



## **CORE Committee Agenda**

Thursday, April 6, 2023 1:00 pm- 3:00 pm

Zoom

1. Assign Notetaker - Zach
2. Introductions (make sure attendance is taken) – Torrie/Kim taking attendance.
3. Announcements/Walk on Items
4. Updates on discharge work –
  - a. Brought up any trends we may be seeing in regards to discharge. People discharging without appropriate clothing, shoes, etc. Talked about possible remedies to these problems as well as why these problems persist. Work with BoS CoC in order to identify resources in the community that could be used.
  - b. Are the jails running into similar problems with discharge?
  - c. Talk to Outreach Agencies to see if they'd have the space or ability to have clothing, shoes, essential items bank/pantry. Possibly look into having lockers with these items in them. May need to look into zoning and space as an issue. As well as who/what org has capacity if any to accomplish this?
5. Updates on LaSup Meeting Attendance – Who from the group can attend the next meeting?
6. NAEH Conference – Lessons Learned: Sarah Lim & Melissa Mennig
  - a. Notes are added at the end of the agenda.
7. Review [Core Committee Description](#) and Work Groups
8. Action Step Review
  - a. HMIS Criminalization next meeting with Patrick
  - b. Overview of looking to change certain City Ordinances with Brenda
9. Next Meeting: Thursday, May 4, 2023 1:00 pm- 3:00 pm

If you need meeting materials in another format, please contact Torrie Kopp Mueller at [tkoppmueller@cityofmadison.com](mailto:tkoppmueller@cityofmadison.com).

Potential Future Meeting Topics:

- Healthcare Leverage
- Criminalization of homelessness
- Evaluation of Housing First
- NOFO Question 1D-9 Feedback on CE
- Technology advancements/efficiencies in homeless services
- How to develop and retain workforce

**NAEH Conference – Lessons Learned : Sarah & Melissa Notes**

**No Overdoes with House Keys**

DISH -- harm reduction based property management <https://dishsf.org/>

DOPE SRO, San Francisco -- going around different properties and train

At 50 unit SRO at this site, 9 sites total 900 people.

Overdoes crisis

- Drug overdoses dramatically increased with COVID.
- Drug use patterns (frequency and intensity, sequential or co-use, drug substitution, routes of administration) and overdoses vulnerability are exacerbated by homelessness.
- Nationwide, overdoses deaths are increasing most rapidly among black men. In San Francisco, 6 times more like than white men.

### Peer specialist/responders

People can come to them for Narcan.

In encampments, there are eyes and ears on you. On the street, we were all able to stay aware of who was in what state so if someone overdosed it was very easy, very quick. But in housing, you can be isolated.

Intervention

- Resident overdoses prevention specialists earn stipends to provide low barrier access to Naloxone and training on safer use and support the integration of the Brave Buttons into the community. Team of residents who can respond among themselves.
- Nasal Naloxone saturation: also available at the front desk 24/7 and mounted in dispensers throughout the property.
- 24 hour site staff, specialists and tenants are trained in overdoses reversal with nasal Naloxone in partnership with DOPE SRO project.
- Units equipped with **Brave Buttons**, an overdoses detection device allowing residents to alert the front desk that someone needs help, or would like to be checked on post use. Voluntary to have brave buttons... staff/peer responder will check on you after 3-5 minutes. Before using or when someone is visiting and you are not sure how that will go.
- Brave Button
  - Building managers install Brave Buttons in each unit and common area
  - An individual presses a button once to request a non-emergency check in, or more than once to indicate an emergency
  - The responder phone receives a text message, letting the designated responder know where help is needed and how urgent the request is.
  - The designated responder reads the message and responds OK to indicate they are going to check that location.
  - After they check in with the resident, they can use the responder phone to log details of the event and outcome.

<https://www.brave.coop>

(Some other technology...sensing no movement in the bathroom...)

- Peer specialist training
  - DOPE project is about 3 months, after that peer specialists take over
  - Go in and do 3 training, provide information about the paid position (brochure) and let them know we are looking for 1 person per floor
  - People choose themselves. We can also recognize who are community builders. Encourage them to go to the training/meeting. Mix of gender, race, ethnicity, balance of mode of use. Sit back and see who people go to talk to. People who use are better.
  - San Francisco City departments fund the payment for peer specialist training (\$50/week for three month program--came up with the amount after considering impact on benefits, etc.); fundraising for ongoing expenses

- Started rough, they didn't come to the meeting on time, not showing up because they got high, that's okay
- Resident to resident training (no staff)
- People talk to resident staff things that they won't talk to their case managers
- Resident overdoes prevention specialist role
  - Stock Naloxone wall mounts
  - Hold office hours
  - Train other residents to use naloxone, upon request
  - Outreach to other residents about naloxone availability
  - Respond to and track overdoses in the building
  - Weekly check ins with SRO project staff
- Considerations -building a team
  - Mindful recruitment/selection process to ensure equity in recruiting
- It's a low cost high impact program. Research demonstrated value.
- Implications for families with children -- still doing it. Some concerns with CPS, but recruited some moms. One mom brings her sons to meetings and trainings.
- Payment can't be made by property management to tenants.

Melissa –

1. Lots of conversations around where people are coming from before homelessness and prioritizing by zip code prior to entering homelessness.
2. Talked about that 2 years in a RRH program may not be long enough to stabilize folks that have had generations of homelessness. Have to engage those folks and bring them to the table.
3. Intentional geographical recruitment of staff, longer-term time off for staff to prevent burnout, easing of some requirements for recruitment specifically around 4 year degrees.
4. Presentation from Outreach group who used internship opportunity for people they've worked with who have lived experience in order to make those peer to peer connections and used the job as an opportunity to pay them in order to learn the skills they may not have like data entry, etc.
5. Should have policy that allows written standards to bypass policy in the event of a disaster especially in regards to unsheltered population so you aren't locked in to specific rules during disaster. Also has text notification service around shelters and excessive heat/cold nights in shelter – could be useful to bring that text list serv to Madison/Dane.