Health & Human Services and Public Safety Committee

Tuesday, February 9, 2021, 5:30 PM
Remote Meeting

Councilor Tae Chong, District 3, Chair
Councilor Belinda Ray, District 1
Councilor Mark Dion, District 5

1. Announcements

   a. Zoom Meeting Information:

   Please click the link below to join the webinar:
   https://zoom.us/j/91854140333
   Or iPhone one-tap :
   US: +13126266799,,91854140333# or +19292056099,,91854140333#
   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: 918 5414 0333
   International numbers available: https://zoom.us/u/abtc6f1M0M

2. Review and Approval of Minutes from January 12, 2021

   a. January draft meeting minutes.

3. Updates

   a. HHS Department Updates

   i. Shelter Resistant Individuals in Portland Memo

   b. Mental Health Services offered at MMC

4. Shelter Licensing

   a. Staff presentation.

b. Committee questions and discussion.

c. Public hearing.

5. Next Meeting: March 9, 2021

NOTE: There will be opportunity for public comment on small shelter zoning 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, January 12, 2021, 5:30pm, Remote Meeting

Committee Attendance:

Tae Chong, Chair (District 3), Belinda Ray (District 1), Mark Dion (District 5).

Councilors in Attendance:

City Staff:

Kristen Dow, Director of Health and Human Services; Bob Fowler, Director of Public Health; Christine Grimando, Director of Planning and Urban Development; Keith Gautreau, Fire Chief; 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 Ray moved to approve the minutes, Councilor Dion 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.
- Average of 143 individuals for the past 30 days with a recent uptick to 158 total.
    - These are across the Oxford Street Shelter location and contract hotel.
    - Hotel: 91 on average.
    - OSS: 51 on average.
- Assisting 151 guests in hotels through General Assistance.
    - As people time out in the hotels, people are moved over to OSS and the contract hotel.
- Family shelter current census at the shelter is 28 families totaling 87 individuals.
- 39 families in hotels for 119 individuals.
- Current lower number at shelter due to outbreak status with the CDC due to four employees testing positive for COVID-19.
- There will be universal testing for all staff and shelter guests this Thursday.
- Councilor Dion asked about shelter resistant populations; people hesitant to go into shelter. Usually due to trauma and other factors, people choose not to stay in shelter.
    - How many people?
    - The pubic expects a response to meet need.
        - The group that meets weekly, staff and other organizations, will address this.

- Councilor Ray asked for clarification on GA hotel guests where people "time out" before going to OSS or the contract hotel.
    - GA is granted in increments of varying days. When people reapply and there is space in the shelter or contract hotel, people are moved into those sites.
- Councilor Ray has received question about using the expo now that the red claws season is cancelled, will this be used as a shelter again, or will it be used as a vaccination site.
- As long as the deferral government identifies a state of emergency, MaineHousing will be able to contract with the hotel.
    - There is another hotel operated by Preble Street as a PUI and respite/quarantine shelter. It is expanding to another location to be PUI, respite and general population.
- Councilor Chong asked about the number of people in hotels.
    - What is the aggregate number of people in hotels?
        - GA Hotels:
            - 151 through OSS
            - 87 through FS
        - Contracted hotel
            - OSS: 119
        - Preble Street's Hotel is currently just for PUI and respite. People are referred from different medical settings.
- Councilor Chong asked about the 8.64 % denial rate in December of 2020 which is down from 2019.
    - This number is up from November as people are "denied" GA for hotels because there is an available resource
    - December of 2020 re received 1,265 applications and had 971 approvals.
    - December of 2020 re received 1,265 applications and had 971 approvals.
- Councilor Chong asked for Dan Coyne, United Way's VP, is running a pilot program administering GA through 211. Councilor Chong would like Kristen to speak to the committee about the United Way's partnership with the Opportunity Alliance.

AGENDA ITEM 4 – Small Shelter Zoning

- Christine Grimando, Director of Planning and Urban Development, explained the progress on the topic and approaches going forward. At the previous meetings, Director Grimando explained the effort to expand where emergency shelters are allowed and an unimplemented expansion of smaller shelters into residential zones. The Planning board put the process on pause in 2017.
- Spent time looking at best practices in other communities emphasized in the memo.
- Public engagement suggestions.
    - Web survey and a platform to share information.
- There is a draft in the works that is looking at scale.

Committee questions and discussion:

- There is not a new draft before the committee.
    - It needs dimensional fleshing out such as square footage.
    - A draft can be ready for the next meeting for public and committee input.

        - Feedback on proposal to expand shelters into residential zones and dimensional pieces on how they would fit into residential zones.
- Councilor Ray likes specifics on bed number as residential zones may already dictate dimensions.
    - Bed maximums may control for a lot.
    - Certain uses have a minimum lot size, certain minimum amounts of outdoor space. Etc. Things that help uses integrate into the fabric of a neighborhood.
    - Started pre-covid: new needs for space between beds and day space; Covid has influenced how big spaces need to be.
- What is the timeline?
    - Website up in February.
    - Outreach to neighborhood organizations scheduling immediately.
    - Small shelter zoning does not need to be part of the licensing process.
- Councilor Dion agreed on using the number of beds.
- Chair Chong spoke about most homelessness being situational where people only stay in shelter for a few days.
    - The number of beds tailored to target population.
    - Numbers in shelter: people can't couch surf due to Covid.
    - If Covid wasn't around, would our number still be high?
        - An economic downturn would lead to higher numbers but can only speculate.
        - The diversion program benefits people in situational homelessness where early staff intervention can prevent people from entering homelessness.

AGENDA ITEM 5 – Shelter Licensing

- Kristen Dow, Director of Health and Human Services, explained that specific questions on City licensing can be answered by permitting and inspections and Corporation Counsel.
- Recommendations included interest in annual renewal, biannual at most.
- Limit number of beds.
- Grace period for existing shelters but no exemptions.
- Licensing requirements need the number of days for an existing shelter to have to come into compliance once the ordinance goes into effect.
- Section C.i the PD gave the feedback that unacceptable calls for service is ambiguous.
- Define what an acceptable number of violations is.
- Application submission requirements.
    - Management plan.
- Director Dow had questions for the committee:
    - Performance standards: density of beds.
    - Proximity to other facilities.
- Monitoring reports suggested as quarterly required report to HHS.
- Enforcement and penalties standard language similar to other licenses and ordinances we have.

Committee questions and discussion:

- Councilor Ray asked if Kristen has a sense of what the fee should be, making it appropriate for the staff time involved?
    - Looking to permitting and inspections to be in line with other fees.
- Councilor Ray asked about 90 days to apply. 90 is what is written for renewals and would make sense.
- Licensing authority: "all new license applications will be reviewed and 'may' be… Why "may" and not "shall."
    - The city council may want to review; this is wording from corporation counsel.
    - Councilor thinks it should be a "shall."
        - Are they coming before the Council?
- "Unacceptable" number for police and fire needs to be defined.
    - PD and Fire to supply their unacceptable number.
    - Outstanding violations at time of application would need to be corrected.
    - Past violations: what
- How is does each department define "public safety hazard."
- Application submission requirements: would we want to know the description of the population intended to serve.
    - Plan of a central intake facility buttressed by smaller shelters.
    - Interest5ed in knowing target population of smaller shelters.
        - Should this be included from a programmatic standpoint?
            - Yes
        - Is there a legal reason this cannot be included?
            - Will ask Corporation Counsel.
- Performance Standards: on site supervision shall be required for any non-apartment style emergency shelter.
    - This was in the Brunswick ordinance.
    - The Family Shelter is an apartment style emergency shelter without supervision.
- "Facilities shall provid3e n site service to support residence such as"
    - Should anything be mandatory?
- Maximum density of beds.
    - 250 beds within a 1 mile radius.
        - Staff feedback?
- Proximity between facilities.
    - 2,500 feet is good to start.
    - Would like these mapped out to understand how they look.
- Some things in licensing are duplicative of zoning.
    - How will zoning and licensing interact?
        - Why is some zoning brought into licensing but not others?
    - This is a conversation ongoing with Corporation Counsel.
- Councilor Ray likes "any municipal official with the authority to enforce this shall have the ability to enter the facility unannounced to insure compliance.
    - Should be more than twice a year.
    - Who would provide oversight for the city (should not be a city entity).
- Councilor Dion wants
    - "Unacceptable" to be clearly defined.

    - Revocation: ordinance speak to what type of acts would be relevant to consideration of a license suspension or revocation?
        - Specific crimes?
        - Classes of crime?
    - Protective measures plan. Abutting neighbors and the public in general has a sense that the area around shelters has not been managed well.
        - Make it known to shelters that the environment around the shelter can cause revocation.
        - Work with PD to review.
        - Affirmative approach to protecting the environment.
    - Unacceptable calls for service: due diligence needed to make sure an event wasn't just associated with an address. Attaching a requirement to meet quarterly with PD will allow them to validate.
    - What is an unacceptable call to service to Fire?
    - Life Safety Code violations:
        - Are these violations made by a third party or discovered in inspection.
    - No requirement for organizational competency.
        - Demonstrating success.
        - Proof of ability will be looked at application submission requirements a and b.
            - If there an addition or edit to be made?
            - Some provision that asks if someone has operated a shelter.
- Councilor Chong agreed on the need to define unacceptable calls for service.
    - If calls for service are categorized, he would like ideas on how to address types of calls at issue.
- Director Dow will incite Police, Fire, permitting and inspection and corporation Counsel to the next meeting.
- In setting buffers, it is not Councilor Ray's intent to close any shelters.
- Councilor Dion asked that if an application checks off all the boxes, it would be a guaranteed license, or would this go through the Council? It would be similar to Liquor license, going through quickly through the Council.
    - Council role is to ratify staff decisions.
- For the public, knowing the external and internal conduct would be important to the public. It is unknown if these reports could be public.
- Chief Gautreau reviewed the numbers and language to define.
    - Language should say "shall" not "may."
    - Take out calls for service for Fire Department.
    - PD has a definition for a disorderly house.
        - Originally written for absentee landlords and tenants engaged in drug trafficking.
    - Requires occupancy meet minimum life safety standards.
    - Number of beds and density: must meet life safety requirements with social distancing considerations.
    - Previous experience; there is so much in place in terms of enforcement and requirements, give an opportunity to succeed with recourse if necessary.

- PD review section: says this will be for both new and renewals but the language is all past tense; is there anything for the PD to review for the initial application?

AGENDA ITEM 6 – Mental Health

- Bob Fowler, Director of Public Health, presented on available mental health resources and an upcoming awareness campaign.
    - https://portlandme.civicclerk.com/Web/GenFile.aspx?ad=8320
- "It is OK to not be OK."
- We are collectively experiencing new high levels of stress compounded by multiple issues and Covid related disruptions.
- Increased social isolation that can lead to stress reactions:
    - Disrupted sleep,
    - Low concentration
    - Irritability
    - New anxiety and panic attacks
    - Increased binge drinking and problematic drug use.
- Signs it's time to seek help:
    - If symptoms persist for multiple weeks.
    - Thoughts of self-harm
    - Difficulty controlling anger.
    - Difficulty stopping drug and alcohol use.
    - Challenges functioning.
- Increased availability of telehealth has helped to work around stigma from in-person visits.
    - Medical
    - Mental Health
    - Substance use.
- OPTIONS
    - Full time behavioral health specialists proving post overdose services.
- Social media messaging campaign focus on reducing stigma, highlighting good Samaritan laws, and messaging encouraging people to not use alone.
- New service with real time information on capacity of in/out patient services.
    - Updates to follow in their future.
- StrengthenME: Offers free stress management and resiliency resources to anyone in Maine experiencing stress reactions to the COVID-19 Pandemic.
- Public Health is working on a yearlong calendar on public health messaging for various topics.
    - What can the committee do to help?
- Councilor Dion asked about how much work has been done in schools to reach children?
    - Mask Up campaign started school aged children and people with language barriers using cartoon art on billboards.
- Looking to expedite self-care information and info on accessing telehealth.

AGENDA ITEM 7 – 2021 Workplan

Note: public comment was not scheduled for this meeting and the People's Housing Coalition presented at Chair Chong's invitation.

- People's Housing Coalition
    - Point of order, Councilor Ray asked if the rest of the public will have opportunity for public comment.
        - It is a dangerous precedent to seek input from one specific group.
        - Chair Chong has previously told the group they would have 5 minutes to speak.
        - The committee will need to decide what the role of public comment is.
    - Jesse Falero stated the group's mission is to end homelessness. They, Peter McLaughlin and Adam Rice shared:
        - Homelessness is constant, perpetuated trauma.
        - Create an oversight committee/advisory board of people experiencing homelessness and community groups/service.
        - Put an end to the use of Criminal Trespass Orders (CTOs) on unhoused people seeking shelter.
        - Guarantee indoor sleeping spaces.
- 2021 Workplan
    - Councilor Dion shared his goals.
        - Substance Use disorder on opiates.
            - Safe Injection sites.
                - Assessment of the needle exchange program.
                - Dying alone should not be an option.
                - We could not arrest away our addiction and we can not naloxone away this issue.
        - Shelters and Homelessness
            - Wants to understand CTO issue.
    - Councilor Ray Shared her goals
        - Licensing
        - Small shelter zoning and community input.
        - Regular updates on homeless services center and insure state and regional cooperation bringing it up to the extent possible.
            - Metro regional coalition communities are advocating for the City of Portland to create the central; intake facility.
            - Committee to help bring in regional and state voices
        - Revisit policy resolution from February 2020 on Council Guidance for operations of singe adult shelter service sin the City of Portland. One of the policy points is defining a clear CTO process.
        - Overdose prevention sites which is in line with the council goals exploring harm reduction.
        - Council goals that align include:
            - Human dignity
            - Antiracism
            - Harm reduction strategies for those experiencing substance use disorder.
        - Human Dignity: how to make public bathrooms long term (finance?)
    - Councilor Chong:
        - Overdose prevention sites.

        - Mental Health
        - Policy guidance on shelters to inform licensing.
        - Metro regional coalition; how many of those organizations would adopt a 211 GA system?
            - Reduce flow of people into Portland for social services; resources for people to stay where they live.
        - Public Bathrooms.
        - Day space: unhoused, elderly, latchkey, etc.; there is a community need.
- Councilor Ray said that last year the committee was interested in sober and recovery house regulation. There are a number of recovery residences that had been in operation without providing services. There was a group, MAR, looking to develop a volunteer accreditation process.
    - Vaping was also on last year's work plan per a staff recommendation.
- Councilor Dion hasn't given much thought to vaping outside of preventing minors using. Is the threshold of a recovery home based on medication or is it more like sober houses.
    - This was a zoning problem across Maine.
- If sober and recovery homes are facing zoning issues; is there work the committee can do to make them more accessible.
- Where can shelter resistant people be addressed in the work plan?
    - More data is needed.
        - Is it a drug, health or mental health issue?
        - What leads someone choosing to sleep outside versus in a shelter?
- Consensus
    - Overdose Prevention Sites
    - Licensing
    - Small shelter zoning
    - Updates on Homeless Services Center
    - Policy on Council Guidance for Shelter
    - Public Bathrooms
    - Strategies for shelter resistant populations.
    - Mental Health
    - Regional Strategies for General Assistance to ease burden on City Shelters.

AGENDA ITEM 8 – Next Steps

- The next meeting is February 9, 2021.

The meeting adjourned at approximately 8:00 PM

Health & Human Services Department
Kristen Dow, Director

To: Health & Human Services and Public Safety Committee
From: Kristen Dow, Director of Health & Human Services
Date: February 5, 2021
Re: Shelter Resistant Individuals in Portland

At the January 12, 2021 meeting of the Health & Human Services and Public Safety Committee, the question was asked about shelter resistant individuals in the City of Portland. At the meeting City staff were asked to provide the committee with further information on this topic.

City staff reached out to community partners who also work closely with this population to provide input on the topic. From that, a meeting was held with representatives from Amistad, Milestone, Preble Street, MMC-Preble Street Learning Collaborative and the City's Social Services Division. Information gleaned from the meeting was as follows:

The term shelter resistant individual is a phrase that is often used to simplify something that is a very complex issue. In Portland we see around two dozen or so individuals who are able to access shelter, but choose to sleep out for a variety of reasons. Some of these reasons include; mental health and substance use challenges; individuals who are new to homlessness and do not feel like a shelter is a place for them; not wanting to sleep in close proximity to others; couples who want to stay together; and individuals who are choosing to connect to resources on their own terms.

The consensus from the group was that over the course of many years the shelter system as a whole has become both a detox and a mental health facility and is no longer simply an emergency shelter. There are many factors that come into play when someone is experiencing homelessness that cannot be solely on Portland shelters to solve. There are breaks in the overall systems that lead to capacity issues and individuals who are not medically fit to be in a shelter setting who are left with no other option. In order to effectively address the system's failure we must work with our regional and state partners to repair a system that allows individuals experiencing homelessness to better utilize their natural supports in their established communities.

In summary, while the shelter system works for many individuals, for some the state of our current system simply does not. As social service providers in Portland, the commitment stands to continue to outreach to individuals to connect them to available resources, while simultaneously working towards a needed systems change.

Maine Behavioral Healthcare
MaineHealth

Portland City Council HHS Committee

Behavioral Health Services in Greater Portland

February 9, 2021

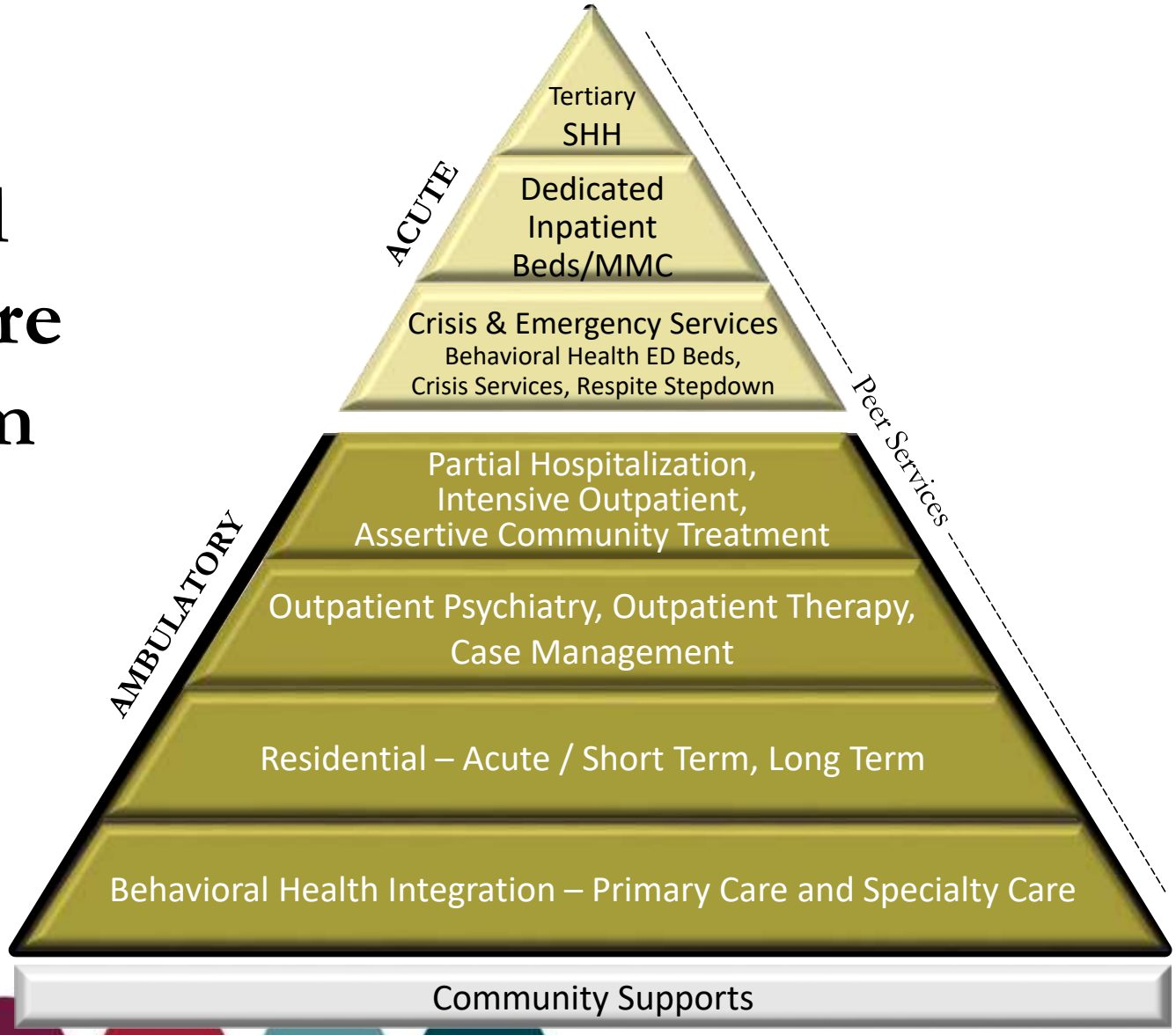
PATIENT CENTERED · RESPECT · INTEGRITY · EXCELLENCE · OWNERSHIP · INNOVATION

Agenda

- Overview of MaineHealth
  - Behavioral Health
  - Locations
  - Continuum
  - Patients
  - Partners
- Pandemic, Challenges, and Gaps
  - Pandemic
  - Bottleneck to services
  - Challenges
  - Gaps

Overview of MaineHealth – Behavioral Health

Behavioral Health Care Continuum



Act with kindness and compassion. Be an active listener. Be a role model. Set high standards. Take responsibility. Embrace change.

Maine Behavioral Healthcare
MaineHealth

SHH: Spring Harbor Hospital
ED: Emergency Department

Maine Behavioral Healthcare
MaineHealth

Maine Behavioral Healthcare & Maine Medical Center

- **Mission:** To provide a seamless and compassionate continuum of care through a community of providers collaborating to promote recovery and the overall mental and physical well-being of the people we serve.
- **Care Team Members** – 135+ Psychiatrists, Nurse Practitioners, & Physician Assistants, 170 Clinicians, 75 Case Managers, 40 Peer Recovery Support
- **Inpatient services-** 170 Inpatient Psychiatric Beds throughout MaineHealth System (PBMC 18; Mid Coast Hospital 13, SHH 100, MMC 21, SMHC Sanford 18 (will be up to 40)
- Inpatient ED MBH Crisis workers involved at WCGH, PBMC, Miles, MCH, SMHC, and Franklin.
- **Residential and Community Rehabilitation Services** – MBH has 12 sites and serve 78 clients. PNMI residences serve adults with mental illness
- **Ambulatory Services** – 11 MBH locations, 65 MMP Locations, 3 Emergency Departments

Maine Behavioral Healthcare's Geographic Footprint

All MaineHealth primary care practices have behavioral health clinicians integrated into their practices.

Act with kindness and compassion. | Be an active listener. | Be a role model. | Set high standards. | Take responsibility. | Embrace change.

Maine Behavioral Healthcare
MaineHealth

Locations

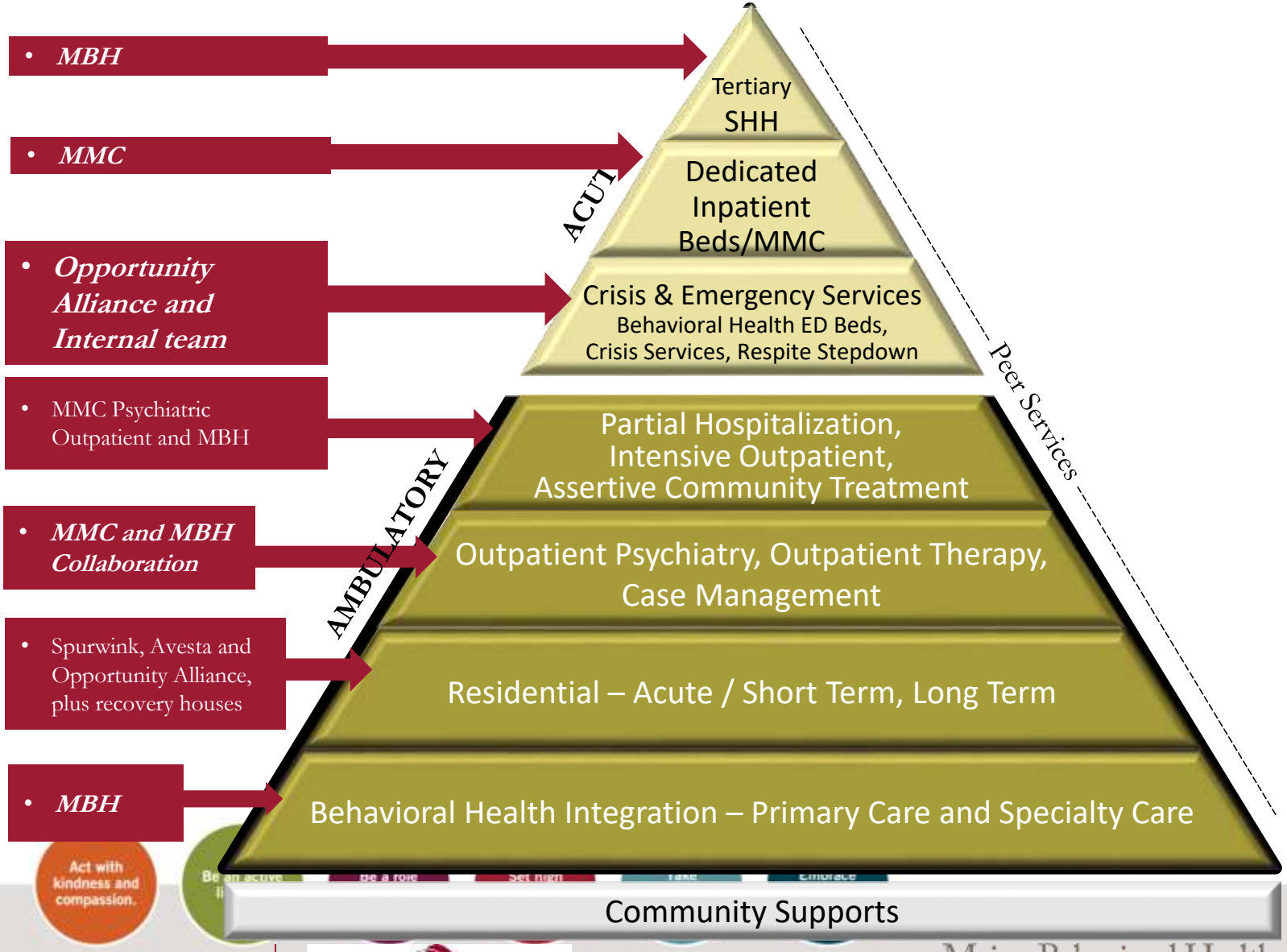
Maine Medical Center
MaineHealth

- 216 Vaughan St. – Adult Outpatient
- 66 Bramhall St. – Children and Geriatrics

Maine Behavioral Healthcare
MaineHealth

- 165 Lancaster St. – Adult Outpatient
- 254 Western Ave, SoPo – Substance Use Disorder Program

Behavioral Health Care Continuum

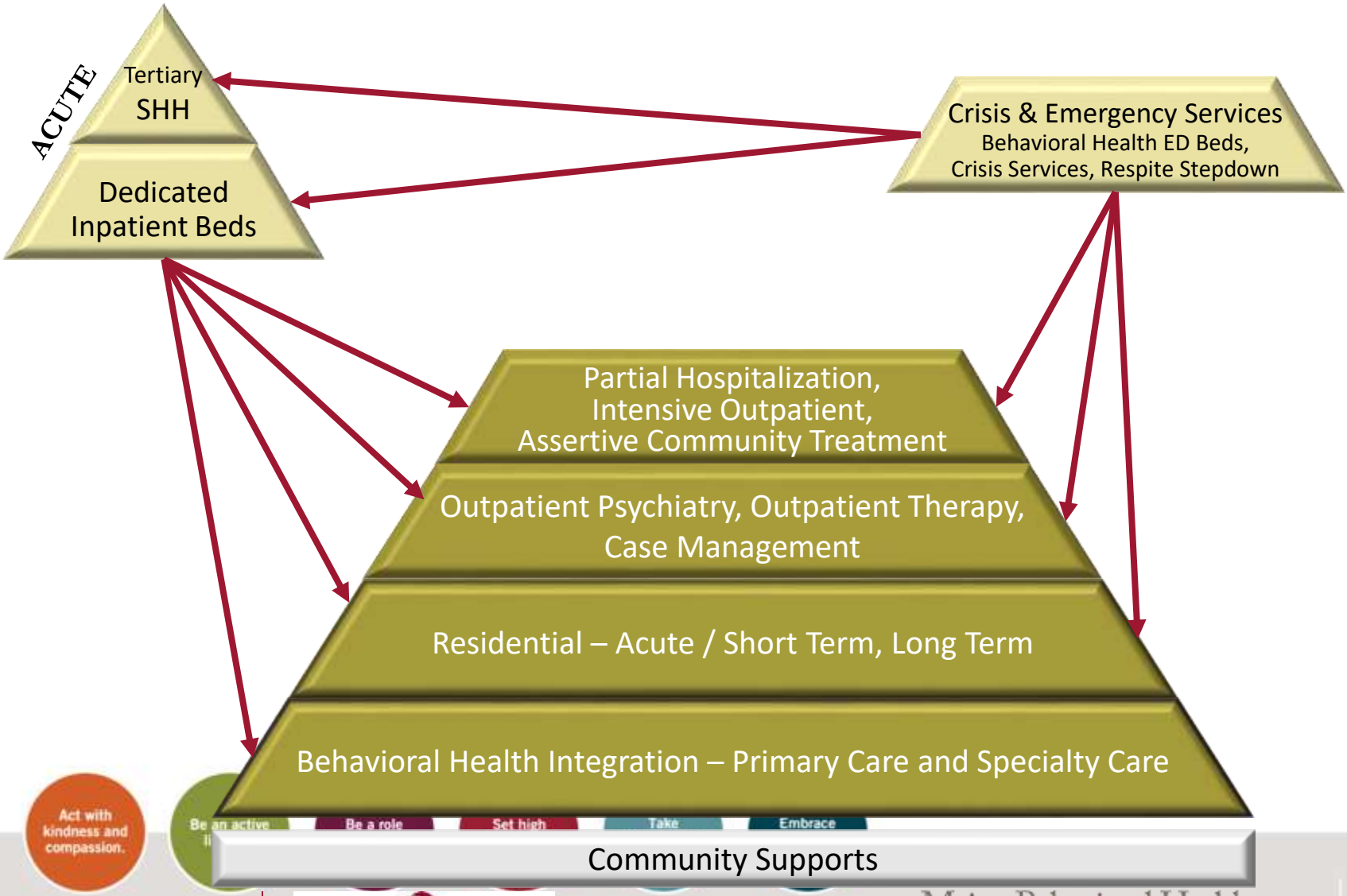


Patient Population

- **Presenting Issues constitute a full range of psychiatric diagnoses**
- **Commonly combination of psychiatric, medical & social issues**

Depressive Disorders	Psychotic Disorders
Bipolar Disorders	Learning & Development Disorders
Anxiety Disorders	Suicide-Risk
Co-Occurring Substance/Mental Illness	Trauma Disorders
Personality Disorders	Memory/Cognitive Impairment
Schizophrenia Spectrum	Grief w/Functionality Loss

Referrals



Act with kindness and compassion.

Substance Use Disorders Treatment Hub

- Services provided in Greater Portland:
  - Substance Use Screening and Assessment
  - Individualized Treatment Planning
  - Medication Assisted Treatment
  - Intensive Outpatient Treatment (IOP)-3 hours of group treatment 3 days per week
  - Individual and Group Treatment
  - Peer Recovery Support
  - Recovery Case Management
  - Family and Concerned or Affected Others Support
  - Care coordination, discharge and transitions planning

MMC & MBH Patients Served FY20

CLINIC	# Appts.	# Unique Patients	Wait Time for Appt.
Adult Outpatient & Community Services	56,000	~ 5,600	Urgent: < 5 days Intermediate level psychiatry: 7-10 days Therapy: 3 mos BHI: 2 – 4 weeks, BHH < 2 weeks
Adult Partial Hospital	8,000	275	none
Child & Adolescent	7,050	~ 800	Urgent: 2+ weeks Intermediate acuity: 1-2 mos General: (6-12 mos) (referred out/consult to PCP)
PIER* (early adol sychosis)	800	40	2 months
Geriatric	11,160	~900	Urgent: 3+ weeks General: 8 mos
Substance Use Disorder	3,000	**150**	
Total	**86,010**	**7,765**	

*Portland Identification & Early Referral

Maine Behavioral Healthcare
MaineHealth

Local service collaboration

- Social Services
  - Greater Portland Health – FQHC - – take referrals into MMC
  - Preble Street Learning Collaborative
  - Send referrals to Catholic Charities, Maine Immigrant and Refugee Services
- State Agencies
  - Grants with MaineCare for BHH and BHI services for the uninsured
  - Grants with MaineCare for Deaf Services, within Greater Portland and Maine overall
  - Peer Recovery within MMP ED funded by DHHS

Local service collaboration

Partner	Services offered	How do we partner with this entity	Other notes
Maine Association of New Americans' (MANA)	Peer supports, COVID-19 Transportation, social support events	Work to support the new youth peer support services for immigrant families. Invitation to our workshops, trainings, and meetings.	Leverages MBH's peer services infrastructure to assist a smaller organization.
Sweetser NEEDS	Eating Disorder	We refer to them for higher LOC	Jayne (SW) has offered to consult with us- sometimes we send poor referrals-
Crossroads	Eating Disorders and SUD-	We refer to them for higher LOC	
Universities	We are able to provider no cost treatment through interns	Providing supervision to interns	
United Way	Grant funding provided to us directly to the clinic	We are part of the Thrive 2027 initiative	This initiative has funded free care, training for care staff, ipads, and other initiatives to support the community- (Of note the Avesta position is also a UW position which we write a letter to support each year)
Avesta	Housing for homeless	Provide full time case management to their Portland properties. Work with tenants transitioning to housing from homelessness with the goal of reducing the # of evictions in the first year of housing.	In addition, this position serves as a behavioral health resource to the AVESTA property managers and as a link between the clinic and Avesta.

Changes and Access to Services

- Moving to Single Electronic Medical Record
  - One record for a patient used throughout the system, able to be seen by every provider, inpatient, outpatient, emergency department, etc.
  - Patient will have access to her/his chart
  - Patient records can be shared across systems, if necessary
- Collaborating to provide case management services in all outpatient clinics
- **To Access Services:**
  - **Care navigators work with callers to determine needs and locations**
  - **For MBH Services - 844-292-0111**
  - **For MMC Outpatient Psychiatry 207-662-2221**
  - **(PCP referrals necessary dependent upon insurance or services)**

Pandemic, Challenges, and Gaps

Response to Pandemic

- Transitioned services to telehealth
  - Individual and group therapies and psychiatric appointments
- Continued to provide Face-to-Face services to 30% of psychiatry and therapy to patients who need or want the service
- Increased demand for services, specially children's services
- Increased number of clients at risk of needing social services
- Increased number of clients seeking services who are homeless or at risk or loosing their homes
- Also limited availability for office contacts at this time. A large number of contacts happen by telephone currently.
- larger geographic areas and increased variety of groups, but does not achieve the same type of connection/benefit of in person peer support services. Zoom fatigue has affected many of us and zoom has not been accessible to all clients.

The Pandemic and beyond

- Increased use of technology and telehealth in some cases.
- Increased accessibility for telehealth usage
- Widespread isolation has intensified mental health challenges,
- Increased focus on housing (adequate socially distanced shelter space, increased low barrier services within housing 1st models),
- Harm reduction (ending one for one, funding for low barrier behavioral health services), poverty (more GA access), access to public Wi-Fi, and no cost transportation to support services
- Ability to be more nimble in how treatment is provided-expanded use of technology
- Zoom fatigue has affected many of us and zoom has not been accessible to all clients.

Bottlenecks in Continuum of Care

Behavioral Health Services at MaineHealth: A Snapshot in Time

		As of 9/26/2017	As of 2/1/2018	As of 2/22/19		As of 1/22/21
Clients in MH ED awaiting beds	10 ED Rooms	32	22	20	Patients admitted to the ED with a behavioral health Dx, OR have a psych order or crisis assessment request, OR have a psychiatrist or therapist on the treatment team, OR are awaiting an inpatient behavioral health bed, OR awaiting transfer to an inpatient behavioral health bed	32
MH BH beds available	151 beds	8 beds open	6 beds open	14 beds open	MH behavioral health hospital beds available	0
Crisis Stabilization Unit beds available	7 beds	6 open	2 open	0 open	Crisis Stabilization Unit beds available	0
Partial hospitalization slots available	28 slots	9 open	0 open	0 open	Partial hospitalization slots available	0 (however, open to referrals)
Intensive outpatient slots available	24 slots increased to 90	1 slot (of 24)	32 slots (of 106)	20 slots (of 90)	Intensive outpatient slots available	as of 1/21 26
# clients on an MBH OP psychiatry wait list awaiting an appointment	26 providers	954	1,307	392	# clients on an MBH OP psychiatry wait list awaiting an appointment	282

Challenges to Service

- Insufficient state funds to support continuum of services resulting in many closed community agencies which limits discharge opportunities, i.e. long acting injection medication clinic
- Limited supply of psychiatric providers, specialty providers, and psychiatric nurse practitioners
- Narrow admission criteria to state funded programs
- Insufficient capacity for acute and subacute patient services, including ACT Team
- Need for improved Education/Coordination re involuntary hospitalization (blue paper) between clinic & police
- Regulatory barriers to harm reduction models of care
- State funded program requirements make it difficult to provide services to homeless and uninsured or underinsured
- Structural barriers-poverty, housing insecurity, unreliable transportation
- Lack of knowledge/awareness of peer support services

What Are the Gaps?

Housing

- Increased **housing for low-income residents**
- Secure **housing for homeless** individuals and families
- **Additional emergency housing-** SRO (single resident occupancy) type facility & access to vouchers
- **Fully funded residential treatment for youth**
- **Safe emergency foster care and access to foster care**

Treatment

- Licensing for **Intensive Outpatient Program for adults**
- Increase funding and planning to ensure a **more coordinated/integrated system**
- **Case management services for geriatric**, in addition to specialists in geriatric psychology/psychiatry

Child/Adolescents

- **Additional support for mental health services through the schools**
- **Partial Hospitalization Program for children & adolescents**
- Level of treatment in between residential care and correctional facility for youth – i.e, **therapeutic, locked treatment center**
- **Pediatric Acute Psychiatry Unit in hospital**
- **Child wellness check for those missing school** during pandemic

Innovation

- Funding to create and staff a **behavioral health services access portal for patients** regardless of payer or location of their primary care services
- **Roving clinical/resource teams for homeless**
- **Complete a needs assessment**

Questions


Be a role model.
Take responsibility.
Set high
Embrace change.
Be an active listener.
standards.
Act with kindness and compassion.

Appendix: Overview of Services Delivered by MaineHealth

- Assertive Community Treatment –
  - Maine Behavioral Healthcare's Assertive Community Treatment (ACT) is an intensive community based (outpatient) treatment program with a multi-disciplinary team of providers that supports MaineCare eligible adults who may have a major mental illness diagnosis and often co-occurring disorders. The goal of the ACT Program is to improve the client's functioning in the least restrictive setting, while strengthening family, work, school and community ties.
- Behavioral Health Homes –
  - Behavioral Health Homes are a coordinated set of health care services available to people who are eligible for MaineCare. These "Homes" are actually coordinated services designed to manage both mental and physical health. The service is designed for children and adults who live with mental illness and who have or are at risk of developing, ongoing health conditions like diabetes, heart disease, and lung disease. Each client's Behavioral Health Home team and their primary care provider work together to ensure health improvement.

Overview of Services

- Behavioral Health Integration –
  - Behavioral health clinicians integrated into MaineHealth primary care practices offering therapy, consultation and linkage to other services
- Deaf Services –
  - Services are provided by mental health clinicians and case managers who are skilled in American Sign Language (ASL) and familiar with Deaf culture. Our staff is aware of the unique needs of members of the Deaf and hard of hearing community, and the diversity that exists within that community.
- Lunder Family Alliance –
  - Work + Support + Education = Recovery
  - The goal of The Lunder Family Alliance is to support the person wanting help, and their family to increase the chances of a speedy recovery. The Alliance is a unique, integrated program that compliments traditional treatment by addressing the vocational, peer and family needs of young-adult patients ages 18-30. Young adults may face– the loss of a job, stress over a hospital stay, and perceived loss of friends; while their families can have many questions not easily answered by providers.

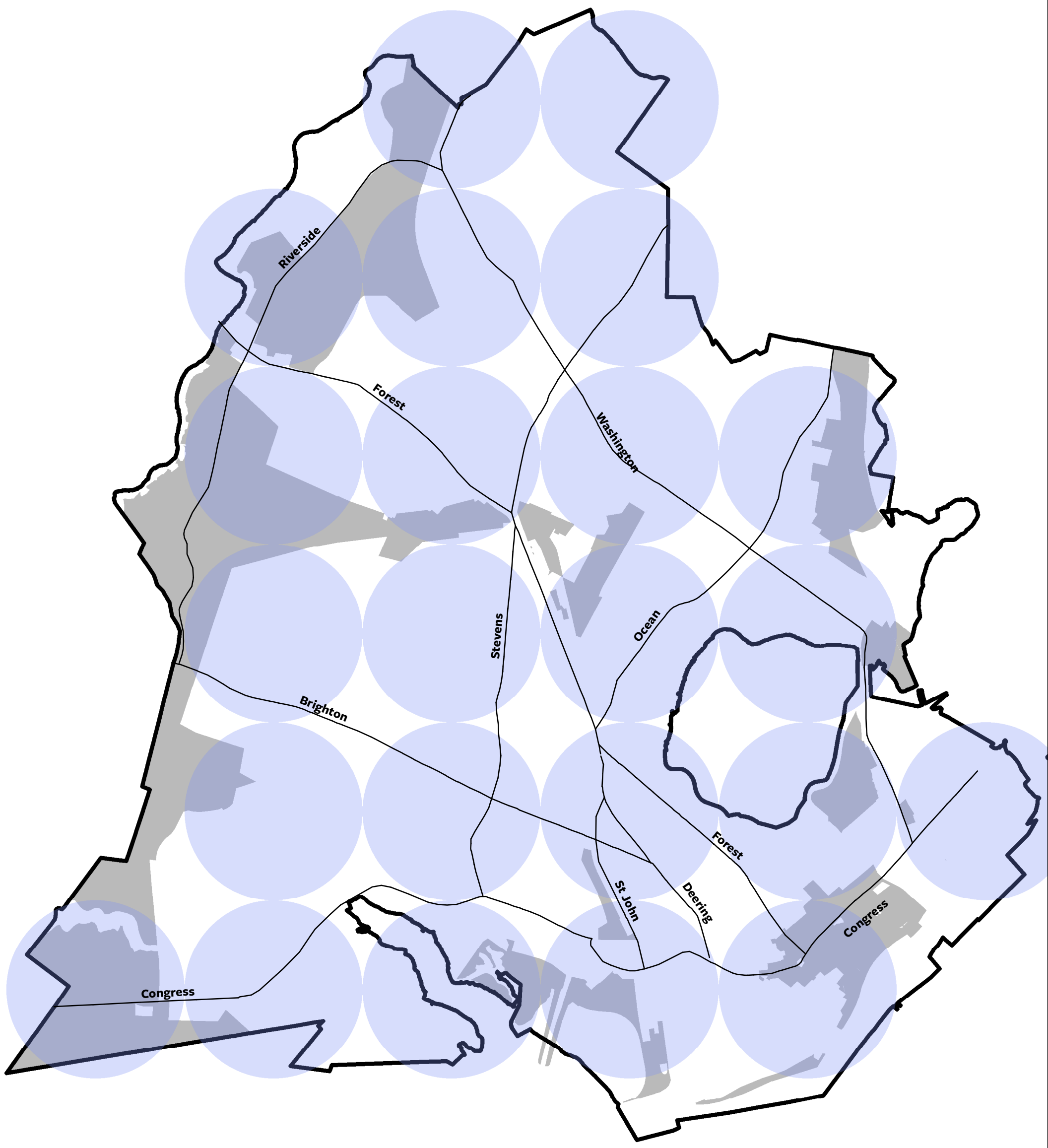
Overview of Services

- Outpatient Therapy –
  - Individual, family, and group therapy sessions to address behavioral health diagnoses.
- Outpatient Psychiatry –
  - Medication management support for those diagnosed with mental health disorders needing a specialized level of care greater than primary care for services.
- Peer Support Services
  - Our Peer Support Staff have personal experience with behavioral health issues and are certified in Intentional Peer Support, Parent Peer Support and/or Recovery Coaches – depending on their role. Services include support groups and 1-1 support for anyone experiencing behavioral health challenges.
- Substance use Treatment Services
  - MBH provides an array of substance use treatment services for adults, adolescents, and families. Our licensed professionals will help clients understand their relationship with alcohol and drugs, and develop healthy, fulfilling lives. Those diagnosed with Opioid Use Disorder can seek treatment through our "hub and spoke" treatment model. This is led by MBH, which partners with primary care providers to provide Integrated Medication Assisted Treatment (IMAT).

Preble Street Learning Collaborative

- The Maine Medical Center (MMC) – Preble Street Learning Collaborative (PSLC) was established to help people in Portland who are experiencing homelessness.
- Mission includes
  - To learn about the health needs and improve access of people who are experiencing homelessness
  - Educate future health care providers about the needs of people who are experiencing homelessness
- Services include
  - Walk-in medical services, urgent care, follow-up care, and wound care
  - Case management and coordination with area health care organizations for additional primary and specialty care
  - Mental health outreach, dental care, and prescription medication education
  - Help with community resources and referrals

Hypothetical Shelter Spacing



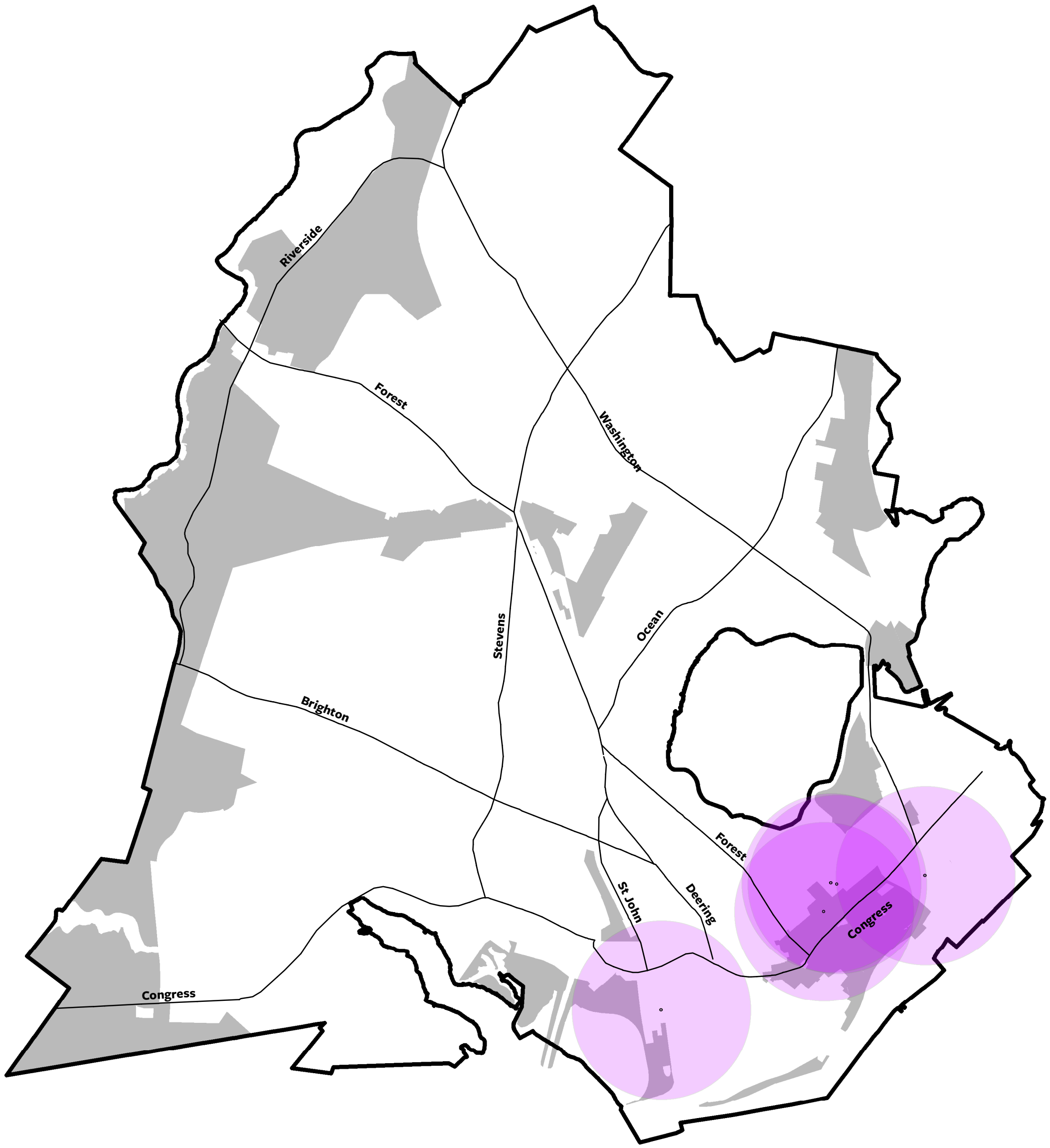
Zones with Emergency Shelter Conditional Use

City Boundary

2500 Foot Radius Circle

0 0.5 1 1.5 Miles

Existing Shelters, Shelter Zones, and Spacing



* Domestic violence shelter is not indicated on this map

Sec. 15-12. Fees and expiration dates.

(a) Unless specified elsewhere in this Code, fees for licenses issued pursuant to this Code and the expiration date of each license shall be as follows:

Location in Code	Description	Fee	Expiration Date

. . .

XXX	Small Emergency Shelter (1-40 beds)	$250.00	July 1
	Large Emergency Shelter (41+ beds)	$500.00	July 1

[NEW ARTICLE]

[NEW SECTION]. Definitions.

Emergency Shelter: A facility providing temporary overnight shelter to homeless individuals in a dormitory-style or per-bed arrangement.

[NEW SECTION]. Licensing Requirements.

(a) Chapter 15 to apply. Except as otherwise provided in this Article, the provisions of Chapter 15 shall apply to all licenses applied for and issued under this Article.

(b) Operating without a license is prohibited. No individual or entity may operate a homeless shelter within the City without first obtaining a license from the City, except that any homeless shelter in operation as of the effective date of this Article must apply for and receive a license within 90 days of the effective date.

(c) Burden of proof. The applicant for any license under this Article bears the burden of proving that all qualifications for licensure have been satisfied.

(d) Current information. Any applicant or licensee must keep all information disclosed in their application current and must notify the City of any change in information within ten business days of any such change.

(e) No vested rights. No person shall have any entitlement or vested right to a license under this Article, and operating a homeless shelter is a privilege and not a right in the City.

[NEW SECTION]. Licensing Authority

All new and renewal license applications shall be reviewed and may be approved by the City Council. A public hearing shall be held prior to the issuance of any initial license.

[NEW SECTION]. Review Procedures.

The following review procedures shall apply to both initial and renewal applications:

(a) Applications shall be made in writing using a form prepared by the City for the purpose and must include all information required by this Ordinance and by the form. Applications shall be submitted to the Permitting and Inspections Department.

(b) If the Permitting and Inspections Department determines that a submitted application is not complete, he or she shall notify the applicant of the additional information required to process the application. If such additional information is not submitted within thirty (30) days of the Permitting and Inspections Department's request, the application may be denied administratively with no further action.

(c) Before the City Council issues its decision on an initial or renewal application, the Police Department, Fire Department, Permitting and Inspections Department, and the Health and Human Services Department shall review the application and recommend to the City Council whether to issue, issue with conditions, or deny the license. The Departments shall review the application for the following standards:

(i) Whether the shelter has complied with its approved operations and security plans.

(ii) Whether the operations and security plans are adequate to protect the public health, safety, and welfare.

(iii) Whether the operations and security plans are adequate to meet all performance standards and requirements in this ordinance.

(iv) Whether there are any outstanding Code violations at the shelter.

(d) In reviewing license applications, the City Departments and the City Council may consider the approval standards under this Ordinance as well as other applicable local,

state or federal laws and, for license renewals, the Licensee's record of compliance with the same.

(e) Applications for renewal licenses shall be submitted at least thirty (30) days prior to expiration of the existing term. Any Licensee who fails to submit a renewal application by the applicable deadline shall not have authority to operate until a license is granted.

(f) The City Council shall have the authority to impose any conditions on a license that may be reasonably necessary to insure compliance with the requirements of this Ordinance, to address concerns about operations, or to protect the health, safety, and welfare of the public. Failure of any Licensee to comply with such conditions shall be considered a violation of the license and this Ordinance.

[NEW SECTION]. Application Submission Requirements

Each applicant for a Emergency Shelter license shall complete and file an application on the form provided by the City, together with the applicable license fee as well as the following supporting materials:

(a) Attested copies of any articles of incorporation, bylaws, operating agreement, management plan, partnership agreement or articles of association that govern the entity that will own and/or operate the Homeless Shelter.

(b) A corporate supplement form that identifies all owners, officers, members, managers, partners, and/or board members of the Applicant, and their ownership interests, if applicable.

(c) A description of the population to be served by the shelter.

(d) A description of the premises for which the license is sought, including a floor plan of the premises.

(e) The name and contact information for a community relations liaison, who shall be responsible for receiving and responding to inquiries from, and reasonably addressing concerns raised by, members of the public and other individuals.

(f) The name and contact information for an emergency contact, who shall respond to all non-emergency contacts by the City within 72 hours of contact, and to any emergency contact by the City within two hours of contact.

(g) An operations plan describing the following:

(i) The experience and qualifications of shelter management and staff, sufficient to demonstrate that the shelter can meet its obligations under this ordinance, including providing appropriate services to shelter guests;

(ii) How the shelter will meet the performance standards and other requirements of this ordinance;

(iii) Management responsibilities;

(iv) A process for effectively resolving neighborhood concerns;

(v) Staffing; and

(vi) Controls for resident behavior and noise levels.

(vii) Security, safety and protective measures:

(1) On-site surveillance and access to recordings by city staff;

(2) Safety measures;

(3) Access restrictions;

(4) Environmental design, engineering or procedural measures to reduce crime, loitering and disorder in and around the facility;

(5) Emergency and response protocols, including but not limited to:

a) Medical emergencies, including overdoses;
b) Intruder response;
c) Criminal trespass guidance;
d) Recovery of weapons;
e) Recovery of illicit drugs;
f) Incidents involving violence, serious injuries or death

(h) The most recent MaineHousing annual monitoring report shall be provided to the City with any renewal application.

[NEW SECTION]. Performance Standards

In order to obtain a license pursuant to this Ordinance, the Licensee shall demonstrate to the City Council that the following requirements will be met, and must maintain compliance throughout their licensure

The Licensee shall comply with all of the following standards.

(a) Display of License. The current License shall be displayed at all times in a conspicuous location within the Premises.

(b) On-Site Supervision. On-site supervision shall be required for any non-apartment style emergency shelter, whenever clients are present.

(c) Maine State Housing Authority Monitoring. Any Emergency Shelter shall participate in the MaineHousing monitoring program.

(d) Adequate access to and from METRO service shall be provided. The facility shall be within a ¼ mile of a METRO line, or shall be within ½ mile of a METRO line and provide adequate indoor space to permit all shelter guests day shelter, as well as implement strategies to help residents utilize transit;

(e) The facility must provide on-site services to support residents, such as case management, life skills training, counseling, employment and educational services, or other programs.

(f) Maximum Density of Beds. The total bed capacity for individual residents within emergency shelters in the City shall not exceed 250 beds within an 1 mile radius. Distance shall be measured between property lines of the homeless shelters.

This limitation shall not disqualify any shelters that are operating with all required permits and approvals, have received conditional use approval, or have received a change of use approval as of January 31, 2021.

(g) Proximity to Other Facilities. There shall be a 2,500ft buffer between emergency shelters. Distance shall be measured from the nearest property line of each shelter in a straight line.

This limitation shall not disqualify any shelters that are operating with all required permits and approvals, have received conditional use approval, or have received a change of use approval as of January 31, 2021.

(h) Monitoring Reports. Each shelter shall quarterly file a management report with the Department of Health and Human Services containing, at a minimum, the following information:
  (i) Number of unique individuals served at this specialized shelter
  (ii) Total number of bednights accessed at this specialized shelter
  (iii) Number of intakes during that reporting period
  (iv) Total number of individuals who had previously been unsheltered and staying outside in Portland

(v) Total number of chronically homeless individuals accessing the shelter
(vi) Total number of individuals who are defined as having long time stayer status
(vii) The average length of stay
(viii) Number of housing placements
(ix) Record of neighborhood concerns and resolutions
(x) Summary of meetings with individual neighbors, neighborhood associations and businesses
(xi) Number of crisis calls for service
(xii) Number of Criminal Trespass Order issued
(xiii) Record of police calls for service related to mental health, substance use, crime or other reasons and outcomes
(xiv) Any additional information requested by the Department of Health and Human Services.

(i) Shelter management will meet with and communicate monthly with neighbors and other stakeholders, that will include the Police Chief or designee, to prevent and/or respond proactively to public safety and quality of life concerns.

Enforcement and Penalties

(a) This Chapter shall be enforced by the City Manager's designee(s).

(b) Any municipal official with authority to enforce this or other municipal ordinances regulating Emergency Shelters shall have authority to enter the premises of an Applicant or Licensee without notice to make inspection reasonably necessary to ensure compliance.

(c) Each day that a violation of this Chapter exists shall be a civil violation subject to civil penalties. Each violation of this Chapter shall be subject to civil penalties in the minimum amount of $100 and the maximum amount of $2,500 per day that the violation has existed. However, the maximum amount of civil penalties may be increased where: (i) There has been a previous violation or judgment against the same party within the past two years for a violation of this Article, except that the maximum civil penalties may not exceed $25,000 per day; or (ii) The economic benefit resulting from the violation exceeds the applicable penalties, except that the maximum civil penalty may not exceed an amount equal to twice the economic benefit resulting from the violation.

(d) The City Manager or his/her designee is authorized to cause to be instituted by the corporation counsel, in the name of the City, any and all actions, legal or equitable, that may be appropriate or necessary for the enforcement of the

provisions of this Chapter.

(e) If the City is the prevailing party in any legal action to enforce this chapter, the municipality must be awarded reasonable attorney fees, expert witness fees and costs, unless the court finds that special circumstances make the award of these fees and costs unjust.

[NEW SECTION]. Appeals

(a) Appeals of the suspension or revocation of a license, or of a notice of violation issued pursuant to this Article, shall be to the City Manager pursuant to Sec. 15-9.

(b) Appeals from the grant or denial of a license shall be taken to Superior Court.

[NEW SECTION]. Severability

The provisions of this Ordinance are severable, and if any provision shall be declared to be invalid or void, the remaining provisions shall not be affected and shall remain in full force and effect.

concerning fire and safety have been complied with; and if the license is not issuable to any class of persons, the police chief shall cause an investigation to be made of the principal officers or persons to be licensed. All such persons shall report to the Permitting and Inspections Department in writing, and copies of any such report shall be deemed a public record.

(b) Whenever a criminal background check is done prior to issuance of a license, any cost of such background check which is charged to the City by another agency shall be added to the fees to be paid by the applicant.

(Code 1968, § 901.7; Ord. No. 231-80, 12-22-80; Ord. No. 115-84, § 1, 8-6-84; Ord. No. 247-02/03, 5-19-03; Ord. No. 165-15/16, 3-7-2016; Ord. 18-17/18, 8-21-2017)

Sec. 15-8. Standards for denial, suspension or revocation.

(a) *Grounds.* In addition to any other specific provision of this Code authorizing such action, a license or permit may be denied, suspended or revoked upon a determination of the existence of one (1) or more of the following grounds:

(1) Failure to fully complete the application forms; knowingly making an incorrect statement of a material nature on such form; or failure to supply any additional documentation required or reasonably necessary to determine whether such license is issuable, or failure to pay any fee required hereunder;

(2) The licensed activity, or persons on the premises for the purpose of participating in the licensed activity, or persons patronizing the licensed device have caused one (1) or more breaches of the peace; or

(3) There is a clear danger that a breach of the peace will occur if the licensed activity is permitted; or

(4) The licensed activity or persons patronizing the licensed premises will substantially and adversely affect the peace and quiet of the neighborhood, whether or not residential, or any substantial portion thereof;

(5) The licensee has violated any provision of this Code in the course of the conduct of the activity or device for which the license or licenses have been applied for, or have been issued; or

(6) The occurrence of any event subsequent to issuance of the license which event would have been a basis for denial of the license shall be grounds for revocation thereof; or

(7) The applicant's or licensee's real or personal property taxes, or final judgments due and payable to the city, are determined to be in arrears as of the date of the license or application; or that real or personal property taxes or final judgments due and payable to the city on account of the premises for which application has been made or a license issued have not been paid in full as of the date of the license or application. Real or personal property taxes or final judgments that are less than thirty (30) days past due at the time of the license or permit application, that are less than $500.00, or that are determined by the City Manager of his or her designee to not be owed as per §2-203(f) shall not be considered in arrears for purposes of this section.

(b) *Hearings.*

(1) Except as expressly provided in this Code, no license to which this chapter applies may be revoked or suspended without prior notice to the licensee, and after a hearing.

(2) In the case of the suspension or revocation of a license, a hearing shall be given to the licensee and a generalized statement of the nature of the complaint constituting the basis for the proposed action shall be included in the notice of hearing. Unexcused failure of licensee to appear at the hearing shall be deemed a waiver of the rights to said hearing.

(3) Upon a determination that immediate and irreparable harm will be suffered by the public prior to the time that a hearing on suspension or revocation of a license can be scheduled and a finding of probable cause for such suspension or revocation, the Permitting and Inspections Department may suspend a license, pending hearing, effective upon the giving of actual notice to the licensee; provided that the Permitting and Inspections Department shall give an opportunity to be heard as soon as practicable thereafter. At any hearing, the licensee shall be given the opportunity to answer the complaint

and to present evidence. The complainant shall also be notified of the hearing and given the opportunity to be heard.

(4) All suspensions or revocations shall be upon substantial evidence and all hearings shall be conducted with substantial fairness and strict adherence to the rules of evidence shall not be required.

(5) All hearings on suspension or revocation of licenses shall be held within thirty (30) days of delivery to licensee of the generalized statement of complaint.

(c) *Abandoned licenses.* The applicant shall pay the issuance fee and obtain any license from the Permitting and Inspections Department within thirty (30) days after it has been approved by the Permitting and Inspections Department. Upon failure to pay the issuance fee and obtain the license within said thirty-day period, the approval shall be void and the application deemed abandoned. For good cause shown, the Permitting and Inspections Department may extend the thirty-day period provided such extension does not result in the issuance of the license being delayed more than one hundred eighty (180) days from its approval by the Permitting and Inspections Department.

(Code 1968, § 901.8; Ord. No. 231-80, 12-22-80; Ord. No. 291-83, 12-5-83; Ord. No. 562-84, §§ 4, 5, 4-23-84; Ord. No. 196-88, 11-7-88; Ord. No. 165-15/16, 3-7-2016; Ord. 18-17/18, 8-21-2017; Ord. No. 220-17/18, 6-4-2018)

Sec. 15-9. Appeals.

(a) *Procedure.* An appeal to the city manager may be taken by any person aggrieved by the denial, suspension or revocation of a license by the Permitting and Inspections Department by filing a notice of appeal and the prescribed fee with the city manager within thirty (30) days of the decision appealed from, and not thereafter. Every appeal should be in writing and shall state the basis for the appeal. Within two (2) business days of the filing of an appeal, the city manager shall designate himself or any agent or employee to act as hearing designee in the appeal. The hearing designee shall hear the appeal within ten (10) business days after the filing of the appeal and may affirm, reverse or modify the decision appealed from. The taking of an appeal shall not stay a decision appealed from, except that at the request of the licensee, the Permitting and Inspections Department may stay the effective date of a suspension, revocation or denial of a renewal license upon a finding that the public is not likely to suffer any harm

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.