Health & Human Services and Public Safety Committee

Tuesday, July 30, 2019, 5:30 PM
Council Chambers, City Hall

Councilor Belinda Ray, District 1, Chair
Councilor Brian Batson, District 3
Councilor Pious Ali, At-Large

1. Announcements

2. Review and Approval of Minutes from June 25, 2019

   a. Draft June 25, 2019 Meeting Minutes

3. Homeless Services Center Shelter Policy

   a. Staff Presentation
   b. Committee Questions and Discussion

4. Next Meeting: September 10, 2019

NOTE: Since there are no action items on the agenda, there will be no opportunity for public comment at this meeting. Please feel free to send comments to members of the committee on any issue at any time via email. Councilors email addresses are available on the city website: www.portlandmaine.gov

The meeting can be watched online via livestream: www.portlandmaine.gov/livestream

Keep up to date with the new shelter design and planning process at the City's website

www.portlandmaine.gov/shelterplanning

Health & Human Services and Public Safety Committee Minutes

Tuesday, June 25, 2019, 5:30pm, Room 209, City Hall

Committee Attendance:

Belinda Ray, Chair (District 1), Brian Batson (District 3), Pious Ali (At-Large)

Councilors in Attendance: Councilor Kim Cook (District 5), Spencer Thibodaux (District 2)

Mayor Ethan Strimling

City Staff: Heather Brown, Assistant City Manager; Aaron Geyer, Acting Director of Social Services; Sara Fleurant, Director of the Oxford Street Shelter; Adam Harr, Executive Assistant.

Meeting called to order at 5:35 PM.

AGENDA ITEM 1 – Announcements

- The July meetings will be cancelled and rescheduled to July 30th with no meetings in August.

AGENDA ITEM 2 – Approval of Minutes

- Councilor Batson moved to approve the minutes; Councilor Ali seconded and the minutes were approved as amended:
    - Noted on page 3 that overview from Patient advocacy group was a public comment period.
    - The committee decided to destroy the survey results.

AGENDA ITEM 3 – Shelter Policy

Sara Fleurant, Shelter Director

- Councilor Cook requested the background on the current policy: if it based in statute, etc.
- OSS Policy
    - The shelter does not turn anyone away; it was the decision of the City Manager at the time the shelter was first created.
        - Bob Ganley in 1984 in response to people camping in Lincoln Park.
        - Originally a 50 bed facility.
        - Councilor Cook requested that the history be documented and made available online.
    - Low Barrier Emergency Shelter
        - People can enter shelter without being required to be:
            - Sober
            - Working
            - A resident.
        - Intake forms can be shared

        - Long due to various funding sources and to understand an individual's situation to be able best help that person.
        - Includes rules and responsibility, residency contract, housing and mainstream resources at orientation the next day.
    - "No barrier" is a nomenclature that is similar to low barrier; low barrier is used to describe OSS as some people may be restricted from entry if safety is an issue. Individuals are searched at check-in:
        - No weapons
        - No drugs or alcohol
        - No families
        - No Youth
        - No pets (service animals are allowed)
            - Outlined in the Residency Contract.
- Emergency Shelter Assessment Committee (ESAC)
    - Meets monthly on the third Thursday of the month since 2006.
    - Tri-chaired by the City, Homeless Voices for Justice, and the United Way.
    - Influential in steering homeless services in Portland (but does not directly write OSS policy)
- Shelter Beds
    - 154 bed HIC count (Housing inventory chart) plus a 75-bed overflow.
- Intake
    - Individuals are given materials at intake and then sent to an orientation the next day. At orientation individuals are assigned a housing councilor and referrals are made to outside providers based on need.
        - Once assigned, housing councilors are dedicated and will be the sole person working with that guest.
        - Many people self-resolve in a matter of days and do not in practice work with a housing navigator.
        - Mayor Strimling asked for what number a typical active caseload is; staff will follow-up.
        - Are longer stays due to a lack of housing or other issues? Both.
        - How often are people restricted or not allowed in the shelter?
            - Will follow up.
            - Sex offenders are allowed as criminal history does not prevent people from entering shelter, current unsafe behavior does.
- 17 days is the median length of stay.
- What happens in other communities that do restrict access to shelter more than OSS?
    - Father bills place
        - serves certain catchment areas and if there is no connection to those areas, individuals are allowed to stay one night.
            - What is the total population in the catchment areas?
        - Rigid Check in times: if someone checks in outside of the hours they are allowed to stay in a cold night: that are allowed to stay that night but then are restricted for 24 hours.
        - If people are not able to stay at Father Bill's, they will be referred to a nearby shelter.

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            - This is not an option at OSS.
        - What informs the catchment areas? Is there a financial agreement with those towns?
- Hope House and Preble Street sent documents today and will be uploaded later.
    - OSS does not send to Hope House; Hope House does not send to OSS.
- How does Father Bills and other shelters deal with overflow?
    - Similar shelters?
    - Father Bills: transports people from the Quincy location to the Brockton location as it has a lower utilization rate. (Utilization rate is important for shelter funding.)
- What brings people who are not Portland locals to the shelter?
    - Where in the process is that determined?
        - Found out during intake, in the General Assistance portion.
        - How is residency verified; Required documentation?
            - ID; copied on file if available.
                - %of individuals who present with identification?
            - Bills
            - School district
            - A point of contact that can attest to a person's situation.
            - Lease or social services.
- Shelter List
    - All but three shelters are not low barrier.
        - What do these shelters do when they hit their capacity?
        - What does Hope House do when it hits its bed capacity?
    - Is OSS the default overflow shelter?
    - How many people are turned away at other Maine shelters for substance use/intoxication?
    - How would the shelter be affected if sobriety was a requirement?
        - Drastically as over 85% self-report substance use issues.
    - If a person is a risk to themselves OSS would call the police department for a wellness check.
    - When are people referred to Milestone via the HOME Teams?
        - When people cannot ambulate and could hurt themselves or others.
        - Milestone usually operates at capacity or over capacity due to turn around and bed management.
        - What is the exchange and referral rate to Milestone?
- What is the percentage of people from Portland, other Maine towns, out of state and out of country (average going back two years)
    - Based on self-reporting.
        - People are asked about their connections to Portland. (Reason why a person from out of state come to Maine?)
    - Is this informed by a HUD form asking where an individual slept the night before?
        - Asked what an individual's last residence was.
        - GA questions dive deeper than the self-reporting.

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                - What does the proportion of intake residency look like based on corroborated information when a connection to Portland and connection to Maine are made?
            - How confidant are staff that the intakes are about 30% from Portland, 30% from out of State, and 40% from other Maine towns?
- Can staff project an intake and walk through the process at the next meeting?
    - Going through an intake form could take over 20 minutes.
    - May be held to save time.
- When people are denied access: Restriction Until Further Notice or Criminal Trespass Order (1 Year Ban)
    - Number of people restricted/
    - What happens to people who are restricted? (referred to somewhere else?)
        - People and be swapped at shelters where they are no restricted from.
- Portsmouth Crossroads: intakes are done by municipalities in the shelter's catchment area. It is referral only.
- Senator Chipman's Bill was enacted
    - Presumptive eligibility is restored.
    - What are the impacts?
        - Will answer via memo.
            - What are the impacts on surrounding communities?
                - City Manager or MWDA?
                - How will this impact people coming from other communities.
- Are there different parameters at the Expo?
    - They are similar, the biggest difference is that there are multiple intakes happening concurrently at the Expo.
    - Operationally:
        - One floor, large room.
        - Inward facing
        - Services delivered on site
        - Meals on site.
        - CDC providing medical screenings
    - Population: intakes for families versus induvial at OSS.
        - OSS Intake: people come into the day room (day room is open 3:30 pm to 7:30 pm)
        - Intakes are not started until the overnight team comes in at 7:00 PM
            - Wait for overnight staff due to people finding places to stay when starting too early in the day.
            - Check in is 6:00 pm to 2:00 AM
        - Families at the Expo don't travel around the neighborhood as much as other populations may to keep track of children and generally being unfamiliar with the city.
- What are the updated numbers at the Expo?
    - 250 people in overflow from the full Family Shelter.
    - Count in the morning and a physical bed count at 11:00 PM
    - There is no established discharge or exit process.

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- What are the steps moving forward; at what point does an open access policy diminish the ability to provide shelter?
- Immigrant communities have volunteered to start a volunteer homestay program for locals to take people in their homes.
    - An organization will do vetting of host families to insure the safety of families in shelter.
    - Yarmouth Compassionate coalition, faith group that organizes homestays for families staying family shelter warming center.
    - GPCOG: email hosthomes@gpcog.org
- EXPO: acknowledging the level of resources being offered up and volunteered at the expo; seeing what services offered there that should be a part of the new homeless services center and remain cognizant that the level of interest has not existed with the existing shelters before.
    - What should be part of a program's budget vs. only when donations of time and services wanes.
    - There are many service providers and volunteers but OSS does not have space for the capacity offered.
    - City had not asked for help in this way before; could momentum be sustained if the ask is extended to the new Homeless Services Center?

Committee Questions from the Background Documents
For the OSS and FS:

- How far back is there shelter information?
    - 20 years?
- When did the shelter expand to 154 beds and add the 75 bed overflow?
- How much is the housing market influencing placements?
    - Number of placements weighted by bed nights?
- How much as the City invested in Operating costs?
    - There was a jump in cost when LePage Administration made changes.
    - Not a big change in budget but the funding sources,
- What is a per client cost and how has that changed over time?
- Average length of stay for families.
- OSS has a less than 5% return rate for guests housed.
- The committee requested a memo explaining if there is a state or federal residency requirement.
- Next steps
    - Site controls
    - Loitering
    - Physical layout
    - Rules for who is allowed on site (must be a guest?)
    - Community policing standards. (uniform enforcement throughout the city)
    - Explanation of space and services on site and conversation on if those services are limited to shelter stayers: not a drop-in or soup kitchen/community center.
    - Be cognizant of what is a policy discussion version site plan review.
    - Publish the budget in an accessible format and include projections for building the center and its operating budget
        - How will it be paid for?

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AGENDA ITEM 4 – Next Meeting

- July 30th.

The meeting adjourned at approximately 7:35 PM.

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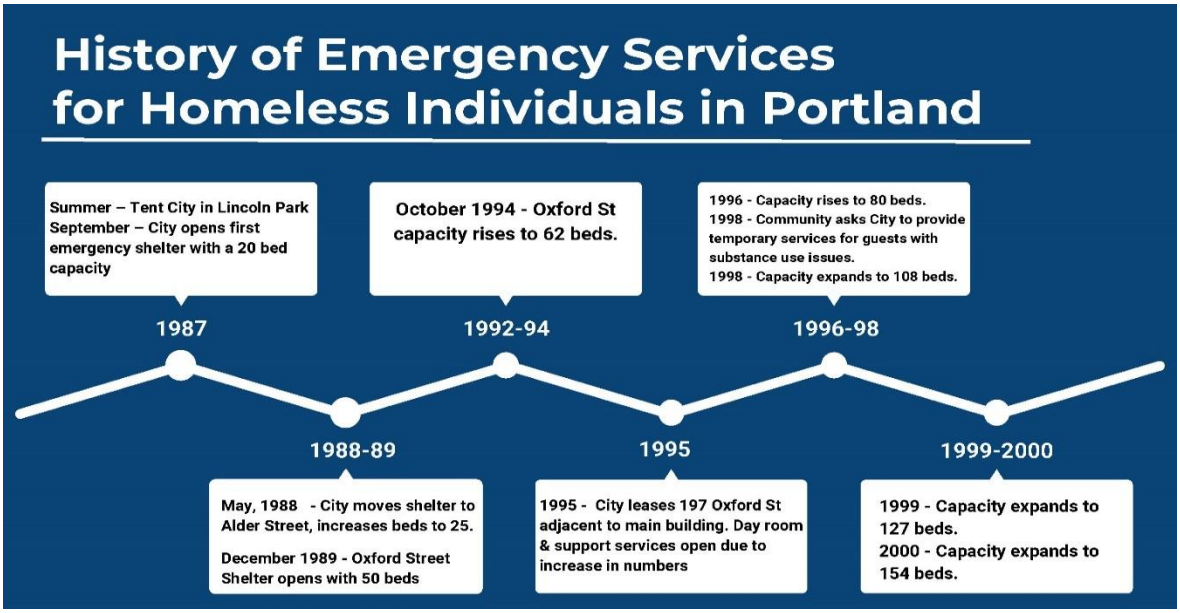
City of Portland, Maine
Health & Human Services Department

Kristen Dow
Director

TO: **Health & Human Services/Public Safety Committee Members**
FROM: **Kristen Dow, Director Health & Human Services Department**
DATE: **July 25, 2019**
RE: **Staff Response HHS & PS Committee Questions from June 25, 2019 Meeting**

Shelter Background

The history of the Oxford Street Shelter's bed capacity and the utilization of guests seeking shelter from other Maine towns is outlined below. The shelter has been low barrier since its inception. Since July of 2016, OSS has made 682 housing placements representing 171,089 bed nights.

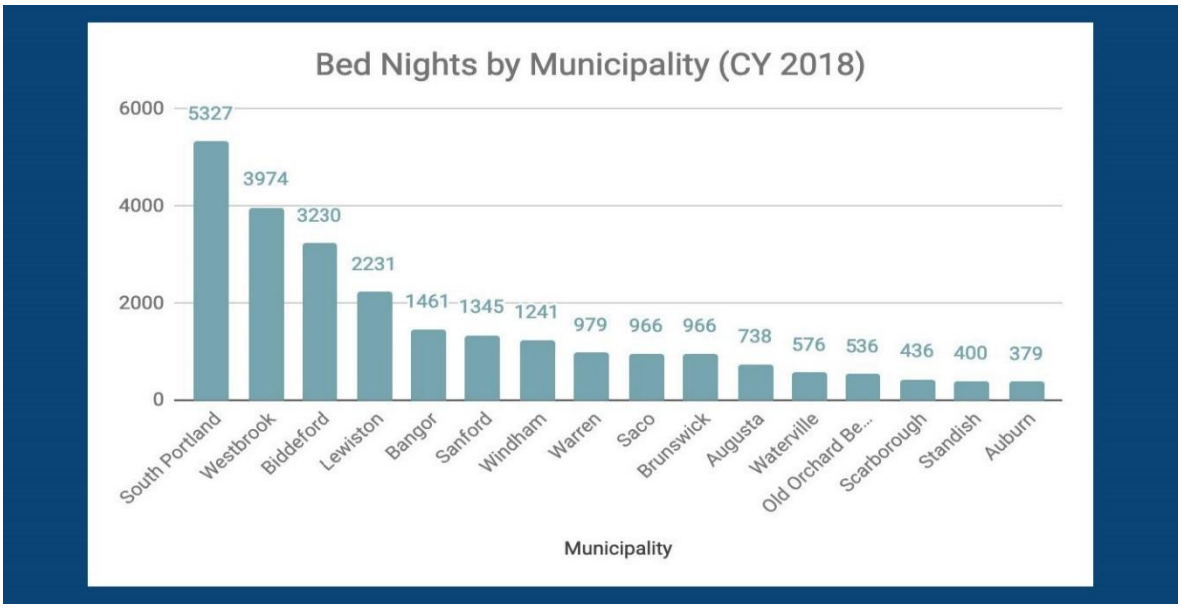


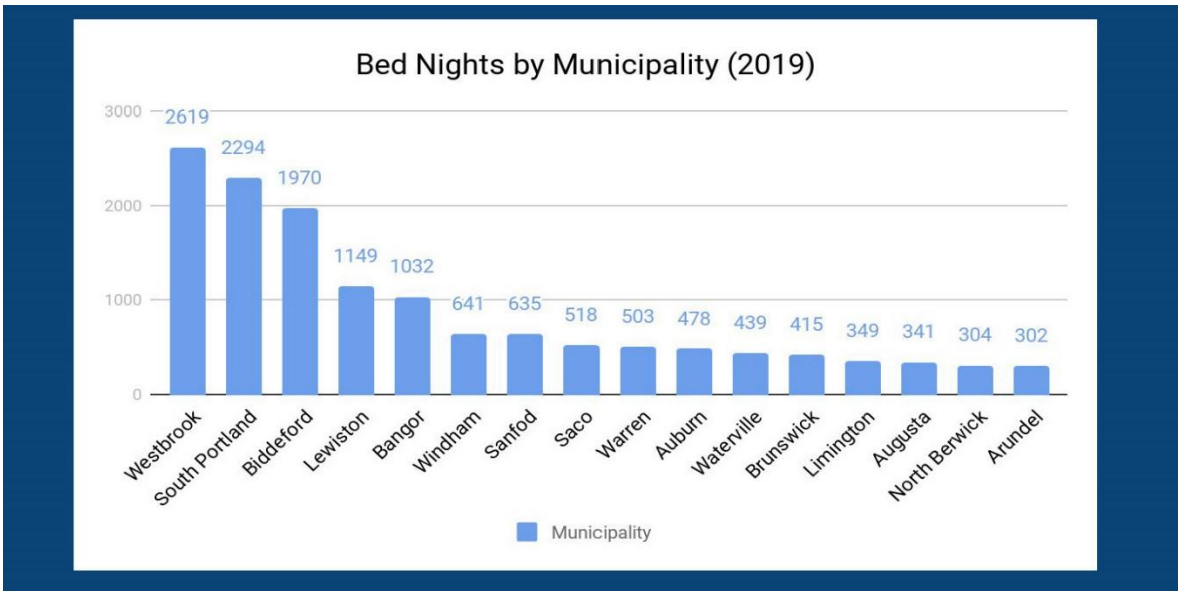
Oxford Street Intake Packet

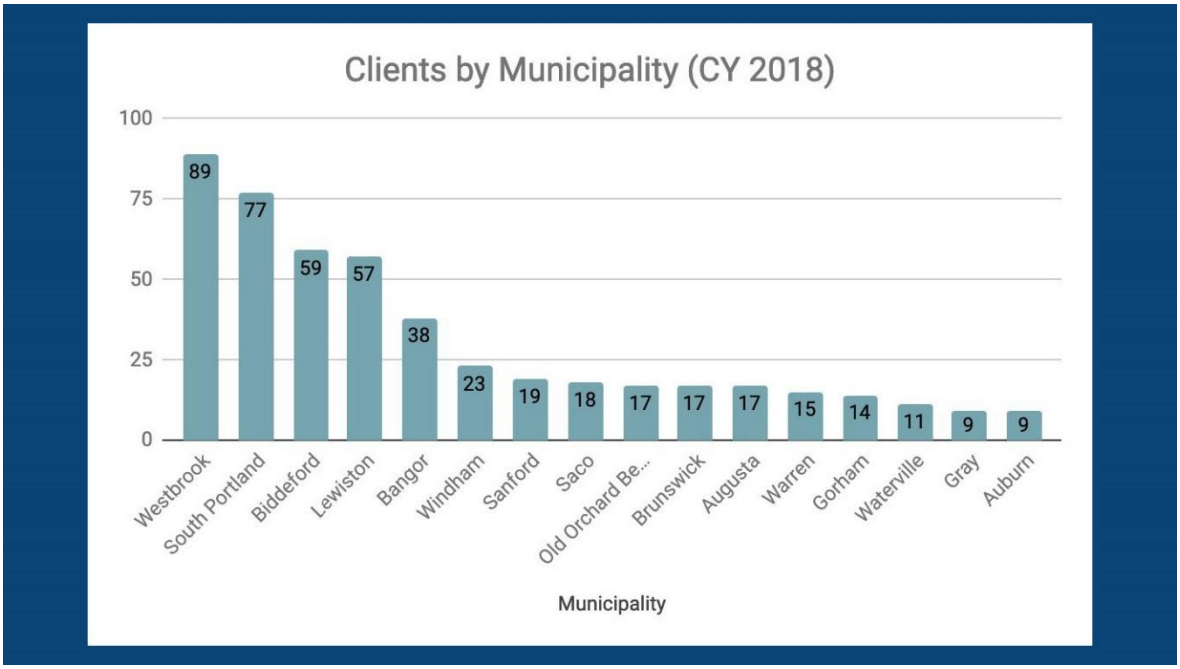
Please See Attachment (1) for OSS Intake Packet

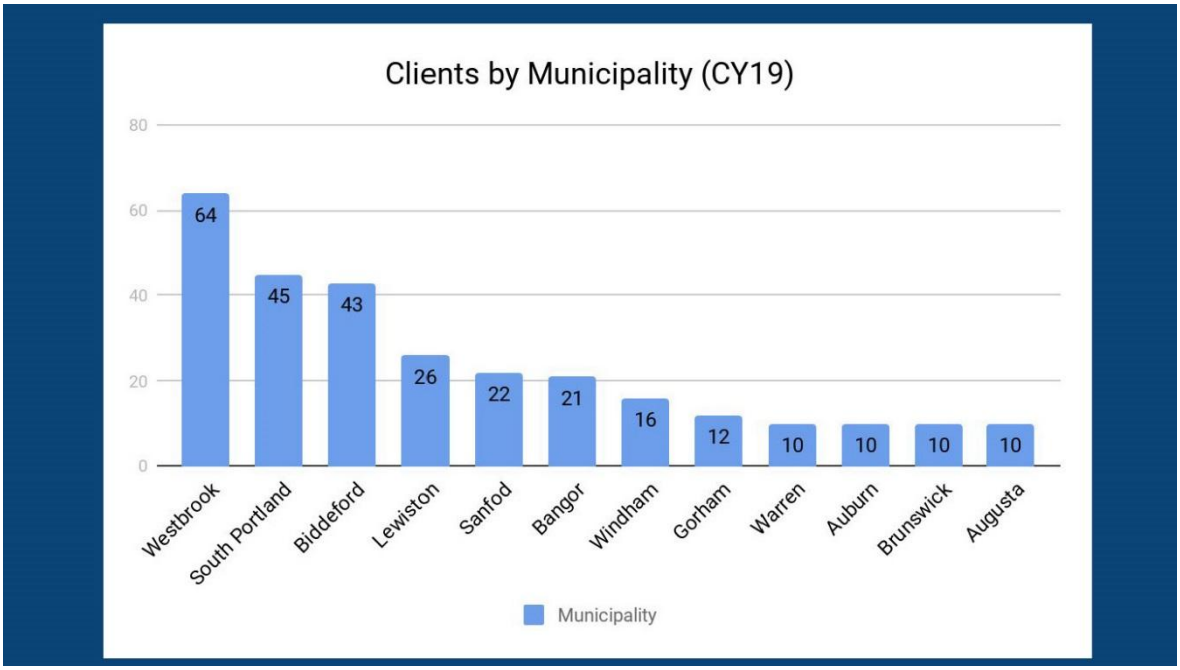
Residency

The data below shows the towns guests report as their residency at entry to the shelter. In Calendar 2019, 57 intakes have been from out of country, 194 from Portland, 302 from another Maine town and 164 were from out of state.



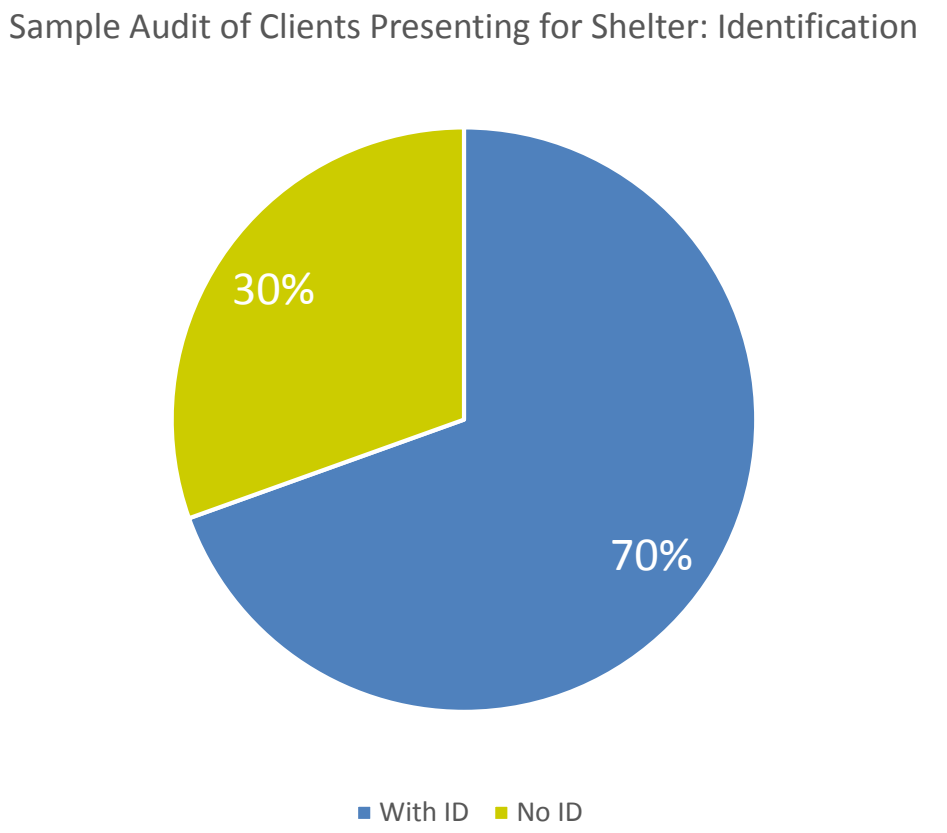



Clients by Municipality (CY 2018)
100
75
50
25
0
89
77
59
57
38
23
19
18
17
17
17
15
14
11
9
9
Westbrook
South Portland
Biddeford
Lewiston
Bangor
Windham
Sanford
Saco
Old Orchard Be...
Brunswick
Augusta
Warren
Gorham
Waterville
Gray
Auburn
Municipality


Clients by Municipality (CY19)
80
60
40
20
0
64
45
43
26
22
21
16
12
10
10
10
10
Westbrook
South Portland
Biddeford
Lewiston
Sanfod
Bangor
Windham
Gorham
Warren
Auburn
Brunswick
Augusta
Municipality

Guests with Identification at intake at Oxford Street Shelter

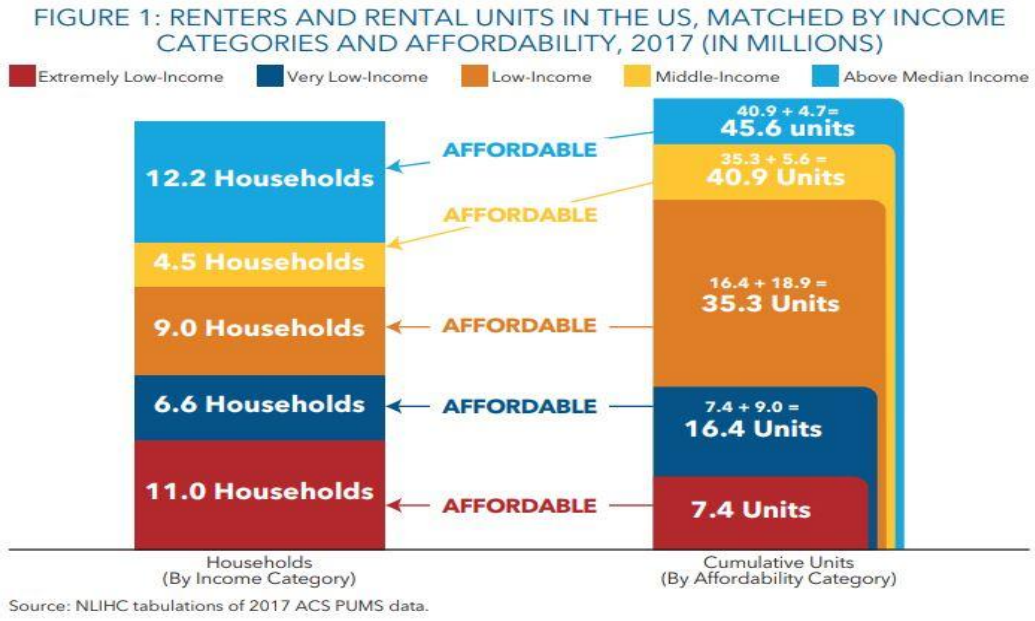
Since the start of calendar year 2018, the Oxford Street Shelter has had 1,876 intakes. From those intakes, a sample sizeof 643 guests has been compiled. Of that sample, 447 guests representing 70% of the intakes presented with IDs; the remaining 196 guests presented for shelter without identification.



Housing Market Influence on Homelessness

Both the housing market's scarcity of available units and lack of affordable units inform the homelessness experienced by people staying in the shelter. Below is information from the National Low-Income Housing Coalition and the National Alliance on Ending Homelessness. The wages needed to afford market rent in Portland is out of reach for most guests. The units that may be affordable are also being sought by individuals of higher socioeconomic status, making the market prohibitively competitive for extremely low-income renters.

Annual Income Needed to Afford:	Maine	Portland HMFA
ZERO-BEDROOM	$30,717	$39,560
ONE-BEDROOM	$32,914	$42,840
TWO-BEDROOM	$41,416	$55,480
THREE-BEDROOM	$53,779	$73,160
FOUR-BEDROOM	$63,246	$87,920

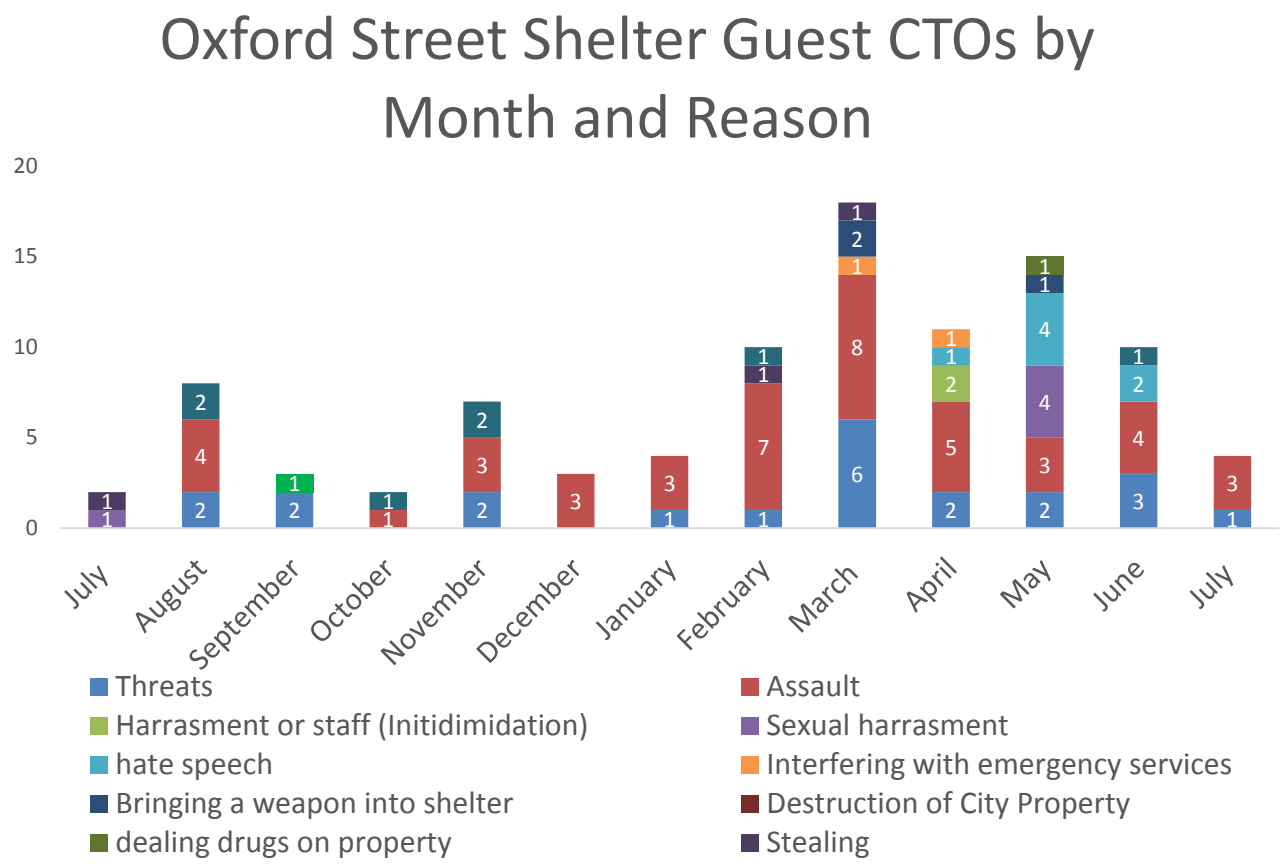


2 Affordability is based on the common standard that households should not spend more than 30% of their income on housing.

Housing Placements

Since July of 2016, OSS has made 682 housing placements representing 171,089 bed nights.

Criminal Trespass Orders at the Oxford Street Shelter



Maximum Capacity at other Shelters and PCHC Policy

Shelters without overflow and other barriers to entry. What shelters do when they hit their capacity?

See Attachment (2)

Memo explaining if there is a state or federal residency requirement

See Attachment (3)

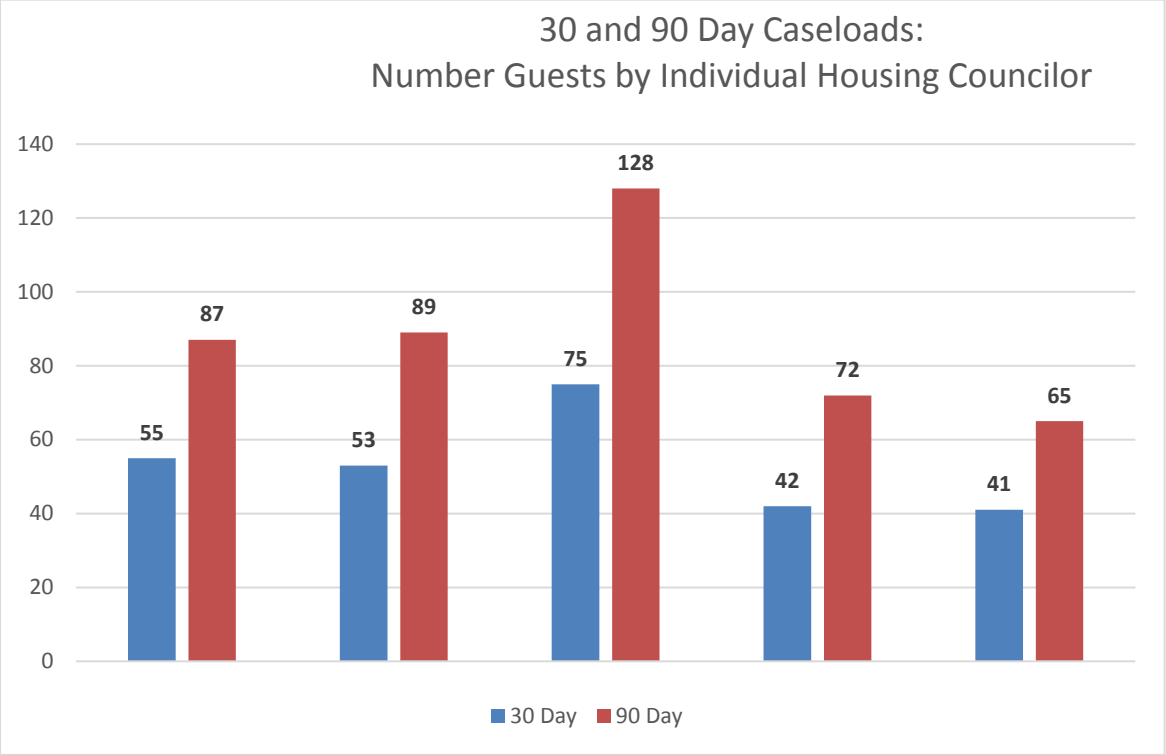
Average Length of Stay at Family Shelter?

78 Days

Caseloads

The Housing Counselors at the Oxford Street Shelter serve the guests of the shelter. Clients become assigned to housing counselors following intake, however a caseload is not indicative of consistent stay in shelter. After a client has not checked into shelter for 30 consecutive days they are considered an inactive client. After a client has not stayed at the shelter for 90 consecutive days they are discharged from the housing counselors' caseload.* The chart below shows an average of the caseload of the OSS Team during periods of 30 and 90 days.

*If a client returns to shelter after 90 days they will need to do an updated intake. This time period is determined by our MaineCare billing paperwork.



What Informs a Catchment Area for Shelters that Use them?

Please See Attachment (4) for Catchment Area - Father Bill's Place

List of Maine Shelter and Who Operates the Shelter

Please See Attachment (5) for Shelter by Type

What is the Impact of L.D. 459 to OSS?

L.D. 459 was written with a great deal of ambiguity and as such the impact will vary greatly depending on specifics that come from the work group that is scheduled to convene no later than January 2020.

The exchange rate and referral rate with and to Milestone

Over the past 6 months, 17 unduplicated clients for 34 bed nights making a monthly average of three guests and 5.6 bed nights.

Budget Related Questions

OSS FY20 budget (see attachment 6)

*** Budget estimates based off of 11/20/18 projections for new Homeless Services Center**
Start-up costs $198,069
Annual operating budget $3,676,813
Funding sources

1) G/A Reimbursement $725,750
2) Medicaid $102,800
3) Other Reimbursements $170,417 (MSHA Incentives and PS police coverage)
4) Grant Reimbursements (MSHA/CDBG) $1,277,664
5) City Ask $1,400,182

The cost to the City of OSS Operations (See Attachment 7)
What is the per guest cost?- $1,999.35 per client (annual budget divided by # clients)

CITY OF PORTLAND, MAINE

www.portlandmaine.gov

WELCOME TO THE OXFORD STREET SHELTER

Phone 207-761-2072 · Fax 207-761-0536

The Oxford Street Shelter is a ***TEMPORARY EMERGENCY SHELTER*** with resources available to help you to transition into more appropriate housing. You are also expected to attend a Housing Orientation session the following day of your first stay. If you fail to do so, you may be subject to a suspension of services. These mandatory sessions are held daily from 1:00pm – 2:00pm. If you have any questions or concerns, please see the Supervisor on duty immediately.

The Oxford Street Shelter Administration

Sara Fleurant – Director (482-5224)
Joshua Ruitto – Assistant Director, Housing Services (482-5220)
Mike Guthrie – Assistant Director, Operations (482-5223)

The Dayroom is open from 3:30p to 7:30pm Monday through Friday. The dayroom is closed from 8:30am to 3:30pm Monday through Friday. Hours may vary weekends, holidays, and in case of inclement weather. During these hours, guests can come in for appointments with Housing Counselors, Orientation and other support services, etc.

The support services team works to connect guests to mainstream resources that include housing subsidies, General Assistance, DHHS, mental health and substance abuse services, and area landlords for apartments.

While staying at this emergency shelter, you are expected to work on housing as this is not a permanent option for anyone.

We would also expect that you come in the following day after your first stay with us and attend a Housing Orientation session to get yourself acquainted with all of the local resources nearby.

These mandatory sessions are held daily from 1:00pm – 2:00pm.

National VA Homeless Call Center (**24/7**) at 1-877-424-3838

197-203 Oxford Street, Portland, Maine 04101
Phone: (207) 761-2072

UPDATED on 07/16/2019

The Rental Application Process

Finding a Place ta Live

There are many things to keep in mind when looking for an apartment and knowing what is important to you may help make it easier to find what you are looking for. Things to keep in mind include: How close is it to a bus line? Is it close to work? Is it dose to medical ' appointments? Close to shopping? What is the condition of the building? Is there laundry in the building?

Also, you need to determine ALL the costs of the apartment. How much is the security deposit? Will you have to pay any utilities? Do you have to pay for heat and electricity?

Haw Much Will It Cost

Before making a decision on which apartments to visit, determine and compare the total costs; rent, any utility charges, and other· possible costs, such as parking, Call the number listed for a unit and find out needed information on the cost of the unit. Ask such questions:

·What is the address of the unit?

·What is included In the rent?

·What utilities does the tenant pay?

·How much have these costs been in the past?

· What other costs would the tenant be expected to pay?

Landlords are to provide this information; however, It Is the renter's responslblllty to ask for It If you have the address, you can get information on past usage by calling the utility company.

Explaining Negative Information

This hand-out will help you learn how to write a simple note to explain negative information on a rental application.

When you know that the landlord screening will produce some negative information, you can attach to the application a note that will briefly and factually explain what happened, from your perspective.

If you were at fault, explain what you have done to correct or change things. For example, you may have lived with someone who had loud parties. You can explain that this person will neither be living with nor visiting you. If you got behind on paying your rent, explain what you will do differently this time, such as having your rent paid directly from your bank.

This formula can help you write out your explanation:

When'---------- happened,
I was;_____

because'----------
Ihave_____

I would like(hopefor) _____

Sample message:
When I was arrested for using drugs,
I was 18 years old and had moved into an apartment where a drug dealer lived.
I have completed rehab and have been drug1ree for two years.
I hope you will not let this incident keep you from renting tome.

RENT
SMART

Fair Housing Laws: Know Your Rights

The seven protected classes under the Federal Fair Housing Act are:

Racea person's race or the race of persons with whom one associates
Color- a person's skin color
Religion- a person's religious beliefs or denominational affiliation
Sex- a person's sex, including sexual har.mmentor Intimidation
National Origin- the country of one's birth and/or the nationality of one's ancestors
Disability/Handicap {added In 1988) - a pllyslcal or mental impairment that substantially J!mits one or more major life activities
Family/Familial Status (added in 1988)- household composition, including the presence of children

The Maine Human Rights Act protects the sama *classes* as the federal Fair Housing Act. In *addition,* the Maine Human Rights Act protects people In housing based on;

Age-Persons 18 years of age and older.
Ancestryrefers to the countty, nation, tribe or other Identifiable group of people from which a person descends.lt can also refer to the physical, cultural or linguistic characteristics of the person's ancestors.
Sexual orientation- a person's actual or perceived heterosexuality, bisexuality, homosexuality, gender identity, or gender expression.
Receipt of public assistance such as Section 8, TANF, and General Assistance (for purposes of rental housing and public accommodations)

Resources:
Moine *Human Rights* Commission
State House Station 51
Augusta, Maine 04333
Tel. 207-624-6290or Maine Relay *Office of Fair Housing* & *Equal Opportunity* tO
Causeway Street, Room 321
Boston, Massachusetts 02222-1092
Tel. 616-994-S300or 617-565-5453TTY
HUD: Bangor Field Office
202 Harlow St., Suite 02000
Bangor, Maine 04401
Tel.207-945-0467 or 207-945-0401TTY

IMPORTANT NUMBERS

Pine Tree Legal

774-8211

Central Maine Power

1-800-750-4000

Unitil

1-866-933-8211

Department of Health and Human Services

822-2000

Social Security Office

1-877-319-3076

Keep track of the apartments you are looking at by recording information about the apartment

Apartment Search Log

Voucher issue date _____

Phone number_____

Address_____

Price----------

Appointment time,_____

Outcome/Notes

Money for Rent

Divide the rent by the number *of* paydays between rent payments. For example, if paid every week there would usually be four paychecks, When the money or checks equal the month's rent, pay the month's rent. Spread other monthly payments out over the month.

Ways to save the money include putting the cash in an envelope in a safe place or writing a check out to the landlord,

Tip: Write down how monthly bills will be paid before spending ANY money. In this example, the $450 rent divided by 4(number of paychecks}= $112.50. Set aside this amount/rom each paycheck

Coordinated Entry Triage and Diversion Assessment

PRE-SCREEN (Non HMIS Questions)

1. Before we get too far into this conversation, it is important though it's a difficult question, it would be helpful to know **if** you are fleeing or attempting to flee domestic violence, sexual assault, stalking, or sex trafficking because there are specific resources that might best fit your situation.

   O No (Continue to the next question)

   O Ycs (StopIf household would prefer to speak with a domestic violence provider, call local DV Hotline)

Next, to better assist you I need to know **if** you are under the age of18. **If** so, I will connect you to a youth specific service provider.

O No (Continue to the next question)

O Yes (Stop Connect the client directly to a youth specitlc provider via warm handoff phone call)

Script: I need a bit more information about you. We collect personal infonnation about the people we serve in a computer system called HMIS (Homeless Management Infonnation System). Many agencies, *who work with people experiencing homelessness,* use this computer system. *Do you give* your consent to add your personal **data into the system and share it in order to connect you with resources that best meet your needs?**

O No (StopIndividuals who do not consent to HMIS data sharing and collectinn will be referred to resources utilizing the 211 internal system and personal information will not be collected or shared using HMIS.)

Yes (Continue to the next question. If completing assessment in person, collect signed HMIS ROI from client)

HMIS ENTRY SCREEN

Project Start Date:_____

First Name:_____MI:_____,Last Name:_____.Suffix: _____

Name Type:

O Full Name Reported
-O Partial, Street Name, or Code NameReported
O Client Doesn't Know
O Client Refused
O Data Not Collected

SSN:_____ _____

SSNType:

O Full
O Approximate/Partial
O Client Doesn't Know
O ClienfRefused
O Data Not Collected

U.S. Military Veteran?:

O Yes
O No
O Client Doesn't Know
O Client Refused
O Data Not Collected

Coordinated Entry Triage and Diversion Assessment

DEMOGRAPHIC

1. (If by phone) In case we get disconnected, what's the best way to reach you?
   - O _____(phone number)

2. Date of Birth
   - O _____(Date)

3. Gender
   - O Female
   - O Male
   - O Trans Female (MTF or Male to Female)
   - O Trans Male (FTM or Female to Male)
   - O Gender non-conforming (IE not exclusively male or female)
   - O Client Doesn't Know
   - O Client Refused
   - O Data Not Collected

4. How many members in your household are in need of service? _____
   - O How many members are adults? _____
   - O How many members are children (under the age of 18)? _____

5. Caller Town
   - O _____

6. Where did you sleep last night? Residence Prior to Project Entry

HOMELESS SITUATION
- O Place Not Meant for Habitation
- O Emergency Shelter, including hotel or motel paid for with emergency shelter voucher
- O Safe Haven

INSTITUTIONAL SITUATION
- O Foster Care Home or Foster Care Group Home
- O Hospital or other Residential Non-Psychiatric Medical Facility
- O Ja11, Prison or Juvenile Detention-Facility
- O Long-Term Care Facility or Nursing Home
- O Psychiatric Hospital or Other Psychiatric Facility
- O Substance Abuse Treatment Facility or Detox Center

TRANSITIONAL AND PERMANENT HOUSING SITUATION
- O Hotel or Motel Paid for without an Emergency Shelter Voucher
- O Owned by Client, No Ongoing Housing Subsidy
- O Owned by Client, with Ongoing Housing Subsidy
- O Permanent Housing {other than RRH} for Formerly Homeless Persons
- O Rental by Client, No Ongoing Housing Subsidy
- O Rental by Client with VASH Subsidy
- O Rental by Client with GPO TIP Subsidy
- O Rental by Client with Other Ongoing Housing Subsidy {including RRH}

Coordinated Entry Triage and Diversion Assessment

- O Residential Project or Halfway House with no Homeless Criteria
- O Staying or Living in a Family Member's Room, Apartment or House
- O Staying or LMng in a Friend's Room, Apartment or House
- O TransitionalHousing for Homeless Persons (includes homeless youth)
- O Client Doesn't Know
- O Client Refused
- O Data Not Collected

DIVERSION

Directions: Attempt to problem solve with the client to determine if there are any support networks or resources the household can draw on. If the client is eligible for available non-financial and/or financialresources in the community,make a referral.

Script: I'd like to talk about whether there are any available resources to help you stay in a safe place tonight.

7. (If literally homeless, skip and go to the next question)
Was where you stayed last night a safe location that you can return to?
- O Yes
- O No
- O N/A

8. Do you have any resources to pay for a place to stay tonight?
- DYes
- D No

9. (If literally homeless) Will any type of assistance help you to stay in a safe location?
- D Yes
- D No

If yes, what assistance is needed? _____
If yes, where is that safelocalfori? ——————————

10. (All other clients) Will any type of assistance help you remain where you stayed last night or in another safe location?
- DYes
- D No

If yes, what assistance is needed? ——————————
If yes, where is that safe location? ——————————

Coordinated Entry Triage and Diversion Assessment

11. Have you applied for General Assistance in your community?
    a. Yes
    b. No

12. Has any service provider (ie case manager, social worker etc.) been helping you recently?
    Direction: If yes, obtain verbal permission, and have interviewer contact service provider
    D Yes
    D No

13. *(Ansl\er question Wthout asking client):* Did the Diversion of Assessment resolve the client's immediate needs?
    D Yes
    D No

If yes, end assessment and provide diversion referrals as identified

If no, continue with Shelter Eligibility and shelter/outreach referrals

Self-Declaration of Homeless Status

HAS GUEST COMPLETED A COORDINATED ENTRY FORM? YES___ NO___
IF NO PLEASE COMPLETE FORM BEFORE MOVING ON TO THIS FORM

Applicant Information:

Name:_____

Date of Birth: _____

Soc. Sec.#/ID #:_____

Previous Residency: (Please select one)

- ☐ I am currently living in a place not meant for habitation (including tent, vehicle, abandoned building, etc.)
- ☐ I am currently living in a privately-operated shelter providing temporary living arrangements (including emergency shelters, transitional housing, hotels and motels paid for by charitable organizations or government programs)
- ☐ I was housed (whether permanent housing, transitional, or couch surfing) and am now homeless with no place to sleep for the evening

Please answer the following questions to the best of your ability:

Why did you come to Portland? _____ Did someone drive you or pay for your way here? Yes __ No __

Are you coming from another homeless shelter? YES ____ NO ____ If so, why did you leave?_____

Did you attempt to contact your local GA about emergency shelter assistance? (If coming from a Maine city)

YES ____ NO _____ If YES, what was their response?_____

Last Residence Address: _____

How long were you in your previous residence? _____When did you leave that residence? _____

What type of residence (home/apartment/hospital/etc.)? _____

Do you have any proof of residence (ID with old address, utility bill, etc.)? YES ___ NO ___ **(please get a copy and attach)**

*****Please ask guest for each of the following contacts, and their phone numbers. Guest must provide at least one complete contact.**

Old Landlord: _____ **Phone:** _____

Property Management Company: _____**Phone:** _____

Past Roommate: _____ **Phone:** _____

Friend: _____ **Phone:**

Family Member: _____ **Phone:**

Reason contact not provided: _____

Have you been convicted of fraud by any GA in the last 120 days? YES ___ NO ____ NOT SURE ____

Applicant Certification:
I certify that the above information is correct.

_____ _____
Applicant Signature Date

Staff Certification:
I certify that the guest reported the information above.

_____ _____
TL Initials Date

_____
Supervisor (please sign that you reviewed this form, and found it to be completed appropriately).

Updated 07/16/2019

OXFORD STREET SHELTER INTAKE/ASSESSMENT *Updated 07/16/2019*

Do you speak English? Y / N
(*If no, use Certified Language 1-800-225-5254, Code: 323578 – Social Services)*

Shift Start Date (Entry Date): _____

Today's Date: _____

Time of Intake: _____ AM / PM

Staff Name: _____

Type of ID: _____
(Please attach a copy of ID and MaineCare Card)

_____ ____ _____
First Name M.I. Last Name

D.O.B.: _____ Age: ____

Record Created in OSS

_____
Staff Printed Name

Record Created in Shelter Point

_____
Staff Printed Name

Shelter Point ID #

Which gender do you most identify with?
Male __ Female __ Transgender __ Doesn't Identify as Male, Female or Transgender __

Do you identify as transgender? Y / N
If yes, would it be Male to Female or Female to Male? _____
Is there a name you prefer to be called? _____

___ Update
___ Intake

For New Guests Only:
Is tonight your first time ever being homeless?: Y / N

Do you have a Maine Care card? Y / N **(**Categorical ☐ ***For HSC use only)***
(If yes, please make a copy and attach it to this packet)

____ Married ____ Single ____ Widowed ____Divorced ____Legally Separated

Social Security #: _____ Alien #: _____

Race: (You must select an option)

____ American Indian or Alaska Native
____ Asian
____ Black or African American
____ Native Hawaiian or Other Pacific Islander
____ White

Ethnicity: (You must select an option)

____ Non-Hispanic ____ Hispanic

Who referred you to Oxford Street Shelter? _____

Do you need to register as a sexual offender with the city? Y / N

THIS SECTION IS FOR FULL TIME STAFF ONLY
Date Checked on N.S.O.P.R ___/___/____ Guest on registry? **Y / N** Please Initial ____
(www.nsopw.gov)
States Not Reporting: _____
If client is on registry, print out from NSOPR and attach to intake.

VETERAN INFORMATION:

Have you ever served in the military (*Are you a US Military Veteran*)? **Y / N**
If yes, what branch? _____ Discharge Status? _____
Have you ever been called to active duty in the National Guard? **Y / N**

Staff Use Only: **Please call the** National VA Call Center **(24/7)** at 1-877-424-3838 **and provide the veteran an opportunity to talk with VA Staff to let them know his/she is in a shelter in Maine and that he/she is in need or shelter and housing.**
Called: Y / N Time: _____ Please Initial: _____

What was your last Address: _____

City _____ State _____

What was your last ZIP code: _____

HOUSING INFORMATION:

Residency Prior to Project Entry? (Please select an option)

Homeless Situation (Literally Homeless)

__ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
__ Place not meant for habitation *(Streets, car, bus, plane, park bench, camping out, abandoned house/dwelling, or anywhere else that is not considered a place meant for someone to live).*
__ Safe Haven
__ Interim Housing *(Housing situation where the guest has applied and has been approved but is waiting to move in. They are using the shelter as a temporary solution until move-in is possible, also to maintain chronic homelessness status during wait time).*

Length of stay in previous place?

__ One night or less
__ Two to six nights
__ One week or more, but less than a month
__ One month or more, but less than 90 days
__ 90 days or more, but less than a year
__ One year or longer

1. Approximate Date Homeless Situation Started ____/____/_____

2. Number of times the guest has been on the Streets, in Emergency Shelter, or Safe Haven in the past three years including today?

   __1 __2 __3 __4 or more times

3. Total Number of months the guest has been on the Streets, in Emergency Shelter, or Safe Haven in the past three years including today?

   __1 __2 __3 __4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10 __ 11 __ 12 __ 12 or more __

Institutional Situation

__ Foster care home or foster care group home
__ Hospital or other residential non-psychiatric medical facility
__ Jail, prison or juvenile detention facility Long-
__ term care facility or nursing home Psychiatric
__ hospital or other psychiatric facility Substance
__ abuse treatment facility or detox center

*Did guest stay less than 90 days? Yes __ No __

Length of stay in previous place?

__ One night or less
__ Two to six nights
__ One week or more, but less than a month
__ One month or more, but less than 90 days
__ 90 days or more, but less than a year
__ One year or longer

*On the night before entry to the Shelter, did the guest stay in a Place not meant for habitation, in an Emergency Shelter, or in a Safe Haven? Yes ___ No ___

1. Approximate Date Homeless Situation Started ___/____/_____

2. Number of times the guest has been on the Streets, in Emergency Shelter, or Safe Haven in the past three years <u>including today</u>?

   __1 __2 __3 __4 or more times

3. Total Number of months the guest has been on the Streets, in Emergency Shelter, or Safe Haven in the past three years <u>including today</u>?

   __1 __2 __3 __4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10 __ 11 __ 12 __ 12 or more __

Transitional or Permanent Housing Situation

__ Hotel or motel paid for without emergency shelter voucher
__ Owned by Guest, no ongoing housing subsidy
__ Owned by Guest, with ongoing housing subsidy
__ Permanent housing for formerly homeless persons
__ Rental by Guest, no ongoing housing subsidy
__ Rental by Guest, with VASH housing subsidy
__ Rental with GPD TIP Subsidy
__ Rental by Guest, with other ongoing housing subsidy Residential
__ project or halfway house with no homeless criteria Staying or
__ living in a family member's room, apartment of house Staying or
__ living in a friend's room, apartment or house
__ Transitional housing for homeless persons (including homeless youth)

*Did guest stay less than 7 days? Yes __ No __

Length of stay in previous place?

__ One night or less
__ Two to six nights
__ One week or more, but less than a month
__ One month or more, but less than 90 days
__ 90 days or more, but less than a year
__ One year or longer

*On the night before entry to the Shelter, did the guest stay in a Place not meant for habitation, in an Emergency Shelter, or in a Safe Haven? Yes ___ No ___

1. Approximate Date Homeless Situation Started ___/____/_____

2. Number of times the guest has been on the Streets, in Emergency Shelter, or Safe Haven in the past three years including today?

   __1 __2 __3 __4 or more times

3. Total Number of months the guest has been on the Streets, in Emergency Shelter, or Safe Haven in the past three years including today?

   __1 __2 __3 __4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10 __ 11 __ 12 __ 12 or more __

FINANCIAL INFORMATION:

Income from Any Source? __Yes __No
If yes, Select Income Source:

Earned Income (Work)	Amount:
Unemployment Insurance	Amount:
SSI	Amount:
SSDI	Amount:
Veterans Disability Payment	Amount:
Private Disability Insurance	Amount:
Workers' Compensation	Amount:
TANF	Amount:
Retirement from Social Security	Amount:
Veterans Pension	Amount:
Pension from a Former Job	Amount:
Child Support	Amount:
Alimony or Other Spousal Support	Amount:
Other: (please specify)	Amount:

Non-cash benefit from Any Source? __ Yes __ No
If yes, Select non-cash benefit:

Supplemental Nutrition Assistance Program (Food Stamps)	
Special Supplemental Nutrition Assistance Program (WIC)	
TANF Child Care Services	
TANF Transportation Services	
Other TANF-Funded Services	
Section 8, Public Housing or other rental assistance	
Other Source	
Temporary Rental Assistance	

Are you covered by Health Insurance? __ Yes __ No
If yes, Select Health Insurance: **(Please check an option)**

Medicaid (MaineCare)	
Medicare	
Veterans Administration (VA) Medical Services	
Employer – Provided Health Insurance	
Health Insurance Obtained Through COBRA	
State Health Insurance for Adults	
Private Pay Health Insurance	
Indian Health Services Program	
Other/ **Please specify**:	

Does Guest have a disabling condition? __ Yes __ No

If Guest reported having a disabling condition*,* please check all that apply.

Disability Type	**Disability Determination? Y/N**	**If yes, Expected to be long-continued & indefinite duration & substantially impairs ability to live independently? Y/N**	**Documentation of Severity on File? Y/N**	**Condition Long-term? Y/N**	**Receiving Services Y/N**
Physical					
Developmental					
Chronic Health Condition					
HIV/AIDS					
Mental Health					
Alcohol Abuse					
Drug Abuse					
Both Alcohol & Drug Abuse					

Are you requesting a Medical Accommodation? __Yes __ No **(*If yes,* please alert Supervisor)**

DOMESTIC VIOLENCE: PLEASE ANSWER ALL APPLICABLE QUESTIONS
Are you a domestic violence victim or survivor? __Yes __ No
If yes*, please offer to call the Hotline at 874-1973*

***If yes*, please check an option below**:
__Within the past three months
__ Three to six months ago
__ From six to twelve months ago
__ More than a year ago

If yes **for Domestic Violence Victim/Survivor, are you currently fleeing? ___Yes ___ No**

EDUCATION:

Highest level of Education Attained? **(Please check an option)**

__ No Schooling Completed
__ Nursery to 4th Grade
__ 5th Grade or 6th Grade
__ 7th Grade or 8th Grade
__ 9th Grade
__ 10th Grade
__ 11th Grade
__ 12th Grade, no diploma
__ High School Diploma
__ GED
__ Post-Secondary, Received a Degree ___Y ___N Type of Degree

__ Associate Degree
__ Bachelor Degree
__ Master Degree
__ PhD
__ Other

Presently attending school? __Yes __No

YOU HAVE NOW COMPLETED THE HMIS DATA ENTRY PORTION OF THE INTAKE.

Data Entered in OSS:	**Data Entered in Shelter Point:**
_____ *Staff Printed Name*	_____ *Staff Printed Name*

THE FOLLOWING DATA WILL NOT BE ENTERED INTO (HMIS)

CONTACT INFORMATION:

Guest's Cell Phone Number	
Contact's Name	
Contact's Address	
Contact's City	
Contact's State	
Phone Number	
Second Phone Number	
Community Contact Relationship	
Email Address	
Relationship to Guest	
Start Date	

FOR ALL GUESTS:

US CITIZEN: Y / N

If No,
Country of Origin:
Date of Entry into US:
Entry Point (City, State):
Date Arrived in Maine: _
Last State Lived: _____

Citizenship Status: **(please check an option)**

B1 / B2			
Asylum Pending			
Refugee			
VISA / Other		**Expiration Date:**	
Green Card		**Expiration Date:**	
Employment Authorized		**Expiration Date:**	

Language(s) Spoken: _____
Reason for Relocation: _____

Please check one of the following options (FOR ALL GUESTS)
__ Educational Opportunities
__ Employment Services/Opportunities
__ Housing Services
__ Legal Issues
__ Municipal Benefits
__ No Shelter at Prior Location
__ Shelter Full at Prior Location
__ Originally From Area
__ Prison/Jail Discharge
__ Refugee Services
__ Visiting Family/Friends
__ Hospital Discharge
__ Stranded
__ Other (Specify) _____

Did you leave a Hospital/Institution or Correctional Facility within the last 2 years? Y / N
If yes, was it a Hospital ____ or Correctional Facility ____?
What was the name of the Hospital/Institution or Correctional Facility? _____
***AND* what month/year did you leave? _____/_____**

Do you currently have a housing subsidy? **Y / N** (*BRAP, S+C, Section 8, Haven Grant, STEP)*
What kind? _____ Are you on a housing subsidy waitlist? **Y / N**
Subsidy Name: _____ City: _____

Is Guest chronically homeless? **Y / N**
(Guest is chronically homeless if they have been homeless for 365 consecutive days or, have had more than 4 episodes of homelessness during the past three years)

What are your REASONS for being homeless (**Please check at least 2 if possible)**

Relocation to Area		Illness		Hospital	
Family Conflict		Transient		Runaway/Throwaway Youth	
Housing Costs too much		Mental Health		Child of Homeless Family	
Seasonal Job		Violence in the household		Other: (*Specify)*	
No Job		Discharge from an Institution			
Substance Abuse		Prison			

COMMUNITY SERVICES:

What services do you currently receive? *(Check all that apply)*					
Employment		Mental Health Care		Transportation	
Case Management		Housing Placement		Alcohol & Drug Treatment	
Life Skills Training		MaineCare (Medicaid)		Methadone Treatment	
Food Stamps		Medicare		Education Services	
What services do you need that you do not currently receive? *(Check all that apply)*					
Employment		Mental Health Care		Transportation	
Case Management		Housing Placement		Alcohol & Drug Treatment	
Life Skills Training		MaineCare (Medicaid)		Methadone Treatment	
Food Stamps		Medicare		Education Services	

HEALTH:
Have you ever had a Traumatic Brain or Head Injury? Y / N
If yes, are you receiving services or treatment for this condition? Y / N

Do you have any open or draining wounds? Y / N
If guest answers yes, **please alert a member of the management team.**

Have you been tested for TB in the past year? Y / N
If guest answers no, **please refer to Portland Community Health Center or Primary Care Physician for screening.**

Do you have a new cough lasting more than 2 weeks, in addition to any of the following: weight loss, severe fatigue, fever, night sweats, coughing up blood or vomiting after coughing? Y / N
If client answers yes, **provide a face mask and refer to ER for immediate evaluation.**

If guest reports mental health condition, please ask the following questions:
What is your diagnosis? _____ Are you a Class member? Y / N
Case Manager _____ Agency: _____Phone: _____
Psychiatrist _____ Agency: _____Phone: _____

PLEASE ALERT A SUPERVISOR THAT THE SUPERVISOR PACKET

NEEDS TO BE COMPLETED FOR THIS GUEST.

CITY OF PORTLAND
DEPARTMENT OF HEALTH & HUMAN SERVICES – SOCIAL SERVICES DIVISION
OXFORD STREET SHELTER

GUEST CONTRACT

The Oxford Street Shelter is operated by the CITY OF PORTLAND to offer safe, temporary shelter to homeless individuals at least 18 years of age. Support services staff are available to work with guests to secure transitional to permanent housing and to help form linkages with other community resources. The following rules are intended to provide a safe and comfortable environment for all guests accessing our Shelter. Any violations of our Shelter safety protocols will not be tolerated.

Rules & Responsibility

- Illegal drugs and drug paraphernalia are not allowed in the shelter building or anywhere on the premises.
- Alcohol and marijuana are not allowed in the in the shelter building or anywhere on the premises.
- There is no smoking of any kind in the building at any time, or within 25 feet of any window or entrance/exit.
- Using, selling, purchasing, or distributing any form of illegal drugs, alcohol, or marijuana in the shelter building or on the premises is strictly prohibited and could be grounds for be restriction from access to shelter.
- **Weapons of any kind are not allowed in the shelter building or on the premises. Including but not limited to: Guns, Pellet/BB Guns, Paint Guns, Stun Guns/Tasers, Knives of any kind, Multi-tools, Screwdrivers, Walking sticks or canes not otherwise prescribed, etc. This list is not exhaustive.**
- **All guests and their belongings are subject to immediate search or random searches upon entry and/or re-entry into any of the shelter buildings, waiting areas or overflow sites. Any illegal drugs, alcohol, weapons or other contraband will be confiscated and discarded by staff or Portland Police for safe discard.**
- **No fighting, intimidation, provocation, threatening, or verbal abuse at any time. Any acts of violence will result in immediate revocation of access to shelter.**
- No use of profanity/swearing. No loud music on property. No horseplay or aggressive behavior/language on property.
- **Use of inappropriate speech can result in restriction from shelter access. The shelter has a zero tolerance policy for racial slurs/derogatory language and hate speech.**
- **The shelter has a zero tolerance policy for sexual harassment. Engaging in harassing behaviors can result in restriction from shelter access.**
- Sexual activity of any kind is not permitted in the shelter or on shelter grounds.
- You must be appropriately dressed (*i.e. fully clothed)* while in the shelter and on the grounds. This includes wearing shoes while moving around the shelter.
- Cell phones must be silenced or turned off while in the building. Guest phones are available for use during daytime hours. **For reasons of client confidentiality, there is no filming allowed inside the shelter.**
- Good personal hygiene is a priority. Showers are available after check in. Personal hygiene items are available upon request from staff at the front desk. The available personal hygiene items include: soap (in the showers), towels, toilet paper, shaving cream, toothbrushes, toothpaste, and combs.
- Outdoor restrooms are available between 8am & 8pm daily.
- Blankets, towels and linen must be returned and placed in the bins at the front desk on the 1st floor and may not be removed from the shelter.
- Personal linens such as: blankets, sheets and pillows, are not permitted in the building and are not to be used in the dorms.
- All guests are expected to keep the building and grounds clean by disposing of all trash in appropriate containers that are located throughout the facility.
- The shelter curfew (lights out) is at 8:30pm.
- Electronic devices that emit light and/or noise are not permitted to be used in the Shelter after lights out (8:30pm). Devices that do not emit light and are used with headphones and do not disturb other shelter guests may be permitted at the discretion of shelter management or the supervisor on duty.
- Once you have checked in and have been assigned a bed, you may leave the building but stay on property for up to 30 minutes. If you leave the building for more than 30 minutes, you will be considered to have left for the night. If others are waiting for bed space, the bed you were assigned may be reassigned to the next person waiting. If at anytime you leave property you are at risk of having your bed stripped and reassigned. If you leave before 11pm and return you may be checked back in once. If you leave after 11pm you will not be checked back in.

Updated 06/05/2019

CITY OF PORTLAND
DEPARTMENT OF HEALTH & HUMAN SERVICES – SOCIAL SERVICES DIVISION
OXFORD STREET SHELTER

- The shelter does not allow check-ins past 2am.
- All guests must be out of bed no later than 7:30am (earlier in some areas).
- The City is not responsible for lost and stolen belongings. Any items left behind or unattended will be discarded immediately. You may bring into the facility the amount of personal possessions that you can reasonably carry by yourself in one trip. You are not permitted to bring shopping carts, carriages, and similar carrying devices into the building.
- Shelter staff is not permitted to hold, monitor or administer medications for you. If you have medication that must be refrigerated, you will be able to store your medication in a refrigerator designated for medication storage only. You store your medications in this refrigerator at your own risk.
- All individuals who access the shelter must be able to safely exit the building in the event of an emergency, guests also must be able to ambulate to meals on their own and toilet themselves. Staff are not able to provide medical assistance. If you feel you need medical assistance at any time please notify staff and we will assist you in contacting the appropriate resource.
- Lockers are available onsite. Please see a staff member to sign up. Lockers are only accessible from 5am-6am, 9am-10am, 1pm-2pm and from 8pm-9pm daily. You must have a picture ID to access your locker. Only you are able to access your locker and you may not access the locker of any other guest. There is a limit of one locker per guest.
- Day services are available from 8:30am-3:30pm. You must check in on the ramp side of the property.
- The shelter dayroom is open Monday-Friday from 3:30pm-7:30pm. Hours may vary on weekends and holidays, or in case of inclement weather.
- Shelter ID's are available daily at housing orientation from 1:00pm-2:00pm. All guests must attend housing orientation the day following their intake to the shelter for important referrals to services. If you have questions or concerns please ask a supervisor.

Agreements

- *I hereby accept shelter at the City of Portland Social Services Division Oxford Street Shelter and consent to abide by all of the rules and regulations and procedures listed above. I understand that the City of Portland is not responsible for any lost, stolen or discarded items.*
- *I understand that I am applying for General Assistance through the City of Portland Social Services Division to pay for my Shelter bed night stay and that at any time in the future I am found to be eligible to receive Supplemental Security Income (SSI) benefits, an amount equal to the amount of public assistance given to me may be deducted by the Maine Department of Human Services from my first retroactive payments of SSI benefits.*
- *I authorize the Social Services Division Oxford Street Shelter to release any information necessary to determine General Assistance eligibility and understand that this information may also be used in the formulation of case management plans and hereby give my consent. As provided by the General Assistance statute, <u>this information will not be given to the general public.</u>*
- *I understand that Shelter Staff and/or management may restrict my access to the Shelter, dayroom and/or grounds if I violate any of the rules listed above and that I have the right to grieve decisions made by staff relating my staff at the Shelter.*

_____ _____

_____

Guest Signature Date Guest Name Printed

_____ _____

Staff Signature Date

In accordance with title VI of the Civil Rights Act of 1964 (42 U.S.C. s 2000 et.seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. s794), the Maine Human Rights Act (5 MRSA 4551, et.seq.) and the Age Discrimination Act 1975, as amended (42 U.S.C. s6101 et. Seq.), the City of Portland Social Services Division does not discriminate on the basis of race, sexual orientation, national origin, handicap or age in admission or access to treatment or employment in its program or activites.

Updated 06/05/2019

Maine's HMIS Authorization to Disclose Information

Agency:_____

For:_____ _____
Print First, Middle, and Last Name (Complete one form for each adult) Date of Birth

Children/Incapacitated Persons:_____ _____
Date of Birth

_____ _____
Date of Birth

_____ _____
Date of Birth

Your personal information is confidential. We and anyone with access to the information we collect from you must keep your information confidential and protect the information under strict safeguards. Your personal information and that of the above listed persons for whom you have authorization to sign will be collected by the above Agency and entered into Maine's Homeless Management Information System (HMIS). With your consent, your personal information, including historical information in HMIS, will be made available to other agencies providing services to you through HMIS.

A list of agencies participating in HMIS that may have access to your information if you sign this authorization is at www.mainehmis.org and available from Agency.

Why disclose your information to other agencies?

- Sharing reduces the amount of time you have to spend answering basic questions about your situation.
- Sharing allows agencies to focus on meeting your unique needs quickly.
- Sharing makes it easier for multiple agencies to coordinate housing and services for you and your family.

What information might be disclosed to other agencies?

- Family/Household Information
- Name, birthdate, Social Security Number
- Gender, race, ethnicity
- Reasons for seeking services
- Living situation and housing history
- Services you receive
- If you are homeless or not
- Your income and income sources
- Disabling condition(s)
- Public benefits you receive
- History of domestic violence
- Educational background
- Employment information
- Military history
- Health information, including physical health, HIV, behavioral health (mental health and substance use disorder information)

Please check (✓) a box:

DISCLOSE: I consent to have the information collected by Agency about me and historical information about me already in HMIS disclosed through Maine's HMIS to other partner agencies in order to improve services to me and the services offered to others. I intend that this authorization permit Agency to disclose through the HMIS system any HIV, mental health and substance abuse or substance use disorder information Agency may collect about me. Maine law requires us to tell you that releasing HIV information may have implications. Release of HIV information may help us better serve you. However, misuse of the information could result in discrimination.

This consent does not apply to any information collected by Milestone Recovery, Shaw House, New Beginnings (not including 169 Holland Street), Preble Street (only Joe Kreisler Teen Shelter or youth related project), any Runaway and Homeless youth program or any victim service provider.

DO NOT DISCLOSE: I do **not** want **any** of the information collected by Agency about me disclosed (shared) to any other agencies through Maine's HMIS. I understand that not disclosing my information to other agencies may affect the ability to quickly and appropriately identify services for me.

When you sign this form, it shows that you understand the following:

- You have the right to refuse to sign this authorization.
- **Agency** will **not** deny you help if you do not want us to disclose your personal information to other agencies. At the same time, disclosing your information does not guarantee that you will receive assistance from the recipient agency.
- If you permit us to disclose your information to other agencies:
    - This consent is valid for 1 year.
    - You have the right to review any mental health information that may be disclosed under this authorization, upon request prior to signing this authorization.
    - You may change your mind and cancel this authorization at any time. If Agency is a Health Insurance Portability and Accountability Act of 1996 (HIPAA) covered entity, see Agency's HIPAA Notice of Privacy Practices on how to revoke this authorization. If you cancel this authorization, your information will no longer be disclosed from that date forward, except to the extent that your authorization has already been relied upon by Agency or others.
- Subsequent disclosures may be made under this same authorization.
- Your information may be disclosed by someone who receives the information and no longer protected.
- You have the right to receive a copy of this authorization.

_____	_____	_____	_____
SIGNATURE OF CLIENT OR AUTHORIZED REPRESENTATIVE	**DATE**	**SIGNATURE OF AGENCY WITNESS**	**DATE**

Verbal Authorization obtained by phone (Agency Staff Signature):_____ Date:_____

Maine's HMIS Notice of Privacy Practices

This Agency (Name: _____) and other service providers, homeless agencies and social service agencies, including street outreach, shelters and housing programs, collect personal information about the people we serve in a computer system called Maine's Homeless Management Information System (HMIS). *If Agency is a HIPAA covered entity, this HMIS Notice of Privacy Practices is a supplement to Agency's HIPAA Notice of Privacy Practices, and you should also review Agency's HIPAA Notice for additional information about how Agency protects the privacy and security of your protected health information.*

Why do we collect this information?

- So we know how many people we serve and the types of people we serve at our Agency and in the state.
- So we all understand what people need and can plan services to meet those needs.
- To satisfy U.S. Department of Housing and Urban Development requirements.

Who can see information that is in Maine's HMIS?

- People who work for this Agency will use it to help provide services to you or your family.
- Other agencies like this Agency that provide services and have received permission from you to see your information. The agencies that participate in Maine's HMIS may change from time to time. A copy of the current list of participating agencies is available upon request or on our website: www.mainehmis.org.
- Auditors or funders who have legal rights to review the work of this Agency, such as the U.S. Department of Housing and Urban Development and other state or local government entities.
- Organizations that run, administer, and work, on the HMIS system. When these organizations work on the system, they may see information about you. They are required to protect your confidential information.
- The law says we have to report physical or sexual abuse of children and vulnerable adults. If we have cause to suspect that there is abuse or neglect in your household, we must report it to Child or Adult Protection.
- We may disclose your information to protect the health or safety of you or others as required by law.
- Others as required by law, including officials with a valid subpoena, warrant, or court order.

We will not disclose your information for any other use unless you permit us in writing.

How is your privacy protected?

- All users of HMIS data must sign an agreement to protect your privacy and comply with state and federal laws and policies before seeing any information.
- The HMIS computer program used for this purpose has industry standard security safeguards and protocols and is updated regularly to meet these security requirements.

What are your rights?

- **If you do not want your name, social security number, or date of birth entered in HMIS, tell the intake worker.** This Agency will **not** refuse to help you if you refuse to authorize Agency to share your information with other providers/agencies through HMIS. However, federal and state regulations may require limited data collection for funding purposes.
- You have the right to request a copy of Maine's HMIS information about you.
- You have the right to correct mistakes in HMIS information about you.

- If you think this Agency or Maine's HMIS violated your privacy rights, you have the right to complain or appeal. Ask a staff person for a complaint and appeal form. *If Agency is a HIPAA covered entity, see Agency's HIPAA Notice of Privacy Practices for information about how to file a HIPAA privacy complaint.*

MAINE CARE

SECTION 13 TARGETED CASE MANAGEMENT

GUEST ENROLLMENT

Guest Name_____ DOB: _____

Maine Care Number:_____

Effective Date of Enrollment_____

Agency of Record: Oxford Street Shelter_____

- I (and/or my legal representative) have been informed of my rights to Targeted Case Management Services, including the right to appeal my individual services plan.
- I (and/or my legal representative) understand that my use of these services is voluntary and services can be withdrawn or ended at my request.
- I (and/or my legal representative) understand that I may choose to receive Targeted Case Management Services from any available qualified provider, and I have the right to change my case management provider if I feel services are not appropriate or sufficient to meet my needs.
- I (and/or my legal representative) understand that I may not enroll with another provider until at least 30 days have elapsed.
- I (and/or my legal representative) have been informed of other case management providers available in my area.

- ☐ I choose to receive Targeted Case Management Services
- ☐ I choose NOT to receive Targeted Case Management Services

_____

Member/Legal Representative Date

_____

Oxford Street Shelter Representative Date

PLAN of CARE

Guest Name: _____ Case Manager: _____

- **Short Term Goal:** Guest will engage with OSS HSC within one week of entry to the shelter to discuss needs.

  Entry Date: _____ Completed on: _____

- **Long Term Goals**

  1.) Guest will meet with HSC 1-2 times a week to build relationship and formulate a housing plan.

  Projected Completion Date: _____ Actual Completion Date: _____

  2.) Guest will be connected to all appropriate resources in the community, and will be in safe, affordable housing. If immediate housing is not an option, guest will be connected to all relevant mainstream resources.

  Projected Completion Date: _____ Actual Completion Date: _____

  Guest's Housing Plan:

  _____

  _____

  _____

---

90 Day Narrative - Date: _____ Guest Signature: _____ HSC Signature:_____

_____

_____

180 Day Narrative - Date:_____ Guest Signature: _____ HSC Signature:_____

_____

_____

270 Day Narrative – Date:_____ Guest Signature: _____ HSC Signature:_____

_____

_____

Annual Review - Date:_____ Guest Signature: _____ HSC Signature:_____

_____

_____

Guest Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Strengths & Barriers

To be Completed by Shelter Supervisor or Human Services Counselor/Specialist Only

Date: _____

Guest Name: _____

Guest D.O.B. _____

Strengths:

_____
_____
_____
_____

Barriers:

_____
_____
_____
_____

Obvious Physical Disabilities (be specific):

_____
_____
_____
_____

Human Services Counselor/Shelter Supervisor Summary:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____ _____

Human Services Counselor/Supervisor **Date**

Hous:ing Stability Plan Date:._____

Housing Stability Plans must be updated and reviewed at least every 30 days and rewritten at least every 90 days

HoH:
Other Family:

Navig11tor
Phone#:
Email:

Housing Need(s)& 90 Day Goal:
Strengths toward Goal:_____
Baniers to Goal:_____

Household Tasks:
- o Secure Subsidies
- o Transitional Housing
- o SRO
- o Return Home to Family
- D Enter Residential Program

Navigator Tasks/Mainstream Resource Connection:
*Complete Appropriate Applications
*Provide GA referralJlandlord list/Other resources
*Provide Rent Smart Materials

Financial Need(s)& 90 Day Goal:
Strengths toward Goal:_____
Barriers to Goal:_____

Household Tasks:
- D Stable Employment
- o Vocational Training
- o Part Time Job
- D Apply for Entitlements

Navigator Tasks/Mainstream Resource Connection:
*Give Referral with contact info for identified resources
*For FS/TANF mymaineconnection.org
*For Social Security 1-866-627-6996
*Portland GA (107)775-7911

HealthNeed(s)& 90 Day Goal:
Strengths toward G_oal:_____
Barriers to Goal:_____

Short Term Goal:
- o Apply for Maiuecare
- o Fiud a PCP!Dentist
- 0 Resolve health problems
- o Reduce substance use
- o Enter Treatrnent!Detox
- D Access MH Services

Navigator Tasks/Mainstream Resource Coruiection:
*Provide referrals to resources for identified needs
*CDS *211, Eagles Club 773-9448 for eye glasses
*Other resources as needed to address identified needs
Sweetser:MIDCrisis 1-800-434-3000

TransportationNeed(s) & 90 Day Goal:
S1rengths toward Goal:_____

Barriers to Goal:

Short Term Goal:

- D Access public transportation
- D Access Ridefor Medical Appointments
- D Obtaio!Malntain person vehicle

Navigator Tasks/Mainstream Resource Connection:

*Logisticare 1-855-608-5178 for Malnecare

EducationNeed(s) & *90* Day Goal:

Strengths toward Goal:

Barriers to Goal:

Short Term Goal:

- D GetGED
- D Achieve HS Diploma
- D College/Tech School

Navigator Tasks/Mainstream Resource Connection

- D Tutoring
- D Enroll in School
- D Other:

Legal Issues Need(s) & *90* Day Goal:

Strengths toward Goal:

Barriers to Goal:

Short Term Goal:

- D

Navigator Tasks/Mainstream Resource Connection:

- D Refer to Pine Tree Legal (207)206-1100

EXIT PLANNING: Maintaining Permanent Housing

Long-Term resources that will be helpful and/or necessary to maintaining housing:

If my housing becomes unstable, I will contact:

The above Housing Plan was developed inparlnership with my Navigator. I understand that each action item listed above will support my efforts. I agree to work on this plan inparlnership with my Navigator. I will update my Navigator as I complete the above goals. I will also co=unicate needs and understand my navigator can offer me support as needed.

Housing Stability Plan Date:--:--::---:---:

Housing Stability Plans must be undated and reviewed at least every 30 days and rewritten at least ev' ery 90 days

Initial Housing Stability Plan:

Head of Household Signaime: Date:_____...:..,.--'--""""

Navigator Signature: Date:_____

---

30 Day Review:

Head of Household Signature: Date:_____

Navigator Signature: Date.:_---------

---

60 Day Review:

Head of Household Signature: Date:_____

Navigator Signatme: Date:_____

---

90 Day Review:

Head of Household Signature: Date:_____

Na,ji,gator Signature: Date:_____

Date:_____

HOUSING STABILITY PLANS MUST BE REVIEWED AND UPDATED AT LEAST EVERY 30 DAYS AND REWRITTEN AT LEAST EVERY 90 DAYS

ReviewType:DinitialHSPD3oDay D60Day D90Day

Next Review Date:_____

Next Update:_____

Head of:S:ousehold:.-::----------

Other Household members:_____

_____

Navigator:_____

Phone:_____

Email:_____

Thinking about your income, housing, health (physical, mental, social), traosporta:tion, education and legal needs, what resources do you need to achieve permanent housing stability?

_____

_____

_____

_____

Navigator Use Only

3, *6,* and *9* Month Review Documentation (attach to HSP):

-DHHS Release ofinformationi-Iucome Verification

Reco=endation to continue STEP (every *90* days):DYes DNa

If no, please provide documentation supporting the discontinuation of STEP

Co=ents:

_____

_____

Navigator Sign tore & Date

Administration

Interviewer's Name	Agency	DTeam D Staff D Volunteer
Survey Date	**Survey Time**	**Survey location**
DD/MM/YYYY / /	AM/PM	

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)

the purpose of the VI-SPDAT being completed

that it usually takes less than 7 minutes to complete

that only "Yes," "No," or one-word answers are being sought

that any question can be skipped or refused

where the information is going to be stored

that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided

the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	Nicl cname	last Name
In what language do you feelbest able to express yourself? _____		
Date of Birth	**Age** **SocialSecurity Number**	**Consent to participate**
Df[}/JM/YYYY / /		DYes DNa.

SCORE:

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

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A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

D Shelters
D Transitional Housing
D Safe Haven
D Outdoors
D Other (specify):

_____

D Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. **SCORE:** ____

2. How long has it been since you lived in permanent stable housing? _____ D Refused

3. In the last three years, how many times have you been homeless? _____ D Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:** ____

B. Risl<s

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? D Refused

b) Taken an ambulance to the hospital? D Refused

c) Been hospitalized as an inpatient? D Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? D Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? D Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? D Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. **SCORE:** ____

5. Have you been attacked or beaten up since you've become homeless?. DY D N D Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? D Y D N D Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISI{ OF HARM. **SCORE:** ____

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7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? D **Y** D N D Refused

IF "YEs;• THEN SCORE 1 FOR LEGAL ISSU [redacted] SCORE:,.

8. Does anybody force or trick you to do things that you do not want to do? D **Y** D N D Refused

9. Do you eve'r do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? D **Y** D N D Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.** SCORE:

C. Socialization & Daily Functioning

10. 1s there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? D **Y** D N D Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? D Y D **N** D Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT.** SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? D Y D **N** D Refused

IF"NO;'THENSCORE1 **FORMEANINGFULDAILYACTIVITY.** SCORE:"

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and dean water and other things like that? D Y D **N** D Refused

IF "No;• THEN SCORE 1 FOR **SELF-CARE.** SCORE.

14. 1s your current homelessness in any way caused by a rel<J,tionship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? **DY** D N D Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.** SCORE:

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VULNERABILITY INDEX- SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS AMERICAN VERSION 2.0

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physicalhealth? O Y O N O Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? O Y O N O Refused

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? O Y O N O Refused

18. Do you have any physicaldisabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? O Y O N O Refused

19. When you are sick or not feeling well, do you avoid getting help? O Y O N O Refused

20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant? OY O N O N/A or Refused

IF *"YES"* TO ANY OF THE ABOVE, T EN SCORE 1 FOR **PHYSICAL HEALTH.** **SCORE.**

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? O Y O N O Refused

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? O Y O N O Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.** **SCORE.**

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because *of:*

a) A mental health issue or concern? OY ON O Refused

b) A past head injury? OY ON O Refused

c) A learning disability, developmentaldisability, or other impairment? OV ON O Refused

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? OY ON O Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.** **SCORE.**

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND FOR **MENTAL HEALTH,** SCORE 1 FOR **TRI-MORBIDITY** **SCORE**

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25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? D Y D N D Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sellthe medication? D Y D N D Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**	SCORE:

2Z *YES* OR *NO:* Has your current period of homelessness been causd by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? D Y D N D Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**	SCORE:

Scoring Summary

DOMAIN	SUBTOTAL
PRE-SURVEY	/1
A. HISTORY OF HOUSING & HOMELESSNESS	/2
B. RISKS	/4
C. SOCIALIZATION & DAILY FUNCTIONS	/4
D. WELLNESS	/6
GRAND TOTAL:	/17

RESULTS

Score: **Recommendation:**

0-3: no housing intervention

4-7: an assessment for Rapid Re-Housing

8+: an assessment for Permanent Supportive Housing/Housing First

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: or Morning/ Afternoon /Evening/Night
Is there a phone number and/or email whim:• someone can safely get in touch with you or leave you a message?	phone: (___) - email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May l do so?	DYes DNa D Refused

Communities are encouraged to think of additionalquestions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legalstatus in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

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VULNERABILITY INDEX- SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

ESHAP VI-SPDAT Scoring Narrative

AMERICAN VERSION 2.0

Date: _____

Guest Name: _____

VI-SPDAT Score: _____

Do you think the VI-SPDAT score is accurate? Y / N

Is the guest exhibiting signs of mental illness not reflected on the VI-SPDAT? Y / N

Is the guest exhibiting signs of substance use disorder not reflected on the VI-SPDAT? Y / N

Please explain your observations:

_____
_____
_____
_____

Staff making observations: _____

Staff signature: _____

For Supervisor use only:

Does the guest meet the criteria for ESHAP services? Y / N

Guest assigned to: _____

Supervisor signature: _____

CITY OF PORTLAND
Oxford Street Shelter
Sara Fleurant, Director

MEMORANDUM

TO: Health and Human Services & Public Safety Committee
FROM: Sara Fleurant, Director of the Oxford Street
DATE: July 30th, 2019
RE: Maximum Capacity at other Shelters and PCHC Policy.

When shelters who have a policy prescribing a maximum capacity, they attempt to divert t other resources. We asked Joshua B. D'Alessio, Associate Director of Hope House in Bangor about that shelter's cap and what happens when Hope House reaches capacity. He answered:

"We are capped by the City at a set number and when we reach capacity is when we go into overdrive. We focus on unmet needs as a prioritized event. Anyone seeking shelter when we are at capacity meets with a housing navigator for Triage and Diversion assessment, where as much time as necessary is spend helping a person obtain safe shelter. We help facilitate calls to friends, family, and other shelters; coordinate transportation, and create safety plans. We keep a list of people receiving unmet shelter needs and allow them to call subsequent days to see if we have shelter – they don't go through the process again. Critical to this effort is supervision – only a supervisor can sign off on an unmet shelter need, which means, everyone has at least two sets of eyes on them before they are turned away from shelter and our supervisors are experts in the field an accountable for the unmet need.

In the end, because everyone else in the shelter is sheltered, we prioritize persons not shelter and probably spend more time and effort helping ensure the safety of persons with unmet shelter needs."

Mr. D'Alessio shared the shelter's policy requirements for shelter:

1. This is an emergency shelter for persons reporting homelessness ages 18 and above. The Hope House is not permanent housing. Generally, guests are limited to a 90-day stay in the emergency shelter. Extended time in the shelter may be authorized based on clinical and housing needs.

2. From designated times, shelter services include meals, work program, and clinical appointments and groups. Guests may access these services in order to participate in the therapeutic day program.

3. New guests will be issued a locker to store personal effects. Locker times are posted at the front desk. Upon discharge from the shelter all personal items must be removed by the guest. Disposal of abandoned items will be done within 24-48 hours after discharge.

4. Knives, razors, blackjacks, or other dangerous devices are to be left with employees at time of sign in and they will be placed in a locked area. Items may be picked up upon discharge in the morning.

5. Firearms are not permitted on shelter property. Signs are posted throughout the

grounds. Discovery of such a weapon will result in revocation of shelter privileges. Local Law Enforcement will be notified as necessary.

6. Guests must turn in all medications at time of sign in.

7. Hope House assumes no responsibility for items turned in at time of admission. Guests must store valuables in assigned lockers upon intake.

8. The Hope House and its employees are not responsible for loss or damage of personal property.

9. Shelter employees maintain the right to search all personal belongings at any time. This will be done with shelter guest present when possible. Searches may be conducted with- out shelter guest present if employees believe such a search is warranted.

10. No alcohol, drugs, or gambling are allowed in the building or on the property.

11. Notify employees of any illness or physical problems.

12. Except for front and dining room doors, all other doors are fire exits and marked accordingly.

13. For health and safety reasons, we do not permit guests to bring personal food into the shelter. It is not permitted to store food items in lockers or personal space within the shelter. Please see staff if you feel special consideration is needed.

14. Any individual who stays in the shelter will be asked to complete paperwork as required by the State and Federal Government and the local municipality.

15. Excessive noise and/or unlawful acts of violence or threats of violence are prohibited.

16. Lights out and wake-up at designated times.

17. Stealing from Hope House or Hope House Shelter guests can result in loss of shelter privileges.

18. Violation of any of the above regulations will result in losing shelter privileges.

Services provided shall include, but not limited to:

1. Food and beverages at designated times when the shelter is in operation .

2. Laundry services will be available for guests to use at designated days and times. Laundry detergent will be provided if needed.

3. Guests will be provided clean linen, clean, dry bedding and sleeping facilities.

4. Clean, sanitary shower and toilet facilities and hygiene supplies.

5. Clean, sanitary toilet articles will be stored in designated areas.

6. Emergency Shelter guests are provided with information and referral services that are in keeping with their desire and ability to utilize these services to address housing, primary care, psychiatric, case management, vocational and substance abuse treatment. The goal is to move people from homelessness to recovery and permanent housing. The Hope House is aware that as individuals shelter guests will require different levels of

support to reach their individual goals and live in the least restrictive environment possible.

7. Transportation between shelter and healthcare facilities.

8. Guests are expected to adhere to therapeutic day program expectations. Exceptions may be made by Campus Supervisors, managers and director as needed.

9. Guests who are under the influence of substances at the time of their admission to the facility are still eligible for emergency shelter services.

Residency requirements-Challenges and opportunities

The issue of residency requirements for people who are in need of shelter is as complex as the issue of homelessness itself. Challenges in determining residency, length of stay in the community and perhaps the larger issue of effectiveness in reducing the number of people who are homeless all come into play. Below is an overview of several of the issues associated conceptualizing and operationalizing residency requirements, either regional or community specific:

Legal issues

Maine Law on residency

According to Maine law, a person is a resident of the town or community if they can provide evidence of living within the community-(some type of documentation). State law has a provision "Affidavits may be submitted if Acceptable Documentary Evidence is Unavailable" which can take the form of two people declaring they know the person and the person is residing at the shelter. There is no length of time requirement to be considered a resident.

Winchester, CT Housing Authority sued over residency requirement

"The Winchester Housing Authority only grants low-income housing assistance to families who are already residents in one of the 17 Connecticut communities the governmental entity serves. The racism lawsuit claims that since the Winchester area towns are all at least 91 percent white the residency requirement "systemically and unlawfully discriminates" against minorities attempting to relocate to the area by making it "unaffordable" for such families to find homes." http://www.inquisitr.com/294804/winchester-connecticut-sued-for-racism-no-black-families-live-in-the-town-profiling-for-housing-assistance-funds-blamed/#Y3k2tr4ZFKC5hQrt.99

Federal case law

States should use a broad interpretation of the term "residence" to include any place, including a non-traditional dwelling, that an individual inhabits with the intent to remain for an indefinite period. Pitts v. Black, 608 F.Supp. 696 (S.D.N.Y. 1984); *In re-Application for Voter Registration of Willie R. Jenkins*, D.C. Bd. of Elections and Ethics (June 7, 1984).

Effectiveness of residency requirements

Washington, DC-Residency requirements do not appear to reduce the number of people who are homeless within cities. In FY 2011, Washington DC passed a residency requirement. According to the Annie E Casey Foundation Kids Count data book for 2011 there were 6,546 people literally homeless. In FY 2012, that number had jumped to 6,954.

Another issue is the nature of the existing shelter infrastructure in the surrounding communities. As an example, Boston may have an effective residency and length of stay requirement that is effective but it also exists within a complex network of other shelters in the surrounding area. In addition, while the overall catchment area of the city of Boston is nearly 1.1 million people, the number of people who are homeless continues to increase. To truly compare the impact of a residency requirement in reducing the number of people who stay at the shelter, comparison communities need to be surveyed. As such, I selected several New England communities which could be considered service centers for the larger area. These communities were also selected because the surrounding communities have similar, undeveloped or limited shelter infrastructures similar to Portland, Maine.

Portsmouth, NH-Crossroads House, the executive director says for the past 6 years the shelter has had a catchment area residency requirement-(which includes York, Eliot and Kittery). Shelter is 65 beds. The Catchment area has one other, 4 bed shelter. Crossroads House has been full to capacity for the past 12 months. The total number of individuals served in 2011 was 419 which is a decrease from 428 in 2010. Because of the residency requirement, most shelter stays are longer then in Portland with the average stay over 210 nights.

Manchester, NH-New Horizons Shelter. 76 beds. The shelter does not have a residency requirement and has seen the number of homeless stays increase from 1,438 in May 2011 to 2,641 in May 2012, or an 84% increase.

Burlington, VT-Community on Temporary Shelter-(COTS), 52 beds, two different shelters. COTS does not have a residency requirement. COTS has seen an increase in the number of people staying at the shelter in the past couple of years. However, COTS reports at the annual point in time count for 2012, they recorded a decrease in the number of people who were homeless from a record high of 907 in 2011 to 707 in 2012.

Effectiveness of limiting services or imposing consequences on service prevision

Hi Aaron,

Father Bill's and MainSpring consists of an individual shelter in Quincy (Father Bill's) and an individual shelter in Brockton (MainSpring House). Father Bill's has a catchment area that includes 21 towns and Brockton has a catchment area that includes 20 towns, as shown below.

We allow Level 1 and Level 2 sex offenders at Father Bill's and Mainspring allows Level 1, Level 2, and Level 3 sex offenders. There is not a waiting list for entry into our shelter.

In order to stay for more than 1 day (Father Bill's) / 3 days (MainSpring), you must verify ties to one of the following towns:

Father Bills	**MainSpring**
Braintree	Avon
Canton	Abington
Cohasset	Bridgewater
Dedham	Brockton
Duxbury	Carver
Hanson	Easton
Hanover	East Bridgewater
Hingham	Halifax
Hull	Holbrook
Kingston	Marion
Marshfield	Mattapoisett
Milton	Middleboro
Norwood	Lakeville
Norwell	Plymouth
Pembroke	Plympton
Quincy	Rochester
Randolph	Stoughton
Rockland	Wareham
Scituate	West Bridgewater
Westwood	Whitman
Weymouth	

You would need to have lived or attended school, or be currently working in the area. You would have to provide one of the forms of documentation listed below. If you arrive on a weekend or holiday, you will not be required to prove ties until the next business day.

Residence can be verified with a Massachusetts State issued ID (driver's licenses orIDs are acceptable) Also acceptable are a recent utility bill, typewritten lease or eviction notice, a letter from the RMV or city/town hall, or other official mail.

Working in the area can be considered a tie if the guest is currently working a full time job (at least 30 hours/week) on the books for at least the past 30 days. This can be verified with a pay stub. Previous work will not constitute as a valid tie.

If you have never stayed with us before, you can come in any time between 10am and 2pm and we will do a new intake with you. Check in for all guests starts at 4:30pm and ends at 6:00pm. Everyone has to be out of the shelter by 7:30am. We can discuss this in more detail if you would like.

If you do not have ties to one of these towns, here is a list of shelters in Boston that do no require you to have ties to the area.

Pine Street Inn (Men)

444 Harrison Ave, Boston, MA 02118

Phone: (617) 892-9100

Pine Street Inn (Women)

363 Albany Street, Boston, Ma 02118

Phone: (617) 521-7189

112 Shelter (Men)

112 Southampton St, Boston, MA 02118

Phone: (617) 534-6100

Wood's Mullen Shelter (Women)

784 Rear Mass Ave, Boston, MA 02119

Phone: (617) 534-7100

Bristol Lodge Men's Shelter

27 Lexington St #2, Waltham, MA 02452

Phone: (781) 893-0108

Rosie's Place (Women)

889 Harrison Ave, Boston, MA 02118

Phone: (617) 442-9322

If you have any questions, please feel free to write or call me.

Best,

Father Bill's & MainSpring
NOBODY SHOULD BE HOMELESS

Taylor DeSanty, LCSW | *Re-Housing Manager*

38 Broad St. | Quincy, MA 02169
Phone: 617.770.3314 x 2837 | Fax: 617.773.3146
tdesanty@helpfbms.org | www.helpfbms.org

To: Jon Jennings, City Manager
From: Rob Parritt, Consultant
Ref: Maine Shelter Inventory Chart Details
11/21/2018

Maine Shelter Inventory Chart Details

City staff were tasked by the Council to create an inventory list of emergency shelters in the state of Maine and provide information regarding location, funding, size, restrictions, and clients served. The attached backup documentation will illustrate that there are 45 emergency homeless shelters in the state of Maine. They are found from Presque Isle in the North to Alfred in the South. This memo will provide greater detail into the meaning of each category found on the chart.

Location – This category specifically states which town or City each emergency shelter is located in. For some domestic violence shelters, the exact location is kept confidential for safety purposes so the county the program is found in is listed instead. Most shelters are found in the more urban areas of Maine (Portland, Bangor, Augusta, Lewiston) however, there are providers in rural settings serving much less densely populated areas of Maine.

Funding Sources – Emergency Shelters in Maine are split into two categories when it comes to funding. Those who receive federal dollars (dispersed by MaineHousing) and those who do not. On the attached detail worksheet you will see that the shaded shelters appearing on the bottom of the chart do not receive any federal dollars so they rely on private funding sources. These shelters tend to be more faith based and require specific religious activities to be served. These types of requirements are prohibited if you are a shelter receiving MaineHousing Emergency Shelter Homeless Assistance Program (ESHAP) dollars as the funding source for this program is largely federal Emergency Solutions Grant (ESG) dollars from HUD. For shelters who receive ESHAP dollars, there is an application process each year and strict monitoring to ensure grant compliance. The ESHAP funding formula is based on meeting performance benchmarks and a bed night percentage reimbursement formula. ESHAP funded shelters also generally use other sources to make ends meet. General Assistance, Targeted Case Management, private fundraising and program specific grants are also commonly utilized to fund different shelter programs. Some specialty shelters have access to program specific funding opportunities and grants based on program type and licensing. While this list is fairly comprehensive, there are many small funding streams and donation programs that aren't listed or known to us.

Restrictions – The vast majority of shelters in Maine have some kind of restriction or criteria that screens out certain populations. All but a handful of shelters in Maine will not admit people if they are under the influence. Family shelter programs will not accept single adults. Teen programs can only serve specific age groups. Obviously to access a domestic violence shelter, you must be fleeing domestic violence or meet other eligibility criteria. Shelters who only serve men or women will not admit the opposite sex.

Population Served – In Maine, shelters serve a variety of different populations. General population shelters serve both singles and families. Domestic Violence Shelters serve people fleeing from domestic violence situations. Family shelters serve only households made up of at least one adult and children. Single adult shelters serve men and women who are 18 years old or older. Youth providers generally serve homeless and runaway youth aged 13-21. There are a few shelters around the state who even more specific target populations. For example, one shelter will only serve pregnant women.

Size/Capacity – These numbers were pulled directly from the latest Housing Inventory Chart which is a HUD document that each program must submit each year as part of the Point in Time Count. There is a range of shelter sizes in Maine ranging from the largest here in Portland to shelters with barely ten beds.

Shelter Name	Location	Funding Source/s	Restrictions	Population Served	Size	
Bangor Area Homeless Shelter, Emergency Shelter	Bangor	ESHAP, Private Funding, Grants, TCM	Sober Only	General		43
Bread of Life Ministries, Emergency Shelter	Augusta	ESHAP, Private Funding, Grants, TCM	Sober Only	General		38
Caring Unlimited DV Shelter - Audrey's House	York County	ESHAP, Private Funding, Grants, TCM	Sober Only, Fleeing DV	DV		18
City of Portland, Family Shelter (4 Buildings)	Portland	ESHAP, GA, Grants, TCM	Sober Only	Families		151
City of Portand, Oxford Street Shelter	Portland	ESHAP, GA, Grants, TCM, CDBG	None	Single Adults		229
Families And Children Together	Bangor	ESHAP, Private Funding, Grants	Sober Only	Families	8?	
Through These Doors	Portland	ESHAP, Private Funding, Grants, GA, TCM	Sober Only, Fleeing DV	DV		16
Family Violence Project, Kennebec DV Shelter	Kennebec & Somerset Counties	ESHAP, Private Funding, Grants, TCM	Sober Only, Fleeing DV	DV		16
Family Violence Project, Somerset DV Shelter	Kennebec & Somerset Counties	ESHAP, Private Funding, Grants	Sober Only, Fleeing DV	DV		14
HOME, Inc., Emmaus Homeless Shelter	Ellsworth	ESHAP, Private Funding, Co-Op, Grants	Sober Only	General		25
HOME, Inc., Sister Marie Ahern House	Ellsworth	ESHAP, Private Funding, Co-Op, Grants	Sober Only	General		12
HOME, Inc., St Francis Inn	East Orland	ESHAP, Private Funding, Co-Op, Grants	Sober Only	General		11
HOME, Inc., Dorr House Shelter	Orland	ESHAP, Private Funding, Co-Op, Grants	Sober Ony	General		7
Homeless Services of Aroostook, Sister Mary O'Donnell Shelter	Presque Isle	ESHAP, TCM, Private Funding, Grants	Sober Only	General		49
Hope and Justice Project, Houlton DV Shelter	Houlton	ESHAP, Private Funding, Grants	Sober Only, Fleeing DV	DV		14
Hope and Justice Project, Caribou DV Shelter	Caribou	ESHAP, Private Funding, Grants, TCM	Sober Only, Fleeing DV	DV		12
Hope and Justice Project, Fort Kent DV Shelter (St John Valley)	Fort Kent	ESHAP, Private Funding, Grants	Sober Only, Fleeing DV	DV		8
Knox County Homeless Coalition, Hospitality House	Rockport	ESHAP, Private Funding, Grants, TCM	Sober Only	General		26
Mid-Maine Homeless Shelter	Augusta	ESHAP, Private Funding, Grants, TCM, GA	Sober Only	General		65
Milestone Recovery, Emergency Shelter	Portland	ESHAP, Private Funding, MaineCare, OSA, GA, CDBG	Must be intoxicated	Single Men		41
New Beginnings, Emergency Shelter	Lewiston	ESHAP, RHY, Private Funding	Youth only services	Teens		12
Next Step, DV Shelter	Ellsworth	ESHAP, Private Funding, Grants, TCM	Sober Only, Fleeing DV	DV		12
Partners for Peace, DV Shelter	Bangor	ESHAP, Private Funding, Grants	Sober Only, Fleeing DV	DV		17
Penobscot Community Health Center, Hope House Shelter	Bangor	ESHAP, TCM, GA, Private Funding, FQHC, OSA. Grants	Campus Limitations	Single Adults		76
Preble Street, Joe Kreisler Teen Shelter	Portland	ESHAP, RHY, Private Funding, GA	Teens only, shelter cap	Teens		24
Preble Street, Florence House Women's Shelter	Portland	ESHAP, TCM, GA, Private Funding, Grants	Only serves women, shelter cap	Women		25
Rural Community Action Ministries, Family Shelter	Leeds	ESHAP, TCM, GA, Private Funding, Grants	Sober Only	Families		10
Rumford Group Homes, Norway Homeless Shelter	Norway	ESHAP, TCM, GA, Private Funding, Grants	Sober Only	Women & Children		15
Rumford Group Homes, Rumford Family Center Shelter	Rumford	ESHAP, TCM, GA, Private Funding, Grants	Sober Only	Families		17
Rumford Group Homes, Monier Family Center	Rumford	ESHAP, TCM, GA, Private Funding, Grants	Sober Only	General		14
Safe Voices, Annie Pearl Shelter	Auburn	ESHAP, Private Funding, Grants	Sober Only, Fleeing DV	DV		17

ESHAP - Emergency Shelter Homeless Assistance Program

TCM - MaineCare Targeted Case Management

GA - General Assistance

C0-Op - Communal farming/goods agreement

OSA - Office of Substance Abuse

CDBG - Community Development Block Grant

RHY - Runaway and Homeless Youth Act

FQHC - Federally Qulaified Health Center

Private Funding - Fundraising/donations

Grants - Various grants which may be specific to programs or client type

Shaw House Emergency Youth Shelter	Bangor	ESHAP, RHY, Private Funding, GA	Teens only, shelter cap	Youth		16
Tedford Housing, Federal St. Family Shelter	Brunswick	ESHAP, TCM, Private Funding, Grants	Sober Only	Families		29
Tedford Housing, Cumberland St. Adult Shelter	Brunswick	ESHAP, TCM, Private Funding, Grants	Sober Only	General		16
Western Maine Homeless Outreach	Farmington	ESHAP, TCM, Private Funding, Grants	Sober Only	Families		16
York County Shelter Programs, Inc., Adult Emergency Shelter	Alfred	ESHAP, TCM, Private Funding, Grants	Sober Only	Single Adults		37
York County Shelter Programs, Inc., Family Emergency Shelter	Alfred	ESHAP, TCM, Private Funding, Grants	Sober Only	Families		18
Hope Haven Gospel Mission	Lewiston	Privately Funded	Sober Only, Religious	General		32
Saint Martin de Porres Residence	Lewiston	Privately Funded	Sober Only, Religious	Single Adults		10
Maliseet DV and Sexual Assault Program	Houlton	Privately Funded	Sober Only, Fleeing DV	DV		10
New Hope for Women	Rockland	Privately Funded	Sober Only, Fleeing DV	DV	?	
The Shephard Godparent Home	Bangor	Privately Funded	Sober Only, Religious	Pregant Women	?	
New Hope Shelter	Solon	Privately Funded	Sober Only, Religious	Women		20
Trinity Shelter	Skowhegan	Privately Funded	Sober Only, Religious	Single Men		85
Passamuoquoddy Peaceful Relations	Pleasant Point	Privately Funded	Sober Only, Fleeing DV	DV	?	

*The City of Portland operates the only municipal run shelters which are the only shelters to run multiple overflow sites. All other on attached are either privately operated non-profits or religious organizations with boards of directors.

	FY19 Budget	FY20 Proposed DR	FY20 Final Budget
G/A Reimbursement	320,000	480,000	725,750
Medicaid	102,800	102,800	102,800
Other Reimbursements	170,417	170,417	170,417
MSHA/CDBG	-	1,277,664	1,277,664
TOTAL REVENUES	**593,217**	**2,030,881**	**2,276,631**
Salaries	1,322,990	2,138,020	2,142,024
Temporary Help	128,567	299,592	550,080
Overtime	68,913	128,465	64,232
Workers Compensation	-		
Cellular Phones	-	1,800	1,800
Administrative Services	-		
Travel/Training	2,000	4,000	4,000
Client Expenses/Supplies	-	65,950	65,950
Client Transportation	6,488	13,500	13,500
Contractual	133,102	185,593	185,593
Auto Expense Reimbursed	4,000	4,000	4,000
Interpreter Services	-	3,500	3,500
Program Activity Expense	-		
Temporary Services	-		
Maintenance and Repairs/Buildings	-	68,946	68,946
Rent	35,976	165,915	255,915
Copier Rental	-	2,365	2,365
Supplies Other	-	243,407	243,407
Supplies Minor Equipment	1,500	3,000	3,000
Computers and Technology	2,000	4,000	4,000
Office Supplies	-	15,000	15,000
Gas Services	8,937	10,574	10,574
Electricity	12,306	14,544	14,544
Water and Sewer	17,995	18,559	18,559
Storm water	-		
Telephone	5,750	5,824	5,824
Cellular Phones	-		
Building Improvement	-		
TOTAL EXPENDITURES	**1,750,524**	**3,396,554**	**3,676,813**

NET CITY ASK	**1,157,307**	**1,365,673**	**1,400,182**

CM Variance FY19/FY20	PCT	EXPLANATION
(405,750)	55.9%	Increase based on high revenues this year
-	0.0%	
-	0.0%	
(1,277,664)	100.0%	Restored grants funding to the general funds
(1,683,414)	**73.9%**	
819,034	38.2%	$107k - 49.4 FTE, same as prior yr, incr is cola/merit
421,513	76.6%	Based on day/night needed shifts to operate 24/7
(4,681)	-7.3%	OT reduction based on full staffing
-	0.0%	
1,800	100.0%	
-	0.0%	
2,000	50.0%	
65,950	100.0%	
7,012	51.9%	$3.5k increase based on last year actuals
52,491	28.3%	$27.5k increase (14.6 Jesuit volunteer - $12k HMIS)
-	0.0%	
3,500	100.0%	
-	0.0%	
-	0.0%	
68,946	100.0%	
219,939	85.9%	$90k for Preble street space rental plus $7k lease incr
2,365	100.0%	
243,407	100.0%	$114k increase due to BC laundry rate doubling
1,500	50.0%	$1.5k Based on last year actuals
2,000	50.0%	$2k To repl old generation PC that may fail at anytime
15,000	100.0%	$3k increase based on last year actuals
1,637	15.5%	$1.6k Based on FY18 actuals plus 3% inflation
2,238	15.4%	$2.2k Based on FY18 actuals plus 3% inflation
564	3.0%	$0.5k Based on FY18 actuals plus 3% inflation
-	0.0%	
74	1.3%	$0.1k Based on FY18 actuals plus 3% inflation
-	0.0%	
-	0.0%	
1,926,289	**52.4%**	

242,875 17.3%

FY19 Grant

1,364,124

712,317
154,796
59,552

1,800

2,000
65,950
3,512
25,000

3,500

68,946
123,186
2,365
129,200

12,000

1,364,124

-

PROPOSED BUDGET FOR HOMELESS SERVICE CENTER

	OXFORD STREET FY19 BUDGET (9000 sq ft)	ONE FACILITY 200 BED SHELTER (22,500 sq ft)	ONE FACILITY 150 BED SHELTER (17,000 sq ft)	EXPLANATIONS
EXPENDITURES				
Personnel	2,306,881	2,228,376	1,980,259	See personnel detail
Benefits (35%)	663,206	714,864	628,023	
Temporary Help		10,000	10,000	Jesuit Volunteer
Security Guards	140,434	147,456	147,456	Full time FTE were hired to replace contractual services
Travel and Training	4,000	4,000	4,000	Based on FY19 Budget Calculations
Client Supplies	65,950	65,950	49,463	Based on FY19 Budget Calculations (client hygiene & other personal needs plus Narcans)
Client Transportation	10,000	20,000	15,000	Assumes higher cost of Bus and Taxi vouchers due to potential location
Contractual Services	165,602	71,876	69,676	Based on FY19 Budget Calculations (less Preble + increase for larger)
Land/Building Rent	159,162	391,751	300,639	Based on total square footage @$17.68/sf
Laundry cost	129,200	129,200	96,900	Based on FY19 Budget Calculations (BC laundry cost, plus mats, sheets, towels and blankets)
Utilities	44,988	110,730	84,977	Based on total square footage @$5/sf
Telephone/Cellular Phone	1,800	1,800	1,800	Based on FY19 Budget Calculations
Maintenance & Repairs	68,946	84,850	65,116	Based on total square footage @$7.66/sf (plus 50% efficiency saving if new construction)
Minor Equipment/Furniture	3,500	5,000	4,000	(workstations, chairs, ergonomic equipment...)
Copier Lease	2,365	2,365	2,365	Based on FY19 Budget Calculations (One copier lease)
Office Supplies	12,000	12,000	11,000	Based on FY19 Budget Calculations
Food Service Expense		995,533	805,368	See food service cost detail (Barron Center central kitchen)
TOTAL EXPENDITURES	3,778,034	4,995,751	4,276,042	
Start up cost		210,873	198,069	See start up cost detail
Grand Total	3,778,034	5,206,624	4,474,111	

Footnote:

Star up cost breakout

Shuttle Vehicle (12 person Van)	35,000	35,000	
Equipment/Furniture	88,779	75,975	(Metal Detector, Laundry Units, 150 Single Beds, Snow blowers…etc)
Food Service	87,094	87,094	
	210,873	**198,069**	

PERSONNEL

	FY19 Budget OXFORD STREET			ESTIMATED NEW 200 BED SHELTER			ESTIMATED NEW 150 BED SHELTER	
	FTE	SALARY	COST	FTE	SALARY	COST	FTE	COST
Director	1	$64,358	$64,358	1	$67,880	$67,880	1	$67,880
Program Coordinator	2	$55,486	$110,971	2	$58,260	$116,521	2	$116,521
Administrative Assistant	1	$35,038	$35,038	1	$36,790	$36,790	1	$36,790
Shelter Attendants	20.9	$37,419	$782,050	17	$39,290	$667,923	13	$510,765
Sr. HSC (Attendant Supervision)	5	$51,501	$257,507	5	$54,076	$270,382	5	$270,382
Sr. HSC (food/volunteer)	0	$51,501	$0	1	$54,076	$54,076	1	$54,076
Human Services Councilors	9	$43,314	$389,824	9	$45,479	$409,315	7	$318,356
Human Service Specialist	1.4	$40,425	$56,595	1.5	$42,446	$63,669	1.5	$63,669
Facilities Manager	0	$0	$0	0	$0	$0	0	$0
Maintenance Worker	3	$42,445	$127,335	3	$44,567	$133,702	3	$133,702
Custodial Worker	2	$35,598	$71,195	2	$37,377	$74,755	2	$74,755
Security	4	$35,109	$140,434	4	$36,864	$147,456	4	$147,456
Overtime			$128,645			$50,000		$50,000
Per Diems			$283,363			$283,363		$283,363
TOTAL	49.3		$2,447,315	46.5		$2,375,832	40.5	$2,127,715
Benefits	35%		$663,206			$714,864		$628,023.16
TOTAL WITH BENEFITS			$3,110,521			$3,090,696		$2,755,738

Personnel Assumptions

One facility

Assumes a reduction in shelter attendant positions due to more efficient sightlines, only one building to monitor

Assumes a reduction HSC's for one facility due to a reduction in number of Beds

For one facility assumes a reduction in overtime costs due to less FT shelter attendant staff and less of a concentrated staffing focus on overnight hours.

SRHSC added for food services, the rest of the positions stay the same. Three front line supervisors for our shelter attendants covering 24 hours per day and one grant funded City ESG rapi

HSS staff stay the same, they complete our intakes, necessary data entry and paperwork which will still be needed to satisfy funders

EXPENDITURES ASSUMPTIONS

ONE FACILITY PROPOSAL

Personnel	See Personnel Assumptions on Personnel Worksheet
Benefits	Based on estimated City FY19 Benefits expense of 35%
Temporary Help	One Jesuit Volunteer
Administrative Services	FY19 Budget
Client Supplies	FY19 Budget
Client Transportation	FY19 Budget with increase due to location potentially being further from downtown
Contractual Services	Reduced by $116,000 (Preble Street Day Room) and increased for services depending on square footage
Land/Building Rent	Oxford Street current price per square foot multiplied by estimated 17,000 new square footage
Supplies	FY19 Budget
Utilities	Based on Oxford Street price per square foot multiplied by estimated square footage
Telephone/Cellular Phones	FY19 Budget
Maintenance & Repairs	Based on Oxford Street price per square foot multiplied by estimated square footage Reduced my 50% due to new facility
Minor Equipment/Furniture	See detailed Start Up cost worksheet

Contractual Services Detail

	FY19 Budget	Estimated One Facility 200 BED	Estimated One Facility 150 BED
Preble Day Room	116,000	0	0
Fire System	5,000	10,000	10,000
Pest Control	4,788	9,576	9,576
Trash	6,100	12,200	10,000
Confidential Destruction	1,000	2,000	2,000
HMIS Fees	3,100	3,100	3,100
Cintas - floor Mats cleaning service	2,500	2,500	2,500
Home Team	25,000	25,000	25,000
Interpreter Services	3,500	3,500	3,500
Auto Expense	4,000	4,000	4,000
CM level reduction	-5,386		
	165,602	71,876	69,676

Assumptions

Preble Street will no longer be needed to provide food

One facility is estimated at almost twice the size of the existing shelter. Contractual services have increased ac

for expenditures related to square footage

Utilities/Rent/Maintenance Calculation

(Based on estimated per square foot cost)

Utilities	**Oxford Street**	**One Facility 200 BED**	**One Facility 150 BED**
Square Feet	9,000	22,152	17,000
Utilities price per square foot	5.00	5.00	5.00
Efficiency Savings %			
Utilities Budget	**44,988**	**110,730**	**84,977**

**One facility is subject to change based on potential energy efficiencies of new construction*

Rent	**Oxford Street**	**One Facility 200 BED**	**One Facility 150 BED**
Square feet	9,000	22,152	17,000
Rent Price per square foot	17.68	17.68	17.68
Rent Budget	**159,162**	**391,751**	**300,639**

Maintenance and Repairs	**Oxford Street**	**One Facility 200 BED**	**One Facility 150 BED**
Square feet	9,000	22,152	17,000
Rent Price per square foot	7.66	7.66	7.66
50% Reduction due to new building		50%	50%
Rent Budget	**68,946**	**84,850**	**65,116**

EQUIPMENT	QUANTITY	One Facility 150 BED EST COST
COMMERCIAL MICROWAVE	1	$300.00
COMMERCIAL COFFEE MACHINE	1	
COMMERCIAL TOASTER	1	$200.00
2 DOOR REACH IN FRIDGE	1	$3,000.00
DISHES / SILVERWARE / GLASSES		$2,165.00
ICE MACHINE	1	$4,000.00
DISHMACHINE	1	$12,000.00
DISH CADDY	1	$550.00
TRAY / FLATWARE CART	1	$1,500.00
HOT SERVING TABLE	1	$2,515.00
COLD SERVING TABLE	1	$4,000.00
PREP TABLES	1	$2,000.00
GENERAL KITCHEN EQUIPMENT		$40,000.00
DUTY DISH CARTS	1	$214.00
SHELF STORAGE RACK	4	$300.00
DOUBLE SINK W ATTACHMENTS	1	$800.00
HAND WASH SINK	1	$650.00

ADDITIONAL EQUIPMENT NEEDED FOR BARRON CENTER KITCHEN

EQUIPMENT	EST COST
GAS RANGE	$3,000.00
CONVECTION OVEN	$4,000.00
MEAT SLICER	$2,000.00
FOOD TRANSPORT CARTS	$2,000.00
PREP TABLES	$1,900.00

TOTAL EQUIPMENT **$87,094.00**

CAPITAL NEEDS

TRUCK WITH LIFT FOR DELIVERY

TOTAL CAPITAL **$0.00**

TOTAL START UP FOR FOOD SERVICE **$87,094.00**

FOOD COST

$10.42 PER DAY

Breakfast	$2.61
Lunch	$3.13
Dinner	$4.69
	$10.42
Number of guests	150
Days	365

TOTAL FOOD COST **$570,495**

ADDITIONAL LABOR NEEDED AT BARRON CENTER

		Total Wages
FOOD SERVICE SUPPORT TEAM WORKERS	4	$70,142.00
COOKS	2	$103,838.00

ADDITIONAL LABOR NEEDED FOR FIVE FACILITIES

DRIVERS FOR FIVE FACILITY DELIVERY	2
ADDITIONAL SUPPORT TEAM WORKER	5

TOTAL ADDITIONAL LABOR	**$173,980.00**
BENEFITS AT 35%	**$60,893.00**

SUMMARY

EQUIPMENT	$87,094.00
FOOD	$570,495.00
LABOR	$173,980.00
BENEFITS	$60,893.00
CAPITAL	$0.00
GRAND TOTAL	**$892,462.00**

ASSUMPTIONS

Breakfast would be a continental style meal with coffee, juice, milk, cereal, fruit and bagels or muffins
Lunch would be deli style sandwich's salads and soup
Dinner would be a traditional hot meal (same as Barron Center serves their guests for lunch)
For three facilities the Barron Center staff would deliver lunch in the morning and breakfast (for the next morning) and dinner in the afternoon
Either a truck with a lift or loading docks at each facility would be needed for delivery to five facilities

Start Up Costs-One Facility (150 BED)

Metal Detector		$6,000	Current one is not functioning
6 stackable Laundry Units $1,930 (avg of cheapest)		$11,580	8 stackable units at $1,931 each, so guests can do regular laundry. Will greatly help with hygiene and pest control
			For guest laundry and cleaning rags and sheets
12 client phones @ 10 dollars		$120	We provide guests with phones to make local calls for jobs and housing
Office and Conference Room Furniture		$8,082	38 Office chairs at $164.00 each, 2 conference tables at $925.00 each
Lockers		$1,000	To be done in house
12 outdoor tables/chairs		$8,580	$715.00 per unit
Dayroom Folding Tables 34 tables		$6,800	$200 per table, collapsible for easy storage and maneuverability
Dayroom Folding Chairs 136		$2,001	136 chairs for a full dining room seating at $14.71 per chair
2 Chair Racks		$500	2 racks, each costing $250
150 Single Beds (bed bug proof)		$26,813	$178.75 for each single bed
Shuttle 12 Person van		$35,000	1 van to operate shuttle services to make sure guests can easily get back into town and to the shelter
3 new computers		$4,500	3 new computers to furnish office space for community partners
		$110,975	

greater than forty (40) feet in length shall provide variation in roof and facade character through changes in facade setback, roof configuration, and projecting or recessed building elements.

c. Recreation and open space: All open spaces on the site shall be integrated into the development and designated on the site plan. Each development shall have the following features:

1. External buffers: An effective and permanent screening from neighboring properties and roadways;

2. Internal buffers: Areas planted, maintained and located in such a manner as to provide privacy between units and buildings and paved areas and screening of parking, utilities, roadways, waste collection facilities and storage facilities;

3. Passive recreational open space: Open spaces, designated and improved with such features as gardens, picnic areas, walking trails; benches and lawn and seating areas;

4. Active recreational open space: Open spaces designated and improved for active recreational use with facilities such as tennis courts, basketball courts, multipurpose game fields, swimming pools, and children's playgrounds; and

5. Private open spaces: Open spaces designated for the individualized use of unit owners such as yards, decks and patios;

(i) TWO-FAMILY, SPECIAL NEEDS INDEPENDENT LIVING UNITS, MULTIPLE-FAMILY, LODGING HOUSES, BED AND BREAKFASTS, AND EMERGENCY SHELTERS

(1) **STANDARDS.** Two-family, special needs independent living units, multiple-family, lodging houses, bed and breakfasts, and emergency shelters shall meet the following standards:

a. Proposed structures and related site improvements shall meet the following standards:

1. The exterior design of the proposed structures, including architectural style, facade materials, roof pitch, building form and height, window pattern and spacing, porches and entryways, cornerboard and trim details, and facade variation in projecting or recessed building elements, shall be designed to complement and enhance the nearest residential neighborhood. The design of exterior facades shall provide positive visual interest by incorporating appropriate architectural elements;

2. The proposed development shall respect the existing relationship of buildings to public streets. New development shall be integrated with the existing city fabric and streetscape including building placement, landscaping, lawn areas, porch and entrance areas, fencing, and other streetscape elements;

3. Open space on the site for all two-family, special needs independent living unit, bed

and breakfast and multiple-family development shall be integrated into the development site. Such open space in a special needs independent living unit or a multiple-family development shall be designed to complement and enhance the building form and development proposed on the site. Open space functions may include but are not limited to buffers and screening from streets and neighboring properties, yard space for residents, play areas, and planting strips along the perimeter of proposed buildings;

4. The design of proposed dwellings shall provide ample windows to enhance opportunities for sunlight and air in each dwelling in principal living areas and shall also provide sufficient storage areas;

5. The scale and surface area of parking, driveways and paved areas are arranged and landscaped to properly screen vehicles from adjacent properties and streets;

6. Two-family or multiple-family dwellings shall not be converted to lodging houses unless all units in the building have been vacant for at least one (1) year prior to the date conversion is sought or unless the individual multiple-family units are less than one thousand (1,000) square feet in size. In no event shall any single-family dwelling in the R-5 or R-6 zone be converted in whole or in part to a lodging house.

(j) MULTIPLEX AND SMALL RESIDENTIAL LOT DEVELOPMENT LOCATED IN THE R-5 ZONE

(1) **STANDARDS.** Multiplexes and small residential lot development in the R-5 zone shall be designed to be architecturally compatible with the residential buildings in the surrounding neighborhood, as demonstrated by compliance with the R-5 Small Residential Lot Development and Multiplex Design Standards contained in Appendix 6 of this manual.

(k) SMALL RESIDENTIAL LOT DEVELOPMENT LOCATED IN THE R-6 ZONE

(1) **STANDARDS.** Small residential lot development located in the R-6 zone on lots of ten thousand (10,000) square feet or less shall provide a high degree of architectural quality and compatibility with the surrounding neighborhood as demonstrated by compliance with the principles and standards of the R-6 Infill Development Principles and Standards, promulgated by the Planning Board and contained in Appendix 7 of this manual. Any proposal required to obtain a certificate of appropriateness under Portland's historic preservation ordinance is exempt from the R-6 design review standard.

(l) INDIA STREET FORM-BASED CODE ZONE: BUILDING DESIGN STANDARDS

(1) **STANDARDS.** The IS-FBC Building Design Standards are contained in Appendix 8 of this manual and applicable to all types of development within the zone.

as defined by article V of this chapter.

2. *Public hearing.* A public hearing shall be set, advertised and conducted by the board of appeals in accordance with article VI of this chapter.

3. *Action by the board of appeals.* Within thirty (30) days following the close of the public hearing, the board of appeals shall render its decision, in a manner and form specified by article VI of this chapter, granting the application for a conditional use permit, granting it subject to conditions as specified in subsection (d), or denying it. The failure of the board to act within thirty (30) days shall be deemed an approval of the conditional use permit, unless such time period is mutually extended in writing by the applicant and the board. Within five (5) days of such decision or the expiration of such period, the secretary shall mail notice of such decision or failure to act to the applicant and, if a permit is authorized, shall issue such permit, listing therein any and all conditions imposed by the board of appeals.

(c) *Conditions for conditional uses:*

1. *Authorized uses.* A conditional use permit may be issued for any use denominated as a conditional use in the regulations applicable to the zone in which it is proposed to be located.

2. *Standards.* The Board shall, after review of required materials, authorize issuance of a conditional use permit, upon a showing that the proposed use, at the size and intensity contemplated at the proposed location, will not have substantially greater negative impacts than would normally occur from surrounding uses or other allowable uses in the same zoning district. The Board shall find that this standard is satisfied if it finds that:

   a. The volume and type of vehicle traffic to be generated, hours of operation, expanse of pavement, and the number of parking spaces required are not substantially greater than would normally occur at surrounding uses or other allowable uses in the same zone; and

   b. The proposed use will not create unsanitary or

harmful conditions by reason of noise, glare, dust, sewage disposal, emissions to the air, odor, lighting, or litter; and

c. The design and operation of the proposed use, including but not limited to landscaping, screening, signs, loading, deliveries, trash or waste generation, arrangement of structures, and materials storage will not have a substantially greater effect/impact on surrounding properties than those associated with surrounding uses or other allowable uses in the zone.

3. *Use Specific Standards*. The following additional standards of review apply to the specific uses.

a. Emergency shelters are subject to the following conditions, in addition to the provisions of section 14-474 (c) 2. Notwithstanding section 14-474(a) or any other provision of this Code, the Planning Board shall be substituted for the Board of Appeals as the reviewing authority for any shelter also subject to Level III site plan review:

i. The facility shall provide adequate space for conducting security searches and other assessments;

ii. The facility shall be designed with a centralized shelter operations office on each level providing sight lines to sleeping areas;

iii. A Management Plan adequately outlining the following areas shall be provided: Management responsibilities; Process for resolving neighborhood concerns; Staffing; Access restrictions; On-site surveillance; Safety measures; Controls for resident behavior and noise levels; and Monitoring Reports.

iv. Adequate access to and from METRO service shall be provided. The facility shall be within a ¼ mile of a METRO line, or shall be within ½ mile of a METRO line and provide adequate indoor space to permit all shelter guests day shelter, as well as implement

strategies to help residents utilize transit;

v. The facility shall provide on-site services to support residents, such as case management, life skills training, counseling, employment and educational services, housing assistance, or other programs;

vi. Suitable laundry, kitchen, pantry, bicycle storage, and secure storage facilities for shelter stayers shall be provided on-site; and

vii. An outdoor area for guest use shall be provided on-site with adequate screening to protect privacy of guests.

(d) *Conditions on conditional use permits.* The board of appeals may impose such reasonable conditions upon the premises benefited by a conditional use as may be necessary to prevent or minimize adverse effects therefrom upon other property in the neighborhood. Such conditions shall be expressly set forth in the resolution authorizing the conditional use permit and in the permit. Violation of such conditions shall be a violation of this article.

(e) *Effect of issuance of a conditional use permit.* The issuance of a conditional use permit shall not authorize the establishment or extension of any use nor the development, construction, reconstruction, alteration or moving of any building or structure, but shall merely authorize the preparation, filing and processing of applications for any permits or approvals which may be required by the codes and ordinances of the city, including but not limited to a building permit, a certificate of occupancy, subdivision approval and site plan approval.

(f) *Limitations on conditional use permits.* No conditional use permit shall be valid for a period longer than six (6) months from the date of issue, or such other time as may be fixed at the time granted not to exceed two (2) years, unless the conditional use has been commenced or is issued and construction is actually begun within that period and is thereafter diligently pursued to completion; provided, however, that one (1) or more extensions of said time may be granted if the facts constituting the basis of the decision have not materially changed, and the two-year period is not exceeded thereby. A conditional use permit shall be deemed to

authorize only the particular use for which it was issued and such permit shall automatically expire and cease to be of any force or effect if such use shall for any reason be discontinued for a period of twelve (12) consecutive months or more.

(g) *Appeals from board decisions.* Appeals from any decision of the board of appeals or, where applicable, the Planning Board respecting a conditional use permit shall be to superior court.
(Code 1968, § 602.24.D; Ord. No. 437-74, 7-1-74; Ord. No. 407-83, 2-2-83; Ord. No. 467-83, § 2, 4-20-83; Ord. No. 237-83, 10-17-83; Ord. No. 222-13/14, 5-5-2014; Ord. No. 252-16/17, 6-5-2017)

Sec. 14-475. Reserved.

***Editor's note—**Section 7 of Ord. No. 354-85, adopted Jan. 7, 1985, repealed § 14-475, relative to nonconforming uses, which derived from Code 1968, § 602.24.E, and Ord. No. 437-74, adopted July 1, 1974.

Sec. 14-476. Successive applications.

Whenever any application, appeal or other request filed pursuant to this article has been finally denied on its merits, a second application, appeal or other request seeking essentially the same relief, whether or not in the same form or on the same theory, shall not be brought within one (1) year of such denial unless, in the opinion of the officer or board before which it is brought, substantial new evidence is available or a mistake of law or fact significantly affected the prior denial.
(Code 1968, § 602.24.F; Ord. No. 437-74, 7-1-74)

Sec. 14-477. Violations.

In addition to any other remedies available, the board of appeals after notice and hearing may revoke any variance or other relief granted under this article when the provisions of this article or the conditions under which the relief was granted have not been complied with.
(Code 1968, § 602.24.G; Ord. No. 437-74, 7-1-74)

Sec. 14-478. – 14-482. Reserved.

***Editor's Note—**Pursuant to Council Order 280-09/10 passed on 7/19/10 Division 29 (Preservation and Replacement of Housing Units) was repealed in its entirety and replaced with a new Division 29 (Housing Preservation and Replacement).

APPROVED
JULY 2, 2019
BY GOVERNOR

CHAPTER
515
PUBLIC LAW

STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND NINETEEN

S.P. 137 - L.D. 459

An Act Regarding Presumptive Eligibility and Homelessness under the General Assistance Laws

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §4301, sub-§5-A is enacted to read:

5-A. Homelessness. "Homelessness" means a situation in which a person or household is:

A. Living in a place that is not fit for human habitation;

B. Living in an emergency shelter;

C. Living in temporary housing, including but not limited to a hotel, motel, campground, unlicensed campsite or rehabilitation facility;

D. Exiting a hospital or institution licensed under chapter 405 or a correctional facility where the person or household resided for up to 90 days if the person or household was in an emergency shelter or a place not fit for human habitation before entering the hospital, institution or correctional facility;

E. Losing the person's or household's primary nighttime residence and lacking the resources or support networks to remain in that residence; or

F. Fleeing or attempting to flee violence and has no other residence.

Sec. 2. 22 MRSA §4308, sub-§2, as amended by PL 1999, c. 45, §1, is further amended to read:

2. Emergencies. A person, including a person experiencing or facing homelessness, who does not have sufficient resources to provide one or more basic necessities in an emergency is eligible for emergency general assistance, even when that applicant has been found ineligible for nonemergency general assistance, except as provided in this subsection.

A. A person who is currently disqualified from general assistance for a violation of section 4315, 4316-A or 4317 is ineligible for emergency assistance under this subsection.

B. Municipalities may by standards adopted in municipal ordinances restrict the disbursement of emergency assistance to alleviate emergency situations to the extent that those situations could not have been averted by the applicant's use of income and resources for basic necessities. The person requesting assistance shall provide evidence of income and resources for the applicable time period.

A municipality may provide emergency assistance when the municipality determines that an emergency is imminent and that failure to provide assistance may result in undue hardship and unnecessary costs.

Sec. 3. 22 MRSA §4309, sub-§5 is enacted to read:

5. Presumptive eligibility. The overseer in a municipality shall presume eligibility to receive general assistance of a person who is provided shelter in an emergency shelter for the homeless located in that municipality. After 30 days, that person's eligibility must be redetermined. When presumptive eligibility is determined under this subsection, no other municipality may be determined to be the municipality of responsibility during that 30-day period.

Sec. 4. Work group. The Department of Health and Human Services shall convene a work group of stakeholders to study the municipal general assistance program established in the Maine Revised Statutes, Title 22, chapter 1161 to determine more efficient methods of distributing general assistance benefits to individuals, review differential effects on service center municipalities and other municipalities of providing general assistance, devise equitable methods of establishing the municipality of responsibility and develop services to reduce homelessness and reliance on homeless shelters. The stakeholders must include, but are not limited to, the Maine State Housing Authority and organizations representing mayors, municipalities, general assistance providers, clients of services and other appropriate persons. The department shall report its findings, together with recommendations and any suggested legislation, to the Joint Standing Committee on Health and Human Services no later than January 2, 2020.

Current Definition of GA Program in MRSA 22-4301:

5. General assistance program. "General assistance program" means a service administered by a municipality for the immediate aid of persons who are unable to provide the basic necessities essential to maintain themselves or their families. A general assistance program provides a specific amount and type of aid for defined needs during a limited period of time and is not intended to be a continuing "grant-in-aid" or "categorical" welfare program. This definition shall not in any way lessen the responsibility of each municipality to provide general assistance to a person each time that the person has need and is found to be otherwise eligible to receive general assistance.

Policy Questions to be addressed by Committee, referred to Council for deliberation and approval

Residency requirement

- Will we have one?
- If so, who will be able to access services?
- Will we be a catchment area for other communities?
- If so, what will the catchment area be?
- What participation, if any, will these other communities have if we pursue this sort of policy?

Sobriety (or other) entrance requirement – Do we want to change our low-barrier approach to restrict intoxicated people from accessing the shelter? Are there other changes we would like to consider to the low-barrier approach? Current restrictions include:

- age restrictions (no youth at OSS)
- weapons restrictions
- personal belongings restrictions
- safety (danger to self or others) restrictions
- illness (may be quarantined at an overflow facility)
- people with disqualifying income level
- animal restrictions (service animals are allowed)

Cap on # served – Do we wish to impose a cap? If we do, what will that cap be and how will we handle overflow? What will we do when we hit capacity?

Intake – Are there changes we feel need to be made to the intake procedure? additional information that needs to be gathered? portions of intake we would like staff to look at?

Other policy considerations?

MEMORANDUM

TO: Health & Human Services Committee

FROM: Jennifer L. Thompson, Associate Corporation Counsel

DATE: June 25, 2019

Re: Shelter Policies and Residency requirements

I understand that the Committee will be taking up questions relating to operation of the City's homeless services center. Included in the questions being considered by the Committee is the extent to which access to the shelter can or should be limited to residents of Portland. This memo will briefly address that question and highlight some issues of which the committee should be aware. Due to the press of time, a full treatment of this question has not been possible but I will be happy to talk further with the committee and full Council in the coming weeks and months if that would be helpful.

I. Durational Residency Requirement

With respect to limiting access to the shelter to those who can establish residence in Portland, there are a couple of issues of which the Committee should be aware.

A. General Assistance

First, under the State's General Assistance statute, the City is *required* to provide emergency general assistance benefits, including emergency shelter, to eligible individuals without regard to residency. Historically, the City has met its obligation to provide emergency shelter by providing GA applicants with beds in the City's homeless shelters. The City is then entitled to reimbursement for a portion of that cost. If access to the City's shelters becomes restricted to Portland residents only, the City will need to find another way to provide shelter to non-residents – likely in area hotels. Municipalities are expressly prohibited from conditioning general assistance benefits on durational residency requirements.

B. Restriction on "Right to Intrastate Travel"

Additionally, although there are other municipalities around the country that have imposed some level of residency restrictions for their homeless shelters (e.g. Washington, D.C.[1], Laguna Beach, California[2], and Boston, Massachusetts), the Committee should be aware that durational residency restrictions have been the subject of legal challenge. Those challenges have most often been grounded on the Supreme Court's opinion in *Shapiro v. Thompson*, 394 U.S. 618 (1969) in which the Court struck down a one-year residency requirement for welfare payments. The Court's decision was based on its recognition of a constitutional "right to freedom of movement."

Since 1969, the Court's decision in *Shapiro* has undergone scrutiny and weakening somewhat such that is now unclear whether such a right, particularly a right to intra-state movement, exists or would prohibit residency requirements in connection with providing public benefits. The few cases in which a court has considered whether residency restrictions in homeless shelters are unlawful have either been in the negative or have neglected to reach the question. It is perhaps for this reason that residency restrictions are in place in some other municipalities around the country. For example, the District of Columbia and Laguna Beach, California both give priority in

shelter services to those who can demonstrate homelessness *and* residency. Those who cannot establish residency participate in a lottery.

Notwithstanding that there is precedent in other communities for residency restrictions, the Committee should be aware of the issue and the potential for legal challenge on that basis if it chooses to adopt a restriction based on residency. If it does pursue that option, it is recommended that it model its policies after other, established policies in other jurisdictions that are operating publicly run shelters (as opposed to privately run shelters).