Portland, Maine Yes. Life's good here.

Health & Human Services and Public Safety Committee

Tuesday, November 27, 2018, 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
   This draft agenda packet will be updated to a final and complete version on Wednesday, November 21, 2018.
2. Review and Approval of Minutes from November 13, 2018
   a. November 13, 2018 DRAFT Minutes
3. Shelter Model
   a. Shelter Models
   b. Maine Shelter Inventory Chart
   c. Proposed Partner Projects
4. Public Comment
   a. Rules & Procedure for Public Testimony
5. Committee Vote
6. Next Steps

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

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

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

www.portlandmaine.gov/shelterplanning

City of Portland Commissions are not required to take public comment under FOAA and our Ordinance is silent regarding the duties of the Commission. The Commission has the discretion to not allow or allow public comment during its meetings, including the authority to limit the duration of comments. Since the Commission makes recommendations to the City Council, public comment is available at that level.

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.

The Future of Homeless Services in Portland

Health & Human Services Committee Meeting & Public Hearing

November 27, 2018

This presentation and ongoing conversations include preliminary information on the homeless services center relocation project. The information includes draft financial assessments for the City and its potential partners. No final decisions have been made at this point. This information is solely intended for discussion purposes only.

1,821 Clients

Number of unduplicated clients during the time period of Oct 3, 2017 - Oct 3, 2018

286 are 55 & Older

Average of 200 a night = 160 male and 40 female.

Combination of Low Barrier HSC + Specialty Beds

Partnership with Avesta Housing & The Opportunity Alliance

Up to 150 low barrier beds on one site

+

Specialty Beds

Potential Specialty Beds Exclusively for OSS Clients

Avesta Housing

- 15 Unit Senior Assessment Center
- 36 Unit Assisted Living Level IV Private Non-Medical Institution facility (PNMI)
- 30 Unit Housing First property for seniors

Opportunity Alliance

- 15 Units for Clients with Mental Illness

Information for modeling purposes only

Avesta Housing Specialty Program

15 Bed Assessment Center - This would be a temporary (up to 14 days) residential program. Individuals would enter this program and would then be assessed for appropriate placement.

36 Unit Assisted Living Facility - This would be a traditional Assisted Living Facility where residents receive assistance with Activities of Daily Living (ADL's) including dressing, bathing, ambulation, medication management, etc.

30 Unit Housing First Development - This would be similar to Avesta's other three Housing First Developments: Huston Commons, Florence House and Logan Place. Each of these developments has housed chronically homeless individuals.

Opportunity Alliance's Specialty Mental Health Residential Treatment Program

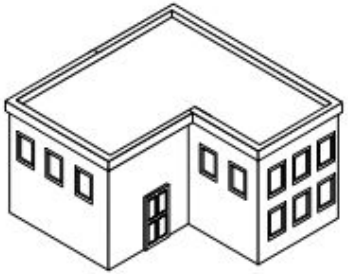
- trauma informed treatment and support services to homeless adults living with a major mental illness and who may also have a substance use disorder
- OA will work with City staff to identify program participants

In partnership with Community Housing of Maine (CHOM)

Program services and strategies will include:

- Outreach services
- Supportive and supervisory services in a residential setting
- Ongoing care coordination
- Mental health and substance use treatment
- The development of independent living skills and a permanent housing plan
- Referrals to community resources (e.g. primary care, mental health and substance use services, peer recovery programs, support groups, educational and employment resources, etc.)

Financial Models

150 Bed Emergency Shelter	Avesta Specialty Site	Opportunity Alliance Specialty Site
		
$4.5 Million	$TBD	$TBD

Policy Guidance

Staff would like to recommend that as we are in the process of deciding where and how to locate a new service center, that the Council take a look at long-standing policies regarding local and state guidelines for shelter eligibility and responsibility.

PROPOSED BUDGET FOR HOMELESS SERVICE CENTER

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

Footnote:

Star up cost breakout

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

PERSONNEL

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

Personnel Assumptions

One facility

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

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

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

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

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

EXPENDITURES ASSUMPTIONS

ONE FACILITY PROPOSAL

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

Contractual Services Detail

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

Assumptions

Preble Street will no longer be needed to provide food

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

for expenditures related to square footage

Utilities/Rent/Maintenance Calculation

(Based on estimated per square foot cost)

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

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

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

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

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

ADDITIONAL EQUIPMENT NEEDED FOR BARRON CENTER KITCHEN

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

TOTAL EQUIPMENT **$87,094.00**

CAPITAL NEEDS

TRUCK WITH LIFT FOR DELIVERY

TOTAL CAPITAL **$0.00**

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

FOOD COST

$10.42 PER DAY

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

TOTAL FOOD COST **$570,495**

ADDITIONAL LABOR NEEDED AT BARRON CENTER

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

ADDITIONAL LABOR NEEDED FOR FIVE FACILITIES

DRIVERS FOR FIVE FACILITY DELIVERY	2
ADDITIONAL SUPPORT TEAM WORKER	5

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

SUMMARY

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

ASSUMPTIONS

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

Start Up Costs-One Facility (150 BED)

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

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

ESHAP - Emergency Shelter Homeless Assistance Program

TCM - MaineCare Targeted Case Management

GA - General Assistance

C0-Op - Communal farming/goods agreement

OSA - Office of Substance Abuse

CDBG - Community Development Block Grant

RHY - Runaway and Homeless Youth Act

FQHC - Federally Qulaified Health Center

Private Funding - Fundraising/donations

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

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

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

Maine Shelter Inventory Chart Details

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

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

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

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

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

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

from the largest here in Portland to shelters with barely ten beds.

Staff look forward to continuing to work with the HHS Committee and City Council to continue to provide information and answer questions pertaining to this very important discussion regarding Portland's emergency shelter system.

AVESTA HOUSING

TO: Jon Jennings, Portland City Manager
FROM: Dana Totman, President, Avesta Housing
CC: Councilor Belinda Ray, Chair, HHS/PS Committee
Councilor Brian Batson
Councilor Pious Ali
DATE: November 20, 2018
RE: New Concepts for Addressing Senior Homelessness in Portland

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Background:
Avesta Housing is a nonprofit housing organization with more than 45 years of experience as a leader in affordable housing development and property management in southern Maine and New Hampshire. The organization is headquartered in Portland, Maine and currently has 87 properties (including three Housing First developments), 2,400 apartments, and two Assisted Living facilities in its portfolio. Avesta's mission is to improve lives and strengthen communities by promoting and providing quality affordable homes for people in need. Its five areas of focus are advocacy, housing development, property management, senior/assisted living, and homeownership.

Proposal:
Avesta Housing is currently studying the feasibility of three programs that would serve homeless persons who are 55 or older. Our initial plan is conceptual in nature and is based on our knowledge and research of homeless individuals who are older and our experience in owning and managing Assisted Living Facilities, Housing First and Senior Developments.

> **36 Unit Assisted Living Facility:** This would be a traditional Assisted Living Facility where residents receive assistance with Activities of Daily Living (ADL's) including dressing, bathing, ambulation, medication management, etc. Assisted Living, sometimes referred to as Residential Care, is a Maine DHHS licensing designation and in simple terms is a level of care less than Long-Term Care/Nursing Home and greater than home health service provided to independent living residents. This type of licensure mandates minimum staffing levels to ensure the care needs of all residents are met and to provide adequate supervision 24 hours per day, 7 days per week. Traditionally, residents either pay for their room, board and care with private funds or the cost of providing these

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services is paid for by MaineCare (Maine's Medicaid Program). In Maine, Assisted Living Facilities that rely on MaineCare as a funding source are called Level IV Private Non-Medical Institutions (PNMI's). It is assumed the older homeless population that would live in the proposed facility would be low income and thereby financially eligible for MaineCare. In addition to financial eligibility, DHHS requires that a resident of a PNMI be medically eligible for services as well. This medical eligibility is determined by Maximus, a third party contracted by DHHS to conduct assessments on all nursing home and assisted living residents prior to admission. Our proposed Assisted Living Facility would be held to the same standards.

MaineCare will be the primary funding mechanism and ideally will be adequate to pay for the debt on the facility. The most common debt are loans with the Maine Health and Higher Education Facilities Authority (MHHEFA). If the PNMI revenue is inadequate to support the debt and operations of the facility, either ongoing alternative funds will be necessary to fund the ongoing debt and operations, ongoing services will partially be provided in-kind, or the amount of debt may be reduced up front by grants and/or donations which could cover some of the capital costs. Avesta currently operates two similar Level IV PNMI programs.

30 Unit Housing First Development: This would be similar to Avesta's three other Housing First Developments: Huston Commons, Florence House and Logan Place. Each of these developments has housed chronically homeless individuals. The real estate development costs associated with these three projects has been paid for by several layers of financing. Most of the financing has been provided by MaineHousing and includes housing tax credits, and federal grant funding. Additional funds have come from the Federal Home Loan Bank and Portland's federal grant funding and TIF's. MaineHousing does continue to have these financial resources and will also soon have the proceeds of a $15,000,000 Senior Housing Bond to support the construction of senior housing developments. Governor-elect Mills has pledged to release the proceeds of the Senior Housing Bond as soon as she takes office in January of 2019. Rent for each of the three Housing First developments has been provided by housing vouchers which Portland Housing Authority has provided. This is not an unlimited resource. Each of these previous developments also required a partnership with a qualified support service provider (Preble Street) who provides 24-hour onsite support, supervision and assistance. The source of funds for these on-site services has varied in each of the three Housing First developments. There is no obvious source of funds to pay for these services, however a recent guidance letter from the Center for Medicare and Medicaid

Services (CMS) identifies potential State mechanisms for using Medicaid resources to pay for housing related services. According to the bulletin, "States can use a 1915(c)HCBS (Housing and Community Based Services) waiver program to cover some housing related services." "….States can reimburse for… tenancy sustaining services…." Previous discussions with Maine's DHHS Commissioner did not generate support for seeking a 1915(c)HCBS waiver, however changes in Administration may create more interest.

15-Bed Assessment Center. This would be a temporary (up to 14 days) residential program. Individuals would enter this program and would then be assessed for appropriate placement. It is assumed that some would be referred to Long-Term Care/Nursing Home level of care; some would be referred to the PNMI supported Assisted Living programs (Avesta's or others); some would be referred to the housing first development; and some would be referred to other community options. The funding for the assessment center is less clear, however the 1915(c)HCBS information bulletin has extensive discussion of using Medicaid resources to pay for assessing older individuals' housing and service needs.

The actual facilities have not yet been designed or cost estimated. It is assumed the three components of this proposal could potentially be in one building with condominium splits for the distinct programs with floors or wings representing the separate operations. Alternatively, the three programs could be in multiple buildings on the same campus.

Avesta Housing looks forward to continued discussions with the Council and city staff to bring the aforementioned proposal to fruition. We are committed to a continued partnership with the City of Portland in ending senior homelessness.

Specialty Mental Health Residential Treatment Program

November 16, 2018

~ DRAFT ~

About The Opportunity Alliance

The Opportunity Alliance (TOA) is a dynamic, results-focused community action agency working to improve the lives of over 20,000 individuals facing barriers. With over 50 years of experience, TOA draws from a comprehensive set of programs which address issues such as mental health, substance use, homelessness, lack of basic needs, and access to community supports. Through an extensive array of services, TOA provides opportunities for individuals to stabilize fragile situations and then works with them to achieve self-sufficiency. TOA is client-focused with extensive experience working with different populations including individuals living with co-occurring disorders as well as homeless youth, adults, and young parents. TOA has recently been re-accredited by the Council on Accreditation through a process involving a detailed review and analysis of an organization's administration, management, and service delivery functions against international standards of best practice. The standards driving accreditation ensure that services are well-coordinated, culturally competent, evidence-based, outcomes-oriented, and provided by a skilled and supported workforce.

Proposed Service Model

TOA's Specialty Mental Health Residential Treatment Program, with a capacity of 15 residents, will provide trauma informed treatment and support services to homeless adults living with a major mental illness and who may also have a substance use disorder. To achieve recovery, these individuals require a safe, supportive residence while permanent housing and linkage to community resources are established. The program staff will work closely with the City of Portland shelter staff to identify individuals who may benefit from TOA's Specialty Mental Health Residential Treatment Program.

The program will work to address the complex needs of the clients, utilizing an integrated, individualized, and client centered approach, 24 hours/day by staff trained in trauma informed care, crisis intervention, and mental health and substance use treatment. Staff will work with client in the ongoing development of coping skills and the identification of behaviors which contribute to homelessness. To help individuals stabilize and develop goals that will move them toward the most independent, supportive, permanent living situation possible, staff and clients will work together to develop individual care plans.

Program services and strategies will include:

1. Outreach services;
2. Supportive and supervisory services in a residential setting;
3. Ongoing care coordination;
4. Mental health and substance use treatment;
5. The development of independent living skills and a permanent housing plan; and
6. Referrals to community resources (e.g. primary care, mental health and substance use services, peer recovery programs, support groups, educational and employment resources, etc.).

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.