

Partnership for a Healthy Durham
Health and Housing (H&H) Committee Meeting Zoom
Tuesday, August 25, 2026

Present: Bria Miller (DCoDPH), Natalie Barnes (Alliance Health), Uzuri Holder (Duke Health), Liv Gladlin (DCoDPH), Ryan Smith (City of Durham), Manuel Hyman (Alliance Health), Caressa Harding (NCDHHS), Charlene Harris (Alliance Health), Angel Romero Ruiz (Duke), Charlene Reiss (Partners for Impact), Scott Brummel (Duke), Jennifer Allen (Duke), Charita McCollers (Lincoln Health- Healthcare for Homeless Clinic), Bernadette Greene, Daily Reprieve, Marlene McCauley

Item	Major Discussion	Recommendations and Action Steps
Welcome/ Introductions 8:30-8:40 Uzuri & Natalie to welcome/ Ice Breaker	Lightning round: Your favorite vacation spot	
Plan to support Durham's unhoused population 8:40-9:00 Ryan Smith	Ryan Smith, Director, from the City of Durham's Community Safety Department, will speak about the city's plan to address homelessness. He went over the strategic Framework to make homelessness rare and brief • Their team worked with homeless serving organizations and service providers. • They also worked with people experiencing unsheltered homelessness • This is a five-year plan for 2026-2031 • The vision is "by June 2031, Durham will make homelessness rare and brief"- meaning that when someone experiences homelessness, there is a system that works to get people in housing within 30 days • Another metric is that by June 2027, they plan to reduce unsheltered homelessness by 30%, veteran homelessness by 30%, and reduce youth homelessness by 50% • This past January, during severe weather, they set up hotels for those who were unhoused and made a commitment to pay for things that would help people get into housing. They used flexible housing funds to get 15 families from Families Moving Forward and families in the hotel into long-term housing. • The City and County worked with Community Solutions' Built for Zero initiative on this strategic framework. They want to know the people experiencing homelessness by name in real time. They have set population-specific goals, look to improve the system and not just the programs and will sequence resources around people who need them.	

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	Their efforts will include identifying vacant units, the resources needed to get folks in the units, and the services needed to support folks together. • This system has six functions 1. Street Outreach and Coordinated Entry ▪ This may also be referred to as Entry Point 2. Case Conferencing ▪ After step 1, there are assessments and questions to get details about a family ▪ Once added to the list, case conferencing sessions are held with stakeholders across the community, such as housing providers and mental and behavioral health supports, on a by-name basis. These teams work together to discuss each neighbor's case and how to get them housed 3. Flexible Housing Assistance- ▪ Many times, barriers to housing are utility arrears, rent arrears, and justice system involvement, which this fund allows to be resolved. ▪ In addition to federal funds, they are looking to commit local funds (City and County) for this. They are looking for additional funders to raise \$9 million for this initiative ▪ Contributions from the community, through individuals, philanthropy, etc., to move folks very quickly and in an unrestricted way. 4. Landlord Engagement ▪ This is how the team builds their unit pipeline ▪ A new landlord engagement provider is coming to Durham, called Home INC. who have committed to identifying up to 500 new units over this fiscal year 5. Housing Stabilization Case Management ▪ This is for everyone in the program to help them to sustain housing past the first year 6. Housing Sprints and Interim Housing ▪ These can start with people who are actively unsheltered or interim housed people and getting them to stable housing.	
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- There is currently a housing sprint for 60 people- they want to identify housing within 30-45 days. There will be a total of ten sprints over the course of the year
- Implementation architecture
 - Champions table appointed by City and County
 - Continuum of Care (CoC) Governing board, a joint City/County group accountable for homelessness response system
 - Executive table- alignment across homelessness system
 - Community safety department
 - Durham County
 - Frontline bodies and lived expertise
- Investment, accountability, and learning- They did not receive all of the money they requested but they will continue raising money for this initiative
- Trajectory to 2031
 - There are monthly newsletters sent out
- In July 2026, 14 of 15 unhoused people from an encampment were placed in long-term housing. The one person not in long-term housing requested to go at a slower pace.

Q&A

Q: Are the previous newsletters available on the website?

A: It will be available at a later date.

Q: If we want to be on the newsletter, how do we subscribe?

A: The committee can organize the list of folks who want to subscribe and Uzuri will send it to Ryan.

Q: How are you working with the media? After a sweep a couple of weeks ago, there was a lot of negative coverage on social media.

A: At Oakwood, it was complicated. This was a long-standing encampment. The City Manager decided to make the park useful as a park again after a year. A week before, the City did street outreach and had been communicating with everyone there. The people there were interested in next steps, all interested in

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moving to a hotel. It started at 6am and everyone was in the hotel by 9am. There were rules at the hotel and the City was on call for assistance. There were a total of 18 people and everyone went to one of the two hotels, may of which are still at a hotel. Some did get kicked out. People's items were placed in storage unless people said they wanted to get rid of them. The City participated in interviews and commented on posts they saw to try and share what actually happened. The City is trying to deal with this issue with care and integrity.

Q: Is there coordination with other counties? A shelter in Fayetteville bused many people to Durham County a few years ago. Durham is making great efforts. If other counties start sending folks here, it could be a problem.

A: There have been conversations with Wake County and City of Raleigh staff. They are working to take a more regional approach with Wake and Orange Counties. The City of Durham is focused on getting really good data on the unhoused folks here and their stories. They would expect local officials to contact officials from other counties if seeing a lot of unhoused folks come here from other places. We want to know the reality of this, but we don't want to hinder the work we are doing for people in this community out of fear.

Q: Curious about the prevention piece especially for people who have unstable housing. Is there something that other community partners can work on now?

A: This aspect is probably the least developed. We want to reduce the number of people flowing into houselessness. They are open to this committee providing recommendations on/for what we can do here.

Q: The Health and Housing committee is focused on how we can keep people in housing that supports their well-being.

A: Yes, this is important. The office is inviting others in and wants to add in other important components.

Concern: This committee has seen a lack of focus on people who aren't in housing they can stay in, can't make the improvements they need... this area needs more attention.

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	A: The director of housing and homeless services is looking to expand their work. It might be good for this committee to work with them to think through how to address some of the gaps. These plans are taking place between now and November. The committee should contact Sarah Vinas for more and Ryan can make that connection.	
Presentation 9:00-9:10 <i>Jen Allen</i>	Jen Allen from Community-Partnered Research Network (CPRN) will speak about the work she and her team are doing. They are going into their third year with an executive leadership board- the goal is to shift culture from research on communities to research with communities. They want to support and catalyze community-partnered and community-driven research, as well as the translation of the research into action that promotes improvements in population health. Dr. Howard Eisonson was a part of forming CPRN. He encouraged them to connect with the Partnership committees and to look at the Community Health Assessment (CHA). An example of their work was a project on asthma. There was an existing effort in the community, which CPRN was able to join, and they shared results within the same year. The structure of CPRN includes an Executive Leadership Committee, with two seats from Durham Tech, two seats from North Carolina Central University (NCCU), and two seats from Duke University. There's two clinical research staff and representation from African Methodist Episcopal Zion, Durham County Department of Public Health, El Centro Hispano, Discover Durham, Lincoln Community Health Center, THRIVE Family Health and Education Center, and Disability Rights NC. The projects must be community-led, have an equal partnership model, and focus on local priorities. The results should lead to community health improvements.	

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	Link to the website https://ctsi.duke.edu/community/readi/cprn Request to Consult https://redcap.duke.edu/redcap/surveys/?s=DJTEL7K7HEC9AERD Q: If we have an idea for a project, do we need to identify a funding source first? A: all ideas are welcome regardless of the stage. IF a funding source hasn't been identified, it can be named as a need, and we can seek funding for it. Q: Can you share more about the process of the asthma project? A: Jen wasn't a part of the asthma project but will check with the colleagues who were a part of it. Q: Do you connect with other offices/projects that are compatible like NCCU Bridge Office? A: Working with NCCU Bridge office on a project for Anson County. Q: Are you looking at data that has been collected around Social Determinants of Health (SDOH)? Lincoln has been using a screener. Are you using data from these screenings to determine what research to do? A: Jen is not aware of tapping into Lincoln Health data. There are lots of people who are not considered homeless because they are sleeping on couches or are in transitional housing. Those folks are often overlooked.	
CHIP Brainstorming 9:10-9:25 <i>Uzuri & Natalie</i>	Connecting the Health & Housing Community Health Improvement Plan with the results of the Roundtable Discussion – brainstorming ideas for what the Committee can do to achieve its goals.	
Next meeting: September 22, 2026 at 8:30 AM on Zoom		