90% State, we are at risk of losing the gains we have made in the past year. We have only had Medicaid Expansion for 1 year and have enrolled 630,000 in the program. We have 3 million people in our state who receive Medicaid, which is about one-third of our population.

- This is the largest mental and physical healthcare provider in our state. Ninety percent of the people who receive Medicaid in our state are either disabled or they work. This is a major provider of healthcare to children and to elderly in assisted living and nursing homes. She said we need everyone advocating at the federal level with our senators and representatives.
- Commissioner Jacobs continued by listing gains we have made since the start of the DJT Task Force; many of which, funded by Medicaid and Medicaid Expansion.
  - Duke Regional Behavioral Health Emergency Department
  - Behavioral Health Urgent Care Clinic
  - Clinics in the Community
  - B&D
  - El Futuro
  - Morse Clinic
  - New Seasons
  - Community Partners
  - Community Paramedics Post-Overdose Response Team
  - HEART
  - Expanded Recovery Court and Mental Health Court
  - Increased Jail Mental Health Services
  - MAT in Detention Center
  - CIT Training
  - Increased Specialty Probation Officers
  - Jail Transition Team
  - Forensic Community Support Team with Alliance Health
  - Housing Case Manager with the Detention Center
  - Harm Reduction with Public Health
  - OBOT MAT with Durham Recovery Response Center
  - Formerly Incarcerated Transitions

- Commissioner Jacobs added that although Durham is blessed, there are still gaps to address. Dr. Eisenson said, "Historically, Lincoln Community Health Center has been a substantial provider of MAT services. Has that changed? "Commissioner Jacobs acknowledged Dr. Eisenson as the former Medical Director of Lincoln Community Health Center and apologized for leaving them off the list. She agreed that Lincoln, one of the biggest healthcare providers, has an amazing MAT program. She acknowledged Dr. Carter, who runs the program at Lincoln. She also recognized her colleague, Commissioner Burton, in the audience.
- Kay Sanford: Wanted to expand on comments on the dangers we face with lack of Medicaid funding. We need to focus on federal government but NC too. Trigger law: When Medicaid was accepted it was with proviso that should the federal government drop funding for us below 90% that we would cut out Medicaid expansion. We need to

work with our own legislators to remind them in the most forceful way how critically detrimental this trigger law is. We cannot afford to lose Medicaid expansion.

- Lindsey transitioned the group into the next segment and provided an explanation for table discussion in hopes of moving toward new goals for Durham Joines Together. Table facilitators were as follows:
  - Dr. Wanda Boone: Reducing and Preventing Substance Misuse through Education and Collective Impact
  - Lacie Scofield: Intervention and Treatment
  - Commissioner Jacobs: Stable Housing
  - Tremaine Sawyer: Enhancing the Continuum of Care
- Lindsey said there would be about 25 minutes for table discussion. She encouraged everyone to commit to one of the table discussions. She asked each table to identify a timekeeper and a reporter. There is a worksheet to aid in the process.
- A summary of group discussions is provided in a separate document.