



Public Health

Durham Joins Together Saving Lives

March 23, 2023

Via Zoom

Minutes

Co – Chairs: Dr. Wanda Boone, CEO of Together for Resilient Youth (TRY) & Wendy Jacobs, Vice Chair of Board of Commissioners
Attending: Dr. Wanda Boone-Pinnacle Community Development Corp., Latoria Dowdy, Nancy Rosales, Nathalia Rosales, Faye Calhoun-NCCU Chancellor’s Office, Paula Harrington-Oxford House, Freedom House, Julia Gamble-Duke Outpatient Clinic, Brian Harris, Daisa Taylor-All representing TRY Wendy Jacobs-Durham County Board of Commissioners, Cpt. Helen Tripp-DCoEMS, Community Paramedics, Donna Rosser, Lacie Scofield, Lindsey Bickers-Bock-DCoDPH , Carlyle Johnson-Alliance Health, Kay Sanford-NC Harm Reduction Coalition, Amy O’Regan-Duke Department of Population Health Sciences, Arthur Payne-Morse Clinic of Durham

Time	Agenda Items	Notes
5:30-5:40	Welcome and Introductions – Dr. Wanda Boone, Task Force Co-Chair	<ul style="list-style-type: none"> • Dr. Boone welcomed everyone and asked that introductions be done by attendees putting their names and affiliations in the chat. • Introduced Commissioner Jacobs.
5:40-6:00	Update and Q & A, NC Opioid Settlement: Durham County Process Update on Biden Proposal for Fentanyl Crisis– Commissioner Wendy Jacobs, Task Force Co-Chair	<p>Commissioner Jacobs introduced herself as a DJT Task Force Co-Chair and as Vice-Chair of the BOCC. Began by providing update on Durham County’s process for designating NC Opioid Settlement Funds.</p> <ul style="list-style-type: none"> • Reported on Community Input Session held on Monday, March 20, 2023, where information on results of the community survey were shared. Of the 12 Option A Strategies, the top 6 were: (1) Collaboration and strategic planning; (2) Evidence-based addiction treatment; (3) Recovery support; (4) Housing; (5) Employment; and (6) Early intervention. • Residents divided into groups and visited stations to discuss strategies. Staff will work to organize community input collected. Unfortunately, several residents left by end of this process. • Final step was for residents to prioritize strategies they wished to see funded using two stickers of each color as follows: Green-fund, Red-Not to fund, and Blue-Neutral. Waiting on results of this activity from staff as well. • Commissioner Jacobs hopes to get staff report during budget process in May. Also hopes BOCC can make decisions about designation of funds by end of June. Mentioned

		<p>young resident who expressed concerns with urgency of the matter and amount of time government takes to make decisions about funding interventions.</p> <p>Commissioner Jacobs also shared update on presentation from Dr. Raul Gupta – Head of Biden’s Opioid Response during participation on National Justice in Public Safety Committee for the National Association of County Officials.</p> <p>Key points of presentation as follows: Addressing trafficking of Fentanyl at the border and through the mail, addressing drivers of epidemic; using profits from drug trafficking to invest in communities, working to have Fentanyl designated a permanent controlled substance, plans to launch national ad campaign to educate youth on Fentanyl, widespread distribution of Narcan, racial equity in drug policy and pardoning persons with simple possession of drug charges, addressing barriers to housing, jobs and educational opportunities.</p> <ul style="list-style-type: none">• Biden administration working to support the following: 745 Drug-free Communities/Coalitions, using Medicaid funds for addiction treatment including MAT, removal of the X-Waiver for prescribing Buprenorphine to treat OUD, use of telehealth for substance uses and mental health treatment, non-fatal Overdose Data Dashboard now available, work to get federal funding out to local governments in form of grants<ul style="list-style-type: none">○ Omnibus Bill signed on September 29, 2022, made funding available as follows:<ul style="list-style-type: none">▪ \$1.9 billion for substance use block grants▪ \$1.575 billion for state opioid response grant▪ \$109 million for DFC program▪ \$302 million for HIDTA program• Commissioner Jacobs says she hopes people in meeting are going after this funding. Acknowledged Dr. Boone’s success in seeking grant funding. Believes Biden Administration focused on recovery and harm reduction in a way that we have not seen before. Looks forward to seeing launch of national campaign because it is needed.• Invited Dr. Boone to talk about Drug-free Communities Initiative. <p>Dr. Boone said it was a wonderful experience to be part of PowerPoint shared on Monday night at Community Input Session. Said early intervention/prevention was number 1 on list followed by housing, MAT and treatment. However, early intervention/prevention also only category receiving red dots (Do not fund). Suggested finding way to carry process out to community.</p> <p>She shared the Drug-free Community Support Funding Program is an environmental strategy focused prevention grant using the strategic prevention framework and the 7 strategies for community change. TRY has had Drug-free Community Support Program</p>
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		<p>funding. Mentioned offering to help anyone wishing to apply for these funds during Community Input Session. Size of grant makes it possible for several applications to be received within the same county if there is a letter of cooperation between applicants. A total of ten years of funding are available. Dr. Boone is at end of grant but will become fiscal sponsor for another organization. Encouraging others to apply.</p> <ul style="list-style-type: none"> • Commissioner Jacobs recommended Dr. Boone preparing something to send out to list serve explaining process. Also suggested that based on comments in chat, red dots not be taken seriously. Dr. Boone agreed. <p>Q (Amy): Aside from the 6 strategies, specifically what will BOCC decide on in June (Amount of funding, which organizations)? A (Commissioner Jacobs): Staff will come back with report and make recommendations on strategies needing continued support as well as areas of need for additional strategies.</p>
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Committee Discussion

<p>6:00-6:20</p>	<p>Prevention and Education –Dr. Wanda Boone</p> <p>Discussion: Trends in Opioid Overdose</p>	<p>Dr. Boone began by addressing W-18.</p> <ul style="list-style-type: none"> • Explained that during webinar with DEA agent, he said W-18 is something we need to watch for or pay attention to. Dr. Boone made analogy to Xylazine when noticed in other areas prior to reports in NC. Then said in NC based on gas chromatography mapping and mass spectrometry. Did not say W-18 is here and we should be afraid of it. Just suggested we do as DEA agent said and look at information about it. Was not intended to cause uproar. • Dr. Boone shared summary of P and E Committee sent out prior to meeting. • Commissioner Jacobs pointed to open ended discussion on Overdose Trends in Durham on the agenda. • Dr. Boone asked, “What are your thoughts about a 136% increase in overdoses among Black people?” <p>Latoria: Many Black/African Americans are uninsured (Medicaid) and lack community resources to help with coping. Suggests offering free educational classes at no cost to community. Some reluctant to ask for help due to stigma. Also suggests requiring schools to offer classes to teach coping strategies to our youth. Carlyle: Glad Dr. Boone pointing out racial disparities in Durham. Alliance serves 6 counties. Each different but Durham particularly pronounced in disparities. Differences in drugs. More stimulants co-occurring with opioids. Also co-occurring mental health substance use issue. Need a Durham-based solution.</p>
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	<p>Kay: One thing not mentioned in beginning-House passed Medicaid Expansion. Should be signed off by Governor Cooper soon. Will go into effect with new budget. Fabulous news because funding for treatment has been big barrier for Black and brown communities. Urgent need to train communities on how to apply for Medicaid and how to work within the system.</p> <p>Dr. Boone: Have 2 CHWs trained to guide individuals thru the process. Also , Latoria Dowdy is a trained facilitator in mental health family intervention, <i>Coping Together</i>. TRY working with Dr. Faye Calhoun from NCCU to create a guide for communities on prevention of overdose.</p> <p>Fay: Added working to create toolkit with 7 modules that communities can use. Will hopefully test this summer and be ready for release next year.</p> <p>Lindsey: Curious to know what LIFT feels the answer is.</p> <p>Dr. Boone: Opioids not really the main issue in schools. Seeing a decrease in sharing of and use of prescription drugs . Challenge in schools is more with mental health, which can lead to substance use. Seeing more self-harm. LIFT has developed videos and PowerPoints that they share with peers. Also have NCCU interns sharing that stress leads to use of alcohol. Also mentioned environment that supports use of tobacco and alcohol.</p> <p>Nathalia: In Lift, participants are glad they get to talk about substance use, self-harm and other topics peer to peer. Feel that adults are more dismissive and act as if topics not as important. Young people will not talk to school guidance counselors because unable to confide in them. Guidance counselors see them as children, report what they are told to parents and students get in trouble for having problems/issues, rather than get help.</p> <p>Commissioner Jacobs: Because Fentanyl is so dangerous, and because young people are ordering medications online that can be contaminated with Fentanyl, how robust is the Fentanyl strip distribution in Durham?</p> <p>Lindsey: Public Health does not have strong outreach with Fentanyl test strip distribution. Available upon request in Public Health Pharmacy and with outreach team when out in community has ability to distribute. Has been identified as an area of need in harm reduction outreach. Aware of them as a resource but area for growth opportunity.</p>
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		<p>Kay: NC Harm Reduction Coalition actively distributing Fentanyl testing strips. But cautions that you cannot buy heroin on the street without Fentanyl in it. More important to test anything else they are taking. More testing available through UNC Street Lab.</p> <p>Brian: Resources are the roadmap to recovery. His reason for working with community. This is the way to eventually make an impact.</p>
<p>6:20-6:40</p>	<p>MH SUD Tx– Dr. Carlyle Johnson Discussion: Current Harm Reduction Efforts and Consideration for New and Emerging Approaches</p>	<ul style="list-style-type: none"> • Dr. Boone introduced Carlyle and said question we want to get to be about peer support and how many individuals in a month’s period (rather than since beginning of CLC program), have been connected to services. • Carlyle began by providing brief update for CLC program as follows: Hired new PSS, Claire, working with EMS, Duke Hospitals and DRRC’s Crisis Unit. Program received 3-month extension, taking program through August 31, 2023. Beyond which, they are still looking for funding. Lacie added that program lost both full-time and part-time peers a few months ago. Claire is full-time. Position received pay increase due to inflation. Part-time position was eliminated as a result. Claire is doing a great job. Carlyle said committee wanted to use time to highlight harm reduction. Turned segment over to Kay Sanford. • Kay began by emphasizing the importance of saving lives. When we lose lives to overdose, programs less effective because target audience no longer available to receive services. • Provided a presentation on harm reduction. See summary attached to meeting update. • Commissioner Jacobs: Thanked Kay for wonderful presentation. Noted time of 6:58pm but offered opportunity for questions. <p>Fay: Said presentation was fantastic and particularly liked explanation of different levels of harm reduction.</p> <p>Kay: Said many points come from her work and much comes from Loftin Wilson with NC Harm Reduction Coalition in Durham. Would like to see them better represented in DJT Task Force meetings and bring clients to make sure they are always represented.</p>

		<p>Carlyle: Thanked Kay and Noted many communities not as receptive to harm reduction as Durham. When people realize that today’s radical idea is tomorrow’s best practice, you regret the time it took to implement it. Hopes we have chance in Durham to be a leader.</p> <p>Latoria: Liked the focus on helping individuals, rather than judging them.</p> <p>Paula: Complemented Kay on presentation. Said participation in groups and community presentations helped with recovery. Harm reduction was not her path but doesn’t mean harm reduction doesn’t work. Works with Dr. Boone on prevention. Believes harm reduction important for support to keep people with substance use alive.</p> <p>Dr. Boone: People afraid to discuss harm reduction because of own biases. Was part of a group who went through training with Kay and Loftin. All in different places regarding thoughts about harm reduction. Brought plan for harm reduction back to Durham.</p>
6:45-7:00	Closing – Commissioner Wendy Jacobs	<ul style="list-style-type: none"> To wrap up, Commissioner Jacobs mentioned 2 links in chat for information . Wants Dr. Boone to share links with Donna to go out with meeting update. Emphasized that moving forward, meetings will have more open format for discussion. When sending out meeting updates, wants Donna to ask for suggestions of discussion topics for future meetings. <p>ATTENTION: NC Summit on Reducing Overdose scheduled for June 7-8, 2023, at the Durham Convention Center. Sponsored by NC Association of County Commissioners.</p> <ul style="list-style-type: none"> Dr. Boone suggested working on existing initiatives rather than reinventing the wheel.
<p>Next Meeting: Thursday, June 22, 2023 Location: Zoom</p>		

Schedule for Durham Joins Together committees:

Prevention/Education – 2nd Wednesday 10:30am Virtual

Mental Health and SUD/Treatment and Data – 2nd Tuesdays 3:00 PM

Policy – To be determined