

Shelter Planning Task Force Meeting Agenda

1. Welcome, agenda review
2. Presentation of options from the small group - Dawn Stiles
3. Discussion
4. Determine meeting schedule

1. Attachment 1

Documents: [ATTACHMENT 1.PDF](#)

2. Attachment 2

Documents: [ATTACHMENT 2.PDF](#)

3. Attachment 3

Documents: [ATTACHMENT 3.PDF](#)

4. Attachment 4

Documents: [ATTACHMENT 4.PDF](#)

5. Shelter TF Options

Documents: [SHELTER TF OPTIONS.PDF](#)

Two years ago, the City of Portland's Task Force to End Homelessness reached consensus on the concept of scattered site homeless shelters spread throughout different City neighborhoods, all serving slightly different populations and/or providing differing models of services. See excerpts below:

Retooling the Emergency Shelter System:

This retooling of the emergency shelter system will include the creation of a centralized intake process where all clients who are homeless would be assessed. Those appropriate for diversion to housing, other specialized shelters or other housing situations would be rapidly reassigned to these more appropriate options

Strategy

Develop a central intake and assessment process where rapid assignment to other temporary housing placements will occur. Individuals who arrive at an intake center would be assessed and placed in other temporary housing located in other parts of Portland and surrounding communities.

Action Items

Phase 1, increase assessment and case management staff. Integrate Preble Street and Oxford Street Shelter roles and responsibilities-

Phase 2-create a single point of entry and a general shelter in the same site.

Phase 3-review of shelter sites for specialized implementation

To be clear, this would still be the preferred approach.

But, given the fiscal and political realities facing the City of Portland and nonprofit social service organizations, it is clear there is very little chance of several shelters being located, funded, and operated separately in different parts of the city.

And the status quo is unacceptable:

- Overflow(s) needed every night
- Sleeping on mats
- Funding not sufficient, nor sustainable
- Very little space/capacity to increase onsite services (internal services, or those provided by outside organizations)
- Meals and day shelter services offsite, forcing clients to walk back and forth on busy streets
- Soup kitchen and day shelter also overcrowded with little space/capacity to increase onsite services
- Neighborhood concerns

A consolidated shelter would:

- Create some economies of scale in terms of staffing
An open shelter design with clear sightlines and a central staff location reduces the need for additional staff to monitor separate rooms and floors. Clearly defined emergency protocols along with consistent, ongoing training of staff allows for a smaller group of competent professionals monitoring the space during the evening and overnight hours.
- 24, meals, day shelters
A single 24 hour site offering overnight shelter, meals and daytime shelter will serve the homeless community more effectively and create a quieter, safer and cleaner local neighborhood. People will not be transitioned from one location to another for sleeping, meals, and case management services, carrying their belongings with them everywhere they go. The need to wait out in the street while waiting for the next program to open will be eliminated. Those who prey on people suffering from mental illness and addiction will have less access to their victims if they are not readily available to them on a public street. Staff from different shifts will be able to more effectively communicate with each other regarding safety and behavioral concerns, ensuring smoother transitions and more effective delivery of appropriate services.
- Opportunities to engage/involve other organizations ON SITE providing services such as mental health, substance abuse, psychiatry, employment, financial literacy, Primary Health Care etc.
In a single shelter with dedicated office space for local agencies, providers would serve their clients more efficiently and effectively. Rates of no-shows for appointments would drop dramatically as those with the highest needs would be present in the shelter space most of the time. People needing to meet with providers are more likely to attend meetings in a place where they feel comfortable, and providers would be able to find their clients more easily for follow up meetings, to get important information and signatures, and to check in periodically on those who are fading from their services.
- Flexibility of beds/space –
Flexibility will be the key to this shelter. Different segments of the homeless population have different needs, and a dynamic shelter can be adjusted to meet them. For example, a daytime sleeping area can offer support to those who work evening hours, and can provide respite for those who require additional rest.

- **Conversion of Building**

Our hope is that a single, centralized shelter with extensive on-site service provision will be effective in reducing the number of people experiencing homelessness. Over time, as the need for emergency shelter decreases, space in the building can be converted to more appropriate forms of housing. Efficiency apartments or SROs can be built out to meet housing needs for those who are ready to take the first steps toward independent living.
- **Single entry intake and assessment, diversion strategies**

A single point of entry allows for an immediate assessment of a person new to the homeless community. From this initial assessment, the person can be connected with the most appropriate services right away, and possibly diverted from the shelter altogether. This is an opportunity to identify the need of each person as they enter the shelter system and start him or her off in the right direction to recovery and housing while at the same time streamlining service delivery across the community. Removing duplicate services and providing the correct services to each client will benefit the individual and de-clutter the service industry overall.
- **Rapid Rehousing**

Rapid Rehousing is designed for those who are recently homeless, with a goal of finding an appropriate housing placement within 30 days. Basic, short term financial assistance and regular case management help individuals and households get back into housing and have proven to help them stay there until they become financially independent. The result in communities that have embraced this strategy has been a drop in shelter numbers and a lower rate of those returning to homelessness.
- **Housing first**

Proven over time in Portland and nationwide as the most effective way to end chronic homelessness, Housing First projects provide housing and on-site services as a first step toward recovery for individuals previously considered “unhouseable.” The results in local communities have been profound. Tenants are remaining housed in their apartments, and costs to the community directly associated with these tenants have declined dramatically across the board. In Portland, emergency shelters, emergency room use, police contacts, jail time and ambulance use all saw decreases on the order of 70%-99% over the two year period after Logan Place opened its doors to 30 chronically homeless people in 2005.
- **Health and Safety**

Building security. Addressing opiate use.

Proposed Shelter Budget Worksheet
300-Bed Capacity

	<u>Current FY16 Budget</u>	<u>Estimated 5-Facility</u>	<u>Estimated 2-Facility (Gender)</u>	<u>Estimated Central Intake and Triage Facility</u>
Revenue				
General Assistance	\$ 1,010,947	\$ 1,322,968	\$ 1,322,968	\$ 1,322,968
MaineState Housing Authority (MSHA)	637,438	822,903	822,903	822,903
MSHA - HUD ESG Funds		68,319	68,319	68,319
City- HUD ESG Funds	53,000	54,759	54,759	54,759
Medicaid/Mainecare	127,000	-	-	-
In-kind Food Donations	850,815	850,815	850,815	850,815
Total Revenue	\$ 2,679,200	\$ 3,119,764	\$ 3,119,764	\$ 3,119,764
Expenses				
Personnel & Benefit Costs	\$ 2,942,676	\$ 4,353,235	\$ 2,533,886	\$ 2,144,867
Security	93,475	467,375	210,950	105,000
Laundry & Client Supplies	212,570	270,000	252,500	243,845
Food Program	703,160	709,560	709,560	709,560
In-Kind Food Costs	843,141	850,815	850,815	850,815
In-Kind Goods/Services	336,000	336,000	336,000	336,000
Rent/Mortgage	141,724	459,100	367,870	295,520
Utilities	96,151	169,620	132,848	107,848
Maintenance & Repairs	133,591	499,450	199,780	148,210
Other Direct Program Supports	112,407	341,000	201,550	169,457
Indirect costs (10%)	59,742	845,616	579,576	511,112
Total Expenses	\$ 5,674,637	\$ 9,301,771	\$ 6,375,335	\$ 5,622,234
Net Deficit	\$ (2,995,437)	\$ (6,182,007)	\$ (3,255,571)	\$ (2,502,470)

**Proposed 150 Bed
Shelter Budget Worksheet**

150 Bed Shelter
Annualized
**Budget of one
150 bed shelter
which include all
functions
currently spread
out at Oxford
Street; Preble
Street's Food
Program; Preble
Street's Day
Shelter**

Revenue

General Assistance	\$	687,425
Maine State Housing Authority		553,523
MSHA - HUD ESG funds		25,000
City - HUD ESG funds		25,000
In-kind Goods/Services		336,000
In-kind Food Donations		843,141
Total Revenue	\$	2,470,088

Expenses

Personnel & Benefit Costs		2,349,313
Security		93,475
Laundry & Client Supplies		227,570
Food Program		703,160
In-kind Food Costs		843,141
In-kind Goods/Services		336,000
Rent/Mortgage		159,170
Utilities		108,985
Maintenance & Repairs		119,905
Other Direct Program Supports		202,348
Indirect costs (10%)		514,307
Total Expenses	\$	5,657,374

Net deficit \$ (3,187,286)

includes estimated
cost of lease

City of Portland &
Preble Street cost
estimates

Note: The costs above reflect shelter operations only. They DO NOT INCLUDE:

- Case management services
- Employment services
- Housing counseling or other supportive services
- Outreach services
- Navigator

Oxford Street -- 150-Bed Shelter

(nights only as it is currently)

Personnel & benefit costs	1,296,670
Staff Travel/training	5,000
Security	93,475
Laundry	139,200
Client Supplies (hygiene, towels, sheets, etc.)	25,000
Rent	141,725
Utilities	44,170
Maintenance & Repairs	62,050
Contractual (fire alarm, pest control, etc.)	21,900
Office equipment	3,540
Office supplies	<u>12,000</u>
	1,844,730
Preble Street Day Room	116,000
Home Team	<u>25,000</u>
	1,985,730
Revenue	
General Assistance (75 beds x 365 x \$23.69)	648,514
Maine State Housing Authority	553,522
MSHA - HUD ESG	40,900
Medicaid	<u>76,200</u>
	1,319,136
Net Deficit	(666,594)



Executive Department
Julie Sullivan, Acting Chief of Staff

MEMORANDUM

TO: Shelter Planning Task Force
cc: Jon Jennings, City Manager
FROM: Julie Sullivan, Acting Chief of Staff
DATE: September 21, 2015
RE: Shelter Options and Task Force Update

In an effort to ensure an efficient and effective process, the City Manager asked that the Task Force take a short break while Dawn Stiles, Health & Human Services Department Director, led a focused effort with Milestone and Preble Street (as the three shelter providers in the city) to develop specific shelter options for him and for the Task Force to consider. During August and the first half of September, the following people met once or twice a week:

Name	Organization	Title
Dawn Stiles	City of Portland	HHS Director
David MacLean	City of Portland	HHS/Social Services Administrator
Deb DeLong	City of Portland	HHS/Social Services, Senior Accountant
Angela Giordano	City of Portland	HHS/Social Services, Oxford Street Shelter Program Manager
Krista Morris	City of Portland	HHS/Social Services, Executive Assistant
Bob Fowler	Milestone Foundation	Executive Director
Tom Natalie	Milestone Foundation	Shelter Manager
Joe MacNally	Milestone Foundation	HOME Team Manager
Marianne Sensale-Guerin	Milestone Foundation	Finance Director
Mark Swann	Preble Street	Executive Director
Jon Bradley	Preble Street	Associate Director
Donna Yellen	Preble Street	Chief Program Officer
Tina Flaherty	Preble Street	Chief Operating Officer
Seth Bruning	Preble Street	Management Team Assistant

Dawn created the following list of topics for the group to work through:

- Services
- Population
- Diversion
- Shelter Requirements
- Site and Space Needs
- Security



Executive Department
Julie Sullivan, Acting Chief of Staff

- Size
- Funding

1. Services

The group worked from an assumption of a new shelter system which would include centralized triage and assessment and all day and night services, including meals and sleeping quarters. They cited recommendations from the Task Force to Prevent and End Homelessness which support this. (Attachment 1) Clients who present directly to Milestone would be triaged and served there.

This central triage/assessment and service delivery location would provide office space for outside service providers to see clients on site. The group agreed that services needed by the homeless population include: community integration (from corrections or other institutions); education and job training; entitlement program applications; health care, including mental health and oral health; housing placement; hospice; legal aid; Narcotics Anonymous and Alcoholics Anonymous; and needle exchange. The group stated that this approach assures that clients are appropriately referred, allows for appointments to be more easily kept, reduces transportation costs, and thus more time can be spent on case management rather than on travel time and tracking down clients.

The group also agreed that single-sex shelter(s) and wet shelter(s) are important.

2. Population

The target population is homeless adults, aged 18 and older.

3. Diversion

Shelter diversion helps individuals seeking emergency shelter to find alternative housing options, including staying with friends or family. Diversion is not denying services to those who need them, but instead encourages people to utilize existing resources and support networks.

4. Shelter Requirements

The State requires that shelter users complete General Assistance eligibility screening before the shelter provider can seek bed night reimbursement. Currently, the City has one GA Financial Eligibility Specialist stationed at the Oxford Street Shelter. Other shelters must send individual applications to the City, which are processed weekly.

Maine State Housing requires that beds or cots be used instead of mats. Oxford Street has been grandfathered but a new facility would be required to use beds or cots.



Executive Department
Julie Sullivan, Acting Chief of Staff

5. Site and Space Needs

The group agreed that a scattered-site shelter system would be better for clients, though it would be significantly more costly than other options under consideration. A scattered-site approach would also decrease the impact on a single neighborhood, as is currently the case.

The group concluded that the B3 zone is the only one that specifically allows emergency shelters as a conditional use, and alleged that other shelter applications have been denied outside of this zone.

Thus, the group considered the following options: male and female scattered-site shelters and a larger, co-ed day and overnight multipurpose facility, with a central intake location incorporated in both models. They believe that a 300-bed shelter reflects current usage for a co-ed day and overnight shelter, though housing all the current Longest-Term Stayers would bring the need for shelter beds down to 150-170.

The City Manager asked that I add another option: supporting the effort currently underway to house the approximately 40 remaining Longest-Term Stayers, which has a target of late January to have housed all 40. This would allow for the 75-bed overflow shelter at Preble Street to close, and for Oxford Street to return to its original capacity of 154 beds, with room for 170 clients per night. When the initial target is reached, the community effort would continue, moving on to the next group of longest-term stayers, reducing lengths of stay (and overnight demand on the shelter) through efficient housing and support service delivery in the community. The end result would be in keeping with HUD's goal of achieving functional zero – where anyone in the shelter would be on track to be housed within 30 days, and the shelter would operate below its capacity and as a true emergency shelter.

6. Security

The group noted that the City currently contracts with a security company to conduct searches and assist with overall safety and security. A Portland Police Department officer is also on site.

7. Funding and Budgets

The group prepared two budgets. The first (Attachment 2) is for a 300-bed facility that would replace the Oxford Street Shelter, overflow facilities, Preble Street's Day Shelter and Preble Street's Food Program. The budget does not include case management, employment, housing and related support services, outreach or other navigators.

The second budget (Attachment 3) is for a 150-bed facility that would replace Oxford Street and Preble Street's Food Program. It does not provide for overflow or day shelter. The budget does not



Executive Department
Julie Sullivan, Acting Chief of Staff

include case management, employment, housing and related support services, outreach, or other navigators. Both budgets estimate staffing at the City's current staffing levels.

I have added a third budget (Attachment 4) for your consideration reflecting the current Longest-Term Stayers initiative and projected cost decreases.

Proposed Next Steps

I suggest that the Task Force consider all options and recommend short- and long-term plans to the City Manager and the City Council's Public Safety, Health & Human Services Committee for their consideration. It seems prudent to allow the current LTS initiative time to reach its goal by late January/early February before making any significant changes. The Task Force should discuss at its meeting on the 23rd a revised meeting schedule with the goal of presenting recommendations in early February.