Health & Human Services and Public Safety Committee

Tuesday, October 8, 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 September 10, 2019

   a. Draft Meeting Minutes

3. Shelter Policy

   a. Staff Presentation
   b. Committee Questions and Discussion
   c. Public Hearing

4. Next Meeting: October 22, 2019

NOTE: Public comment will be taken at this meeting. If the committee votes to forward this proposal to the full City Council there will be further opportunities for public comment. 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, September 10, 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:

Kim Cook (District 5), Spencer Thibodeaux (District 2)

City Staff:

Kristen Dow, Director of Health and Human Services; Aaron Geyer, Director of Social Services; Sara Fleurant, Director of Oxford Street Shelter; Adam Harr, Executive Assistant

Meeting called to order at 5:30 PM.

AGENDA ITEM 1 – Announcements

- Committee discussed GPCOG's opiate misuse workshop offer. Chair Ray would like to propose a resolution on the Council but there is a limited time frame; Chair Ray will announce the funding availability with an October deadline on Monday night's full Council meeting.

AGENDA ITEM 2 – Approval of Minutes

- Councilor Batson moved to approve the minutes; Councilor Ali seconded and the minutes were approved unanimously.

AGENDA ITEM 3 – Shelter Policy

Document links:

- Staff Memo Answering HHS and PS Committee Questions from 7.30.19 https://portlandme.civicclerk.com/Web/GenFile.aspx?ad=3111
- Maine Shelter and Bed Inventory 2008 – 2019 https://portlandme.civicclerk.com/Web/GenFile.aspx?ad=3110
- Shelter Policies and Residency requirements https://portlandme.civicclerk.com/Web/GenFile.aspx?ad=3112

Sara Fleurant, Oxford Street Shelter Director overviewed the staff answers to committee questions.

- Individuals get to shelter (OSS) individually and through the Coordinated Entry System (CES). It is compulsory for shelters that receive Continuum of Care (CoC) funding.
    - Staff will look at which shelters do and do not receive CoC funding to determine which are required to participate. It is noted that many would accept referrals even if they are not required to participate in CES.
- No evidence of out of state hospital referrals to OSS.
- HUD best practices call for a centralized intake model.
- Bangor's Therapeutic Day Program is not a treatment program, but rather a program that allows guests to stay at the shelter during daytime hours. It requires sobriety and work if individuals are able to do so.
    - Diversion is outside the shelter when possible or in the shelter at intake.
    - No specified hours: intakes occur when individuals present.
        - Staff will confirm.
- Social Services Director Aaron Geyer, Shelter Management visited Crossroads in Portsmouth, NH:
    - Uses Coordinated Entry
        - Accepts people statewide, capacity permitting.
    - No specific time for intakes; they maintain a waitlist and call individuals when spaces open and intakes occur when those individuals come in for shelter.
    - Programs:
        - Individuals
        - Family Shelter
        - Transitional housing
    - Catchment Area Funding:
      York County contributes a small amount of funding.
        - The dollar amount did not exceed $1,000 and follows the United Way catchment area where greater Portsmouth includes towns in Southern Maine.
    - Winter overflow: they continue to operate a waitlist but do make bunk beds for winter overflow.
        - They operate overcapacity for 63% of the time (assumed to be during cold months.)
        - Reported that bunked beds are not ideal for accessibility reasons.
    - Due to receiving State funding, Crossroads is required to accept people statewide; is that true for OSS?
        - Staff will confirm if it is required.
        - Referring to Corporation Council Memo:
            - Residency requirement?
            - Capping without overflow?
            - State funding compliance requirements?
            - Federal funding compliance requirements?
    - Some, but not a significant number, people are coming from Crossroads to Oxford Street.
    - How is the catchment area determined?

        - Based on the United Way catchment area and is statewide based on their funding.
    - How is the number cap determined?
        - Fire code.
            - OSS and all its overflows are confirmed by fire dept. to meet code.
- Is the shelter allowed to give people bus tickets away?
    - There is a program at the shelter through General Assistance with requirements:
        - GA Eligibility
        - No criminal history
        - Staff confirm a person has a place to go; staff do not send people away to be homeless somewhere else.
        - The shelter has an agreement with Greyhound to accept GA for tickets.
    - A staff person also calls and performs follow up with these placements.
    - It is a one-time program; accepting the ticket through GA places individuals on a one-year denial to GA.
        - The staff time is paid through the Emergency Solutions Grant (ESG)
        - The bus ticket is reimbursed at 70% though GA.
        - Staff are not aware of other municipalities are engaging in such a program.
            - Are other towns doing this?
    - Sometimes there are people who relocate to Portland believing they had opportunity that did not come to fruition and use the bus ticket program to return to their former community (with the same verification requirements).
    - Furnishings are not transported.
    - The one year loss of GA eligibility is a City policy.
- Residency Memo:
    - Councilor Batson asked if it is staff's recommendation if they would prefer a lottery type policy?
        - Corporation Council will need to confirm.
        - Staff will look for out of state examples.
    - It is Corporation Council's interpretation that people would need to be temporarily housed in hotels or motels including non-residents
        - What would this cost number be?
    - Why is it so much different because OSS is a City-run shelter.
        - Councilor Cook asked if there is a way to move past a technicality possibly partnering with a non-profit to fund a shelter?
- Overflow best practices would have shelters increase capacity during Winter months.
- Capacity of Shelters throughout the State:
    - The third column on page 8.
    - Chair Ray would rather see actual counts of the number of people in shelters each night so that we can see how often shelters operate over their stated capacity; the bed night method used in the chart does not accurately reflect daily/nightly usage and gives a false representation of what shelters are operating above their stated capacities.
    - The table shows shelters not warming centers.
    - Family shelters are difficult to reach 100% due to family composition needing to match up with room capacity.

    - OSS night by night is a pilot program for data capture and that is why OSS counts look off.
    - Staff will attempt to find how many shelters offer an overflow and how often do they use that overflow.
    - Overflow vs. overcapacity:
        - Overflow is answered
        - Overcapacity (mats then chairs) is not answered.
    - Staff will attribute this data to MaineHousing.
        - Staff will digest this data.
    - Preble Street used to operate the women's shelter when Oxford Street was the Oxford Street Shelter for Men.
    - Was a second overflow included in the MaineHousing numbers?
        - Likely not; most likely the overflow reported on the HIC.
        - Potential demarcate as 229* with an asterisk noting that more overflow can be opened.
- Shelters' policies for when they are at capacity and when people present while intoxicated.
    - Shelters make referrals to shelters without the barrier to entry there.
        - Low barrier or shelters with capacity.
    - Chair Ray has the sense that many are sending people to OSS.
        - Staff believe that is a fair assessment.
    - Only Bangor and Portland are low-barrier shelters that accept both men and women.
    - Shelter 18: when all options are exhausted they are provided instructions and supplies for surviving the night including contacting police to look out for them and perform safety checks.

Committee Questions and Discussion

- Charts recap:
    - Councilor Cook noted that 2019 appears to be trending differently with Portland residents seeking shelter at OSS.
        - Request: a side by side chart of guests from Portland compared with everyone else (out of town, state and country combined).
    - Smaller portion of the population in the shelter but a larger portion of the bed nights.
        - Staff will check.
        - Chronically homeless?
- Maine Shelter Inventory
    - Excel Format
        - Column totals don't add up (2017)
            - Formula Broken or other issue?
        - Separate Family, DV and Youth from Single Adult
        - Low-barrier shelters as first column and their bed inventories over time going across each row.
    - Send it out in an excel spreadsheet
- Bangor's day services do not have TV.

    - Councilor Cook noted that seemed intentional and asked if it is best practices.
    - Director Fleurant noted historically the number of services offered during the day at OSS is limited by space where rooms need to be cleared and cleaned throughout the day.
        - Chair Ray noted that the policy discussion must remain at the Council level and such programming would be a staff decision.
- Does Pine Street Inn have policies for when they reach capacity; is there separate overflow?
- Does father Bill's Catchment area fund shelter?
    - Some but not all
    - Staff will reach out again on the determination and of and funding from municipalities in catchment areas.
- Are there loitering policies at OSS?
    - There is a good neighbor policy.
        - People in the general area are encouraging people to be good neighbors regardless if they are staying with us or not.
        - Legally, when people step off City property staff does not have enforcement outside of calling law enforcement.
- Community policing standards
    - Have PD at future meetings to discuss how this would be handled.
- Crossroads determining their catchment area based on United Way:
    - Do they have a specific relationship with United Way and that is why they use that geographic area?
        - Staff will ask.
- Chair Ray's Policy List
    - When should Public Comment be taken?
        - Next September meeting or for after staff comes back with answers?
            - Councilors Ali and Batson would like staff answers before a public hearing.
    - Chair would like a proposal from staff.
        - Are there other restrictions that would increase safety of clients or staff?
        - Community partners will be consulted as part of staff recommendations.
    - Identified areas:
        - Residency Requirement
            - Ability to have one is not known.
                - What is possible?
        - Sobriety (or other) Entry Requirement
        - Cap on # Served
            - Councilor Cook sees Residency and Cap Served as intertwined; is it possible to have a residency preference for Portland residents and then have a cap or overflow for individuals presenting after that; she personally would like a cap at this shelter.
                - Is that type of preference possible?
                    - Serve Portland community then catchment area?
                    - Is there away to involve other municipalities to fund construction and/or operation of the new facility?

        - How would overflow be handled under a cap?
    - Intake
    - Accessing Services
        - What happens for people who do not stay in the shelter?
            - Meals: what if Preble Street closes?
            - Is it possible to have community meal providers join a meeting or provide input to staff?
                - At what point in policy crafting process will they be brought to the table.
        - Open to shelter guests only or drop in?
            - Staff: services for guests similar to what was offered at the expo; health services and meals in a safe contained environment.
            - Committee: Councilor Batson has not determined an opinion yet; the cap or number served would inform his opinion. Councilor Ali does not have an opinion yet. Chair Ray envisions that the new facility would mirror what is currently offered where services are offered to those who are staying and have had an intake, continuing that drop in would compromise safety.
            - Councilor Cook has a strong preference that services be for those staying at the shelter.
        - Councilor Batson asked how many places in the city people can go for community meals.
            - Staff has a list, but not the number off-hand.
        - General operations and services of a shelter are for shelter guests.
    - Transportation Policy
        - How do people get to the shelter from downtown?
            - Metro passes?
        - First mile, last mile: .3 of a mile to inbound.
        - Anything staff would consider for intake or warming center on the peninsula for the shuttle?
            - Physical structure?
            - Shuttle stop?
        - Councilor Cook asked that high school students be given a transportation shelter if shelter guests are given one.
- Community members and agencies are encouraged to communicate with the Health and Human Services Department staff as they craft their recommendations.

AGENDA ITEM 4 – Next Meeting

- September 24th agenda TBD.
- October meeting staff to come back with answers and then hold a Public Hearing.

The meeting adjourned at approximately 7:50 PM.

City of Portland, Maine
Health & Human Services Department
Kristen Dow, Director

Social Services Division
Aaron Geyer, Administrator

Oxford Street Shelter
Sara Fleurant, **Director**

TO: **Health & Human Services/Public Safety Committee Members**
FROM: **Sara Fleurant, Oxford Street Shelter Director**
DATE: **September 23, 2019**
RE: **Staff Response on Policy**

At the September 10th HHS Committee meeting staff were asked to provide recommendations and feedback on several policy topics (outlined below). Staff met with local community partners and shelter providers, as well as regional shelter providers in the New England area. Staff also consulted and researched National Best Practice materials in order to inform the recommendations provided below.

Partner agencies staff met with and have reached out to this time: Amistad, Portland Police Department, Preble Street & Homeless Voices for Justice, Milestone, Maine Housing, PCHC Hope House, Greater Portland Health, Pine Street Inn, Crossroads House, Father Bills, Through These Doors, The Opportunity Alliance, Greater Portland Metro, Wayside, United States Interagency Council on Homelessness.

Residency

Community Providers that staff met with largely felt opposed to this concept. Maine Housing has confirmed there are no State of Maine shelter providers with residency requirements or catchment areas so staff conferred with out of state shelter providers who do have catchment areas. From our discussion with these shelters it was shared with us that residency requirements can be difficult to enforce. Particularly in regards to balancing multiple funding sources with requirements for entry. These shelters often have similar intake screening to Oxford Street currently utilizing self-reporting and taking people at their word regarding residency.
Enacting a residency requirement at the City of Portland shelter would also cause the shelter to lose our low barrier status, the importance of this will be expounded upon in a later paragraph.

CAP

Opinions in the Community varied on the implementation of a cap. All local shelter providers who currently operate with a hard capacity indicated historically they are able to manage their own hard capacities because they have been able to refer out to Oxford Street Shelter. They all shared the sentiment that Oxford Street Shelter was the community overflow once their capacity had been met.

Staff worked to analyze community feedback and guidance from HHS & PS Committee meetings. Staff support adopting the HHS & PS Committee's recommendations for a single, low barrier, 150 bed shelter. This essentially maintains the shelters current 154 bed capacity.

Several providers had feedback around flexible onsite space for overflow. This also included feedback around potential seasonal overflow, similar to the practices of Crossroads and Pine Street Inn who expand their bed counts in inclement weather or colder months. Staff support flexible onsite space for overflow during inclement weather and emergency situations. Staff recommend a built in space for a maximum of 25 additional beds.

Intake

Staff have found through their research that it is national best practice is to utilize a Centralized Intake Model. This is defined by HUD as "a single place or process for people to access the prevention, housing, and/or other services they need."[1] In discussions, staff found unanimous support from shelters both across the State and New England for onsite centralized intake model. Please see attached the HUD Housing First Standards Assessment Tool which informs best practice standards for intake models.[2] (*Attachment 1*)

Staff would recommend an increased focus on Diversion and Prevention, as is also National Best Practice.[3] (*Attachment 2).* Staff feels strongly about modeling a program after Pine Street Inn's Front Door Triage program due to their impressive success at diverting nearly 20% of individuals from ever entering homelessness and spending a night in the shelter, additionally 12% of individuals in their program were rehoused within 7 days. [4]

Low barrier Access

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[1]"Centralized Intake for Helping People Experiencing Homelessness: Overview, Community Profiles, and Resources," *HPRP Centralized Intake Paper,* Accessed Sept 24, 2019, https://files.hudexchange.info/resources/documents/HPRP_CentralizedIntake.pdf

[2] HUD Exchange, *"Housing First Assessment Tool-HUD Exchange,"* Accessed Sept 14, 2019, https://www.hudexchange.info/resource/5294/housing-first-assessment-tool/

[3] United States Interagency Council on Homelessness, "*Prevention, Diversion and Rapid Exit,"* Accessed Sept 15, 2019, https://www.usich.gov/resources/uploads/asset_library/Prevention-Diversion-Rapid-Exit-July-2019.pdf

[4] Pine Street Inn, "*Pine Street Inn, Front Door Triage," Accessed Sept 19, 2019* https://www.pinestreetinn.org/programs/emergency-services/front-door-triage

Staff recommend to continue this national best practice of low barrier entry to shelter. (*Attachment 3)* The National Alliance to End Homelessness states, "Emergency shelters play a critical role in ending homelessness. Effective shelters should embrace a Housing First approach, offer immediate and low-barrier access to anyone facing a housing crisis, and measure shelter performance in order to improve results."[5] (*Attachment 4).* Many of the community providers that we spoke to also practice low barrier shelter access. All community providers shared that they were in support of this model.

In discussion with Maine Housing it was brought to staff attention that Low Barrier Status will continue to factor into the funding formula for ESHAP in the Maine Homeless Solutions Rule. The Maine Homeless Solutions Rule is currently in Review and Public Hearing with the State. Maine Housing shared with staff that funding would be determined under the proposed formula by taking the maximum number of beds as indicated on the annual HIC or Homeless Inventory Count, multiplied by 125%.

Access

Meals/Laundry/General Day Services:
Many service providers felt strongly that only registered guests should be able to access the Homeless Service Center, with the caveat of the Clinic and Community Policing. The overarching theme behind this concern was one of safety for the guests and the space overall. Many providers shared concerns regarding protections for domestic violence victims and victims of trafficking specifically. It was also shared with staff that our ability to monitor and know who was in the space seemed important. One provider noted that if individuals were utilizing the space as a drop in center they would not have signed the Shelter policy and procedures and would not be familiarized with expectations in the same way as shelter guests.

One out of state shelter provider shared that only some of their meals are open to the public (for example breakfast and dinner but not lunch) due to agreements with the funder who provides their food. However, those shelters require safety checks for those not accessing shelter such as providing ID, wanding, searches, etc.
Another out of state shelter was able to provide bagged lunches when they could not provide meals on site. And a third informed us that as they were not replacing a service in the community they prioritized meeting the needs of their onsite guests and did not open to the community.

Access to the Clinic:
An FQH has requirements that they cannot turn anyone away. However, a clinic imbedded in the Homeless Services Center ideally would have two points of access, one to the general community and one leading into the Homeless Services Center.

[5] "National Alliance to End Homelessness," *Emergency Shelter Learning Series,* Accessed Sept 15, 2019,
https://endhomelessness.org/resource/emergency-shelter/

Access to a Community Policing Center:
A Community Policing Center would also be open to the general community. However, they also would ideally have two access points, one to the general community and one leading to the Homeless Service Center.

Transportation

Staff met with General Manager of Metro Greg Jordan who was able to provide staff with information on current Metro stops and routes around the Riverside location. Mr. Jordan has promised to be part of ongoing conversations and to provide staff with supportive materials as needed.

Staff continue to support the recommendation that the Homeless Services Center will include a City operated van as a shuttle service to guests. The shuttle will operate throughout the day to stop at service centers for appointments as well as get back to the facility. This service will allow guest continued un-interrupted access to services they current utilize. In addition to the shuttle van the Homeless Services Center will continue the long standing practices of Oxford Street by using taxi vouchers, metro, and our current vehicles for transportation and follow-up services.

Housing First Standards Assessment Tool

Overview: This tool aims to assess and document how closely a housing and service provider adheres to the recommended best practice standards of the Housing First model, in the context of the broader work to implement a Housing First orientation at the system-level. This tool specifically evaluates project-level fidelity to Housing First, which directly impacts a system's fidelity to Housing First. In addition to the universal best practice standards identified in this tool, Continuums should also take into account their local community context and local written standards pertaining to Housing First when assessing projects. A Continuum of Care can use this tool to prompt

Provider Info tab: The Provider Information tab should be completed ***prior*** to beginning the assessment. Specifically, the ***Project Name***, ***Project Type***, ***Target Sub-Population*** **served, and** ***Date of Assessment*** fields need to be completed in order to populate the assessment standards and report summary with questions that are

Standards: The standards have been arranged into the following categories: *Access, Evaluation, Services, Housing, Leases, and Project-Specific*. The "Tab" chart at the bottom of this page describes each of the categories in more detail. Some of the categories are not applicable for all project types, and those standards do not need to be

Project Type	Applicable Standards
Coordinated Entry	Access & Evaluation; Project-specific
Street Outreach	Access & Evaluation; Project-specific
Emergency Shelter	Access & Evaluation; Service & Housing; Project-specific
Transitional Housing	Access & Evaluation; Service & Housing; Leases; Project-specific
Rapid Rehousing	Access & Evaluation; Service & Housing; Leases; Project-specific
Permanent Supportive Housing	Access & Evaluation; Service & Housing; Leases; Project-specific

Safeguarding: Please keep in mind safeguarding concerns when assessing projects. In particular, we advise Continuums of Care to work with projects with victims of domestic violence to make sure that adequate safety and confidentiality policies and practices are in place before beginning assessments.

Scoring: For each standard, there are three scoring criteria: "Say It", "Document It", and "Do It" (as explained further below). To show that a project is in full compliance with each standard, the assessor should mark "Always" for each scoring criteria. Use the drop down in the three columns to the right to select "Always" or "Somewhat" or

- "*Say It*" means that project and agency staff can describe verbally what they do concerning each standard. The assessor should be able to identify that the organizational culture supports the standard by how staff talks about what is done.
- "*Document It*" means that there is written documentation that supports the project's compliance with each standard. Written documentation could include Policies and Procedures, Personnel Handbooks, Professional Development Plans, Project Rules, etc.
- "*Do It*" means that the assessor was able to find evidence that supports the project's compliance with each standard. Evidence could include information contained in client or other administrative files, client acknowledgement that something is being done, staff can point to documentation that supports

Assessor Notes: A cell below each individual standard allows the assessor to add optional notes about the information collected for that particular standard. The notes can include where information was found, what questions were asked, who answered the questions, what additional information is needed to be able to mark that standard as

Tab	Description	Purpose
Instructions	Tool overview and aim	Offers instruction to users on the assessment tool
Provider Info	Input provider, project and general assessment information	Determines project-specific standards for consideration
Standards - Access & Evaluation	Input compliance with standards concerning participant access to the project and input, project evaluation and performance management	Assesses whether access and evaluation are compliant with Housing First principles
Standards - Leases	Input compliance with standards concerning the lease and occupancy agreements, where applicable	Assesses whether leases and occupancy agreements are compliant with Housing First principles
Standards - Services & Housing	Input compliance with standards concerning the service and housing models and structure, where applicable	Assesses whether services and housing are compliant with Housing First principles
Standards – Project-Specific	Prompts assessment standards based on project type and targeted sub-populations served by the project, where applicable	Assesses whether specific project standards are compliant with Housing First principles
Report Summary	Displays assessment scores and conclusions, and highlights non-compliant standards	Printable summary of the assessment

Provider Information

Please complete the information below on the organization being assessed.

Provider Information	
Provider's Legal Name	**[Test Provider]**
Acronym (If Applicable)	
Year Incorporated	
EIN	
Street Address	
Zip Code	

Project Information	
Project Name	
Project Budget	
Grant Number	
Name of Project Director	
Project Director Email Address	
Project Director Phone Number	
Which best describes the project *	**Joint Transitional Housing & Rapid Rehousing**
If project is a Safe Haven, please choose project type that it most operates like, e.g. shelter, transitional housing, or permanent housing	
Are your services targeted to any of the following populations specifically? Please select one if so, as this impacts your assessment questions.	**People in Recovery**

*Please note that when you select a project type, particular standards may not be relevant.

Management Information	
Name of CEO	
CEO Email Address	
CEO Phone Number	
Name of Staff Member Guiding Assessment	
Staff Email Address	
Staff Phone Number	

Assessment Information	
Name of Assessor	
Organizational Affiliation of Assessor	
Assessor Email Address	
Assessor Phone Number	
Date of Assessment	**Nov 02 2016**

Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select “Not at all” or “Sometimes” or "Always". Marking "Always" signifies full compliance for the standard.

No.	Standard	Access Definition / Evidence	Say It	Document it	Do it
Access 1	Projects are low-barrier	Admission to projects is not contingent on pre-requisites such as abstinence of substances, minimum income requirements, health or mental health history, medication adherence, age, criminal justice history, financial history, completion of treatment, participation in services, “housing readiness,” history or occurrence of victimization, survivor of sexual assault or an affiliated person of such a survivor or other unnecessary conditions unless required by law or funding source. *Optional notes here*	Please select answer	Please select answer	Please select answer
Access 2	Projects do not deny assistance for unnecessary reasons	Procedures and oversight demonstrate that staff do everything possible to avoid denying assistance or rejecting an individual or family for the reasons listed in Access Standard #1. *Optional notes here*	Please select answer	Please select answer	Please select answer
Access 3	Access regardless of sexual orientation, gender identity, or marital status	Equal access is provided in accordance with the 2012 and 2016 Equal Access Rules, meaning that any project funded by HUD must ensure equal access for persons regardless of one’s sexual orientation or marital status, and in accordance with one’s gender identity. Adult only households, regardless of marital status, should have equal access to projects (if these project types are not available within a CoC, the CoC should conduct an assessment to determine if these project types are needed and work with providers to accommodate the need). Please see Equal Access Rules here: https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/ *Optional notes here*	Please select answer	Please select answer	Please select answer
Access 4	Admission process is expedited with speed and efficiency	Projects have expedited admission processes, to the greatest extent possible, including helping participants obtain documentation required by funding sources, as well as processes to admit participants regardless of the status of their eligibility documentation whenever applicable. *Optional notes here*	Please select answer	Please select answer	Please select answer

Access 5	Intake processes are person-centered and flexible	Intake and assessment procedures are focused on the individual's or family's strengths, needs, and preferences. Projects do not require specific appointment times, but have flexible intake schedules that ensure access to all households. Assessments are focused on identifying household strengths, resources, as well as identifying barriers to housing that can inform the basis of a housing plan as soon as a person is enrolled in the project. *Optional notes here*	Please select answer	Please select answer	Please select answer
Access 6	The provider/project accepts and makes referrals directly through Coordinated Entry	Projects actively participate in the CoC-designated Coordinated Entry processes as part of streamlined community-wide system access and triage. If these processes are not yet implemented, projects follow communities' existing referral processes. Referrals from Coordinated Entry are rarely rejected, and only if there is a history of violence, the participant does not want to be in the project, there are legally valid grounds (such as restrictions regarding sex offenders) or some other exceptional circumstance that is well documented. *Optional notes here*	Please select answer	Please select answer	Please select answer
Access 7	Exits to homelessness are avoided	Projects that can no longer serve particular households utilize the coordinated entry process, or the communities' existing referral processes if coordinated entry processes are not yet implemented, to ensure that those individuals and families have access to other housing and services as desired, and do not become disconnected from services and housing. Households encounter these exits under certain circumstances, such as if they demonstrate violent or harassing behaviors, which are described within agencies' regulation-adherent policies. *Optional notes here*	Please select answer	Please select answer	Please select answer

Name		Participant Input Definition / Evidence	Say It	Document it	Do it
Participant Input 1	Participant education is ongoing	Project participants receive ongoing education on Housing First principles as well as other service models employed in the project. In the beginning of and throughout tenancy, participants are informed about their full rights and responsibilities as lease holders, including the potential causes for eviction. *Optional notes here*	Please select answer	Please select answer	Please select answer
Participant Input 2	Projects create regular, formal opportunities for participants to offer input	Input is welcomed regarding the project's policies, processes, procedures, and practices. Opportunities include involvement in: quality assurance and evaluation processes, a participant leadership/advisory board, processes to formally communicate with landlords, the design of and participation in surveys and focus groups, planning social gatherings, integrating peer specialists and peer-facilitated support groups to compliment professional services. *Optional notes here*	Please select answer	Please select answer	Please select answer

Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select “Not at all” or “Sometimes” or "Always". Marking "Always" signifies full compliance for the standard.

	Standard	Lease and Occupancy Definition / Evidence	Say It	Document It	Do It
Leases 1	Housing is considered permanent (not applicable for Transitional Housing)	Housing is not time-limited (though rent assistance may be) and leases are automatically renewable upon expiration, except with prior notice by either party. *Optional notes here*	Please select answer	Please select answer	Please select answer
Leases 2	Participant choice is fundamental	A participant has, at minimum, choices in deciding the location and type of housing based on preferences from a range of housing types and among multiple units, as available and as practical. In project-based settings, participants should be offered choice of units within a particular building, or within the portfolio of single site properties. In projects that use shared housing, i.e. housing with unrelated roommates, participants should be offered choice of roommates, as available and as practical. Additionally, as applicable, participants are able to choose their roommates when sharing a room or unit. *Optional notes here*	Please select answer	Please select answer	Please select answer
Leases 3	Leases are the same for participants as for other tenants	Leases do not have any provisions that would not be found in leases held by any other tenant in the property or building and is renewable per the participants’ and owner’s choice. People experiencing homelessness who receive help moving into permanent housing should have leases that confer the full rights, responsibilities, and legal protections under Federal, state, and local housing laws. For transitional housing, there may be limitations on length of stay, but a lease/occupancy agreement should look like a lease that a person would have in the normal rental market. *Optional notes here*	Please select answer	Please select answer	Please select answer
Leases 4	Participants receive education about their lease or occupancy agreement terms	Participants are also given access to legal assistance and encouraged to exercise their full legal rights and responsibilities. Landlords and providers abide by their legally-defined roles and responsibilities. *Optional notes here*	Please select answer	Please select answer	Please select answer

Leases 5	Measures are used to prevent eviction	Property or building management, with services support, incorporates a culture of eviction avoidance, reinforced through practices and policies that prevent lease violations and evictions among participants, and evict participants only when they are a threat to self or others. Clear eviction appeal processes and due process is provided for all participants. Lease bifurcation is allowed so that a tenant or lawful occupant who is a victim of a criminal act of physical violence committed against them by another tenant or lawful occupant is not evicted, removed or penalized if the other is evicted. *Optional notes here*	Please select answer	Please select answer	Please select answer
Leases 6	Providing stable housing is a priority	Providers engage in a continued effort to hold housing for participants, even if they leave their housing for short periods due to treatment, illness, or any other temporary stay outside of the unit. *Optional notes here*	Please select answer	Please select answer	Please select answer
Leases 7	Rent payment policies respond to tenants' needs (as applicable)	While tenants are accountable to the rental agreement, adjustments may be needed on a case by case basis. As necessary, participants are given special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements. *Optional notes here*	Please select answer	Please select answer	Please select answer

Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select “Not at all” or “Sometimes” or "Always". Marking "Always" signifies full compliance for the standard.

	Standard	Services Definition / Evidence	Say it	Document it	Do it
Services 1	Projects promote participant choice in services	Participants are able to choose from an array of services. Services offered are housing focused and include the following areas of support: employment and income, childhood and education, community connection, and stabilization to maintain housing. These should be provided by linking to community-based services. *Optional notes here*	Please select answer	Please select answer	Please select answer
Services 2	Person Centered Planning is a guiding principle of the service planning process	Person-centered Planning is a guiding principle of the service planning process *Optional notes here*	Please select answer	Please select answer	Please select answer
Services 3	Service support is as permanent as the housing	Service connections are permanently available and accessible for participants in Permanent Supportive Housing. Rapid Re-Housing projects should, at a minimum, be prepared to offer services for up to 6 months after the rental assistance ends. In emergency shelter and transitional housing, services are available as long as the participant resides in the unit or bed – and up to 6 months following exit from transitional housing. *Optional notes here*	Please select answer	Please select answer	Please select answer
Services 4	Services are continued despite change in housing status or placement	Wherever possible, participants continue to be offered services even if they lose their housing unit or bed (for congregate projects), or if they are placed in a short-term inpatient treatment. Ideally, the service relationship should continue, despite a service hiatus during some institutional stays. *Optional notes here*	Please select answer	Please select answer	Please select answer

Services 5	Participant engagement is a core component of service delivery	Staff provide effective services by developing relationships with participants that provide immediate needs and safety, develop trust and common ground, making warm hand-offs to other mainstream service providers, and clearly explain staff roles. Engagement is regular and relationships are developed over time. *Optional notes here*	Please select answer	Please select answer	Please select answer
Services 6	Services are culturally appropriate with translation services available, as needed	Project staff are sensitive to and support the cultural aspects of diverse households. Wherever possible, staff demographics reflect the participant population they serve in order to provide appropriate, culturally-specific services. Translation services are provided when needed to ensure full comprehension of the project. Projects that serve families with children should have family-friendly rules that allow for different schedules based on work and school hours and have services that allow parents to participate in activities without having to constantly supervise their children themselves (i.e. can use the bathroom or take a shower without their children being in the bathroom with them). *Optional notes here*	Please select answer	Please select answer	Please select answer
Services 7	Staff are trained in clinical and non-clinical strategies (including harm reduction, motivational interviewing, trauma-informed approaches, strength-based)	Services support a participant's ability to obtain and retain housing regardless of changes in behavior. Services are informed by a harm-reduction philosophy, such as recognizing that substance use and addiction are a part of some participants' lives. Participants are engaged in non-judgmental communication regarding their behavior and are offered education regarding how to avoid risky behaviors and engage in safer practices. *Optional notes here*	Please select answer	Please select answer	Please select answer

	Standard	Housing Definition / Evidence	Say It	Document It	Do It
Housing 1	Housing is not dependent on participation in services	Participation in permanent and temporary housing settings, as well as crisis settings such as emergency shelter, is not contingent on participating in supportive services or demonstration of progress made on a service plan. Services must be offered by staff, but are voluntary for participants. *Optional notes here*	Please select answer	Please select answer	Please select answer
Housing 2	Substance use is not a reason for termination	Participants are only terminated from the project for violations in the lease or occupancy agreements, as applicable. Occupancy agreements or an addendum to the lease do not include conditions around substance use or participation in services. If the project is a recovery housing model focused on people who are in early recovery from drugs or alcohol (as outlined in HUD's Recovery Housing Brief), different standards related to use and subsequent offer of treatment may apply. See HUD's Recovery Housing brief here: https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/	Please select answer	Please select answer	Please select answer

		Optional notes here			
Housing 3	The rules and regulations of the project are centered on participants' rights	Project staff have realistic expectations and policies. Rules and regulations are designed to support safe and stable communities and should never interfere with a life in the community. Participants have access to the project at all hours (except for nightly in and out shelter) and accommodation is made for pets.	Please select answer	Please select answer	Please select answer
		Optional notes here			
Housing 4	Participants have the option to transfer to another project	Transfers should be accommodated for tenants who reasonably believe that they are threatened with imminent harm from further violence if the tenant remains in the same unit. Whenever possible, transfers occur before a participant experiences homelessness.	Please select answer	Please select answer	Please select answer
		Optional notes here			

Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select “Not at all” or “Sometimes” or "Always". Marking "Always" signifies full compliance for the standard.

	Standard	Project -Specific Standards	Say It	Document it	Do it
Project 1	Quick access to RRH assistance	A Rapid Re-housing project ensures quick linkage to rapid re-housing assistance, based on participant choice. *Optional notes here*	Please select answer	Please select answer	Please select answer
Project 2	RRH services support people in maintaining their housing	Participants and staff understand that a primary goal of rapid re-housing is to end homelessness and move participants to permanent housing as quickly as possible, regardless of perceived barriers. *Optional notes here*	Please select answer	Please select answer	Please select answer
Project 3	Providers continuously assess a participant’s need for assistance	On an ongoing basis, providers assess a participant’s needs for continued assistance and provide tailored assistance based on those assessments. *Optional notes here*	Please select answer	Please select answer	Please select answer
Project 4	Transitional housing is focused on safe and quick transitions to permanent housing	Participants and staff understand that the primary goals of transitional housing are to provide temporary accommodations that are safe, respectful, and responsive to individual needs, address the services needs of participants, and re-house participants in permanent housing as quickly as possible, regardless of other personal issues or concerns, and as desired by the participant. Participation in transitional housing services does not inhibit participants from moving to permanent housing when they choose to. Assessment and planning for permanent housing placement begins as soon as the individual or family expresses a desire to transition to permanent housing. *Optional notes here*	Please select answer	Please select answer	Please select answer

Project 5	TH projects provide appropriate services	TH projects provide appropriate services to meet the participants health and safety needs (e.g., persons in early recovery; domestic violence survivors; those who need special accommodations) when there are no permanent housing solutions available (with or without supportive services) or when the participant chooses transitional housing. Services are not required in order to participate in housing. *Optional notes here*	Please select answer	Please select answer	Please select answer
		No additional standards *Optional notes here*			
		No additional standards *Optional notes here*			
		No additional standards *Optional notes here*			

Standard		Population Specific Standards	Say It	Document It	Do It
Population 1	Recovery housing is offered as one choice among other housing opportunities	Connection to recovery housing reflects individual choice for this path toward recovery. Abstinence-only spaces are incorporated into a Housing First model wherever possible, thus providing this type of recovery option to those who choose it. Recovery supports are offered, particularly connections to community-based treatment options.	Please select answer	Please select answer	Please select answer

		Optional notes here			
Population 2	Services include relapse support	Housing and services include relapse support that does not automatically evict or discharge a participant from the project for temporary relapse. Relapse support might include referrals to outpatient treatment or direct provision of outpatient services or the ability to hold a unit for a certain period of time (30-90 days) while the participant undergoes residential treatment. *Optional notes here*	Please select answer	Please select answer	Please select answer
Population 3	Services support sustained recovery	Recovery housing projects provide services that align with participants' choice and prioritization of recovery, including but not limited to abstinence from substances (if that is a personal goal), long-term permanent housing stability, and stable income through employment or benefits. Support is offered through connections to community-based treatment options. *Optional notes here*	Please select answer	Please select answer	Please select answer
Population 4	Population	No additional standards *Optional notes here*			

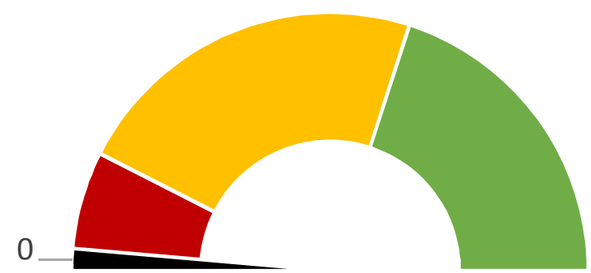
Housing First Standards: Assessment Summary

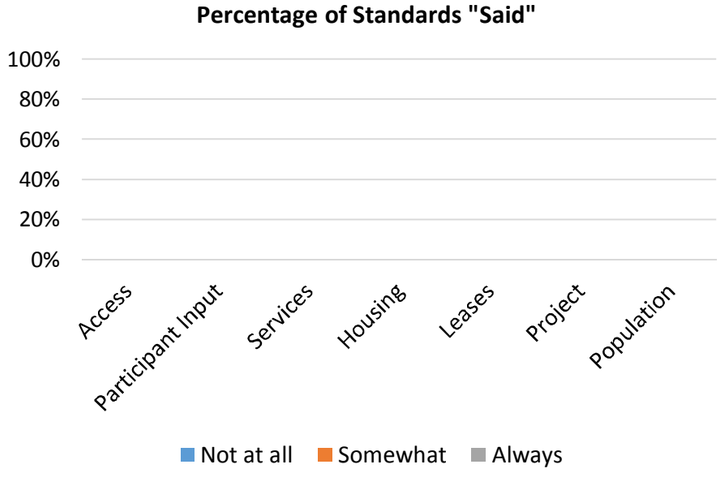
[Test Provider]
2-Nov-16

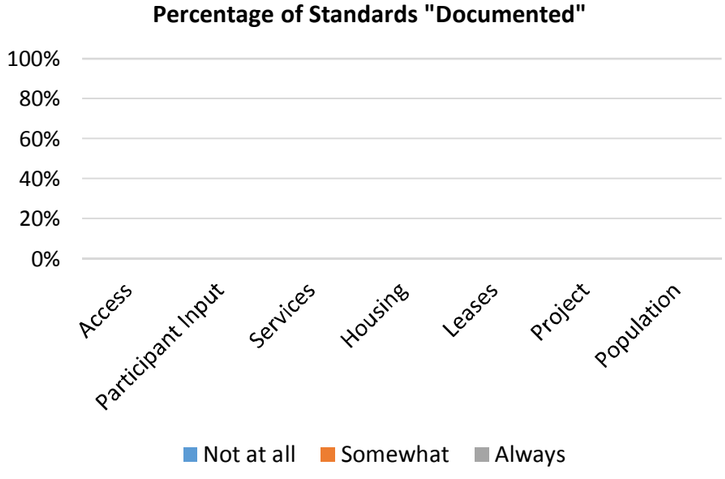
Some standards have not been evaluated. Please return and complete all standards before finalizing report.

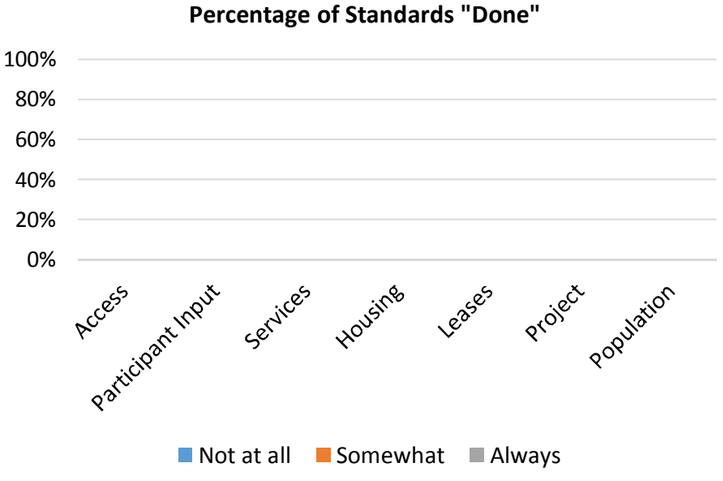
Your score:	**0**
Max potential score:	*216*

Score is calculated by awarding 1 point for standards answered 'sometimes' and 2 points for standards answered 'always'. Categories that are not applicable for your project are not included in the maximum potential score.









Non-Compliant Standards ("Not at all" to Whether Standard is Said)

Category	*No.*	*Name*	*Standard*

Homelessness Prevention, Diversion, and Rapid Exit

Home, Together, the federal strategic plan to prevent and end homelessness in America, recognizes that to end homelessness, every community must have in place a systemic response that ensures that homelessness is a rare, brief, and a one-time experience.

In their efforts to develop effective systems, communities are increasingly focused on implementing stronger homelessness prevention and diversion efforts. And they are exploring ways to create more rapid exits out of homelessness through a housing problem-solving approach that doesn't depend upon dedicated permanent housing resources or subsidies. But there is often a lack of clarity about what these terms mean, how these strategies differ from one another, and the most important considerations for implementing these strategies.

This document, which was developed collaboratively by the U.S. Interagency Council on Homelessness, the Department of Housing and Urban Development, and the Department of Veterans Affairs, is intended to support more effective implementation of prevention, diversion, and rapid exit services. We recognize that federal resources may be limited for traditional homelessness prevention services, but that diversion and rapid exit are more targeted efforts that offer the potential to significantly reduce inflows and demand for limited housing resources available through the crisis response system. Diversion and rapid exit options should be offered to all those who contact coordinated entry systems.

Distinctions in Terms: Agreeing on a Common Language

We believe greater clarity about terminology will be helpful for several reasons. A common language is necessary for effective communication among community partners and stakeholders, as well as across communities. Agreed upon terminology also helps move us forward as we discuss the scale and sources of funding needed for the various activities and stages of the process. Finally, a common language helps foster consistency and effectiveness in our work, and a shared approach to measuring that effectiveness.

We recognize that drawing clear lines between these terms can seem somewhat artificial because there are specific situations that may strain the distinctions. After all, each of these interventions is for individuals and families who are facing housing crises and need help to solve that crisis quickly. And the strategies highlighted here are not standalone programs; it is not in the best interests of the person at risk or experiencing homelessness to be shuffled from one "program" to the next in short order. Instead, these strategies should be considered different elements of a unified, seamless approach to help the household avoid homelessness or exit as quickly as possible—even when they may not be prioritized for higher levels of financial assistance and support services.

In practice, there is much overlap between these approaches. All may include a combination of financial assistance, mediation with landlords, legal services, employment services, and other supports. Strong identification efforts through the implementation of housing stability assessments are important tools to effectively identify the most at-risk households, connect them to the resources that will best respond to their housing crisis, and avert homelessness.

Of course, the same household may move through more than one of the strategies as we have described them below. For example, consistent with the progressive engagement approach, if initial diversion attempts are unsuccessful, the most appropriate place to stay may very well be in the emergency shelter; continuing housing-focused services will then be aimed at helping the household exit rapidly from the shelter; however, if additional barriers and vulnerabilities are identified through continuing engagement, rapid re-housing may ultimately be the appropriate intervention for that household. With this approach, there should be no point at which attempts at quick resolution of the housing crisis cease, regardless of where the person is staying or how much financial assistance might be available to them.

With those considerations in mind, below we define the terms homelessness prevention, diversion, and rapid exit, including indicating when such services are provided, and offer some considerations for effective implementation.

Homelessness Prevention

Homelessness prevention strategies represent a wide array of efforts to prevent housing crises from occurring and to prevent people who face such crises from experiencing homelessness. Prevention strategies are described in *Home, Together* as falling into the following categories:

1. **Activities that reduce the prevalence of risk of housing crises within communities;**
2. **Activities that reduce the risk of homelessness while households are engaged with or are transitioning from systems; and**
3. **Activities that target assistance to prevent housing crises that do occur from escalating further and resulting in homelessness.**

Important Considerations and Practices

Homelessness prevention activities across the three categories described above are not the responsibility of the homelessness services system alone. Rather, homelessness prevention requires a multi-sector approach and an active focus on reducing the prevalence of housing crises.

In the first category of prevention, we recognize that housing crises can be reduced systemically when multiple sectors focus on big picture goals: (1) ensuring an adequate supply of affordable housing; (2) addressing systemic racial inequities; (3) improving education and meaningful and gainful employment; and (4) ensuring access to affordable child care, legal assistance, and physical and behavioral health care. While these multisector strategies may be less often framed as homelessness prevention, they can have the greatest impact on preventing homelessness.

In the second category, homelessness can be prevented through enhanced cross-system collaboration, including systems such as health care, child welfare, and corrections. Such collaboration includes increased awareness and attentiveness to housing stability, as well as effective transition and/or discharge planning. In this category,

systems must ensure that individuals are linked effectively to mainstream resources, including employment and health care, to reduce the risk of homelessness upon discharge or following the end of service provision.

Finally, in the third category of prevention, assistance helps prevent housing crises that do occur from escalating further and resulting in homelessness. In most communities, this assistance is provided through mainstream systems and/or through the homelessness services system. Prevention services in this category often include a combination of financial assistance, mediation with landlords, legal services, and other supports. When multiple systems provide prevention assistance, it is critical that they be coordinated and utilizing common assessment tools to identify and assist those at the greatest risk of homelessness.

Diversion

Diversion strategies and practices assist people to resolve their immediate housing crisis by accessing alternatives to entering emergency shelter or the experience of unsheltered living. This typically occurs at the point people request emergency services, such as entry into emergency shelter, or could take place in a day center or through outreach before a person spends a night unsheltered.

Important Considerations and Practices

Diversion occurs at a "front door" of the homelessness service system (e.g., coordinated entry access point, services center, emergency shelter) but before the person spends a night at a shelter, in a motel with a voucher, in a place not meant for human habitation, or unsheltered. In diversion, there is a focused conversation aimed at helping the person identify an immediate housing arrangement that is a safe alternative to shelter or sleeping unsheltered. This housing arrangement may be temporary, allowing time to identify a permanent housing option while avoiding the immediate trauma of homelessness, or it may allow those involved to explore the possibility of extending a temporary arrangement into a permanent one.

Approaching diversion from a client-centered service perspective is critical. Diversion is not a process of turning people away or declining to provide needed services. Rather, diversion offers a valuable service that helps people avoid the experience of being in shelter or unsheltered. Integrating diversion practices into the system helps ensure that scarce resources are better utilized. More importantly, good diversion processes focus on serving the household in crisis by helping them find positive alternatives to entering the shelter system or staying outdoors.

Rapid Resolution

The VA's Supportive Services for Veteran Families program may provide rapid resolution assistance for Veterans. This approach emphasizes the use of services, problem-solving conversations, and financial assistance to help households be diverted from homelessness or rapidly exit homelessness. Rapid resolution, then, encompasses both diversion and rapid exit as we have defined those terms here.

As with prevention, diversion assistance may be limited to services alone, such as conflict resolution or help connecting with family or friends. Alternatively, diversion may combine services with financial assistance, which may take a variety of forms, such as a bus pass to stay with a family member, assistance with past-due rent, or a grocery gift card for the friend with whom the person has been staying. Effective diversion involves keen active listening skills, understanding and access to community-based resources, and flexibility.

Rapid Exit

Rapid exit strategies are appropriate after a household has entered emergency shelter or stayed in an unsheltered setting, and serves to help them move as quickly as possible back into housing with the support of services and a minimal level of financial assistance.

Important Considerations and Practices

Rapid exit interventions are provided to a household as soon as possible after the household enters a shelter, a transitional housing program, or an unsheltered setting. A focus on rapid exit approaches is built upon the recognition that many people who experience homelessness can effectively resolve their own homelessness independently or with very limited help. By utilizing strengths-based, housing-focused case management, rapid exits can be facilitated for households that would not likely be prioritized for a housing intervention such as rapid re-housing or supportive housing, both of which involve deeper and longer-term rent assistance.

Rapid exit approaches often take the form of housing-focused services intended to help the person identify ways to exit homelessness quickly and, when possible, without utilizing homelessness-dedicated resources. Even when the exit does not occur quickly, attempts at resolving a person's housing crisis with housing-focused services should continue. And, because rapid exit depends primarily on case management skills, it is critical to invest in training that equips staff to provide effective light touch services and implement progressive engagement with all those in shelters and other temporary programs and through outreach. Depending on the community and funding streams, limited short-term financial assistance may also be used, when necessary, to facilitate returns to housing.

Conclusion

By integrating effective homelessness prevention, diversion, and rapid exit approaches into systems, our focus is on providing assistance earlier in a household's housing crisis. It is the goal of these approaches to lessen trauma, identify and create new pathways to housing, reduce isolation, preserve scarce housing resources, and empower households to be partners in their housing plans. Implementing these strategies can best be achieved with clarity regarding terminology, timing, and the nature of the activities and services provided. This in turn reduces the prevalence of homelessness, the length of episodes of homelessness, and trauma, all of which better serve people facing housing crises.

Because these interventions better serve households in crisis, they also improve system effectiveness by reducing inflow and expediting outflow. With system-wide prevention, diversion, and rapid exit approaches, communities will see improvements in their system performance measures – shorter lengths of time people experience homelessness, reduced numbers of households experiencing homelessness for the first time, and fewer households returning to the system.

National Alliance to End Homelessness

July 22-24, 2019

Fred Gigliotti M.S.W., Director of Emergency and Temporary Housing, Office of Homeless Services, Philadelphia

Office of Homeless Services
CITY OF PHILADELPHIA

Lower Barriers Does Not Mean Lower Expectations: Engaging People in New Ways in Emergency Shelter

- **The Philadelphia Office of Homeless Services is the government agency tasked to make homelessness rare, brief and non-recurring in Philadelphia**
- **30 year round shelters for individuals and families experiencing homelessness with a total capacity of nearly 2,800 beds**
- **Homeless Intake Access Points which sees more than 20,000 people a year, diverting nearly half from shelter entry**
- **Financial Assistance (Prevention) to more than 1,000 households in to prevent homelessness**
- **Expanded capacity in winter months**

Conversion to Low Barrier

- **Housing First approach identified as the model which was HUD driven**
- **Culture change starting from OHS driving the new direction**
- **Housing First/Housing Focused Trainings offered to shelter providers**
- **Revised Emergency Shelter Standards moving from punitive to empowering**
- **Emphasis on philosophical shift that we no longer should police behavior**
- **OHS Shelter Director visited every shelter to communicate changes to both staff and participants**

Creating a set of Expectations

- **Honest exploratory conversations upon first meeting with Case Manager**
- **Continued attempts to divert or prevent further homelessness once sheltered including one-time rental assistance if the participant identifies a place to live**
- **Rapport building: Empower people using techniques from motivational interviewing**
- **Create a tangible sense of urgency particularly for participants with low vulnerability**
- **Participants Rights and Expectations: Develop a Housing Plan/Housing Agreement**
- **Low Vulnerability Pilot: 20% of shelter participants score in low vulnerability range**

Transition with Purpose to Low Barrier Services

- **Evaluate and eliminate shelter rules that do not have a health and safety concern**
- **This eliminates “power and control” tension between staff and participants**
- **If you cannot explain the “why” of a rule with a straight face, it probably should not be a rule**
- **Ask participants their experience with housing before entering shelter, including past scenarios**
- **Tailor the housing plan to the reason for homelessness. Eviction history vs family discord creates a different housing plan. Keep conversations real, no judgement on what happened that led to the experience of homelessness**

Emergency Housing Standards: The Guiding Document

- **Guiding Principles: Housing First, Housing Focused, Prioritization based on vulnerability, Person Centered, Strength Based**
- **Shelter Rules and Policies must not be punitive, restrictive, or designed to control behavior**
- **Participants Rights are emphasized**
- **Included is the right to be informed of the consequences of threats to health and safety**
- **The right to appeal a shelter's decision of Health and Safety Exit to OHS**

Shelter is a Process not a Destination

- **Be consistent, fully transparent and honest**
- **Set reasonable expectations from the start**
- **Subsidized Housing is not guaranteed nor an expectation**
- **Be creative (shared housing, affordable housing in other communities)**
- **Encourage savings by messaging that saving money while in shelter is investing in themselves**
- **Re-focus on the “business” of personal finance and housing, instead of the “behavior” of participants**
- **Remember that most participants can be successful with a light touch of service, save the resources for the most vulnerable in your communities**

Spring Point in Time Data

- **Street Count Spring 2019: 828**
- **Street Count Spring 2018: 895**
- **Singles in shelter Spring 2019: 1301**
- **Singles in Shelter Spring2018: 1113**
- **Family Members in Shelter Spring 2019: 1262**
- **Family Members in Shelter Spring 2018: 1379**
- **OHS increased resources for singles to assist in reducing the number of people on the street, which was largely driven by the City's Opioid Crisis**

For more information:

Fred Gigliotti, Director of Emergency and Temporary Housing
Office of Homeless Services, City of Philadelphia
Frederick.gigliotti@phila.gov

THE FIVE KEYS TO EFFECTIVE EMERGENCY SHELTER

HOUSING FIRST APPROACH

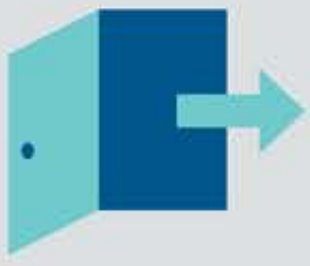
Align shelter eligibility criteria, policies, and practices with a Housing First approach so that anyone experiencing homelessness can access shelter without prerequisites, make services voluntary, and assist people to access permanent housing options as quickly as possible.

SAFE & APPROPRIATE DIVERSION

Provide diversion services to find safe and appropriate housing alternatives to entering shelter through problem-solving conversations, identifying community supports, and offering lighter touch solutions.

IMMEDIATE & LOW-BARRIER ACCESS

Ensure immediate and easy access to shelter by lowering barriers to entry and staying open 24/7. Eliminate sobriety and income requirements and other policies that make it difficult to enter shelter, stay in shelter, or access housing and income opportunities.



HOUSING-FOCUSED, RAPID EXIT SERVICES

Focus services in shelter on assisting people to access permanent housing options as quickly as possible.

DATA TO MEASURE PERFORMANCE

Measure data on percentage of exits to housing, average length of stay in shelter, and returns to homelessness to evaluate the effectiveness of shelter and improve outcomes.

National Alliance to End Homelessness

Portland, Maine Yes. Life's good here.

Health & Human Services and Public Safety Committee Minutes

Tuesday, November 13, 2018, 5:30pm, Council Chambers City Hall

Committee Attendance:

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

Councilors in Attendance: Mayor, Ethan Strimling; Spencer Thibodeau (District 2), Justin Costa (District 4), Kimberly Cook (District 5), Jill Duson (At Large), Nicholas Mavodones (At Large)

City Staff: City Manager, Jon Jennings; Assistant City Manager, Michael Sauschuck; Jeff Levine, Director of Planning and Urban Development; Christian Roadman, Planner; David Maclean, Social Services Administrator; Meaghan Void, Assistant Director of Operations and Acting Capacity Director of Oxford Street Shelter; Sara Fleurant; Assistant Director of Housing Services; Robert Parritt, Consultant; Executive Assistant, Adam Harr;

Community Partner Speakers: The Opportunity Alliance Chief Program Officer, Joe Everett, Boulos Realtor, Nate Stevens; Community Housing of Maine (CHOM) Executive Director, Cullen Ryan; Avesta Vice President of Residential Services Douglas Gardner; Avesta President and CEO Dana Totman

AGENDA ITEM 1 – Announcements

Chair Ray announced that City staff will be introduced as they present throughout the meeting.

City Manager Jon Jennings announced that Councilors Costa and mavodones are in meeting in the building and will join later in the evening.

AGENDA ITEM 2 – Approval of Minutes

Chair Ray entertained a motion; Councilor Ali moved to approve the October 23, 2018 minutes; Councilor Batson seconded and the motion passed unanimously.

AGENDA ITEM 3 – Homeless Services Center

City manager Jon Jennings introduced the history of the research and work City staff and the Committee has completed to on the model of future homeless services:

- Emphasis on collaboration with community partners and service providers.
- The model looked at a single 200 bed shelter where providers could deliver services.

Councilors have been reevaluating the role of a City emergency shelter that may be influenced by the clarification of Maine Housing (MSHA) and Housing and Urban Development (HUD) rules and regulations.

Future of Homeless Services in Portland

Assistant City Manager Michael Sauschuck thanked the City staff and community partners that are collaborating on the plan for service delivery in the city. The presentation provided context; statistics, information on different shelter models as well as information on possible locations; this information did not weigh for or against.

- In 2017-2018, there were 1,821 unduplicated shelter guests who stayed at the Oxford Street Shelter (OSS)
    - Average of 200 guests per night

- Executive Director of Community Housing of Maine (CHOM) Cullen Ryan explained shelter usage and how the stats informed the Long-Term Stayer Initiative (LTS)
    - OSS numbers peaked in 2013
        - 2,200 unduplicated guests
        - 1/3 people in shelter stay 1-3 days.
        - 55% are in shelter for 2 weeks or less
        - 80% in shelter for 2 months or less
    - 5% Long Term Stayers have move 180 bed nights in a year; 195 have been housed after providers collaboratively assisted this group.
    - Focusing resources on those population frees up resources and space in the shelter; allowing most people to resolve their homelessness faster.
    - A MSHA program policy change required an assessment for every person when they enter, A housing stability Plan and Vulnerability Assessment:
        - This wastes time as most people will self-resolve within three days to two weeks
        - People who do not assessments will supplant resources from those who need them most while at the same time increasing the amount of time it may take resolve their homelessness.
    - Multiple sites that coordinate services will be limited in that ability because providers have a limited number of staff to spread across locations.
    - People who would benefits from substance use services are unlikely to seek them out.
- Shelter Model Concepts
    - Smaller shelters throughout the city.
    - Not planning on a 200-bed emergency shelter, but a 200-bed services hub that helps people focus on housing while also receiving services that would increase the likelihood of remaining successful when housed.

        - The model shall reduce the population of those who need services due to on site resources increasing guests' ability help themselves.
- Model: Scattered sites would be able to accommodate limited overflows
    - Logistically and financially can be difficult
    - Client choice would be problematic and gut down the ability to guide clients to the best resource when personal preference may not match with the guidance.
    - Some costs would not increase across site
- Model: Combination:
    - Hybrids when Long term housing can be a goal
    - Dana Tottman, CEO of Avesta Housing, delivered some pros and cons
- Single Site model
    - Greater quantity and quality on site services

Avaesta Houses about 2700 families within 80 developments through southern Maine.

- Two assisted Living situations.
- 75 State Street has 67 assisted living and 85 independent living beds
    - Assisted with MaineCare funding
- Dana parterre with Iris to help people with visual impairments secure housing without judgment.
- Other partnerships include mental health with partner Maine Behaviorul Healthcare.
- A model for the senior population would have an assisted living that maintains individual agency.
- There is potential that new developments may work under MaineCare expansion,
    - Avesta analyzed characteristics of seniors needing housing
        - These ideas have potential.
- Joe Everett Chief Program Officer of The Opportunity Alliance.
    - The bridge program started in 1987 and is similar to what has been proposed assisting individuals with mental health and/or substance use disorders to successful housing by wrapping services in residential treatment bed.
    - The bridge currently has 12 beds, serving approximately 13 to 15 individuals in a year.
- Assistant City Manager Sauschuck explained personnel is a large defining factor of the cost difference between models, as well as food which is currently contracted out.
- Councilor Cook Clarified that the facilities represented in the slide showing the costs of the current facility vs. one new homeless services center facility vs. three smaller facilities were not the Avesta nor TOA programs described, but demonstrates the financial difference between the City running homeless services programs in one and in multiple locations.
- Revaluations of Homeless Services Policy
    - City Staff will assess different sizes and factors at the will of the council.
- Jeff Levine, Planning:

  - Updated analysis included original 7 sites, sites on a map of potential housing development sites on City-owned property and some others; 3 made remained that may be available and merit further consideration:
    - Baron Center
    - District Road
    - County Way (State owned but is big enough and has no active uses)
  - Housing Committee Search
    - Color coded map of 650 City-owned parcels of land
      - Some parcels are grouped to one piece of land (6-7 parcels group to one piece)
  - Parcels grouped between having over 10,000 or 20,000 sq. feet of land.
    - 10,000 sq. feet of land for smaller shelters of 30-40 beds
    - 20,000 sq. feet would for a larger shelter of 150-200 beds
  - Prohibited uses cut the list to 30.
    - Prohibited use is flexible term used for when a location's existing use was compatible, including deed restrictions, not a legal term or a zoning regulation.
- Nate Stevens, broker from the Boulos Co.
  - Looked at private sector land not owned by the City:
    - Existing buildings
    - Approximately 9,000 to 10,000 sq. feet.
  - Portland has a very tight market and limited the list
    - Only 15 options were found.
    - Many were not interested in selling.
    - Properties range in size from 11.00 sq. ft. 50,000 Sq. ft.
- Master Map of possible sites.
  - Cruise Ship added to list;
  - Mercy hospital was added to the list.
  - Thoughts on how
    - Zoning was not considered
- Any level of analysis can be revisited to the will of the committee.

Committee Questions

Model must be decided in order to move on and be able to focus on site selection. Chair Ray said that with the full council in attendance, this was an opportune time to get guidance from the full council so the committee could understand what the full council is inclined to support.

- Councilor Cook asked that Budget be part of the Model consideration.
- Mayor Strimling asked for clarification if the Chair is seeking a decision made on model tonight or in the following meetings.
  - The focus should be on choosing a model, not questions which sites versus another as those decisions cannot happen until a model is selected.

- Councilor Mavodones asked if the city can discriminate or put restrictions on who can be served in the shelter.
    - City Manager Jennings explained that the City just received guidance from the State and the Federal Government that contrary to established understanding (that the City could not impose residency requirements,) the City can restrict who can and cannot access the shelter.
    - Councilor Mavodones requested a memo from Corporation Council
- Councilor Batson requested that the meeting shift to the Memo on services models.
    - Councilor Batson asked how overflow was considered in the scattered site models.
        - Centralized intake at one location then assign clients to appropriate site.
    - Intakes: Considering a scattered site model and the services and structure needed, do the budgets reflect all costs?
        - No, everything is except the cost of services from outside providers.
        - Some cost savings would exist as one facility would have a kitchen with other sites capable of warming food.
        - How would specialty beds in addition to one or two smaller shelters.
            - Would specialty beds be separate rooms?
            - No, someone would have an intake and then be assigned a specialty bed based on their unique circumstances.
- Assistant City Manager Sauschuck explained that space would be leveraged to maximize location's ability to serve the needs of the target population.
    - Councilor Duson asked about the combination of low barrier and specialty beds as examples of A, B, C, or D.
- Does the City have the ability to buy property?
    - Yes but the City is not advocating to run an emergency Shelter and two specialized shelters; The City would run an emergency shelter and then help community partners open two specialty shelters.
    - Is there anything precluding the committee/City from giving land.
- Councilor Batson asked about stratifying individuals with mental health and/or substance use disorders by gender.
        - The information is self-reported so would not e comprehensive.
- Councilor Batson highlighted the specially shelters in the context of hospitals that discharge to emergency shelters; some individuals need extra care.
    - Councilor Batson asked what assistance is given at a PNMI.
- Councilor Batson asked Cullen Ryan about people with severe behavioral health issue.
    - When people present,
- Councilor Batson spoke with Acting Director of Preble Street Donna Yellen, about opening a specialty low barrier women's shelter.

  - Assistant City Manager Sauschuck explained that the City did not initially reach out to Peble Street due to the Resource Center recent curtailment of services but is completely open to such a project joining Portland's emergency shelter system
- Councilor Ali asked Avesta about housing that low- income, working and middle class.
- Councilor Ali Asked for Kenneth Capron to explain his proposal to use a decommissioned cruise ship for homeless services center
  - 8 Acres of the former boat would be subdivided into sub population neighborhoods.
  - There would be mixed use shops
  - Neighborhood segregation would be enforced by program managers.
- Councilor Cook asked Councilor Batson if in his conversation with Preble Street that already has a women's shelter, Florence House, why have they not already expanded?
  - Councilor Batson cannot speak to that based on his conversation.
  - Councilor Thibodeaux clarified that there is now plan to expand Florence house.
- Mayor Strimling would like that were a residency requirement be considered that, yay or nay, it would be in a parallel or distinct process from this item.
- Mayor Strimling compared the food budgets of existing small shelters and those budgeting the models presented.
  - We want to compare like with like in budget analysis where different programmatic elements such as hours or shelter and housing-first hybrids, would require deep dives.
- Mayor Strimling supports the collaboration.
- Councilor Duson is cautious of curating services for highly specified target populations and that resources can get disproportionally allocated away from the majority of those affected by homelessness: men.
  - Men are the most populous group experiencing homelessness;
  - Most vilified
  - Least sympathized.
- Councilor Mavodones asked about how much RFP or contractual details have been worked through.
  - Not at this time but there is buy-in from partners such as Greater Portland Health.
- Councilor Mavodones wants homeless services to be revaluated and likes a smaller single shelter.
  - Not everything should be driven by budget;
    - Must still be mindful of taxpayers
  - Like 150 beds.
  - Is considering the concern that someone could get lost a system of many shelters.

- Councilor Batson asked about the difference in budget costs between 5 and 3 sites and why is it so small?
    - Assistant City Manager Sauschuck suspects the personnel line and deferred to Rob Parritt.
    - Each iteration of the budget incorporated knowledge learned through this process.
    - The 5-site projection never included food until recently, as they had not gotten that far in the process before.
- Councilor Batson asked about why on the site analysis one criterion is "etc."
    - With this map:
        - Looked at different uses;
        - Then observed on a map, there was some physical element that would make it unfeasible or cost prohibitive (in a very wet area or on a cliff for example.)
    - While not by zone, how many are in residential zones or purely residential zones.
        - It may be more helpful to create that list after the committee decides on the model so they can look at locations appropriate for the facility/ies.
        - Regarding the smaller shelter zoning that the 2017 HHS & PS committee approved, it went to the Planning Board, but the Planning Board did not want to make a recommendation until they knew how the number of facilities in a particular area might be limited by licensing. This item (Smaller Shelter Zoning) was listed as a possible focus for the 2018 HHS & PS committee at the beginning of the year, but the 2018 committee did not choose it as a priority in its 2018 workplan.
    - Councilor Cook is excited to see community members looking to support different populations.
        - Wants to see a service funded by income streams other than property taxes
        - Portland is 5% of the state's population but has 50% of the number of people who stay in a shelter on any given night: 500/1000 people.
        - OSS spent less than $50,000 a year pre (YEAR)
        - Does not want to remain a statewide service as the State has pulled funding and may not be the best approach for clients who need to leave their own communities for shelter and services.
        - Cannot support the City operating more than one adult shelter
            - The City has a scattered site model.
        - Supports a parallel track for specialized shelters and services eligibility
        - Would support a singular City-run shelter of 100 to 120 beds to replace OSS.
- Councilor Thibodeau yeildeed his time to Councilor Costa.
- Councilor Costa asked how Medicaid Expansion will affect the process

  - It is unknown as certain eligibility requirements for housing funding have not changed;
  - Encouraged by partner opportunities and;
  - The possibility of new funding opportunities.
- Chair Ray likes the partner models
  - Acute care with housing first.
  - Chair Ray asked how people would be referred to the TOA program as the target population are less likely to seek a treatment bed.
    - The Bridge program previously used the shelter as a referral source and the proposed project
- Chair Ray previously understood the Council decided to pursue a single site model for cost savings purposes
  - Now Chair Ray supports the single site due to the majority opinion among area providers that a single site will provide superior service to community members experiencing homelessness.
  - Chair Ray read excerpts of emails from the following service providers, all of whom stated a single central facility would provide superior services: Milestone Recovery, Shalom House, Through These Doors, Amistad, Greater Portland Health.
  - Chair Ray does not want to spend more to provide less.
  - Chair Ray does not want to have to sex segregated facilities as
    - Domestic partners choose not enter as it would require separating from their partners and support systems.
    - It erases non-binary and trans people who may choose not to enter shelter
  - We don't need to look from away for experts, The LTS Initiative, the Oxford Street Shelter and the community partners have been recognized nationally for their work.
  - The scattered sight "small" shelters NYC is building have 200 beds.
- Councilor Duson is single site
- Councilor Cook is Single site 100 - 120
- Councilor Ali is pro partnerships with a city run single site. 150 feels high but may get there.
- Mayor Strimling is scattered site.
- Councilor Costa abstained from straw poll.
- Councilor Batson likes partnerships and is not sure about what the right number is looking at the fiscal impacts and possible boons. Is afraid of the impact on the neighborhood.
  - Wants to see another similarly sized city with 175-200 beds.
  - Doesn't want to have residential zones with shelters with more than 20 beds
  - Doesn't support single site

- Councilor Cook asked for a memo focusing on funding sources in Maine and the types of shelters that exist, how many and who they serve.
    - A gap analysis
    - The memo is on its way shortly.
- Councilor Batson wants the committee to wait on voting until further discussion and until Preble Street has a more defined idea of the kind of partnerships.
    - Councilor Ali asked if Councilor Batson wants to invite Preble Street.
- Councilor Thibodeaux wants to make clear what the guest councilors' roles were
    - How many single adult shelters should the city-run.
        - Majority opinion is one.
        - Chair Ray does not want to base the City's plan based on Preble Street as they operate Florence House, Logan Place, and Huston Commons at a deficit which they have to privately fundraise to fill each year. Also, the idea that Preble Street would like to open a women's shelter is not a new conversation. It has been suggested since at least 2015, but there has been no action to date to make it happen.
- Councilor Mavodones appreciates the straw poll and process
- Councilor Ali thanked the guest councilors and would lie to respect the committee process
    - Continue public private partnerships with the two organizations here tonight and
- Councilor Cook is comfortable making an agenda item for full council guidance

The guidance is that the City will operate one central intake homeless services center with the two proposed partnerships, continuing to grow

- Mayor Strimling: There should be a public comment if a decision was made
- Councilor Duson: The committee asked for model information and then asked for council opinion.
- The idea the council will approve is the single central site.
- Councilor Batson thinks it feels like a vote without process.
- Chair Ray reminded that the committee has had 18 months of public comment and voted on a single shelter
    - it was not until The Barron Center campus site was proposed that the question of model was raised again.
- Councilor Ali wants to respect process
    - City Staff have their direction
- Councilor Duson understands Councilor Batson wants to explore community partner projects with Preble street at the table.
- Councilor Ali- one step back for 5 steps forward
- Chair Ray doesn't not see the logic in moving backwards with a proposal
- Councilor Batson

    - Further information from potential partners.
    - Locations can be talked about but the model is imperative.
    - See all options
- Councilor Thibodaux: alternative proposals can be introduced at any time.
- Councilor Cook is happy to make a resolution on the model preference (single site) of the majority of councilors in the straw poll of the full council
- Mayor Strimling would like it to be agenda if it goes to the full council
    - It can be on the agenda
    - It does not require public comment
- Councilor Batson asked for information on multiple sites up to three
- Councilor Duson does not want to supplant the committee process
- Chair Ray wants the resolution to memorialize the guidance
- Councilor Duson will second
- Councilor Ali will support a resolution to memorialize the guidance as the guidance was recorded and is archived.

Next Steps

Councilor Cook to make a resolution at full City Council meeting.

Next Meeting on November 27:

- Shelter Model.
- Restriction Memo from Corporation Counsel
- Public Comment
- Committee Vote

The Committee adjourned at approximately 9:47 PM.

Portland, Maine Yes. Life's good here.

Health & Human Services and Public Safety Committee Minutes

Tuesday, November 27, 2018, 5:30pm, Council Chambers, City Hall

Committee Attendance:

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

Councilors in Attendance: Mayor, Ethan Strimling; Jill Duson (At-large) Nick Mavodones (At-Large)

City Staff: City Manager, Jon Jennings; Assistant City Manager, Michael Sauschuck; Director of Health and Human Services, Dawn Stiles; Director of Social Services, David MacLean; Former Director of the Oxford Street Shelter, Rob Parritt; Executive Assistant, Adam Harr

AGENDA ITEM 1 – Announcements

After a partner agency presentation, Chair Ray announced that people in attendance can voice their opinions during public comment and to refrain from applauding or booing what is said during presentations or public testimony.

Public Comments should be limited to the topic at hand.

AGENDA ITEM 2 – Approval of Minutes

Chair Ray entertained a motion to approve the minutes from the November 13, 2018 meeting; Councilor Ali seconded and the motion passed unanimously.

AGENDA ITEM 3 – Homeless Services Center

City manager Jon Jennings thanked the City staff, community members and partners, the Committee and Councilor Batson for representing his district while working collaboratively.

During this meeting:

- Possible vote on shelter model
    - For that reason, a public hearing is planned.
- Two Community Partners programs
    - Avesta
    - The Opportunity Alliance

- If the model proposed tonight is adopted, City staff's recommendation for the best location is no longer the Baron Center Campus.
    - The decision is still the committee's and full Council's

Homeless Services Model

Future of Homeless Services in Portland

- Assistant City Manager Michael Sauschuck
    - This process is not complete, including if there is a vote
    - 821 unduplicated clients in one year
        - 286 are 55 or older
        - 160 males and 40 female shelter guests per night
    - Model suggestion is 150 beds plus specialty beds/Partner locations
    - Avesta
        - 15 bed assessment center
        - 36 Unit Assisted Living Facility
        - 30 Unit Housing First Development
        - Next steps could be assisted living, Baron Center,
    - Opportunity Alliance
        - 15 treatment beds for homeless adults living with a major mental illness and who may also have a substance use disorder
        - Has partnered with the police dept. on mental health issues
            - Trauma informed treatment and support
    - TOA and Avesta will work with the City to establish a direct referral process into these programs and services.
        - Integrated with collobarations such as the Long-Term Stayer Initiative
    - Housing First is working in the community
            - Logan Place
            - Huston Commons
        - Looking to maximize space and resources
    - Financial Model
        - Clarified the Barron Center is not a proposed location in this cost estimate;
        - Barron Center will expand its food operartions to supply food to the shelters as the shelters themselves will not have kitckens
    - Additional Partner Documentation from
        - Avesta
        - TOA
        - Preble Street
    - Policy Guidance
        - Waiting for final guidance from Corporation Council (informed by HUD and MaineHousing policies)

- Donna Yellen, Acting Executive Director of Preble Street: Specialized Women's Shelter Proposal (Daft Document)
    - Low barrier shelter for women
    - Specializing in services for women experiencing substance use, domestic violence and behavioral health issues.
    - Accommodate women currently staying at OSS and an expanded local continuum of Care.
    - Up to 80 beds, based on need.
    - Partnership aid need
        - City to provide free land
        - Financial support
        - Exploring federal and state funding streams
    - Still a draft proposal as yet approved by the Preble Street Board.

- Mayor Strimling asked what the timeline would be for construction to be completed:
    - Firm timelines are difficult but after approval all processes would likely start concurrently but each will have their own logistical timelines.
    - Mike Tarpinian, president and CEO of The Opportunity Alliance: TOA's Bridge would likely take 12-18 month range.
    - Dana Totman, President and CEO of Avesta: Avesta would take about a year due to permitting.
    - Preble Street project would be about two years.
    - The City's timeline will depend on location and existing construction, but a new construction would likely mean a 12-18 month timeline
- At approximately 6:06 PM Chair Ray opened the floor for a public hearing, reminding those in attendance:
    - Public comments should stick to the Shelter model
    - Are limited to 3 minutes
        - Chair Ray will stand when the speaker has 30 seconds left
    - Audience remains silent
    - Questions will be noted and answered at the end of the comment period

- Jake Niles – Portland: Thinks we are heading in the right directions, current city policy guidelines to geographic origin and hard caps. There are no statutes prohibiting restrictions. The 3-model budget last meeting was for 3 city run shelters. Poverello center in Montana: it makes more sense for one city run shelter. 150 beds would be the largest per capita city-run shelter in New England.

- William Higgins - High Street resident. A rush to judgement on one center versus three will have one center to not be fair to one district. Having a center on the peninsula would help people seeking employment. There is an opportunity with the new administration to seek legislation to fund shelter beds.

- Cullen Ryan, CHOM – Most people are circumstantially homeless. Housing those staying longest to shortest is the right approach. It is better to plan for the worst with adequate capacity. One center is better than multiple shelters. One shelter done right, made bigger than needed will help make more efficient housing operation and shelter. An overcapacity shelter slows down the housing operation. It is wise to build a shelter to insure it will meet the need.
- Bob Fowler, Executive Directive of Milestone Foundation, shelter and program for people experience homelessness and substance use. Milestone supports the efforts to better serve this population.
- Jordan, Cook at Bull Feeney's grew up in Portland and cannot afford to live in the City anymore. Many people at the shelter should be in a healthcare facility. He has experienced struggle and has been priced out of the neighborhood he grew up in. The bathroom is one at a time, causing a homeless veteran to soil himself while waiting for the urinal.
- Cecelia Smith – Is excited for the TOA and Avesta proposed projects as well as the Preble street project. She is concerned a single shelter being opened that has over 100 beds is a mega shelter, citing NYC limits shelters to 100 beds. She would like the council to explore creative ideas to address the lack of affordable housing, such as fees from air bnb units or tiny houses. She would also like engagement from the religious community.
- Sarah Michniewicz – Speaking for herself, not the bayside neighborhood association. She supports the single site center as that is what the service providers serving the population support as the best model and is what the full council would support. Any other model is an attempt to delay. The Oxford Street Shelter is not adequate and cannot be upgraded to meet those needs. The City staff have proposed smart single site models, now adding community partner projects to maximize city resources. She encouraged the committee to choose partners carefully and to hold them to a high standard. There will be opportunity to correct the course but only if you continue to keep moving forward.
- Mike Best – Thanked the Council to look into all these options; taking the Baron center off the table makes him happy but not at the expense of another neighborhood getting a 150-bed mega shelter. Wishes the nonresidential areas would be considered.
- Adalarge Fleetwood – If you don't want a 150-bed shelter, stop offering services and shelter to individuals from other states. He has been in the state for 5 months to be with his kids. There are not enough resources for people experiencing homelessness, leading to the suicide death of a woman. He is homeless and works hard. Regardless of the size of a shelter, if there are not adequate resources, people will remain in homelessness.
- Deejay Beers is new to Portland from Daytona Beach, Florida. He has a section 8 voucher that he can't use because of the housing shortage. No shelter would accept him or his cat. He has been on the street and has been sleeping in a tent, leading state troopers to hack at his tent with him inside it, giving him a concussion. He liked the suggested programs but the numbers are too low and wants more shelters, not a single mega shelter. He moves into his apartment in December.

- Michael Stockmeyer – 19 Portland Street– He has an apartment that is too expensive but it is better than being homeless. He stayed in the Oxford street shelter and had a good experience. He does not support a one stop shop mega shelter, citing the NYC 100 bed limit ordinance. He thinks there should be two fair sized shelters with access to businesses.
- George Rhault, Bayside Resident – He is against a single large shelter. Preble Street in 2014 proposed an honest 300 bed single site solution. The BNA and City did not support it as it concentrated problems. He recalled that people accessing peer support at Amistad do not like going to the Preble Street Resource Center large day room. Service Providers such as CHOM, Avesta have developers financially benefitting from such moves.
- Sherril Harkins, HVJ and SHC – Homelessness is rising despite the increase of vouchers including families and people with substance use and mental health disorders, and disabilities. People are othered and shunned, unable to relieve themselves; people with medical issues sleep in parking garages because the shelter is not accessible. People in neighboring towns and cities that don't have shelters have to send them to the closest shelter. That is in Portland. We must end the "not in my back yard" mentality HVJ is open to collaborating, please include us.
- Steven Williams – Has not heard in the plans the acknowledgment that many people are from away and that this is a state and national problem and should not just be the responsibility of Portland tax payers. He is relieved the Barron Center proposed location. He reiterated this must be done with the cities sending people to our community.
- Jane Drew – HVJ: The shelter at OSS isn't working and HVJ fears that another single large shelter will not serve the different populations well. She is not pro-segregation but thinks with will be more efficient to have smaller shelters with specializations. New shelters must be completely accessible including easy access to public transportation. It is more important to have access to equal justice: who will be eligible to stay and receive services at the new location? Each representative has stated that anyone who needs shelter will receive it, HVJ is worried that this will change, leading to people being turned away and dying from exposure. People experiencing homelessness are who will be affected, and should be involved. People experiencing homeless are telling the committee and council that they want to be heard; don't hide us, include us.
- Sean Murphy Several small- versus one shelter. In 2012 the ending homelessness taskforce suggested smaller housing units for various demographics and a referral center. Several Smaller units could be added or taken out over time. The city has been working on a single-site model and it's not working. He does not want to choose a model but to move forward with a new option.
- Jenny Stasio – Through These Doors. TTD supports this process.
- Brian Townsend ED of Amistad – He is thankful that this has remained a priority issue. He noted confusion on the comments made about the Amistad board of directors. He has received consistent feedback on the single site model: safety, support/assistance, and effective links to housing. No feedback has indicated that the size of the shelter hasn't

made them feel more or less safe, the services more or less effective or that it would reduce housing. Amistad would be stretched thin working with one shelter and would not be able to serve multiple shelters.

- Carolyn Silvius – HVJ would like Collaborative planning, eligibility, and accessibility. Collaborative planning, not all members of the committer were available on a planned September 10th meeting date and no new meeting were panned since then. Eligibility: The City position has always committed to providing shelter to those who need it. HVJ fears that the City will walk away and cause the deaths of people who are not long time Portland residents. Accessibility: the time waiting for large bus commutes can be barriers to making appointments. Shelters are where people are temporarily residing and should be in residential areas. People should not be hidden and subjected to
- Channing Cambuchino – supports smaller shelters and integrating all people. She asks that if the smaller shelter model is accepted that the committee consider how many services already exist in an area and to please consider balance.
- Maya Lena President of Nason's Corner – Nason's Corner residents were not consulted during the planning and have unanswered questions: what would the overflow capacity be, how would it work in a residential neighborhood, these questions apply to any shelter in a residential setting. Shelter planning taskforce in 2015 looked at smaller shelters, not the proposed large model. What location in the city would best serve people experiencing homelessness?
- Shawn Erwin Supports a single shelter; it is efficient. There is already a multi shelter model across the city. The intake needs with the city are best served by a single site. The Current system is in crisis, more research isn't needed, rather the political will to move forward with the consensus model that's been reached. He thanked the councilors for working to solve these problems.
- Todd Henry or Pinecrest Rd.– No political appetite to change intake process. Encourages council to analyze shelter eligibility.
- Dennis Parante is in favor of single shelter model for financial reasons and to achieve balance with the multiple shelters already in the city. He cited the 150-bed crossroads shelter in Portsmouth that appears to be successful.
- Debra Morvit – is from away. She is in her 80s and has a sharp mind and perspective to share including stays at two shelters in Portland. Homeless Services in Portland have not asked the guests and community. She is an artist and advocate with HVJ. She engages with all types of people including the children and adults in shelter. She recalled pearl harbor and the turning point in history, recognizing the turning point we find ourselves in today. Every time she is seeming to get ahead, a setback pops up; theft, age discrimination, etc. It is not an equation of how many and how much, but what do individuals need as people. Wants a security CCTV system to prevent theft.
- Lynn Denight – She has lived in Portland for 8 years and is now homeless due to political evictions/gentrification. She has a housing choice voucher but is priced out of the community. The rental prices are too high to work with her voucher. One was called a

luxury apartment at $1,400 a month for rent. She is literally homeless, not knowing where she will sleep tonight. Landlords increase rents up the maximums possible, evicting and pricing people out and into the shelter or to sleep outside.

- Frank D'Alessandro PTLA – Rental Housing issues, 1,400 cases in Portland. The number of beds will be inefficient without addressing the lack of affordable housing in the city. People with housing vouchers remaining homeless. Please explore the possibility of restoring state funding. The talks of residency for cost savings; there is no evidence to support that people are coming to Maine to take advantage of our generosity. A hard cap in the number of beds to serve homeless people does not mean that people will be ineligible for General Assistance, meaning the alternative required of the city may be more expensive than the shelter. Residency requirements are unconstitutional. He implores the council to instead invest in creating more affordable housing.
- Brett Gabor of Frederick Street – thinks the council is moving in the right direction with the partner model but is worried about the larger shelter model. Is afraid that the larger shelter will be harder to manage vs smaller shelters. He wants to see more programs like Logan Place.
- Norman Maze, Deputy Director of Shalom House – Understanding the concerns, they do not support smaller specialty city-run shelters They support the added residential treatment beds and assisted living projects. The city already has five specialty shelters. Residential treatment allows people to exercise their freedom. Any Homeless Services Center would demonstrate that the City does not hide its homeless neighbors but provides a safe place to stay temporarily as they get back on their feet.
- Laura Cannon of Paris Street - She thanked the councilors, committee and full council and city staff working on this initiative. 2012 taskforce centralized location process with collocated services, six years later community partners still support this. She encourages a vote tonight to enable such possibilities rather than prescribing them. Building a new facility is a step addressing the complicated problems of homelessness the city of Portland is obligated to residents in ways that private entities are not. She hoped that the committee will move forward with a vote on a single facility.
- Bod Shiabul of Birchvale Drive - He became a resident of Portland in July. In late September during the committee meeting he heard the committee consider evidence a different city owned model may be better. His friends told him it was politics. He said he has only heard anecdotes not evidence. He asked to see evidence-based arguments.
- Gloria Sklar wants to hear from the right people, HVJ members feel like they haven't been engaged and want rigorous evidence from consumers. She reiterated that emergency homeless shelters cannot be talked about without looking at the root causes. Preventative measures would look at affordable housing and the opioid crisis. Why does HVJ feel unheard and will the committee look at root causes of homelessness?
- Dick Farnsworth of Old Mast Road and State Representative of House District 37 – Thanked the committee for hearing the issues of this complex problem. It is important to understand the diversity of the population talked about. It is difficult to have a single

solution and it is important to have an open mind. This is not a Portland problem, it is a statewide and national problem. The Portland delegation recognizes this. They would like to work with the Council and other communities to provide the resources needed for opioid treatment, mental health treatment to meet consumer needs and to develop housing, not just emergency shelter. He wished the committee good luck.

Public comment closed at approximately 7:35 PM

Questions asked of the committee:

- Overflow capacity in 150 bed model: there would be a flexible space in the shelter that would be used to keep people inside. Referrals to milestone and the hospital would continue.
    - Building to our need is unique.
- Housing: OSS is a referral-based housing program that houses several hundred people out of the shelter each year.
    - Lack of affordable housing in this and surrounding communities is a major component of the problem.
    - OSS follows all laws permitting service and companion animals; pets are not allowed.
    - Accessibility: people are not turned away and many guests with disabilities are staying in the shelter.
- A law prohibiting shelters above 100 beds in NYC does not exist; a 200-bed shelter was opened recently.
- HVJ has been invited to the meetings but have chosen to only attend two meetings.
    - Assistant City Manager Sauschuck will continue to invite and reach out to them.
    - Councilor Ali will continue outreach.
- Councilor Batson was disheartened with the comment equating instilling eligibility restrictions to killing people.

Committee Questions

- Counselors Ali asked about the numbers given from Preble Street; they are looking to open an 80-bed shelter.
- Councilor Batson: City Guidance on the correct number of beds and will be ongoing with input.
- Chair Ray wants to make sure there is adequate capacity as it is much easier to repurpose and scale down than to scale up.
    - Very interested in Preble Street opening a women's shelter
    - The City shelter should not consider gender due to not being able to stay with opposite sex partners leading to them sleeping out.
    - Prospects of partner projects makes 150 more comfortable
- How comfortable are each organization using their current funding situation to create these proposals and their thoughts on longevity?

- TOA: Bridge has existed for a long time and is expected to be paid by MaineCare and the hope is that the single adults without children who used to be eligible for MaineCare will regain access under the new administration.
- Avesta: Avesta's oldest assisted living development was created in 1854 with other projects created in the 90s and 2000s. They have survived through changing finances and were created with loans that are only given if they have the money to sustain their projects for 30 years. They are optimistic that this model looks similar to successful ones.
- Preble Street is a private non-profit organization. Most financially secure with a 50% private, 50% publically funded model. Public funding from federal, state, and county streams combined with private sources with an active board looking to not initiate projects without being able to sustain it.
    - Councilor Batson asked for information on the curtailing of services
        - Single adults do not have much funding unless they also are part of a special demographic: victims of trafficking, veterans, etc.
        - It would be the least harmful cut to reduce day shelter hours because Oxford Street serves single adults and expanded its operations into day shelter for its guests.
- There is not an additional tax burden to the resident of the city of Portland

- Mayor Strimling asked Dana Totman if about turnover at Avesta's assited living project. There is turnover due to the frailty of residents, some pass on. Residents must demonstrate deficits in daily living activites to qualify, if progressed residents will move on to nursing facilities.
    - More likely the blend of funding sources may change.
- Mayor Strimling asked about TOA's bed cap
    - 15 because 16 or over initiates prohibitive regulations.
    - Immediate assessment and transition plan
    - Directly linked to shelter, first offered to qualifying OSS guests.
    - What would prevent TOA from having 17 bridge programs?
        - Neighborhood resistance makes it not an easy solution
        - Medicaid pays for 85% of the cost;
            - The remaining 15% is about $180,000
            - Who will pay for the room and board
            - The recent environment in the state discouraged new buildings/programs.
        - Narrowly focused programs can be very effective leading to efficient turn around.
    - How many people could benefit/does OSS expect to keep them filled?
        - How many 15 bed projects could be filled
            - Hard to answer precisely as statistics are based on self-reporting.
    - TOA Bridge is not just 15 beds, 12 already exist and that may increase to 15.

        - The people remaining on the LTS list would immensely benefit from individualized programs.
    - With the understanding OSS would get direct referrals if Portland partnered in their creation, does TOA partner with other municipalities?
        - There are other projects with other target medical and behavioral health condition, but the bridge is unique in its focus on people experiencing homelessness and substance use disorders.
            - This would be a model to share responsibility with other municipalities.
        - OSS would have first right of refusal to the 15 bridge beds
    - Some affordable senior housing serves people older than a certain age OR who have a disability; the Avesta project would only be for people 55 and older.
- There is some uncertainty in Preble street model as their board has not voted on it
    - Councilor Duson asked Rob if the City recommended model would be successful independent of the partnerships.
        - They are not designed to diminish the number of beds at the shelter.
- Is the cuts to services causative to the increase shelter populations?
    - Rob believes so and is looking to see what impact the new administration will have.
- Is there a plan for some of the projects to be co-located with community partners?
    - If that would work best it would be considered.
    - If a parcel could accommodate co-locations, it would be a consideration.
- Councilor Batson thanked Donna for presenting and asked Dana about similar PNMI facilities, is there a close point of reference?
    - 37 bed assisted living program in graham have 20 beds which are supported by PNMI (Private Non-medical Institute, a form of Medicaid funded level 4 assisted living program; not all level 4 facilities are Medicaid eligible)
    - This would be the first PNMI assisted living facility focusing on people experiencing homelessness; the same medical and daily living eligibility of existing PNMIs will apply
    - PNMI requires 1 care-giver per 12 residents.

Chair Ray asked the committee to give thoughts on the wording of a motion to give City staff official direction.

- Councilor Batson is comfortable supporting a single City-built shelter having seen the proposed partner projects and thanked each agency.
    - Move to direct the City move forward pursuing a single City-operated facility of yet to be determined beds, up to 150 beds in conjunction with Avesta and the Opportunity Alliance.

    - Is there a way to word it to include projects that are more concrete with leadership directing the projects?
    - Councilor Ali asked how long it would take for the Preble Street Board to sign off on the project and flesh out a partner project.
        - The board sanctioned the draft, and wants to be here, but a needs assessment and planning with City staff.
        - Donna asked what the committee needs to feel comfortable.
            - Councilor Ali asked how comfortable Preble Street is in the planning process.
        - Chair Ray clarified that she does not want to make the City's plan contingent on the success of partner projects.
    - Councilor Batson would be amenable to adding 'potential' partnerships to assuage the contingency concern and open up the planning to include other partners/projects.
- Mayor Strimling: Staff to pursue multiple site model with up to 150 beds coordinating with partner projects.
    - City to pursue a single city-owned site.

Councilor Batson moved that this committee adopt a resolution stating that committee supports the City building a single low-barrier shelter, beds to be determined, in conjunction with supporting the potential public-private partnerships with organizations: Avesta, Preble Street, the Opportunity Alliance, as well as any other organizations that may come to the table. Councilor Ali seconded. Discussion:

- Mayor Strimling is concerned about defining moving forward based on partner projects.
- Councilor Ali thinks that the language Councilors Batson provided will allow the project to move forward if proposed projects do not.
- Councilor Duson would like to add language to show that staff can work out what support the City would offer such as land or other supports, and supports the Mayors suggestion of adding the explicit referral agreements outlined by the agencies that presented.
- City Manager Jennings is pleased with the guidance as it gives City-staff clear guidance.
    - The committee is asking staff to
        - Look for a location for a homeless services center (likely up to 150 beds);
        - Work with partnering service providers on the mutual supports, including land or colocation considerations leading to draft MOUs.
- Mayor Strimling is pleased with how far things have come that builds out the City shelter and multiple smaller projects that stakeholders have been looking for. He still supports the smaller multi-site model and is pleased with how much progress this committee as made.
- Chair Ray made clear that the challenges faced at the Oxford Street Shelter is not cause by staff, but the physical facility that was never designed to be an emergency shelter. It is

an outwardly facing design, where people have to line-up outside, on display. A new facility would do these processes inside with a physical space designed to honor the dignity of the people staying in shelter.

Committee vote: the motion passed unanimously.

Next Steps

- First meeting in January
  - Public hearing on Paid Sick leave with possible vote
- The second January meeting
  - Homeless Services Center

The meeting adjourned at approximately 9:00 PM.

Rules & Procedure for Public Testimony

Council committees use the City Council rules for public testimony. You can find the complete rules in the *Rules of Procedure for the City Council, Rule 31. Procedure for Addressing Council.* This document is available on the City Website:

http://www.portlandmaine.gov/DocumentCenter/View/1184

Below is a summary of the main points:

- If you wish to speak, please raise your hand or line up.
- When you are recognized by the Chair, you will have up to three (3) minutes to offer your comments. Please begin by stating your name and where you live.
- While someone is speaking, others in attendance will not interrupt.
- There should be no expressions approval or disapproval (applause, snapping, boos, hissing).
- Remarks shall be confined to the merits of the pending item.
- The Chair may limit or cut off any commentary that is not germane or that is scurrilous, abusive, or not in accord with good order and decorum.
- Any person who shall continue to violate these rules, after warning by the Chair, may be ejected for the remainder of the meeting then in progress.