

Council to End Homelessness in Durham • March 17, 2016, 10:00-11:30am

Location: Families Moving Forward (Queen Street Location), 300 N. Queen St, Durham, NC 27701

Attendance: Abbi Tenaglia (Transforming Hope Ministries), Andrew Franklin (CEF), Ann Tropiano (FMF), Asia Elzcin (FMF), Catherine Pleil (FMF), Charita K. McCollers (LCHC-HCH), Courtney Millsap (DCRC), Darius Hunt (Healing with CAARE), Jackie Love (DPS), Janet Xiao (CEF), Joyce Stancil-Williams (CASA), Lloyd Schmeidler (City of Durham-DCD), Olive Joyner (HFNH), Patrice Nelson (UMD), Sheldon Mitchell (UMD), Tim Pittman (DHA)

Welcome and Call to Order: Olive called the meeting to order at 10:01am. The group shared introductions.

Catherine made a motion to approve the January and February meeting minutes. The motion was seconded by Fred, and passed.

Presentation on RI: Wellness City - Kim Chansen (RI: Wellness City)

- Name changed from “Recovery Innovations” to “RI International”
- Much broader definition of “recovery”—we look at it holistically; “recovery” as a way of “remembering who you are.”
 - Funded through Alliance, primarily for adults with MH/SA challenges, but we are open to any adult who wants to come.
 - Providers and supporters come in and take classes too. It’s open to any adult 18+ who wants to come in and take classes. All classes are free.
 - Don’t need referral, insurance, diagnosis etc. Just walk in the door.
 - Alliance covers expenses on a cost reimbursement basis.
 - They don’t card people.
 - Small children are challenging given the space.
 - Orange/Wake transportation is a challenge, but if they can get here, they are welcome to come. People come especially for WRAP class.
- In life things may have happened (trauma, socioeconomic challenges, generational issues). Goal is to remember that well person who got covered up, and focus on strengths. We don’t spend a long time talking about diagnosis or “long list of problems.” 90% of folks have MH/SA challenges, and wherever they go they have to repeat that “long list.” When they come to RI, “we don’t have to know”—you qualify just by walking in the door.
 - RI doesn’t require or push identification of substance abuse—open to everybody wherever they are in their journey.
 - We focus on strengths: what do you like to do, what are you proud of?
- The program is individualized. We recognize that part of the recovery process does involve setbacks and recovery tools in the moment. Centered on the person’s choice. Wellness City doesn’t impose any expectations of recovery.
- All staff are state-certified peer support specialists.
 - For folks in recovery who are interested in getting hours towards PSS: they also have Peer Support Specialist certificates that can go towards the training requirement.
- WRAP classes are based on “what’s worked for you” qualitative data from people in recovery. Many of us have an internalized WRAP plan, but for folks in recovery crisis might prevent them from having a plan. Plan is a helpful reminder for them to think through what will help

them in their recovery, for when they notice that they're not doing as well as usual or when triggers come up. This also allows care providers to provide better care.

- We don't conflict with any other services, because we don't bill.
- 25-28% participants are not "in the system"
- Patrice asked: Can people come and not participate in specific programs, can people come in and just sit or sleep?
 - There used to be a drop-in center in Durham, downtown. When that business closed, Alliance wanted a place that was a little more educational and structured.
 - If you're in the building, assume you're here for a class. There's 30 minute wait between classes where you can hang out, heat up food, go smoke etc. If not then you can hang out outside.
 - A lot of people come from group homes and get dropped off for the whole day; they don't necessarily want to be there. If that's the case, they're happy to advocate for you with your group home.
- Kim offered: at any of your agencies, I'm always happy to come out and present to your staff or groups time with participants.
- Olive asked: how many people come out to you?
 - 45 people per day.
 - Morning 6-12, midday 20-25
 - Saturday has smaller groups

Voting Process on CEHD Collaborative Projects (Olive Joyner, CEHD Chair & Housing for New Hope):

- The next step for us, in the spirit of that initial plan to end homelessness in Durham, is to think of new things or things that are already in existence to continue to ponder, improve upon, and make better—adding to what we've already got out there. All of you work with clients every single day, so you are the eyes and ears of what we can do to make Durham a better place for the families that we serve. Last meeting, we brainstormed and introduced concepts that might be helpful to us.
- Brief summaries of the 4 ideas:
 - A. Coordinated Assessment
 - Patrice asked: how is this different from monthly care review meetings?
 - Olive responded: Care Review gives preference to folks with score 10+, but potentially how to work with those who score *lower* on the VI-SPDAT.
 - Charita echoed: their score might not reflect what we know to be a critical point for this person; we're waiting for that person to become a 10 or 12, rather than helping them earlier on.
 - Lloyd: Right now, one option for individuals that are below 10 = refer them for a HCV

- Most of the people coming through care review process are chronically homeless as well. Challenge is that PSH and HCV supply is limited.
- If you have 10, 11, 12, 13, 14 and put them in the same place.
- B. Systematized Roommate Matching Program
 - Eg. In our programs, folks may have befriended each other. How do we create a system for them to meet and choose to live life together?
 - UMD has done something similar, but what if we put more meat around it and think about it as a possible option? Put some structure around it?
 - I can see this being helpful with low-income and the fact that there's little affordable housing.
- C. "I Am My Neighbor's Keeper"
 - There are families who are doubled-up all over Durham. Oftentimes families might end up in our shelters because family relationship has fractured—"you can't stay with me any longer." Could also be because host doesn't have the money to be able to support the family/individual anymore.
 - What would it look like if we offered some small tax break for that family, to offset some of those costs?
- D. Resource Center
 - Given library closure this year
 - Patrice: we also reviewed a study of day centers. There's one in Houston/Austin called ARCH that provides similar things to Wellness City—specific tailored programs.
 - When we renovated UMD resource center last year.
 - The County funded/intended the renovation of the café building to be a Resource Center. We offer programming. Focusing on what happens when the library closes is important, but the issue is how do you get people to participate in the resource centers that exist, as opposed to creating a new resource center.
- Any one of these things can be time-consuming to make any impact in Durham, given our limited time and resources. Let's choose 2 things to focus our attention on as a community. This does not mean we're going to solve a problem in 2016, but I do believe that because each of you are working with clients, your voices are closest to what might be true for our clients/community. What would it look like if we had a system in place for each of these things? What would it include for your clients?
- Lloyd asked: how does this relate to HSAC?

Visioning Process for Resource Centers/Creation of Committee:

- Committee sign-ups: Charita McCollers (chair), Sheldon Mitchell, Abbi Tenaglia, Ann Tropiano, Asia Elzcin, Cynthia Harris, Joyce Stancil-Williams
- Visioning Brainstorm:
 - People come in and they get something they need
 - A plan!

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- Unemployment office van nearby
- ID
- Health care information
- The hope is that fewer people are in need of a resource center, after they use it. Meet the needs of the people served, so that they can go onto their next steps
- All existing resource centers: CAARE, Threshold, UMD, Holton, Senior Center, Wellness City
- Access to mail
- Showers, laundry, bathrooms
- Voter registration
- Motivation & participation:
 - Counseling and encouragement:
 - Prepare participants well for referrals/housing/job programs
 - Patience and follow-through
 - Have conversations toward change
- Welcoming. The first face has to be someone non-threatening.
- Place of support and respite
- Place to belong and feel comfortable
- Prevent recidivism in shelter system and jails/prisons
- Process-oriented comments:
 - Most people currently at library who aren't in the shelter would not come; not a drop-in center
 - Need to know how many people are currently visiting the library who are homeless

Agency Announcements:

- EDCI Fundraiser:
 - BBQ chicken lunch: 11:30am-2:00pm @ Golden Belt, in rear parking lot. Tickets are \$8.
 - 50/50 raffle, tickets are \$1 or 6 for \$5. If we raise \$2,000 then the winning ticket will get \$1,000.
- Introduced Abbi, forming a new partnership with DCRC and opening an emergency shelter at the beginning of 2016. Work with domestic human trafficking victims.
- Catherine: Ryan will send out a note to CEHD asking as many EDs as possible to sign a letter of support. Genesis Home had a contract to be transitional housing, but FMF will become emergency shelter. Have to take that to HUD. Please sign the letter!

Olive adjourned the meeting at 11:27am.