

Small Group Discussion Summary
Handle With Care: How Can We Improve the Mental and
Physical Health of the Chronically Homeless?
Tuesday, April 1, 2008
Pitt County Community Schools & Recreation Center

Small Group Discussion Questions

1. How can we maximize current treatment and prevention services to address health and mental health conditions for the homeless?
2. Are there health or mental health services that we currently don't have in Pitt County which could be developed to impact homelessness?
3. What changes to the service delivery system could lead to and reinforce greater personal responsibility for addressing health and mental health issues for the homeless?

Participants' Comments and Recommendations (Group #1)

- Provide direct services to homeless population
- There is a lack of physicians available to provide services
- Providers should go directly to the shelter and provide proper care (doctors, social worker, etc.)
- Natural supports in community would provide care
- Additional funding and creative funding is needed
- Co-location; coordination of services is needed
- Services serving the homeless population in particular are disconnected
- Existing services must be better utilized
- There should be a no refusal of services policy for physical and mental health care
- Community Support Services target homeless population, especially the chronically homeless and mentally ill should be made available
- Operation Safety-Net – Pittsburgh (suggested best practice funding through grant \$); homeless individuals are aware of program and the program goes to where they are; online data base is available (suggested contact: Dr. Jim Withers – referred by ECU medical student)

- Pitt County must come together as a community to avoid duplication of services
- Providing information to homeless is critical – word of mouth, shelter provides clinics, etc.
- A large percent of homeless population are not are aware of services and resources available
- Real Crisis Center (referral & resource) and Pitt Resource Connection (share information (distribution list), help avoid duplication, clients and service providers need to be aware of the events and resources available
- 211(similar to 911 for non-life threatening needs) should be made available the Pitt County community soon. Homeless no access to phones, email so how do they find out about services available; outreach efforts are needed
- Shelter here is “dry” – need a “wet” shelter
- Need to gain the trust among the homeless population and make personal connections (outreach)
- Pitt County has a strong police force that works with the homeless
- Everyone must take personal responsibility for assisting the homeless population – clients, tax payers and providers
- Policy makers should make services to homeless individuals a priority and use specific language in their recommended policies
- A mobile unit providing services to the homeless should be made available (ECU Medical School can partner with the shelter)

Participants' Comments and Recommendations (Group #2)

1. How can we maximize current treatment and prevention services to address health and mental health conditions for the homeless?
 - Communication problems need to be addressed
 - Provide: prepaid telephones, mail box system and message system
 - Create a halfway house with support
 - Funding is an issue
 - Create a referral system for people being released from jail
 - Make system consumer driven
 - The current referral resource system flawed
 - Need more support from the faith community is needed
 - Create an information clearing house

2. Are there health or mental health services that we currently don't have in Pitt County which could be developed to impact homelessness?
 - Maximize East Carolina Behavioral Health
 - No step down system in place
 - Share stories
 - Have advocates for individuals
 - Support system follow-up needed
 - Early intervention needed
 - Advocate in the court system
 - Need an a Veteran Affairs hospital locally
 - Physical and mental health, early education, life skills and substance abuse services needed
 - Mental health services should not be tied Medicaid; too much red tape to get help

- Long-term substance abuse treatment services are needed locally
 - Supportive housing needed
 - Get ear of legislatures for rule changes
 - Establish a peer and mentor network
3. What changes to the service delivery system could lead to and reinforce greater personal responsibility for addressing health and mental health issues for the homeless?
- Share data among agencies (MIS system)
 - Develop a system of case management

Other Comments

Solicit the community churches that are not currently involved. There are many within the church who could help and are willing to start ministered in their churches.