

# Durham Joins Together to Save Lives Task Force

## Mental Health Treatment Committee

### Minutes

August 10, 2021

**Attendees:** Rev. Spencer Bradford, Gudrun Parmer, Helen Tripp, Larry Greenblatt, Jesse Battle, Michele Easterling, Tremaine Sawyer, Aparna Kamath, Kay Sanford, Lacie Scofield, Patricia Evans, Susan Kornett Brittany Agnew, Marc Strange, Carlyle Johnson, Brittany Bailey (?), Tammy (?), Cindy Haynes

The group convened, Cindy welcomed everyone and began introductions. She welcomed Rev. Bradford and asked to introduce himself to the group and tell us about DCA

The minutes were approved as submitted.

#### **DCIA Rev. Bradford**

Rev. Bradford has been the director of DCIA for the last fourteen years. DCIA is a 52 year organization in Durham. He apologize for not attending last month. Brought together diversity, poverty and community. DCIA has help launch several projects and programs in the community which have become their own organizations. Prior to becoming Director in 2007, Rev. Bradford was the program director for urban ministries and community kitchen in Burlington working with the homeless. At present DCIA is not sponsoring housing we have been in a hiatus due to COVID thinking how we can get back on track. Operating a home share program with people renting room in their home. Duke ungraduated students organization called Duke Mutual Aid in response to COVID crisis provided \$1000 for rent, utilities and food assistance to in the community. Have been a longtime sponsor with End Hunger Durham working with food pantries across the Durham area with low income senior citizens. We are still do that work. There is a page on DCIA.org and you can search Facebook. The students run the project and take applications on line for financial assistance that has been on pause since May because of summer break- not sure when they will begin distributing funds. Not sure when they will begin distributing again doing a good job with fund raising over the summer. It will probably be the end of August. Rev. Bradford gets funds to the recipients. DCIA core work is educating and convening congregation for anti-poverty, housing food systems, anti-racism work through Zoom. We hope to start back up in the Fall.

Kay stated that DCIA is pivotal to address mental health, homeless education on resources and connecting to faith organizations particularly. Rev. Bradford stated that for DCIA hasn't focused on housing currently. One of the greatest challenges is availability to access to treatment which is very important. The other side is that they can find a safe place for housing for those individuals. DCIA is the voice for support on all of the things we agree on so people can find a safe place to live in the community. We have been looking forward to having you join us for months. We would like to explore how we can get you to help find places for people with mental illness who have been able to access treatment to find a place to live.

That is essential work in the community and I am glad that this group is working on this. DCIA has always been attentive to mental illness homeless and vulnerability to poverty. Every year

we have one of our lunch presentation focus what is happening with mental illness and spotlight resources in the community, we spotlight that in May during worship services and in September around mental illness. To provide social support for their neighbors who have mental illness. We have help sponsor faith communities on mental illness in congregation. Housing is not something we have focused on. The 2018 home share program intended to target assistance for individuals, 1200/month or less with mental illness and had mixed results. A midst of COVID we tried to get amount of home owners into the pipeline and to increase participants to discuss over the few months. That will be a focus point for discussion over the next couple of months. Mental health is included we try to direct attention to partners, i.e., CASA who provides supportive housing in the community. Volunteer of America for housing for Veterans support housing. We want to connect faith communities to those services educate about the services always happy to write a check from Crop funder walk for the Threshold clubhouse for social support for those with mental illnesses.

Lacie stated that there aren't many that offer MAT housing for those in treatment. Some do such as Urban Ministries accept people on suboxone and methadone. Durham Rescue Mission doesn't. We have been talking about why they don't. They promote abstinence based only. Can you give us some insight on this? Can you help with Durham Rescue? Rev. Bradford replied that Durham Rescue Mission doesn't regularly connect with DCIA. They are following abstinence philosophy for substance abuse. Rev. Bradford has seen development some of good education resources for faith communities about harm reduction and MAT in NC Council churches have developed programs around this and opioids for faith communities and churches. Because of COVID, this hasn't been something DCIA has highlighted. Hoping to latch on the NC Council's work in response to the opioid crisis. DCIA plan to soon have it on the agenda for board strategy retreat in a few weeks to address in 2022. Recognizing there is a need and welcome resources, presenters, locals to assist and education for DCIA. Welcome recommendations for local Durham resources and presenters that we can connect the faith communities to for this education.

Kay suggested to Rev. Bradford to get with Cindy to put together a list of presenters for presentations to DCIA and faith communities. This committee has a wealth of talent who know or either know those who know that can help you with the workshop developing outreach plans for faith communities. Rev. Bradford would like to discuss putting presentations together. We would be delighted to provide insight. Rev. Bradford happy to work with us for education for the faith communities.

### **Alliance Health**

Carlyle reported there no major updates. Continue to make progress on Medicaid Transformation next steps. Alliance was approved as a tailored plan and are adding Mecklenburg and Orange Counties. Developing networks for primary care and network care. We are looking forward to working with primary care, pharmacist Additional funding for Opioid expecting allocations letter to purchase for opioid treatment providers. Alliance reaching out to Recovery Innovations (DRRC) and BAART and entering a contract with Durham Treatment Center. Also looking getting funding for the purchase of naloxone. We are hearing there is a nationwide shortage of naloxone would like to hear more about that. There is a national shortage of naloxone.

Dr. Greenblatt stated Congratulations to Alliance for getting the contract. Duke PHMO is very interested in working with Alliance. We are likely to roll out with some of our larger practices first and then the others but not all at the same time. We are interested in serving in the role of care manager. With Duke and Lincoln patients are going get great preventative care under the tailored plan. We are very excited about working under the tailored programs. Cindy stated that Dr. Jamie Carter from LCHC will be presenting on the Lincoln's program at next month's meeting. Carlyle stated that Alliance is learning how to think differently around behavioral health. The goal is to implement lower cost preventative care.

Gudrun stated wanted to follow up on the shortage of naloxone. Kay said yes the shortage is of the injectable across NC, and there's a shortage of nasal form. National Harm Reduction will focus on distributing to the right people over the next couple of months so that we can get a hold on the shortage. As the group assess the supplies for Law Enforcement who are getting naloxone to people who use drugs also making sure Harm Reduction has enough supplies. We want to make sure the number of overdoses doesn't increase. Carlyle stated that he learned that there was approval for naloxone to have a longer shelf life. Wondering if we can use previous dosage that has expired. Kay stated some Harm Reduction has used for 5-8 years. There are multiple ways to address, i.e. going back to DHHS or the AG's office to make sure no organization is held liable. Cindy and Kay willing to assist if needed. Kay noted that she is teaching on Tuesdays until November as of next week. She is still here to support but will not be at meetings on Tuesdays.

### **EMS Opioid Data with Race/Ethnicity Stats (Captain Helen Tripp)**

Captain Helen Tripp reported good overdose follow up with an average of 58 calls per month. We had contact with 16 (>27% reached) which is good considering COVID. Average of 15.8 patients per month. There were 15.3 kits per month (186 kits last fiscal year) with 82 visits with peer navigator. For Ethnicity the average was 31 patients per month were African American, 24.4 were white, and <2 per month were Hispanic. EMS is also interested in getting naloxone as one of the providers that distribute it.

### **Duke ED Peer Support Services**

Brittany stated that Susan had to step away but there was a meeting with Duke. No other update.

### **PSS Services in Duke Regional ED (Dr. Jason Tatreau & Dr. Aparna Kamath)**

Dr. Kamath reported that they are in the final stages of approval to employ the PSS for inpatient unit and case management team. We are hoping the to start by September 1<sup>st</sup>. Peers will be able to come in the hospital to meet with patients and sign up for the program for patients hospitalized then moving to the ED.

### **DRRC OBOT**

Brittany reported. Susan and staff are preparing for our first the Annual Recovery Summit on August 31<sup>st</sup>.

### **Housing Update (Group)**

Lacie reported there is a continue need for housing assistance for paying one month rent and deposit. Alliance (Carlyle) is working with Oxford House and we want to expand to work with

other housing agencies to include patients from the CLC program. Alliance was to get funding to DRRC. Unfortunately we have some bad news. We have learned that administratively that would place a burden on DRRC. Therefore, DRRC declined the funding and are unable to take on another funding stream at this time. So we are back to working with Oxford Housing. Carlyle stated we need a smaller meeting to discuss further. Carlyle added that we need a more sustainable approach for housing. He will pull in Ann Oshel and others from Alliance, look at the settlement dollars from McKinsey Purdue Pharma funds and how to use the funds for Durham share. Cindy will coordinate the meeting.

### **Program Coordinator (CLC Grant)**

Lacie reported that in July the program got 20 more participants and 15 were enrolled. Any patient that meets with Brittany and Catherine, get resources and narcan kit, complete survey and further meetings with the peers. Most are from DRRC and the Detention Center with fewer from EMS. Helen mentioned having a harder time finding people at home. Lisa is pairing up with Brittany. She is taking a course to become a peer support specialist. She will be a community paramedic and peer support specialist. Wellness Recovery Action Plan (WRAP). We had the first session with two participants in attendance (one from DRRC and one from the Detention Center). Brittany is the WRAP facilitator and walk patients through the workbook. The patients set up personal plan to accomplish goals for their recovery. Willa Robinson works with health ministry network faith based groups that work with Durham Public health on faith initiatives. Hoping to involve NC Council of Churches, New Hope Churches and would like to reach out to DCIA

### **Detention Center MAT**

Tremaine reported for Major Bazemore that there are 138 individuals with 86 on suboxone and 82 on methadone, 4 men on suboxone and 4 on methadone currently in the facility.

For recidivism there are 18 individuals who have returned to the Detention Center with 13 on suboxone and 5 on Methadone. Currently we are analyzing reasons for the recidivism, i.e., a new charge or probation violation. We are starting the induction soon. We have sent in the application for OTP and expect it to be a 6 month process.

Brittany stated that someone who Tremaine referred to us will have one year of sobriety in August and she is going to become a PSS. Kay asked if we have a tiny award for individuals meeting these milestones, i.e. certificates. Lacie CLC may have some funds in the budget for that. If a patient makes it to 3 months they get a fit bit. Cindy to look into a goody bag from PHMO and will reach out to Brittany.

Helen stated there is a New Community Safety Department working with Ryan Smith need a good contact from the Duke ED Cindy asked Dr. Greenblatt for the name of the nurse from the crisis collaborative. Dr. Greenblatt said Anusha Smith but she hasn't been around for a while. Is there someone from Behavioral Health Center? Dr. Kamath will need to think more about this. Dr. Kamath to connect with Cindy when contact identified.

### **Next steps are:**

- Working with Rev Bradford to put together presentations for the faith communities
- The group to work on addressing the shortage of naloxone and reaching out to AG Office

- DRRC to host the Annual Recovery Summit
- Dr. Kamath PSS to start in September
- Cindy to set up meeting for housing discussion
- Lacie working with faith based organizations and reaching out to Rev. Bradford for participation

Please note our meeting will convene from **3:00 PM - 4:30 PM Virtually**.

**\*Our next committee meeting is scheduled September 14, 2021 at 3:00 PM via WebEx and phone.**