



Durham Joins Together to Save Lives Minutes

Thursday, November 6, 2025 (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, Captain Helen Tripp-DCo EMS/Community Paramedics, Tremaine Sawyer-DCo Justice Services Department, Lacie Scofield-DCo Department of Public Health, Donna Rosser-DCo Department of Public Health, Jaeson Smith-DCo Department of Public Health, Tracy Freeman-Hines-Healing Transitions, Katheryn Worley-Healing Transitions,

AGENDA ITEMS	MAJOR DISCUSSION POINTS
Welcome and Introductions 5:00 pm - 5:05 pm	Commissioner Wendy Jacobs, Task Force Co-Chair Notes: <ul style="list-style-type: none">• Commissioner Wendy Jacobs introduced herself as a member of the Board of County Commissioners and Co-Chair of the Task Force alongside Dr. Boone.• She welcomed attendees and emphasized the need to adhere to the tight agenda.• To save time, she asked participants to enter their names and affiliations in the chat.• She invited Dr. Boone to introduce the latest draft of the new goals and objectives for the DJT Task Force.
Presentation/Discussion 5:05 pm - 5:15 pm	New DJT Task Force Goals and Objectives – Dr. Wanda Boone, Task Force Co-Chair Notes: <ul style="list-style-type: none">• Dr. Wanda Boone presented the goals and objectives developed during the DJT Task Force Strategic Planning Meetings held on March 5, 2025, and June 12, 2025.• She clarified that prevention and education efforts will extend beyond vaping.• Additional substance use concerns—including marijuana, opioids, and other emerging issues—will also be addressed.

	<ul style="list-style-type: none"> • While these substances are not individually listed in the strategic planning document, efforts are underway to incorporate them appropriately.
5:15 pm – 5:25 pm	<p>Discussion of Goals and Objectives – Commissioner Wendy Jacobs, Task Force Co-Chair</p> <p>Notes:</p> <ul style="list-style-type: none"> • Commissioner Wendy Jacobs led a review of the proposed three-year goals and objectives, noting they were designed to be measurable and achievable within that timeframe. • She emphasized that the goals will be revisited sooner than in previous planning cycles, underscoring the importance of selecting objectives that can be realistically implemented and evaluated. • Attendees were invited to provide feedback on each goal prior to finalization. • Goals 1–3 were presented sequentially for review. • Attendees were invited to share comments and suggestions for each goal. • Captain Helen Tripp (Durham County EMS) discussed the Community Paramedics Program and its support for individuals beginning Medication for Opioid Use Disorder (MOUD). • She highlighted ongoing outreach efforts to connect with community members and support individuals initiating treatment. • She noted that, while many organizations are doing strong work, EMS and community paramedics initiatives are not always fully represented. • She expressed interest in ensuring EMS programs are included and coordinated within broader strategies and service models. • Lacie referenced Objective B under Goal 3, emphasizing the importance of conducting an inventory of existing services. • The purpose of this assessment is to document current resources and identify gaps in care. • She noted that a key gap previously identified is the need for a residential detox center. • Several reviewed models include residential detox services. • Commissioner Jacobs introduced the final task of selecting objectives under Goal 4. • The group discussed reducing the six proposed objectives to three to improve focus. • Attendees were invited to prioritize objectives, including the option to combine Objectives B and C. • The group discussed data sources related to homelessness. • Helen asked about the data used to estimate the number of individuals experiencing homelessness. • Commissioner Jacobs stated that current figures are based on the Point-in-Time (PIT) Count. • Helen noted that the PIT Count reflects a single night and may underestimate the total population. • She suggested that Homeless Management Information System (HMIS) data may provide a more comprehensive estimate.

	<ul style="list-style-type: none"> • The group agreed to explore using HMIS data, and Helen offered to follow up with Lacie to provide updated figures. • The group discussed priority focus areas. • Suggested priorities included expanding day center services and increasing shelter bed capacity. • Participants emphasized reducing chronic homelessness, given its strong connection to substance use and behavioral health conditions. • The group highlighted the importance of addressing racial disparities, particularly the disproportionate impact on Black/African American residents. • The group proposed refinements to Goal 4. • Focus on reducing the number of chronically homeless individuals overall, while maintaining emphasis on Black/African American residents. • Expand objective language to include co-occurring disorders alongside substance use disorder. • Incorporate connections to treatment and harm reduction resources.
5:25 pm – 5:45 pm	<p>Treatment Continuum of Care – Tracy Freeman-Hines, Director of Recovery Services, Healing Transitions; Katheryn Worley, Women’s Planning Room Coordinator, Healing Transitions</p> <p>Notes:</p> <ul style="list-style-type: none"> • Lacie introduced guest presenters Tracy Freeman-Hines and Katheryn (“Kathy”) Worley from Healing Transitions. • Tracy Freeman-Hines provided an overview of Healing Transitions. • Healing Transitions is a peer-led, social model recovery program serving homeless, uninsured, and underserved adults in Wake County since 2001. • The program offers a full continuum of care, including: <ul style="list-style-type: none"> • Non-medical detox (men’s and women’s campuses) • Emergency “wet” shelter (accepts individuals under the influence) • 12–18 month long-term residential recovery program using the Recovery Dynamics curriculum • Transitional services (Center 2) focused on employment, budgeting, and independent living • The model emphasizes peer accountability, life skills development, and extended length of stay to support long-term recovery. • Healing Transitions partners with community providers to offer mental health care, primary care, and medication-assisted treatment (MAT) for opioid use disorder, with services now available on-site. • The women’s campus provides child reunification support and supervised visitation through the Bright Spaces program. • The program includes coordinated entry housing beds and partnerships with local sober living programs to support stable housing after completion.

	<ul style="list-style-type: none"> • Healing Transitions operates as a low-barrier, no-cost program and allows participants to re-engage “as many times as it takes.” • Reported outcomes include strong rates of sustained recovery one year post-completion, as well as high levels of housing stability and employment among alumni. • Tracy introduced Kathy Worley, who shared her personal recovery story. • Kathy Worley, Planning Room Coordinator at the women’s campus, described her experience as an example of the Healing Transitions continuum of care. • Addiction history: Despite a supportive family and a career as a pharmaceutical sales representative, she developed an opioid addiction that progressed to methamphetamine and fentanyl use over a 16-year period. • Circumstances at entry (2019): She entered the program experiencing homelessness, without resources or health insurance, and following repeated arrests. She had detoxed in jail prior to entry. • Program impact: The structured environment, accountability, and supportive community were critical to her recovery, particularly in early phases focused on motivation, education, and peer support. • Recovery process: Through classes, community support, and a spiritual, peer-driven approach, she developed coping skills, addressed trauma, and began rebuilding her life. • Continuum of care: Participants progress through multiple phases, including service roles, receiving stipends, saving money, and transitioning to sober living before becoming alumni. • Post-program progress: After completing the program, she worked at a nearby gas station, later returned to Healing Transitions as part-time detox staff, and advanced into her current role. • Ongoing growth: She is currently studying Health and Human Services and continues to receive support while helping others in recovery. • Key message: Long-term support, community, and structured opportunities within the continuum of care can help individuals rebuild their lives and sustain recovery.
5:45 pm – 6:00 pm	<p>Discussion / Q&A – Tremaine Sawyer, DCo Justice Services Department</p> <p>Notes:</p> <ul style="list-style-type: none"> • Participants asked about the organization’s funding sources. • Presenters shared that primary funding comes from the local ABC Board, along with Wake County grants, community in-kind donations, and opioid settlement funding. • Opioid settlement funds support peer support services and the Rapid Responder program, which connects individuals who have experienced an overdose to treatment and recovery resources. • Questions were raised about the Rapid Responder program. • Staff often ride along with EMS and conduct outreach based on emergency department overdose reports.

	<ul style="list-style-type: none"> • Outreach also includes engagement with individuals experiencing homelessness, including those living in encampments. • Presenters noted increasing housing instability and homelessness in the area, driven by factors such as gentrification and the loss of low-income housing. • Attendees asked about early program development. • Presenters shared that initial services included the non-medical detox program and the “wet shelter,” which allows individuals actively using substances to access shelter and enter detox or recovery services when ready. • Questions were asked regarding length of stay. • Detox duration varies based on withdrawal severity and substance type, typically ranging from one to several days. • Referrals to higher levels of care are made as needed. • Participants may transition directly into recovery programs or remain in shelter if not yet ready to pursue recovery. • A comparison was requested with other programs, including TROSA. • Presenters noted that some programs emphasize work-based recovery models. • In contrast, their approach centers on a peer-to-peer, social model of recovery. • They also highlighted the need to strengthen programming around healthy relationships and boundaries. • Attendees asked about implementation of medication for opioid use disorder (MOUD). • Presenters noted initial resistance and stigma among staff and participants due to limited understanding. • Through education, guest speakers, and staff training, acceptance has improved significantly in recent months. • Presenters emphasized the importance of tracking long-term outcomes to reduce stigma and demonstrate effectiveness. • Participants expressed appreciation for the presentation. • Attendees thanked the presenters for their insights and indicated interest in arranging a future site visit to learn more about the program.
<p>Committee Updates</p> <p>6:00 pm – 6:10 pm</p>	<p>Treatment and Harm Reduction – Lacie Scofield, Committee Co-Chair</p> <p>Notes:</p> <ul style="list-style-type: none"> • Committee Name Change: • The former Mental Health and Substance Use Disorder Treatment Committee has been renamed the Treatment and Harm Reduction (THR) Committee.

- The change reflects the central role of harm reduction and aligns with current member activities, including participation from the North Carolina Harm Reduction Coalition and providers incorporating harm reduction practices.
- The updated name also aligns more closely with the name of the Prevention and Education Committee.

Durham Recovery Response Center (DRRC) Updates:

- The DRRC outpatient treatment program has closed, which came as a surprise to many stakeholders.
- Joy Brunson-Nsubuga (Recovery Innovations) explained to the committee that the outpatient program was originally intended as a temporary solution.
- In 2018, due to restrictions on bridge prescriptions for MOUD, Recovery Innovations established an Office-Based Opioid Treatment (OBOT) program at DRRC.
- With reduced regulatory barriers and increased community MOUD capacity, the organization decided to close the OBOT and return to a crisis-focused, referral-based model.
- Approximately 100 patients were receiving treatment at the time of closure.
- CLC peer support specialists worked to connect all patients to new providers, including Morse Clinic, Lincoln Community Health Center, and Freedom House.
- The CLC program has been refunded for FY26 and will continue with three peer support specialists at DRRC.

CLC Leadership Transitions:

- Kim Chansen transitioned to full-time CLC Program Coordinator.
- Lacie transitioned to working with the Harm Reduction Program at Durham County Dept of Public Health (DCoDPH), focusing on naloxone distribution and education.
- Peer support services will continue both at DRRC and within participants' new treatment settings.

Emerging Drug Threat - Medetomidine:

- Dr. Jennifer Carroll presented at a committee meeting on medetomidine, an emerging opioid adulterant similar to xylazine but more potent.
- While it does not cause skin wounds, it can lead to severe withdrawal symptoms, including rapid heart rate, high blood pressure, vomiting, and shaking.
- The substance has been identified in North Carolina and possibly in Durham.
- Naloxone does not reverse medetomidine; however, maintaining breathing remains the priority in overdose response.
- The committee discussed updating overdose response guidance and ensuring that emergency responders and hospital emergency departments (including Duke) are informed on identification and management.

Housing Subcommittee Updates:

- The Housing Subcommittee continues to meet monthly.

- David Crispell (Executive Director, Jubilee Home) is the new chair following K. Sanford's departure. Jubilee recently opened a new women's recovery house.
- Due to subcommittee efforts, Freedom House now allows residents to take methadone; the first resident receiving methadone has moved in.
- The subcommittee also influenced Cub Creek Sober Living to open a women's house that accepts residents on MOUD; three residents have moved in, with additional capacity available and plans for expansion.
- Efforts are underway to ensure recovery housing providers maintain naloxone on-site through ongoing partnerships.
- The DCoDPH housing provider list for individuals with SUD is being updated. Cascade of Durham is temporarily closed, creating a service gap for women with children; currently, only one Oxford House serves this population.
- Overall, the THR committee continues working to strengthen integration across treatment, harm reduction, crisis services, and housing, while addressing emerging substance threats and service gaps.

Prevention and Education – Dr. Wanda Boone, Committee Chair

Notes:

Naloxone Distribution and Training:

- Dr. Boone expressed appreciation to Morgan, Jason, Dennis, and Helen for supporting naloxone distribution efforts.
- Distribution and training efforts have expanded, with a significant number of kits distributed in recent months.

Youth Education and Outreach:

- 695 students (ages 12 through high school) received education on vaping and marijuana.
- 345 students participated in sessions on Whole Hearts, Broken Hearts, and bullying prevention.

Opioid Misuse and Overdose Prevention Training:

- Community members across age groups received training on opioid misuse prevention, overdose response, Safe to Call 988, and naloxone administration:
 - Youth (ages 13–17)
 - Young adults (ages 18–24)
 - Adults (ages 25+)

School Engagement:

- The Superintendent expressed support for allowing middle and high school students to carry naloxone.
- Ongoing discussions are focused on implementation and alignment with state-level guidance.

Health Ambassador Program:

- 51 Health Ambassadors (ages 13–65+) were trained and engaged in health and wellness initiatives.

	<p>National Recognition:</p> <ul style="list-style-type: none"> • Dr. Boone presented at the National Academies of Sciences in Washington, D.C., highlighting community engagement strategies. • A Resilient Recovery Model curriculum was developed in collaboration with the community.
6:10 pm – 6:15 pm	<p>Data Report Card – Dr. Wanda Boone, Task Force Co-Chair</p> <p>Notes:</p> <p>Data and Trends:</p> <ul style="list-style-type: none"> • Overall overdose numbers continue to decline. • Emergency Department visits related to opioids have decreased, with 26 fewer visits compared to the previous year. • Fentanyl-related deaths are trending downward overall. <p>Disparities:</p> <ul style="list-style-type: none"> • Black residents continue to experience disproportionately higher rates of overdose and fentanyl-related deaths. • The highest impact is among individuals ages 35–44, with a reported rate of 97.4. <p>Summary:</p> <ul style="list-style-type: none"> • Trends indicate measurable progress in prevention, education, and overdose response efforts. • Addressing persistent disparities remains an ongoing priority.
6:15 pm – 6:30 pm	<ul style="list-style-type: none"> • Updates and Closing – Commissioner Wendy Jacobs, Task Force Co-Chair • Meeting adjourned at 6:30 P.M.
	<p>Next Steps</p> <p>Action Items:</p> <ul style="list-style-type: none"> • Helen to provide HMIS data to Lacie for Goal 4 Objectives B, C, and D to replace Point-in-Time (PIT) Count data. • Wendy Jacobs and Lacie will coordinate a site visit to the Healing Transitions facility. • Lacie to invite Carlyle to present at the next meeting on the Continuum of Care.
Next Meeting: Thursday, April 23, 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
- Policy – To be determined

Committee Chairs:

- Prevention & Education – Dr. Wanda Boone
 - Treatment and Harm Reduction – Tremaine Sawyer & Lacie Scofield
- *Committee Reports due 1 week prior to task force meeting.