Council to End Homelessness in Durham
August 16, 2018 Minutes

Attendance: Sheldon Mitchell (UMD), John Winston Smith (Durham VAMC), Donna Biederman (DUSoN), Ashley Towe (VOA_HVRP), Joseph Barnes (Homeshare Durham), Kathy Hodges (DCRC), Rikki Gardner (HNH), Andrea Mikesell (DCRC), Ann Tropiano (FMF), Hanaleah Hoberman (DCD), Larry Partee (NCH PAC), Carolyn Hinton (Healing with CAARE), Todd Tronzo (UMD), Valerie Haywood (UMD), Kezia Goodwin (UMD), Spencer Bradford (DCIA), Lloyd Schmeidler (City of Durham), Melody Marshall (Durham Public Schools), Liz Brown (CEF), Donna Carrington (CEF), Carolyn Schuldt (OTM)

The meeting was called to order with welcomes and introductions by Chairman Sheldon Mitchell. Minutes from the July 2018 meeting were reviewed. The motion to approve the May minutes was made by Rikki Gardner , seconded by Lloyd Schmeidler and unanimously approved.

1. Emily Carmody shared that the NC Coalition to End Homelessness is a statewide coalition focused on bringing best practices to NC to end homelessness more quickly, do policy advocacy at all levels of government, that they are the lead HMIS agency for several CoCs, and that they manage the SOAR program. She then presented about the Tenancy Support Services project that she and partners at Duke and community and family medicine partners are working on. The funding was granted to research projects looking at social determinants of health and consists of community engaged research to inform policy. Their team consists of 2 researchers, Donna Biederman and Mina Silberberg, and one community partner, Emily Carmody. Project funding ends in August of 2019 and the research is scheduled to be completed by the end of February with dissemination over the following 6 months.

   Community engaged means using stakeholder input and a feedback loop to get info/input back to the community and also incorporates a consumer advisory council made up of tenants in PSH. Their model also uses the Health impact pyramid and they stressed needing to be able to impact other factors for example socioeconomics, homelessness--meeting immediate needs (get housing then folks can focus on their health); we all know that homelessness is a risk factor for poor physical health, mortality, and poor mental health and physical health outcomes (not showing up for appointments, not taking meds, etc.). Research shows that permanent supportive housing is associated with less homelessness and improved health.

   As there aren't HUD dollars for supportive services, Emily has been working on the possibility of using Medicaid funding for housing support services. An advocacy focus is to get Medicaid funding to pay for services and the study looks promising as providing information that can be shared with NCDHHS. It is also expected that the study will provide good language and information to impact the definition of Tenancy Support Services that the Medicaid team comes up with. The thought is that Medicaid funding will increase the supply of PSH to meet the demand.

   The study involves 2 effective PSH programs in NC and one in LA and is focused on the questions, "What makes effective Tenant Support Services?" "What are the services needed and what is the structure of such services?" To date interviews with tenants, staff at all levels of each program, housing specialists, DHHS staff, and MCO staff have been interviewed, and HMIS de-identified data is being used. There will be an update on what the recommendations from the study findings are in January/February of 2019. The findings will ultimately be shared with the Medicaid office.

   Emily answered questions and will share the presentation slides.

   It was shared that Medicaid is being moved to a managed care organization and Sheldon pointed out that homeless services providers need to assist with and encourage Medicaid enrollment. We want to help clients have a choice of providers and to have continuity of health care services. The new system is expected to be complicated and enrollment will happen by sub-populations. It is expected that families with children will be first and single adults last.

   Emily affirmed that NCCEH will provide broad information when it is available and alert providers to upcoming webinars, etc. As Sheldon and Charita pointed out, there will need to be staff training so we know how to educate clients and increase our understanding of the process.

2. Best Practices-Serving Survivors Training – Kathy Hodges, Hanaleah Hoberman, and Alma Davis gave an overview of Domestic Violence, " a pattern of power and control characterized by various forms of violence" and handed out resources. It was pointed out that the power and control wheel depicts the opposite of mutuality and

respect and that those caught in the cycle may fear the violence but that it is the other stuff (on the wheel) that causes the survivor to lose confidence, etc.

DCRC offers a trained, volunteer-led 24-hour crisis line in English 919-403-6562 and Spanish 919-519-3735; the crisis line is the gateway to DCRC services. DCRC also provides legal services in Room 2000 in the Durham County Courthouse where DCRC staff is present, counseling both at the confidential shelter and the main office, a community outreach program (materials and staff to table and provide knowledge and resources), a 17 bed emergency shelter, and assistance finding another shelter location when necessary; transportation is provided and they want to maintain families (keep all children with their parent).

Men and women can be served and there is no age cutoff for children with a parent. Services are free and confidential. Trained staff are on-site to assure inclusion and that needs of LGBTQ clients are met.

It was highly recommended that parents of school-age children share the protective order with law enforcement and the children's schools so that school personnel know who students can safely be released to.

Hanaleah presented on the intersection between Domestic Violence and homelessness and offered Dos & Don'ts. She gave real examples of how "helping is not always helping," reinforced that the first 24 hours after leaving is the most dangerous time for the survivor, and that calling the police might help but that it isn't a safety plan. It was also stressed that it is important to use court advocates, make referrals to agencies specializing in DV (DCRC), remember that the survivor is the expert of their own situation, express honest concerns for someone's safety, provide factual information, don't push, be trained in safety, listen to the client, don't get between the abuser and the client, don't bring them into therapy together, learn what is a "normal" dispute in a relationship and what DV issues are.

Hanaleah furthers shared that there are many triggers specific to DV and that the functions of our jobs and shelter services can be triggering. Programs that don't offer a lot of choice or tell someone they are not eligible for a service can be triggering as can paperwork and documentation. It is recommended that we do let folks know why we're are asking the questions, take breaks during long interviews, be upfront about limitations of your program, and keep any promises that are made. Slides from the presentation will be shared.

3. Rikki shared updates on HCV referrals and utilization. All shelters have had applications denied and it has been taking about 25-30 days for processing. Inspections are reportedly happening more quickly.

4. Announcements:
    a. HCV list is open through 8-26-2018
    b. There is a 9-10:30 AM meeting to work on the Durham collaborative application at Lloyd's office

Andrea moved to adjourn, seconded by Ann.
Meeting adjourned at 11:39 AM

Next Meeting Date: Thursday, October 18, 2018