

Human Services Coordinating Council Final Meeting - Wednesday June 7th, 2017

1. HSCC 6 Month Review/Recap (Hoween)

- Deb - Asked where buses were originating from to provide service to Plainfield
- John - is 18\$ opioids and opiates stat for preemptive care stat national?
- Rockville hospital has been purchased, with inpatient health facility expected
- Deb - housing is key to helping social determinants of health. The environment you grow up in and your home shape who you are
- Tom (Dept. of Corrections) - it is important to get message out that there is not enough housing. People don't know up in the "quiet corner" that unemployment is a problem and is comparable among youth to the rate in Bridgeport
- TEEG representative (Anne) - Agency increase in homelessness (25 individuals right now by the end of the day we could find today) and town staff have no idea. No housing available so some use camping type. If dealing with homeless folks in agency, best thing is to get on HMI reporting system as it can paint a more real-time picture of the homelessness issue. Agencies can also communicate through HMI.
- John - federal subsidies are not expected to go up for housing, however opiate and opioid prevention may receive additional help and funds from Trump administration
- Deb - largest myth to tackle is what type of person is in low income housing
- Call low income housing "workforce housing" to disassociate the negative connotation
- John - affordable housing doesn't mean affordable, it means that the units provide health and human services for residents

2. Lee-Ann Gomes Presentation:

- All things we are struggling with, Norwich is struggling with as well
- Housing - in Norwich in 1998, Norwich community care team formed which has worked out very well (all the agencies that would affect a homeless person got together to discuss homelessness issue and other social services issues). Multi agency release of information that clients sign to help them through process. What are the person's personal issues and barriers to housing? Who is responsible to house this person and what are the funding sources (CDBG, New London County etc.). Intakes for homelessness in Norwich coordinate with TVCCA, Connection, Reliance House and Soup Kitchen doing intakes in CAN, having \$ right there in the office to do shelter diversion - which can use CDBG Grants, are a great way to fight homelessness. Can call family and spend X dollars to get person to get their family. Changing the paradigm that "oh you're homeless, go to a shelter" is key - getting them to stay in a bed with someone.

- Case management is huge - people bounce around a lot
- HMIS has different release for information on homeless clients
- Numbers of homeless decreasing but cost of running shelters increasing. Shelter closed and bank was able to divert money to housing/shelter diversion in Norwich.
- Housing someone solves all issues (showering, eating, sleeping).
- Tipping point for shelter staff was when second generation homelessness came in. Important to break generational cycle. Shelters are a short-term solution and we should focus on housing the homeless clients
- CAN Gives lots of info that help LeAnn match the person with a program or housing. Assigning responsibility for who should house the person
- 14% of Norwich residents can't afford to live in Norwich, and a 15% poverty rate - town leaders are blind to that and are surprised when they hear it. No new vouchers coming, and vouchers that Norwich has could be lost in upcoming budget season
- Best practices (Columbus House Housing Program) - a landlord will rent an apartment on two separate leases with clauses for each tenant. Encourages independence and if one person is evicted the other won't be as the leases are separate
- 90 Day period for someone with a housing voucher to find someone who accepts it - too short and refusal after 90-day point
- Extensions on 90-day period are possible, but making the deadline is possible when having a full-time case worker
- Deb - if you're working together with other human services agencies, pool together resources and contacts (landlords etc.). Norwich has lists of sober housing, low income housing and other needs specific housing available that they use to place someone
- Recognize that NE CT have different challenges than people in Norwich and SE CT. While there may not be 900 landlords in the northeast, there are the 10 or 15 that we can build personal relationships with in NE CT
- Norwich HS is umbrella agency (serves adult, youth, seniors and other at-risk groups). Now recreation department is working under human services to connect volunteers with programs and people with programs that will benefit them. Integration and broad review of services in Norwich human services office has been successful.
- To address opiate/opioid issue - partnership for success grant --> established four sub committees (transportation, legislation, education and
- Working with hospitals to get in touch with overdose patients. human services staff Narcan trained - outreach on Franklin street, giving out Narcan kits and teaching citizens to use them

- Medical assistance programs - to manage medication and prescription drug use. Medical field should take classes on how to prescribe meds properly. Gave example of doctor that hadn't been to a class in 25 years when training someone how to drive a car they have to take a test and the person teaching has to be certified and re certified
- People are hurting their animals to go to the vets and get opioids, going through open houses and raiding medicine cabinets
- Opioid epidemic is not only low-income individuals. Many are given legally and abused creating the addiction
- Seniors falling linked to opioid prescription. Seniors stop taking drugs, can't afford them, or belong to pharmaceutical companies that deliver pills in the hundreds (bulk). Seniors have huge amounts of pills and grandchildren/children can abuse. Preventing falls and injuries from falls can reduce number of opioids/opiates prescribed, thus reducing the quantity available to the children/grandchildren of the elderly who get these pills
- Team challenge (faith based out of NJ) - young adults who have battled addiction telling their stories. Young people won't want to listen to older adults. Getting face to face time with young individuals can make a difference
- NFA don't get hooked campaign for drunk driving (hanging symbols downtown)
- Tom - seeing that people can survive drugs through "scared straight" programs makes them think drugs are okay
- NE District Dept. Health are not doing opioid education because they want to support the services that do the education. Don't want to take away from that, but instead provide support
- Be creative with funds (CDBG can be used for education)
- We can make more of a difference together (communication between agencies and agree to a common purpose and common goal)
- Assign responsibility for who leads what
- Agencies must become organized locally (since fed and state budgets are extremely uncertain and don't know the issues of our region).
- Medication assistance program dollars coming out of DEMHS (rural areas aren't eligible). Access got \$13,000 last year. 3200 clients that are seriously mentally ill. \$9 million to serve, while southeast access gets \$45 million per year for 1500 (breaks down to \$2700 per pupil in northeast while southeast gets \$27,000 per pupil)
- Can we get new agriculture secretary to classify opioid problem as a "rural" problem as previous agriculture secretary, Tom Vilsack did?

3. Next Steps:

- Review Norwich's Community Care Team Model
- Adjust to fit the needs of the Region
- Review NECCOG Recommendations – make edits and suggestions through Hoween
- Schedule additional meeting for:
- Community Care Team Organizational Structure, etc.
- Develop Goals, Objectives, Actions and Measurements for Human Services Recommendations