Health & Human Services and Public Safety Committee

Tuesday, November 10, 2020, 5:30 PM
Remote Meeting

Councilor Belinda Ray, District 1, Chair
Councilor Tae Chong, District 3
Councilor Pious Ali, At-Large

1. Announcements

   a. Zoom information:

   Please click the link below to join the webinar:
   https://zoom.us/j/96664112027
   Or iPhone one-tap :
   US: +13126266799,,96664112027# or +19292056099,,96664112027#
   Or Telephone:
   Dial(for higher quality, dial a number based on your current location):
   US: +1 312 626 6799 or +1 929 205 6099 or +1 301 715 8592 or +1 346 248 7799 or +1 669 900 6833 or +1 253 215 8782
   Webinar ID: 966 6411 2027
   International numbers available: https://zoom.us/u/aA1OVXj56

2. Review and Approval of Minutes from October 13, 2020

   a. October 13, 2020 draft meeting minutes.

3. Updates

   a. Expo Transition

4. Licensing and Buffers for Emergency Shelters

   a. Overview of staff findings
   b. Committee requests for January

5. Overdose Prevention Sites

a. Overview of available local resources

b. Public hearing

c. Next steps

6. Next Meeting: January 12, 2021

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

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

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

www.portlandmaine.gov/shelterplanning

Health & Human Services and Public Safety Committee Minutes

Tuesday, October 13, 2020, 5:30pm, Remote Meeting

Committee Attendance:

Belinda Ray, Chair (District 1), Tae Chong (District 3), Pious Ali (At-Large).

Councilors in Attendance:

City Staff:

Kristen Dow, Director of Health and Human Services; Jennifer Thompson, Associate Corporation Counsel; Bob Fowler, Director of Public Health; Bridget Rauscher, Chronic Disease Prevention Program Manager; Adam Harr, Executive Assistant for Social Services.

Meeting called to order at 5:32 PM.

AGENDA ITEM 1 – Announcements

AGENDA ITEM 2 – Approval of Minutes

- Councilor Chong moved to approve the minutes, Councilor Ali seconded and the minutes were approved unanimously.

AGENDA ITEM 3 – Updates

- Kristen Dow, Director of Health and Human Services gave an update on the new Homeless Services Center as well as general shelter updates.
    - Must leave the Expo by October 25th but still can only have 75 people at OSS.
    - Currently working on an MOU to use the Joyce House at County Way for temporarily emergency housing.
    - Currently negotiating rates to have a block of rooms at one hotel similar to what Bangor has done.
    - Homeless Services Center is moving forward.
        - Will include the services previously planned: peer, medical, mental health and substance use, and employment services, laundry and food on site.
    - Councilor Chong Asked how many people are at the Expo.
        - Last night there were 31 individuals.
        - Looking at the hotel as well as Joyce House because numbers increase in winter. .
        - New people presenting for shelter are placed in hotels using GA.
            - Looking to consolidate with a short term lease into one hotel operated more like a shelter.
    - For people who do stay in hotels longer term, at what point do we consider people as part of the larger population at OSS or Joyce House?

        - With the established winter plan, it is possible to bring people in to fill the shelter.
    - We are hiring housing councilors
    - What is our GA acceptance rate and is it till in the high 90%? It has been low during COVID-19.
        - Will get this number.
    - Councilor Ray asked if there is a timeline on the State-funded hotel.
        - Director Dow is hoping to have something solidified by the end of October. It would be similar to the PUI/Respite shelter being run by the Jetport which is month to month based on the pandemic emergency.
    - Councilor Ray asked about the plans for the new Homeless Services Center on Riverside Street. There was along public process in this committee with a site plan up next. They understood needs but were unsure how the pieces would fit together without a site; now that the site has been chosen, staff are working on fitting those pieces to the site. The next step is seeing those components chosen in the public process in this committee worked out and inform a site plan review.
        - This was pre-covid and bed spacing needs to be considered now.
        - The homeless services center needs to keep moving forward as the Joyce House agreement expires in April and we are in hotels month to month.
    - Councilor Chong asked if the state is aware how much we are spending on hotels and the associated expenses. Do people placed in individual rooms at hotels feel it is a better experience?
        - The State is aware the costs. We take responsibility being good stewards of the City's money and the State's money.
        - There is isolation in hotels and feelings towards hotels will be different person to person.

AGENDA ITEM 4 – Mental Health

- Bob Fowler, Director of Public Health, explained he will contextualize mental health and substance use with national level data.
    - US
        - 2019 had the highest number of drug related deaths on record:
        - Life Expectancy has gone down as a result of the opioid epidemic.
        - 72,000 died last year due to drug overdose, a 5% increase; 2020 is expected to increase by 13%
        - Suicide rates have increased 35% over the past 20 years.
    - Maine
        - Drug fatalities up 23% in 1st quarter 2020 versus prior quarter (127 vs 103)
            - Opioid involvement in 82% of cases
            - Cocaine/crack in 30%
            - Methamphetamine in 16%
            - Non-pharmaceutical in 71%
- Trends that negatively impact mental health and substance use.
    - Economic Trends
        - Widening economic disparity

        - Stagnant wages that saw 2018 adjusted wages are lower than those in 1973.
        - Loss of good jobs and union jobs.
    - Hopelessness increases with the loss of opportunity seen in the above indicators.
    - Impacting everyone.
- Loss of community and civic engagement.
- Loss of "Social Capital" reducing the ability to find a job, recover from illness and cope with stress.
- Epidemic of Loneliness with measurable health impacts.
- People with Mental Health and Substance Use Disorder are especially impacted.
    - Substance Use isolates people to begin with.
- Increase in incarceration rates impacting mental health in our communities.
    - Rates of incarceration increase fivefold since 1970s.
    - Families separated and children are raised without parents, often fathers.
    - Disparity in incarceration rates:
        - 1 in 9 men
            - 1 in 17 white men
            - 1 in 3 black men
            - 1 in 6 Latino men
        - 1 in 56 women
            - 1 in 111 white women
            - 1 in 18 black women
            - 1 in 45 Latina women.
    - Makes it extremely hard to find housing.
- Criminalization of poverty.
    - Poor people at greater risk of being fined, arrested, or incarcerated for minor offenses.
    - Impacts of criminal justice involvement can depress wages for entirety of a career.
- Adverse Childhood Experiences (ACEs)
    - ACEs are traumatic childhood events that can have lasting, cumulative effects on health, behavior, and life potential.
    - They are counted with a cumulative score; 4 and above see greatly increased health risks and social determinants of health including being more likely to smoke, have a substance use disorder and die by suicide.
- "Deaths of Despair," deaths from drugs, alcohol, and suicide which arose from:
    - Loss of status
    - Loss of a good job
    - Loss of hope for one's kids.
    - On the rise before COVID-19.
- Portland
    - Resilience
        - Strong community collaboration
        - Much inter-departmental work within City
        - Close working relations with state partners like the CDC
        - Maine has kept Covid-19 infection rates low.

        - Collaborating with other communities on best practice responses.
        - Health of Portland report provides good baseline information about the health of our community.
    - Covid-19 is disrupting the lives and challenging the mental health of all of us
        - No one is spared the impacts
        - Family lives disrupted
        - Increased isolation
        - Usual coping mechanisms unavailable
        - Sense of uncertainty about the future
    - Impacts are greater for the most vulnerable:
        - Increasing sense of desperation
            - Loss of day spaces
            - Challenges with bathroom access
            - Difficulty accessing food and water
        - Disruptions of the "underground economy"
    - Difficult to foresee the long-term future. In short term:
        - Retain and build sense of community and mutual caring
            - Safe Halloween practices.
        - Address basic safety net needs such as food and housing
        - Employ harm reduction approaches
            - Keep people as well as possible while they are struggling; keep people alive.
        - Redouble efforts to outreach to our vulnerable neighbors.
        - Will resume longer-term planning work on comprehensive Community Health Improvement Plan when situation stabilizes.

Committee questions and discussion:

- Councilor Chong asked if Public Health were to create a dashboard for Portland, what would be looked at in Portland? (unemployment, substance use, etc.)
    - There are public health indicators and other social determinants of health that are tracked. Unemployment and more social factors would be beneficial to track.
    - As of October 1st, the research and evaluation program staff that tracks those indicators is no longer furloughed from that work.
- Councilors Chong was on a zoom call that shared statistics on businesses not reopening; what are some indicators that should be monitored and how can community be built around people who will face difficult times around the corner. What indicators can predict and prevent vs looking at things like overdoses after the fact.
    - Prevention is at the core of what Public Health does; while the specific dashboard may not be in place now, prevention and indicators are constantly monitored and adapted.
    - The United Way Thrive2020 looks at such social determinants of health.
    - Covid will impact these.
- Councilor Ali asked if this is the first Health of Portland report.
    - It is the First Health of Portland Report, previously we had annual reports.
    - The Health of Portland Report builds on the annual reports with a holistic view of the health of Portland.

        - New indicators may be added to the Health of Portland Report.
        - Health of Portland Report set to be produced every three years.
            - The next will be in 2022.
- Councilor Ray is interested in particular project community partners are engaged with; are there any projects or area Director Fowler would like to share?
    - Police Department is working on alternative police response: ways to have more of a public health response to certain issues.
        - Chief Clark discussed this direction at the Finance Committee.
    - Others are too new to talk much about.
- Councilor Ray asked about the full range of harm reduction efforts; what do those look like?
    - Harm reduction is a wide term.
    - He was referring to things like the use of Medication Assisted Therapies (MAT) and the Needle Exchange Program.
- Councilor Chong said that mental health has been on his radar since June and would like to have some kind of small update each meeting.
    - How do we assess the epidemic of loneliness?
        - Number of EAP requests of frontline staff? Public equivalent?
        - 2-1-1 calls?
    - How do you measure building community?
    - The election and holiday seasons are milestones that may exacerbate mental health.
    - Are there populations who need mental health outreach during these times?
    - COVID will have ACEs impacts.
    - He would like to see resources for providers and some sort of mental health/substance use campaign.

AGENDA ITEM 5 – Overdose Prevention Sites

- Bridget Rauscher, Chronic Disease Prevention Program Manager last updated the committee in May of 2019.
- Safe House
    - Ruled that Safe House did not violate federal drug laws due to the medical supervision aspect in October, 2019.
    - The Justice Department appealed.
    - Safe House requested explicit permission to open a supervised injection site.
    - The Judge affirmed Safe House.
    - In February, 2020, Safe House stopped their plans due to community opposition; they made clear it was not due to any possible violation of federal law.
    - Stay on February 2020 ruling until the appeal process is resolved.
- San Francisco, California
    - February, 2020 – Legislation was introduced by the Mayor and Supervisor that would permit nonprofits to open safe injection sites where people can inject drugs under medical supervision.
    - June, 2020 – San Francisco Supervisors unanimously approved an ordinance creating an Overdose Prevention Program in an effort to prevent overdose deaths.
    - August, 2020 – Proposed bill failed to pass in the California legislature.

- New England Journal of Medicine (NEJM) published a report evaluating an unsanctioned safe consumption site in the United States in August, 2020. In 2014, an organization in an undisclosed US city opened an unsanctioned safe consumption site.
    - Site staff entered data documenting each:
        - Drug injection
        - Type of drug used
        - Opioid-involved overdose
        - Related death that occurred during injections at the site.
    - Over the first five years of operation, there were"
        - 10,514 injections and
        - 33 opioid-involved overdoses (all of which were reversed by naloxone administered by trained staff).
        - No person who experienced an overdose was transferred to an outside medical institution and
        - There were no deaths.
    - The results of the data, according to the author of the study, suggest that implementing sanctioned safe consumption sites in the United States could reduce mortality from opioid-involved overdose.
- Councilor Chong asked what the next steps are: waiting for an appellate court to make a decision?
    - Jen Thompson can answer in public session or wait for the executive session.
- Councilor Ray would like to cover the public aspects before asking legal questions in executive session, adjourning from the executive session.
- Start the next meeting with a brief overview of resources available to people with substance use disorders.
    - Maine Med has a program and would like to learn more.
- Councilor Ray asked about SF's legislation for nonprofits to open overdose prevention sites. What have other communities done?

AGENDA ITEM 5 – Next Steps

- The next meeting is November 10, 2020.
    - Overdose Prevention Sites
        - Overview of available resources locally and regionally
        - Public Hearing
        - Next steps.

- Councilor Ali moved end the public portion of the meeting to go into executive session and to adjourn from the executive session when it finishes. Councilor Chong seconded.

Public comment on the executive session opened at 7:07 PM and closed at 7:08 PM.

- The motion passed unanimously.
- The committee went into executive session with the Committee members in attendance, Jennifer Thompson, Kristen Dow, Bob Fowler and Bridget Rauscher.

CITY OF PORTLAND

Health & Human Services Department

Kristen Dow, Director

To: Health and Human Services and Public Safety Committee Members
From: Kristen Dow, Director of Health & Human Services
Date: November 10, 2020
RE: Licensing Examples for Emergency Shelters

At the request of Councilor Ray, staff have conducted research into other jurisdictions, as well as a review of existing City Code to consider mechanisms by which private emergency shelter operations can be regulated in order to better protect the individuals served and manage unintended consequences in the surrounding community.

Summary

While emergency shelters provide a critical service, their impact on the community can be significant, particularly when not properly planned for or in the absence of a strong partnership between a shelter operator and municipality.

To better ensure that privately run emergency shelters are operating in a manner that protects the health, safety, and welfare of individuals experiencing homelessness as well as of the public at large, City staff have compiled relevant research for the review of the Health and Human Services and Public Safety Committee.

This document contains the following:

1. Staff research on licensing and zoning mechanisms used to regulate privately operated emergency shelters in other municipalities;
2. Staff analysis of existing Portland ordinances relevant to the oversight of emergency shelters.

Lastly - it is worth noting that emergency shelters are not the only - or even the primary - source of quality-of-life consequences in Portland neighborhoods. Other sources, such as day service centers, are not addressed in this memo but are believed to have a significant impact on nearby residences and businesses.

Licensing Mechanisms

Staff identified a few municipalities that have designed a program to license homeless or emergency shelters. Of those we identified, none have set clear performance criteria to ensure safe operation or to independently enable City officials to hold shelters accountable for their or their residents' impact on nearby communities (e.g. noise, disturbance of the peace, litter, disorderly conduct, calls for service, etc.). In addition, we were unable to identify any municipalities that require emergency shelters or social service providers to deliver outreach services offsite, in the vicinity of their brick-and-mortar location. Rather, it would appear that programmatic requirements tend to be governed by private grant agreements or state licensure requirements while public safety concerns relating to guest conduct in and outside of shelter property are addressed through generally applicable ordinances or criminal laws.

Some of the requirements established in other municipalities' licensing programs are currently required by Chapter 14 of the City Code as part of the Planning Board's review and approval of emergency shelters as a conditional use. However, there are some noteworthy differences between some of these other municipal programs and the City's conditional use standards, including that Portland does not currently require:

- A mandated buffer between shelters and hospitals, schools, daycares, public buildings, or places of public gathering;
- A mandated buffer between any two shelters;
- A cap on the number of shelter beds allowed in the municipality or in any one facility;
- Restrictions on guests' length of stay.

An overview of other municipalities' licensing programs can be found below. The relevant ordinances are enclosed for further review.

- **Brunswick, ME**

Beginning in early 2019, homeless shelters in Brunswick were required to be licensed by the Town Manager or his/her designee. Existing shelters were grandfathered, and did not require licenses.

Applications for a license must include: governing documents of the owner and/or operating entity;an affidavit identifying all owners, operators, managers, or partners; evidence of all approvals, permits, and/or certificates required to operate the shelter; a description of and plans for the premises. In addition, the applicant must demonstrate that certain operational standards will be met, including hours of operation; staffing; display of license.

The ordinance limits the collective capacity for all homeless shelters in the Town of Brunswick at 85 beds, and that a buffer of at least 500' be maintained between any two shelters. Licenses are valid for a five-year term. Enforcement of licensing requirements are managed by the Town Council or its designee.

- **Phillipsburg, NJ**

Chapter 347 of Phillipsburg's Town Code requires that all operational homeless shelters obtain a license from the Town Clerk. Licenses must be renewed annually.

Shelters are restricted to the B-2 Zone, and deemed a conditional use upon the condition that it must be located immediately adjacent to a highway.

Standards for the issuance of a license include the nature and development of the surrounding property; proximity of churches, schools, public buildings, or other places of public gathering; the effect such business may have upon traffic conditions and the creation of traffic hazards; the sufficiency in number of similar entities; health, safety, and welfare of the public; and the applicant's suitability. Licensing requirements are enforced by the Building Director.

In Phillipsburg, homeless shelters may serve no more than 15 people at the same time, and stays are capped at one month per person. In addition, they are only allowed as accessories to a place of organized worship, and are not permitted principal uses.

- **Oak Lawn, IL**

The Village of Oak Lawn requires that "temporary overnight shelters" are licensed by the Village Manager, and that licenses are renewed annually. In addition, it requires that all shelters proposed in the R-3 Multi-Family Residence District receive a special use permit. License application requirements include a statement that the shelter will maintain a policy of making reasonable efforts to accommodate persons previously residing in the Village of Oak Lawn; operation guidelines; shelter capacity; and the name of the person or entity responsible for the shelter's management.

All operating entities must be not-for-profit, or operate without charge to the shelter occupants. It is also unlawful for any medical care or treatment to be provided as part of the shelter's regular accommodations or services.

Zoning Restrictions

A number of municipalities have introduced amendments to zoning law in order to reduce shelters' impact on other communities.

- **Puyallup, WA**

In 2019, the City of Puyallup passed a law restricting homeless centers to 150 parcels (~400 acres) of land, primarily in industrial zones. It also establishes a 500-foot buffer between

homeless service centers and hospitals or businesses, as well as a 1,000-foot buffer between homeless service centers and daycares or schools.

- **Monterey County, CA**

Monterey County's zoning ordinance establishes size limits, staffing requirements, and requirements related to operational plans (similar to the City of Portland's more comprehensive Master Plan), all of which are reviewed by the Director of Planning.

The zoning ordinance also caps residents' length of stay, establishes a buffer of at least 300 feet between any two shelters, and requires off-street parking.

- **Newport Beach**

California State Law requires that cities articulate their homeless populations' needs and specify where emergency shelters can be built. Newport Beach allows emergency shelters "by right" in areas designated for "private institutions" and "office-airport" zoning, and would require a conditional use permit or rezoning for any other area.

Relevant Portland City Code

Currently, the City of Portland's Land Use Code (Sec. 14-474, enclosed) establishes the use-specific standards applicants must meet as part of the Planning Board review and approval of emergency shelters as a conditional use. Among other things, this section requires a Management Plan outlining management responsibilities; processes for resolving neighborhood concerns; staffing; access restrictions; on-site surveillance; safety measures; controls for resident behavior and noise levels; and monitoring reports.

In addition, the City has in place a number of ordinances outside of Chapter 14 and state land use statutes that protect public safety, health, and welfare by regulating businesses and private individuals' actions. Examples include:

- The requirement for a community relations liaison for marijuana businesses (Chapter 35);
- The requirement for various mitigation plans for odor, waste, loitering, etc. for marijuana businesses (Chapter 35);
- The Sound Oversight Committee process for addressing noise complaints (Chapter 4);
- The disorderly house process for rental properties (Chapter 6);
- Nuisance provisions for a variety of issues (Chapter 17);
- Complaint- or violation-based review of licensees, which may result in fines or license revocation for taxis (Chapter 30);
- The City's ability to deny, revoke, or suspend any business license for cause, including a patron's single breach of the peace (Chapter 15)

City of Portland, Maine
Health & Human Services
Public Health Division

MEMORANDUM

To: Health and Human Services & Public Safety Committee

From: Bob Fowler, Director of Portland Public Health

Date: November 10, 2020

Re: Brief overview of substance use disorder resources available in Greater Portland

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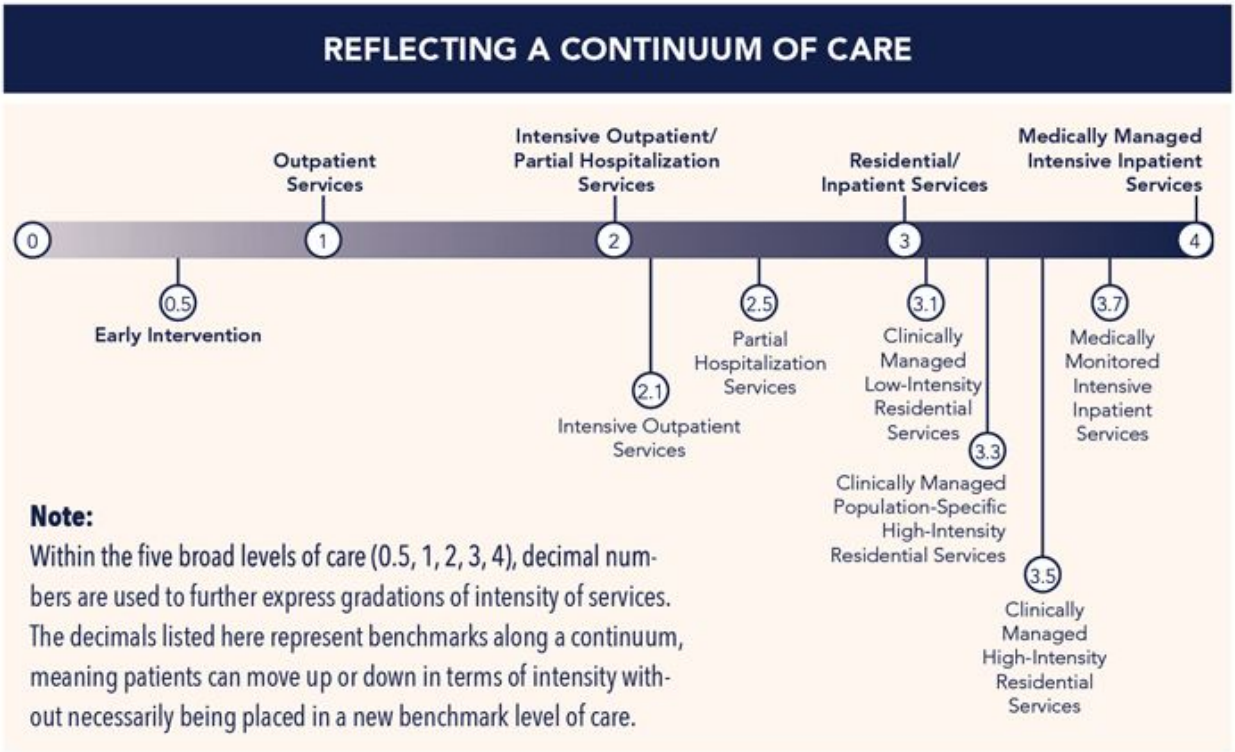
At the request of the HHS&PS committee at its 10/13/20 meeting requesting a brief overview of substance use disorder (SUD) resources in the Greater Portland area, I am pleased to provide this information.

For purposes of this memo, I have made some assumptions about the types of SUD resources the committee would be interested in, primarily in the realm of outpatient treatment services. There are entire areas related to prevention work, harm reduction services, recovery and other supports that are not addressed here. Also, this list of SUD-focused, and does not include services which primarily address mental health and/or co-occurring needs. Finally, I will note that this is not a comprehensive list of SUD services and there are likely omissions or information may have changed; apologies to any organizations whose information is missing or inaccurate.

Continuum of care

In looking at the various types of SUD services, it can be helpful to consider these along a 'continuum of care' of intensity; the model below comes from the American Society of Addiction Medicine (ASAM), and reflects services of increasing intensity moving from left to right. A comprehensive service system will have adequate capacity across the continuum so that

the appropriate services are available to those who need and want them when they need and want them.



SUD resources in the Greater Portland area

Below is a partial listing of agencies which provide SUD services in the Greater Portland area. Many of these organizations provide many more services than those listed, some in areas outside of Portland.

Nonprofit organizations

Catholic Charities Behavioral Health Network
Outpatient services
Residential services for men (Auburn)
Other comprehensive services

Crossroads Maine
Residential services for women (Portland)
Other services outside of Portland

Day One (serves youth)
Outpatient services
Residential services for youth (New Gloucester and Hinckley)

Greater Portland Health (FQHC)
Outpatient services/MAT

Maine Behavioral Healthcare (South Portland)
Integrated MAT (IMAT)
Outpatient services
Intensive outpatient services
Opioid Health Home

Milestone Recovery
Medical detox
Residential services for men (Old Orchard Beach)
HOME Team

The Opportunity Alliance
Opioid Health Home
Other comprehensive services

Portland Recovery Community Center
Peer recovery services

Spurwink
Opioid Health Home
Other comprehensive services

Private agencies providing SUD services

CAP Quality Care
Methadone maintenance/MAT

Discovery House
Methadone maintenance/MAT

Liberty Bay Recovery
Intensive outpatient services
Medical detox
Residential services

Pine Tree Recovery
Medical detox

Service types and descriptions

Outpatient Services: Comprehensive assessment, individual and group therapy for children and adults with mental health and co-occurring disorders.

Medication Assisted Treatment (MAT): Treatment for SUD that includes the use of methadone delivered in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) regulations. Services include assessment, planning, counseling, drug use disorder testing, and medication administration. Also includes MAT services that are delivered in an office-based setting, (e.g. OBOT or a certified Opioid Treatment Program (OTP).
Opioid Health Homes: Integrated MAT services, including office visits with a MAT prescriber, prescription medication for OUD, OUD counseling, comprehensive care management/care coordination/health promotion, urine drug screening, and peer recovery support services provided through a bundled rate.

Intensive Outpatient Services: Intensive and structured service of alcohol and drug assessment, diagnosis, and treatment services in a nonresidential setting for members who meet ASAM criteria level II.1 or II.5. Services include co-occurring mental health and SUD. Available to adults and children.

Residential, low-intensity: Services delivered according to ASAM level 3.1, including scheduled therapeutic and rehabilitative treatment designed to enable the member to sustain a substance free lifestyle in an unsupervised community situation. Available to adults.

Residential, high-intensity: Services delivered according to ASAM level 3.3, Category II, including scheduled therapeutic plan consisting of treatment services designed to enable the member to sustain a substance free life style within a supportive environment. The treatment mode may vary with the member's needs and may be in the form of individual, group or family counseling. Available to adults.

Medically-monitored Inpatient Programs (Detox): Services delivered according to ASAM level 3.7, including a planned structured regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting. Services provide immediate diagnosis and care to members having acute physical problems related to substance use disorder. Available to adults and children.

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.