Partnership for a Healthy Durham Quarterly meeting

Wednesday, August 26, 2026
12:00 – 1:00 pm, Zoom

AGENDA

12:03-12:05 Welcome **RECORD**

Shelisa Howard-Martinez, Overall Partnership Co-Chair, Aging Well Durham
Kimberly Monroe, Overall Partnership Co-Chair, Duke Health

12:05-12:15 Introduction of 2026-2027 Partnership Steering Committee Members and PANFA Specialist (co-chairs BRIEFLY introduce themselves)

Shelisa Howard-Martinez and Kimberly Monroe

Name	Committee	Organization
Kimberly Monroe	Overall	Duke
Shelisa Howard-Martinez	Overall	Aging Well Durham
Uzuri Holder	Health and Housing	Duke Health
Natalie Barnes	Health and Housing	Alliance Health
Edeia Lynch	Access to Care	DCoDPH
Angel Romero Ruiz	Access to Care	Duke Health
Eboni Quick	Mental Health	DCoDPH
Ashley Bass-Mitchell	Mental Health	Alliance Health
Sicily Johnson	Physical Activity, Nutrition, and Food Access	Kind Kitchen
Meghan Brown	Physical Activity, Nutrition, and Food Access	DCoDPH
Najla McClain	Strategic Engagement for Action and Transformation	Duke University
Kelly Warnock	Strategic Engagement for Action and Transformation	DCoDPH
Marissa Mortiboy		DCoDPH

Liv Gladlin, PANFA Specialist

12:15-12:55 Policy Updates

12:15-12:30 Housing Policy Updates- Anthony Henderson, HOPE Team Manager, Durham Community Safety Department, City of Durham

12:30-12:45 Medicaid Policy Updates- Gabe Gibson, Durham Marketplace Navigator, NC Navigator Consortium, Legal Aid of North Carolina

12:45-12:55 Q&A

12:55-1:00 Announcements

If you are not part of a committee, please consider joining one of the following. Contact Bria Miller at briamiller@dconc.gov or visit www.healthydurham.org for more information.

- **Access to Healthcare-** Increase access to medical and dental care for Durham County residents
- **Health and Housing-** Examine the relationship between housing and health
- **Mental Health-** Increase access to mental health services and public awareness of mental illness
- **Physical Activity, Nutrition, and Food Access-** Address risk factors such as food access and physical activity

Partnership for a Healthy Durham
Better Together

www.healthydurham.org

Partnership for a Healthy Durham Quarterly meeting

- **Strategic Engagement for Action & Transformation-** Partners with health priority committees to uncover and address the root causes of health challenges in Durham County.

Mission: The Partnership for a Healthy Durham is committed to collaboratively improving the health and well-being of its community, and those who live in it.

Vision: All people of Durham have the opportunity and ability to enjoy safety and good physical, mental and social health.

Present: Bria Miller, Shelisa Howard-Marinez, Gabe Gibson, Liv Gladlin, Kimberly Monroe, Natalie Barnes, Armenous Dobson III, Angel Romero, Anthony Henderson, Arthur Lockart, Azmen Johnson, Bethany Lee, Bridget Nelson, Carissa Dixon, David Ragan, Deborah Dolan, Don Bradley, Edeia Lynch, Elaine Hart-Brothers, Elshona Hudson, Helena Cragg, Jaeson Smith, Jasmine Johnson, Jesss Rhodes, Kimberly Alexander, Kristen Patterson, Mina Silberberg, Natalie Barnes, Pam Purifoy, Sam Peterson, Samuel Lefew, Sandra Loriaux, Scott Brummel, Tra Tran, Uzuri Holder, Yvonne Reza, Marissa Mortiboy, Francisco Guzman, Elizabeth Brill, Lindsey Bickers Bock, Lola Bee, Camille Valentine

Partnership for a Healthy Durham Quarterly meeting

Introductions

As of July, there are some new co-chairs for the 2026-2027 cycle.

Health and Housing Committee
- Uzuri Holder, Duke Violence Recovery Program, Program Manager
- Natalie Barnes, Alliance Health, Community Health Worker

Access to Care
- Edeia Lynch, Durham County Department of Public Health (DCoDPH)/Bull City Strong, Community Health Worker Coordinator
- Angel Romero, Duke Population Health Management, Community Partnerships, Program Coordinator

Mental Health
- Eboni Quick, DCoDPH, Nurse
- Ashley Bass-Mitchell, Alliance Health

Physical Activity, Nutrition, Food Access (PANFA)
- Sicily Johnson, Kind Kitchen Group
- Meghan Brown, DCoDPH /DINE, Dietician

Strategic Engagement for Action and Transformation (SEAT)
- Najla McClain, Duke University School of Nursing, Program Coordinator
- Kelly Warnock, DCoDPH, Dietician

PANFA Specialist: Liv Gladlin

Liv has been in this position for about a month and a half. Prior to this role, she had done some work around trauma-informed care and resilience with DCoDPH, which is a lens she will be bringing to PANFA work. She is excited to provide additional coordinating capacity to support how PANFA can collaborate with everyone across the Partnership.

Anyone interested in engaging further with any of these committees, please reach out to the co-chairs or go online to the Partnership's website (healthydurham.org) to learn more.

Policy Updates

Housing, Homelessness Services

Anthony Henderson, Housing Opportunities and Pathways Engagement, or HOPE, team Manager, with the City of Durham's Community Safety Department. This team is the lead agency and backbone group for the continuum of care related to homelessness and any federal funding in this space.

Anthony presented to the Partnership at a previous quarterly meeting held last year, where much of the time was spent talking about shifts in play with Department of Housing and Urban Development (HUD) and federal funding. He joined today's meeting to provide more current updates, as well as share the completed strategic framework process.

Strategic framework

Partnership for a Healthy Durham Quarterly meeting

This was completed over a six-month timeframe and engaged around 200+ stakeholders, including those from business communities, those with lived experience, governing board members, and general community members.

The Ultimate North Star goal = *By **June 2031**, Durham will make homelessness rare and brief. Rare means few people enter homelessness each month. Brief means those who do exit quickly into stable housing.* Homelessness being **rare** and **brief** describe what the field calls *functional zero*-not zero on any given night, but a system condition where the number of people experiencing homelessness is consistently fewer than the number the system can house each month.

- For example, if 10 people enter homelessness in a month, the City needs to be serving at least 20 to drive down homelessness

By June 2027, the team wants to see a 30% reduction in unsheltered homelessness, which would be seeing fewer encampments, a 30% reduction in veteran homelessness and a 50% reduction in youth & young adult homelessness

This past winter's ice and snow storms, and the City's response, identified some barriers, resources, and showcased what the City could do.

- More families took resources when it was a non-congregate experience (taking a hotel room vs. being in a church gymnasium with other families)
- The church gymnasium was then setup specifically for singles, which was then at capacity every night.

During this winter storm, they decided to try one of their housing sprints, and their goal was to house 10 families within 25 days. They succeeded and were able to house 15 of these families, clearing out half of the family's shelter, freeing up space for additional families that could utilize those resources.

Since February, the team has held another sprint, this time with the goal of housing 15 households. They were able to house 14 households, with the 15th stating the process was moving too quickly for them. These 29 total households housed remain that way today.

The team is currently in an active sprint, hoping to increase to 30 households. This sprint focuses on the Oakwood Park and the nearby encampment that was cleared out, who are receiving interim housing support. Hopefully, within the next two to three weeks, they will be permanently housed.

The system for this has six functions:

1. **Street Outreach & Coordinated Entry**
    a. This is the front door, sometimes referred to as Entry Point.
2. **Case Conferencing**
    a. After step 1, there are assessments and many questions to get details about a family.
    b. Once they are 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
    c. These teams work together to discuss each neighbor's case and how to get them housed

3. **Flexible Housing Assistance Fund**
    a. Contributions from the community, through individuals, philanthropy, etc., to move folks very quickly and in an unrestricted way.
    b. Many times, barriers to housing are utility arears, rent arrears, and justice system involvement, which this fund allows to be resolved.
4. **Landlord Engagement**
    a. This is how the team builds their unit pipeline
    b. A new landlord engagement provider is coming to Durham, called Home INC. who have committed to identifying up to 500 new units in the course of this fiscal year
5. **Housing Stabilization Case Management**
    a. Anyone taking advantage of flexible housing assistance and landlord engagement, the team believes they should receive wraparound services
    b. This is system-wide case management to provide 12 months of support, designed to keep folks housed once they are in
    c. Each household has at least two touchpoints with case management each month, helping them identify very early in there are stability issues or barriers to staying housed. This also allows for early changes if needed, such as a more stable or more affordable unit
6. **Housing Sprints & Interim Housing**
    a. These can start with people who are actively unsheltered or interim housed people and getting them to stable housing.

Anthony reiterated how this work is as much as the community's as it is those that work for the City. *If you are or know of a property owner and are interested in this work, please reach out to Anthony to get involved!*

Update on HUD's Notice of Funding Opportunity (NOFO) last November: There has been a big shift in direction and HUD is moving away from Housing First toward treatment first, toward mandatory recovery, and toward mandatory work requirements. This is similar to requirements around Supplemental Nutrition Assistance Programs (SNAP) and Medicaid. Local agencies have been preparing to apply. After putting this NOFO out, they revised it and it was turned over by the courts, so HUD was legally obligated to renew all contracts for at least one additional year and put out another NOFO at a later date. This NOFO was released June 1 of this year Durham ran a very competitive competition locally. At the end, the courts overturned that newest NOFO and put the competition on pause. They are still waiting on the courts and guidance on how to move forward.

<u>Medicaid Policy Updates</u>
Gabe Gibson, North Carolina Navigator Consortium with Legal Aid of North Carolina

There are still many questions regarding Medicaid changes and how they will be implemented in practice, even for organizations in this space. Two big dates will be the focus of today's conversation: October 1st (immigrant eligibility) and January 1st (work requirements, retroactive coverage, 6-month renewals).

Partnership for a Healthy Durham Quarterly meeting

October 1st changes
Under HR1 bill, what is considered "qualified immigration status" for benefits will be altered. These changes have already been implemented for SNAP in February of this year. Most people with this status are restricted from receiving any means-tested public benefits, which includes Medicaid, SNAP, Social Security Income (SSI), and TANF (Temporary Assistance for Needy Families), also called WorkFirst in NC.

Below is a list of eligible immigration statuses before and after October 1st, 2026:

Before Oct 1st	After Oct 1st
Legal Permanent Residents (Green Card Holders)	Legal Permanent Residents (Green Card Holders)
Refugees, Asylees, & Persons Granted Withholding of Deportation/Removal	Cuban and Haitian Entrants
Cuban and Haitian Entrants	"COFA Migrants" (Citizens of Marshall Islands, Micronesia, Palau)
Paroled into U.S. for at least 1 year	
Battered spouses and children with deferred action (VAWA)	
Victims of trafficking-those granted "T" visas or who have pending applications and have had a prima facie case approved	
"COFA Migrants" (Citizens of Marshall Islands, Micronesia, Palau)	

The immigration statuses bolded on the left in the table above showcase the groups **losing** their eligibility for Medicaid October 1st. It is unclear what this will actually look like and if anyone will be losing coverage on that exact day, but these are the expected cuts. What is known, however, is anyone part of the bolded statuses in the table will *not* be eligible if they are actively applying for benefits.

5-Year Bar policy: many immigration statuses are exempt from the 5-year ban waiting period to access Medicaid and SNAP when they get a green card, including:

- Refugees
- Asylees,
- Amerasian immigrants,
- Cuban and Haitian Entrants,
- Victims of trafficking (T Visa),
- All active-duty military/veterans and their families

As you can see, some of those included in the 5-Year Bar policy are also included in the list of who will be losing eligibility on October 1st. What this means is that the second those people become eligible to become a legal permanent resident or green card holder, they will also be eligible for Medicaid. They will not have to wait 5 years to be eligible for public benefits, assuming they meet other eligibility criteria.

There is also an exception for pregnant women and children. In order to receive Medicaid, they just h ave to be lawfully residing, meaning having some sort of legal status in the US, and they need to be a resident of NC. If they meet these two criteria, they are able to receive Medicaid and Medicaid for Children, under Children's Health Insurance Program Reauthorization Act (CHIPRA). The exception to this is Deferred Action for Childhood Arrivals (DACA), as they are not eligible for Medicaid besides emergency Medicaid. Pregnancy Medicaid can remain active up to 12 months postpartum.

January 1st updates

Work Requirements for Medicaid Expansion

Work requirements, also called Community Engagement, will only apply to people with Medicaid Expansion. They will **not apply** to people with Medicaid for the Blind, Disabled, Pregnancy or Children,. Work requirements at recertification and at application are: work or volunteer at least 80 hours/month OR, if they can't show those, show they have a household income of at least $580/month, which is around minimum wage standards.

When someone is up to renew their Medicaid, their Department of Social Services (DSS) caseworker will be able to look back on an of the previous three months to check if they have met the requirements for that time.

- For example, if I am renewing my Medicaid in August, DSS would look back at May, June and July to see if I met either the 80 hours working/volunteering or if I was able to make $580 in those months.

North Carolina is currently involved in a federal lawsuit over new restrictions surrounding the definition of medical frailty, which is one of the exemptions to the work requirements.

Retroactive Medicaid Coverage

Also effective January 1st, we will see a decrease in retroactive Medicaid coverage. The way things currently work, when someone applies for Medicaid, they have the option to look at their previous three months on their application. If they have any unpaid medical bills during those months, Medicaid will help pay for those bills. For example, if I applied today, I would be able to submit medical bills from May, June and July. Even though my coverage didn't start until August, Medicaid would also help assist in those previous months' bills. With the new change, it will only be **one month prior for Medicaid Expansion.**

- So, if I applied for in August, it would just help pay for the month of July. For other types of Medicaid, it would now be **two months prior**.

Renewals

Currently, renewals happen on a 12-month process. Starting January 1st, they will be on a six-month process, so people will be expected to renew their Medicaid expansion twice each year. This will be an additional burden on DSS. It takes 90 days to process recertifications, so the first six-month renewals under this update will be due by April 1st, 2027.

Helpful Resources

- North Carolina Justice Center

- National Health Law Program
- Beyond the Basics
- North Carolina Department of Health and Human Services (NC DHHS)

Who to call for help

- Legal Aid of North Carolina (919) 688-6396
- NC Navigator Consortium (855) 733-3711
- Charlotte Center for Legal Advocacy (704) 376-8627
- Pisgah Legal Services (828) 253-0406
- NC MedHelp (855) 972-4357

Q&A

1. *Have there been any conversations with Duke and UNC to discuss dismissing medical bills for folks experiencing homelessness?*

Duke has a charity care program where anyone who is experiencing challenges with medical bills can work with a team of financial counselors and potentially get their bill reduced. This team will also work to get them connected with other resources, so if they qualify for some type of insurance or have any additional unused benefits, they work to get them better connected. In some cases, this program ends up eliminating the entire medical debt.

2. *My understanding from NC Medicaid was for a NEW application, the previous 3 consecutive months were reviewed for compliance. And for a RECERTIFICATION, 3 out of the previous 6 months (not necessarily consecutive) had to be compliant with work requirements.*

Most of the communications received have been hammering home the last three months for recertification, but Gabe has seen this same communication before. He needs to do some more digging into the specifics to provide a good answer.

3. *My understanding was that because Affordable Care Act (ACA) premium tax credits are predicated on a person not being eligible for other assistance programs, if a person was eligible for Medicaid expansion on the basis of income but failed to meet the work requirements, and did not qualify for any exemptions or exclusions, if they were to go to the Marketplace and attempt to purchase a plan with ACA premium tax credits, they would not be eligible for these credits, as it would flag them as ineligible. Is this correct?*

There are areas on the ACA application where you can put down if you have received a denial of Medicaid recently, which should eliminate the back and forth between the systems. In terms of the changes and cuts to eligibility regarding immigration status, people are going to be left without options for Medicaid or ACA.

4. *How are these changes being communicated to current Medicaid recipients?*

Information is mainly on the NC Medicaid website. Notices will also be sent out, if not already sent, but Gabe needs to double check what that timeline looks like.

5. *What about for folks who have a different address and may not be receiving these notifications?*

That is a real concern and we ask that everybody who is working with Medicaid and SNAP recipients to frequently check and make sure any information changes are updated. Even if sent to an incorrect address or old address, that notice is valid, unless the address was previously updated to notifications going out and individuals not receiving them. If that is the case, reaching out to one of the legal organizations shared earlier is the best next step. Again, it is up to the recipient and beneficiaries to make sure their information is up to date with DSS for these communications. Another thing to consider is that it may not come in the mail looking special in any way, so its important for people to check all their mail in case it is a blank envelope.