Durham Joins Together to Save Lives
Minutes

Thursday, April 23, 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)

Attending: Dr. Wanda Boone-Together for Resilient Youth-Durham, Commissioner Wendy Jacobs-DCo Board of County Commissioners,

Division Chief Helen Tripp-DCo EMS Community Paramedics, Tremaine Sawyer-DCo Justice Services Department,

Lacie Scofield-DCo Department of Public Health, Jaeson Smith-DCo Department of Public Health, Carlyle Johnson-Alliance Health,

Shelisa Howard-Martinez-Aging Well Durham, Aalayah Sanders-Durham Housing Authority, Irving Hewitt-Oxford House, Inc,

Roshanna Humphrey-DCo Justice Services Department, Melvin Green-Durham Housing Authority, Brittany Price-OSAC/University of Washington, Lindsey Bickers Bock-DCo Department of Public Health, Eric O. Smith-Durham Housing Authority,

AGENDA ITEMS	MAJOR DISCUSSION POINTS
5:00 pm - 5:05 pm	• Welcome and Introductions - Dr. Wanda Boone, Task Force Co-Chair Notes: The meeting began with Dr. Boone welcoming attendees to the quarterly meeting. Dr. Boone noted that the meeting was running slightly behind schedule due to late arrivals, but confirmed that all presenters, including Carlyle and Jason, were in attendance. The meeting was scheduled to start at 5:00 PM, and Dr. Boone indicated they would begin once the final attendees joined.
5:05 pm - 5:20 pm	• New DJT Task Force Goals and Objectives 2028 – Commissioner Wendy Jacobs, Task Force Co-Chair Assignment to Committees and Implementation Notes: This agenda item focused on reviewing the finalized goals and objectives for Durham Joins Together through 2028. Commissioner Jacobs presented four main goals and their objectives, with Goal 1 focusing on reducing and preventing substance misuse through education and community impact, Goal 2 addressing substance misuse and reducing harm through intervention and treatment, Goal 3 focusing on enhancing the continuum of

	care for individuals with substance use disorder, and Goal 4 addressing stable housing for individuals with SUD (See full list of goals and objectives at the bottom of this document). Education and Prevention Committee will take the lead on addressing Goal 1, Treatment and Harm Reduction Committee will take the lead on addressing Goal 2, and Housing Committee will take the lead on addressing Goal 4. The group discussed that Goal 3 would be handled as a task force rather than by a specific subcommittee. Lacie mentioned they would discuss treatment-related objectives at the next monthly meeting of the Treatment and Harm Reduction Committee. There was also discussion about the launch of a new day center called the Hope Center in partnership with Urban Ministries, which completes one of the objectives under Goal 4.
5:20 pm – 5:40 pm	• Insights on the State's Developing Continuum of Care and Levels of Care – Carlyle Johnson, Alliance Health Notes: **North Carolina Substance Use Policy Updates** Carlyle discussed recent changes to North Carolina's Continuum of Care for substance use disorders, which now includes 7 new clinical coverage policies and 10 new services, expanding Medicaid billing options. The updates require programs receiving public funding to support access to medications for opioid use disorder and coordinate care for patients on certain treatments. While several new service levels are available, including outpatient withdrawal management and residential treatment options, there are currently limited providers licensed for many of these services, particularly for adolescents and specialized care levels. **Medicaid Services Expansion Challenges** Carlyle discussed the challenges and considerations for providing services to Medicaid populations, including facility licensing requirements, zoning regulations, and funding sustainability. He presented data from Durham County showing a significant increase in Medicaid-insured patients after expansion, with a 422% increase over two years compared to a 146% overall increase. Carlyle also raised concerns about the potential impact of HR1 on substance use services, citing projections that overdose rates could increase by about 30% if Medicaid coverage is lost, emphasizing the need for state and local planning in the coming months. **Medicaid Access for Justice-Involved Individuals** Carlyle presented on Medicaid access challenges for justice-involved individuals, highlighting issues with losing Medicaid coverage while in prison or detention and subsequent difficulties accessing care upon release. The discussion focused on potential solutions including the 1115 waiver for justice-involved populations and new work requirements under HR1, with particular attention to SUD waivers and look-back periods for substance use disorder treatment. Commissioner Jacobs raised concerns about significant costs associated with inpatient treatment in detention facilities and questioned who would lead coordination efforts between providers, patients, and Medicaid departments. Carlyle indicated he would investigate further details about the 1115 waiver timeline and share information about how HR1 might impact overdose rates in North Carolina. **SUD Services and Medicaid Expansion** There was more discussion about SUD (Substance Use Disorder) services and Medicaid expansion in Durham. Carlyle volunteered to provide updates at the August Durham Joins Together meeting and discussed potential outreach to providers about Medicaid reimbursement opportunities.

5:40 pm – 5:50 pm	• Discussion/Q&A: Enhancing Continuum of Care in Durham – Tremaine Sawyer, DCo Justice Services Notes: Irving from Oxford House explained their model and highlighted gaps in Durham's recovery support system, particularly the lack of intermediate housing options between treatment and Oxford House placement, unlike Wake County's more comprehensive support system.
5:50 pm – 6:05 pm	• Opioid Settlement: Strategic Planning and FY27 Expansion Efforts - Jaeson Smith, DCo Public Health Notes: Jaeson presented an overview of Durham County's opioid settlement funding, highlighting that approximately $8.2 million has been received to date out of a total expected $21.7 million from 2022 to 2038. He emphasized the importance of strategic planning to ensure the funds are used effectively, particularly given the decreasing amount of funding in later years. Jaeson outlined the collaborative strategic planning process and discussed the need to focus on evidence-based strategies that address root causes and have lasting impact. He also stressed the importance of community input and aligning recommendations with both county goals and financial constraints, noting that while about $6 million in requests were received, the available funding is capped at around $1.5 million annually. Jaeson further discussed updates regarding opioid settlement funds and overdose data in Durham County. He reported that approximately $1 million of the $8.2 million collected had been spent, with most authorized strategies not fully funded.
6:05 pm – 6:10 pm	• Data Report Card – Dr. Wanda Boone, Task Force Co-Chair Notes: Dr. Boone presented data from the NC Injury and Violence Prevention Branch on overdose counts within the census tracts most significantly impacted. While overall numbers continue to decline, the data revealed a gap — overdoses occurring in these tracts that are not captured through emergency department visits or EMS responses. TRY's Health Ambassador program addresses this gap by maintaining direct connections with individuals in those communities who would otherwise go undetected by traditional data systems.
6:10 pm – 6:20 pm	• Announcements ○ Planning a Tour of Healing Transitions ○ DJT Housing Committee Notes: The group discussed plans for a tour of Healing Transitions to learn about their continuum of care model, with Lacie and Commissioner Jacobs agreeing to send information to the full task force about attendance and scheduling. There was also an announcement regarding the official formation of the Durham Joins Together Housing Committee, with Helen Tripp serving as chair. This committee was formerly a small working group under the Treatment and Harm Reduction Committee. It will now become one of the three main committees of the task force.
6:20 pm – 6:25 pm	• Updates and Closing – Commissioner Wendy Jacobs, Task Force Co-Chair Notes:

	The group provided updates regarding medication-assisted treatment (MAT) and housing options for individuals in recovery. Lacie reported progress on expanding housing options, including convincing Cub Creek Sober Living to allow residents of one house to take MOUD and Freedom House to allow residents to take methadone. Arthur announced that Morse Clinic in Durham will install a naloxone vending machine soon that will be provided and stocked by DCo Department of Public Health, making it the fourth vending machine location in Durham County. Helen shared her visit with Fishing Point Healthcare, a new provider offering MOUD and primary care with transportation services and invited them to future committee meetings. The next Housing Committee meeting was scheduled for Friday at 1 PM, and Commissioner Jacobs requested that future agendas include this information.
	Next Steps - Action Items: **Carlyle:** Share the continuum of care presentation/PowerPoint with the group for distribution. **Carlyle:** Return to the August Durham Joins Together meeting to provide an update on Medicaid/HR1 impacts, SUD exceptions, and planning efforts. **Lacie/Commissioner Jacobs/Donna Rosser:** Send out information and coordinate a tour of Healing Transitions for interested Durham Joins Together members; determine date(s) and number of participants. **Donna Rosser:** Add Housing Committee meeting information to the bottom of future meeting agendas/minutes and provide contact information for those interested in joining. **Arthur:** Provide Irving with information and contact details for obtaining lockboxes for medication storage (via Poe Center) **Dr. Boone:** Share lockboxes available through Together for Resilient Youth (TRY). Email Dr. Boone for details. **Irving:** Email Arthur to coordinate receipt of lockboxes for Oxford House. **Lacie:** Respond to Helen's email about inviting Fishing Point Healthcare to relevant meetings.
Next Meeting: Thursday, August 27, 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

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

Goals and Objectives for 2028

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

Objectives:

A. Reduce ED overdose visits by 10% (from 136.5 to 122.8 per 100,000).
B. Reduce the percentage of ED overdose visits among Black residents from 55% to 45% of the total ED overdose visits.
C. 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)