Health & Human Services and Public Safety Committee

Tuesday, April 13, 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 information:

   Please click the link below to join the webinar:

   https://zoom.us/j/99946627946?pwd=NVRIYzZrN0dUVVlXZ1BLR1puZUJxUT09

   Passcode: 422081

   Or One tap mobile :

   US: +13126266799,,99946627946#,,,,*422081# or +19292056099,,99946627946#,,,,*422081#

   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: 999 4662 7946

   Passcode: 422081

   International numbers available: https://zoom.us/u/acYoRLxo2Y

2. Review and Approval of Minutes

   a. March 4, 2021 Draft Minutes

b. March 9, 2021 Draft Minutes

3. Updates

   a. HHS March Numbers and Updates
   b. HHS Facility
   i. Public Comment

4. Shelter Moratorium Discussion with Corporation Council

   a. Standards for a Moratorium

5. Shelter Licensing Updates

   a. Shelter Reporting and Operational Requirements

6. Encampment Discussion

7. Next Meeting Agenda Discussion

8. Adjourn

NOTE: There will be opportunity for public comment at this meeting on the HHS Facility agenda item. This item is a communication regarding the Health and Human Services Department's plan to co-locate its social and public health services into one location at 39 Forest Avenue. 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, March 4, 2021, 5:30pm, Remote Workshop

Committee Attendance:

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

Councilors in Attendance: April Fournier (At-Large), Andrew Zarro (District 4), Pious Ali (At-Large)

Mayor Kate Snyder

City Staff:

Kristen Dow, Director of Health and Human Services; Keith Gautreau, Fire Chief; Frank Clark, Police Chief; Danielle West, Corporation Council; Jen Thompson, Associate Corporation Counsel; Adam Harr, Executive Assistant for Social Services; Bob Fowler, Public Health Director; Bridget Rauscher, Chronic Disease Prevention Program Manager; Ethan Hipple, Director of Parks, Recreation & Facilities; Bob Wassick, Safety and Training Administrator.

Guest Panelists: Whitney Parrish, Director of Advocacy and Communications of Health Equity Alliance (HEAL); Gordon Smith, Director of Opioid Response at the State of Maine.

Meeting called to order at 5:32 PM.

AGENDA ITEM 1 – Announcements

- Three presentations tonight starting with the City.

AGENDA ITEM 2 – Needle Exchange Program

City of Portland

- Bob Fowler, Public Health Director gave background. Harm reduction covers controversial issues.
    - City of Portland is the only municipality in Maine operating syringe services in Maine.
    - Aim to offer syringe services that serve people who use drugs and the health of the surrounding community.
- Bridget Rauscher, Chronic Disease Prevention Program Manager is presenting information highlighting the successes of the program and not to advocate for a one-to-one model.
    - Walkthrough of the process at 103 India Street.
        - Open Monday through Friday from 9:00 AM to 4:00 PM.
        - Closed to the public; clients must ring the doorbell and then is screened for Covid symptoms before being allowed in the building.
        - Staff establish baseline information
            - Client ID

                - Housing status
                - Last HIV &Hep C test with results if clients are willing to share in order to make appropriate referrals for testing or follow-up treatment.
                - Narcan need, including debriefing clients about their experience reversing overdoses if the client desires.
                - Asking clients about syringe sharing and re-use habits.
                - Ask about the number of needles being exchanged and staff will Provide a biohazard box for safe disposal.
            - Given safer use supplies in addition to the one-for-one exchange: wound care kits, gauze, tourniquets, alcohol pads, cottons, gauze, sharps container of various sizes, vitamin C powder, cookers, sterile waters or saline.
            - Clients are reminded of the hours and that they can access the exchange as many times as they need.
            - If clients have not been since November, they are briefed on the one-for-one plus model.
    - Operating with a lean staff, ongoing since the Fall.
        - Two new staff coming onboard this month.
    - Bridget has been working the exchange herself.
- Ethan Hipple, Director of Parks, Recreation & Facilities
    - All are welcome in our parks regardless of background; their goal is to make parks safe and welcoming to everyone. Discarded needles adds difficulty to meeting this goal.
    - Increase in needles in public spaces.
        - Concentrated on the peninsula but is citywide.
    - Parents report finding needles on playgrounds.
        - In wood chips;
        - One incident reported of a needle on a slide.
    - Toll on staff
        - Emotional toll of assisting people who are overdosed.
        - 2 staff have been stuck while picking up needles and while performing regular duties doing landscape maintenance.
- Bob Wassick, Safety and Training Administrator
    - He has picked up an estimated 5,000 needles in six years.
        - Some were called in using 911.
        - Needles left anywhere someone can hide away from the public to use.
            - Rose garden in hedges
            - Bus stops
    - About 80% of needles collected have caps on both end leaving about 20% needles that are uncapped and capable of sticking someone.
        - The Oxford Street sharps box is used by users, but anecdotally, it seems people picking up needles are using the other sharps boxes.
- City Manager Jon Jennings
    - This has been an ongoing issue and he is concerned for City employee safety. When the change was made in November, fewer needles were found on the streets and public spaces.

        - In January the program collected 29,000 needles and gave out around 30,000. These were the highest number given and taken since the program started.
        - 370,000 needles were distributed last year and there are about 120,000 needles that weren't collected.

Discussion

- Councilor Dion thanked staff for their responses and asked what is the legal capacity for the City to change the program model from a one-to-one model to a needs-based model.
    - Jen Thompson said the state has regulated needle exchange programs in a statute that authorizes them to exist and provides protections to operating and using the program.
        - One-for-one requirement is part of the state regulations.
            - Require one-for-one exchanges except for new clients.
            - The ability to relax these requirements is temporary due to the governor's executive order.
            - Unless there is a change at the state level, once the state of emergency ends and the executive order expires, the rules will revert back to the regular one-to-one policy; the city doesn't not have the ability to change this.
        - Councilor Dion said that some constituents though the executive order meant localities had the flexibility to change this.
            - There has been criticism of Portland for not taking advantage of the executive order.

State of Maine

- Gordon Smith, Director of Opioid Response
    - He is an attorney working directly in the Governor's Office and agrees with the Corporation Counsel position.
        - There isn't realty an office of Opioid Response and he is not a regulator; he is on the license certification committee.
        - His role is not to be an advocate for how Portland should operate its syringe service program.
            - 14 certified sites around the state; 12 are open.
            - As long as the program complies with state and federal law, it is up to each organization how they operate their exchange.
            - The ability to do a needs-based exchange just during the public health emergency is allowed.
    - He thanked Portland for operating one of two Public Health departments in the state and for operating a syringe service program.
    - Syringe service programs are and important part of prevention, treatment, harm reduction and recovery support.
    - Executive order intended to keep the 5,700 syringe services clients safe from Covid by making them need to travel less.
    - Executive order has been renewed on a 30-day basis while public health emergency remains.
        - How long it will be extended cannot be estimated.

- A needs-based model is recommended by the World Health Organization and is why it was included in the executive order.
- It has not been determined if the needs-based exchange will remain after Covid. Even if it becomes permanent, there could be a gap form when the order expires and when a needs-based model becomes permanent in law.
- Service providers help distribute Narcan.
    - Service providers are where outreach is possible.
- No state funding until 2018, first $75,00 of funding divided between the 7 initial syringe service providers.
- Funding allocated based on the highest rates of hepatitis C and other blood borne pathogens related to injecting with used needles.

Discussion

- Councilor Dion asked Director Smith for an overview of rule making
    - Maine administrative Procedure act encouraged public participation in rule make.
    - Starts with people in charge of the rules at the CDC and the assistant Attorney General does a pre-rule check.
        - The potential for delays are substantial, especially at the CDC while responding to COVID.
    - Rule is published.
    - Public Comment, including a possible public hearing if requested.
    - Under normal circumstances, rulemaking takes months to years.
        - This change would be a three to six month period.

Health Equity Alliance (HEAL)

- Whitney Parrish, Director of Advocacy and Communications of HEAL
    - HEAL founded in 1987 as an HIV/AIDS program and over the years have evolved to syringe services in Down East, Maine and Bangor. They have rural and urban programs across Maine.
    - She is honored to be present and is struck by the absence of other advocates.
    - Advocates are very aware that the order will expire.
    - Best Practices
        - Low threshold access to services.
        - Maximize access through locations and hours.
            - Why they have delivery services during the pandemic.
            - Volunteers work to help distribute Naloxone.
        - Promoting secondary syringe distribution.
        - Train and support peer educators.
            - Harm reduction was created by people who use drugs.
        - Do not impose limits on syringes.
            - Give people what they need when they need it.
            - Restrictive polices lead to more syringes on the ground.
        - Include people who use drugs in decision making and implementation of programs.
        - Provide connection to other health and social services (referrals to case management, food pantry, etc.)
            - Builds relationships and trust.

        - December of 2020, the National CDC issues these guidelines supporting needs-based distribution at syringe services programs (SSP): (Note: https://www.cdc.gov/ssp/docs/CDC-SSP-Fact-Sheet-508.pdf)
            - CDC supports a needs-based approach to syringe distribution.
            - Best way to reduce new HIV and viral hepatitis infection.
            - Restrictive policies are associated with higher injection risk behaviors and rates of HIV/bloodborne infections.
            - SSP clients in needs-based programs have less risk of disease.
            - Syringe services programs (SSPs) are community-based programs that:
                - provide access to sterile needles and syringes;
                - facilitate safe disposal of used syringes;
                - provide referrals to substance use disorder treatment.
            - People who inject drugs play an important role in supporting safer use.
            - Needs based programs don't increase syringe litter; they promote remediation strategies to control syringe litter.
                - Community sharps boxes.
                - Stick-safe gloves for pick-up.
            - Talk to the non-city providers in the area.
    - There is an increase in homelessness leading to an increase in syringe litter.
        - Lack of access.
        - Knowledge that a certain number of syringes is still illegal so when they near that limit, they drop them.
    - Only four states require a one-for-one exchange.

    - Executive Order really opened up access,

Discussion

- Councilor Ray asked about the ability to carve out policy.
    - We have the ability to create policy during the executive order.
    - Looking at the question on why Maine created a one-to-one model?
        - The state CDC said it is unknown but was likely a best practice at the time.
    - Is there a timeline on the review and if the City is considering making a change?
        - The program coordinator of the research and evaluation program has made progress and is looking for data on the relationship between one-to-one verses needs based or one-to-one plus policies over:
            - Syringe litter rates
            - Overdose rates
            - HIV and blood borne pathogen rates
            - Hospitalization rates
            - Emergencies presumed to be related to IV drug use.
        - Data from Maine Med is not easily retrievable so timeline is unclear.
    - It seems larger groups have done the research and she hopes we will move as quickly as we can to address the growing number of people being placed in

harm's way from these policies. She hopes there won't be too much time researching when there is a recommendation from the World Health Organization.
    - Needle disposal studies referenced in the technical package indicate that when you move to a needs based distribution, there are fewer needles that disposed of incorrectly.
    - We are conflating two issues: we need to make the vest decision on how to operate the syringe service program and we need to figure out how to handle disposal.
        - She doesn't want to use finding the needles in the community to not have services.
    - Are we using stick proof gloves?
        - Yes and other best practices.
    - She doesn't want this to be framed as a criticism or attack on the City of Portland. The City of Portland has performed above and beyond in so many ways, including operating the only municipal exchange. But we still need to align with current best practices.
    - Rulemaking takes a long time; if it took longer time implement a change to the one-for-one rule before the executive order expires, would it be possible for the governor to declare an emergency order for the opioid epidemic?
        - Director Smith said the answer to the question asked is yes, theoretically. He cannot answer if he thinks the governor would, but she could. If in the process of changing rules, she could direct that rules not be enforced.
        - We haven't decriminalized possession of needles.
- Councilor Dion said that he has researched and done outreach on SUDs and Injectable drug use and knows people are confused. They misunderstand the intent of the proclamation and that people think the governor is waiving one-for-one forever.
    - Can we do work that informed the state?
    - 3-6 months for rule making is lightning speed.
    - Councilor Dion wanted to know the efficacy of the current one-to-one program and the health challenges faced by people with SUD.
        - What are the referral rates? When he did outreach distributing needles, the people were not have a physical or mental capacity to engage with services.
        - Is the one-to-one plus meeting our needs now?

- Councilor Chong asked if the program is working and do we have the data
    - Distributed 370,000 needles compared to the 270,000 needles in the previous year.
    - Portland has 22 sharps boxes.
    - Portland has 2 onsite locations, a mobile medical team does outreach with the needle exchange with services seven days a week.
    - There are up to five methods of reaching people in the City seven days a week.
    - Is our policy negatively impacting our community?
        - Someone accessing emergency medical service may not be a needle exchange program, is there a way to know?
        - Can we compare with needs based policies in other states?

    - He thinks we are going above and beyond what was done in previous years.
        - Is the community not getting enough needles?
        - Is the community not getting enough access to services?
    - This seems to be a state issue and whether the State wants to adopt a needs-based policy.
    - We are in compliance with a one-plus-one policy.
    - We are only 5% of the state's population and distribute the majority of the state.. The only other exchanges in the region is Sanford and Lewiston. Washington county has three locations. (Note, Councilor Ching misspoke and said Aroostook County)
- Director Smith clarified that there are no exchanges in Aroostook County.
    - Funding has helped programs do it the right way.
    - Director Parish said that they see the Aroostook County folks who need these services; people are dying. They are not turned away regardless of their address.
        - Not seeing the evidence we are causing harm is not reducing harm in an executive way.
        - Money and inclusion of drug users are needed in these programs.
- Councilor Ray asked if the increase of 257,000 needles distributed in 2019 to 370,000 in 2020 was partially caused from secondary distribution?
    - It is possible as we learned the program wasn't following the one-for-one policy.
    - Even under the current executive order, you cannot give to a secondary exchange. You must still only give needles to the client. The needle exchange was operating out of compliance prior to November.
    - The number of needles distributed and collected are closer in January and February due to compliance.
        - Regardless of prior to November, 2020, January had the highest numbers of all time.
    - Councilor Ray clarified that the big increase from 2019 to 2020 could be a reflection of how it was operating, even if that was not the intent of how to operate the program in policy.
    - Was there a difference in the number of clients served in January 2020 versus January 2021?
        - Served about 819 clients in 2021.
    - When was the last time and the number of sharps boxes were installed or changed locations?
        - Added sharps boxes
            - 2020:
                - 4 at Deering Oaks Park targeted to where most needles were found.
                - 1 in Congress Square Park.
            - 2021:
                - Adding a new box on the Bayside Trail near trader Joes.
                - Replacing 2 missing boxes at Harborview and East End Beach.
        - Do instillations correlate to need?

        - While walking the paths on Bayside, she sees overflowing sharps boxes with litter on the ground nearby.
            - Bob Wassick said this one rarely has more than six needles in a week.
        - Are providing enough opportunities for safe disposal.
    - One in Five people are reusing or sharing needles. It is not a criticism of how work, but we must improve.
    - Number of needles collected from public spaces doesn't delineate between the ground and sharps boxes; can we get that data?
- Councilor Chong asked about hours of operation of other exchanges.
    - Most exchanges have limited hours.
    - None of the HEAL exchanges run seven days a week.
        - Bangor and Ellsworth are five days a week.
        - Maine access points work 24/7; referrals can be made outside of open hours.
        - While there are no seven-days-a-week operations, there is delivery.
    - Director Parish is first hearing that the sharps boxes in Portland aren't used. They are not seeing this in Lewiston.
        - The foundation of our work is trust and giving what is needed with dignity.
            - It is challenging when there is a lot of staff turnover. That rapport is needed for people to engage.
- Councilor Dion asked Bridget Rauscher what her expectations are around the patient navigator position.
    - The position to serve a more case management role. Referrals are made at the exchanges but this role has the ability to follow up. The current patient navigator has stepped into an outreach role going to encampments and laying the groundwork for relationship building. Outside services can make referrals to her.
- Councilor Ray said we were seven days a week but haven't been on Saturday.
    - A new position will fill that shift soon and will be back to seven days a week.
    - Are we involving people in the recovery community and people who inject drugs in our review and decision making?
        - This is being discussed amongst Safety and HHS.
        - In 2020, 6,240 needles were picked up, 1,732 (28% of needles collected) were in sharps boxes.
            - They are asking users why they are not using the sharps boxes.
- Councilor Ray asked how many positions are vacant.
    - Four positions are vacant in the Needle Exchange.
- Councilor Ray asked Director Smith to advocate for best practices in a permanent rule change and executive order to bridge a gap.
- Councilor Chong confirmed that about 6 needles a month are collected in community sharps boxes.
- Councilor Dion asked ow many volunteers are performing outreach at OSS?
    - 3 active volunteers and 3-5 inactive volunteers.
    - He suggests more outreach from the recovery community.
    - These people are uniquely positioned to build relationships.

- Councilor Fournier thanked the speakers and echoed Director Parish that it is clear there are people missing here. It is critical to engage marginalized and affected people first.
    - How often we are talking to people who use the needle exchange to ask where it would be most convenient to have a sharps box to dispose of needles?
    - Quality cheeks: how often are we asking about their experience?
        - Not just at the City but from outside.
    - She is heartened by the potential at the state level to align with CDC and WHO needle exchange best practices.
- Councilor Chong said he wanted to speak with this particular panel to speak to the efficacy of the needle exchange program and the on-to-one policy under the Governor's executive order. Portland is the only site operating 7 days a week. We have a one-plus-one policy which is why we asked the state to join us. He thanked everyone involved in the program. He hoped more sites will open in larger municipalities in the Southern Maine area to have services closer to home. There almost none in Western Maine.
- Director Smith thanked Mr. Hipple and Mr. Wassack; he runs on Portland trails. When he wants a good long-distance run, he drives to the bayside trails. The attorney general announced monthly fatal overdoses and the 2020 numbers. There were only two counties that saw a reduction in overdose fatalities: Somerset and Cumberland counties. The Options program is based on the Police liaison program with Oliver Bradeen.

AGENDA ITEM 2 – Next Steps

- The next meeting is March 9, 2021.

The meeting adjourned at approximately 8:10 PM

Health & Human Services and Public Safety Committee Minutes

Tuesday, March 9, 2021, 5:30pm, Remote Meeting

Committee Attendance:

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

Councilors in Attendance: April Fournier (At-Large)

Mayor Kate Snyder

City Staff:

Keith Gautreau, Fire Chief; Frank Clark, Police Chief; Anne Torregrossa, Associate Corporation Council; Aaron Geyer, Director of Social Services Adam Harr, Executive Assistant for Social Services; Christine Grimando, Director of Planning and Urban Development; Jessica Hanscombe, Licensing and Housing Safety Manager.

Meeting called to order at 5:32 PM.

AGENDA ITEM 1 – Announcements

- February Minutes:
  - Councilor Ray moved to accept the minutes; Councilor Dion seconded and the minutes were accepted unanimously.

AGENDA ITEM 2 – Updates

- 1,355 GA applications in February
  - Denial rate is low at 6.4%.
- OSS nightly census down at 22 individuals due to positive cases and using hotels.
  - Contracted hotels average 91 per night in February.
  - GPH continues to do testing at OSS and Westbrook Fire is doing testing at the contracted hotel.
- Family Shelter:
  - 20 families for 65 individuals onsite at the shelter on Chestnut Street.
  - 67 families of 207 individuals in local hotels.
  - 22 new families for 69 individuals in February.
    - 9 new families so far in March.
- Barron Center:
  - Outbreak closed on February 24th.
- Needle Exchange
  - 432 exchanges.
  - 21, 197 needles collected.
  - 23,164 needles distributed.
  - 218 Narcan doses distributed.
- CDBG funded Resettlement Coordinator position is posted and is closing today.

- Deputy HHS Director is posted and closing March 24th.

Committee questions and discussion.

- Councilor Ray asked how many single adults are in our shelters because 91 looks low.
  - This does number not include general assistance hotels.
- Councilor Ray asked what the third position the needle exchange is looking to hire.
  - It is a full time community health promotions specialist.
- Councilor Dion asked about the ratio of needles collected at drop boxes vs those at transactions with patients.
  - Hypodermics management: he is concerned about the efficacy of the drop box program and the rate of recovery at a box vs an exchange context with staff.
    - Numbers are small
  - There is anxiety in the public on abandoned hypodermics; he wants to frame this through facts.
- Councilor Chong is impressed by our GA acceptance rate at nearly 94% and being on pace for one-to-one needle exchanges. The Resettlement Coordinator position demonstrates the

AGENDA ITEM 3 – Shelter Licensing

- Licensing Authority
  - (a) replaced with language from other licensing areas.
  - (b) put back in that renewals shall be processed by Permitting and Inspection unless someone asks to put it on the City Council agenda, consistent with liquor and entertainment licensing.
  - (c) puts all renewal licenses for City shelters in front of the Council to address public process.
- Review Procedures
  - Changed "adequate" to "more likely than not" in (ii) and (iii).
- Application Submission Requirements
  - Added (g) which asks if an applicant has experience running a shelter in Portland or elsewhere and to describe it.
  - Reformatted (vii) security, safety and protection measures.
    - Concern about access to video of private areas; it is for review of public spaces.
  - (j): Compromised on the longer distance to transportation but as part of the application, applicants must demonstrate how they will help clients access.
    - Open more areas to a shelter but shelters must explain how clients will access their shelter.
- Performance Standards
  - (d) removes the distance requirement, but applicants must help people access transit.
  - (e) requires day shelter and allows alternative indoor shelter space within ¼ mile.
- Monitoring reports.
  - Subsection 1 and 2 cleaned up mistaken language.

    - Committee asked shelter reporting number of CTOs, reason and length, and of the person issued a CTO had had a CTO issue to them previously.
- Domestic Violence Shelters
    - Tried to protect confidentiality while also making sure shelters fit the goals of the ordinance.
        - There are other ways to accomplish this such as exemptions or exemptions at a certain size, etc.
        - Looking to speak with DV providers to make sure it meets their needs.
    - Items most likely requiring a waiver to help
        - Description of the space
        - Number of beds
    - Waivers must demonstrate how the waiver would affect health and safety.
        - Waivers for removing identifiable information: distance to shelter could repeal where the shelter is.
        - Demonstrate why a waiver is required and why public health, safety and welfare won't be impacted by the waiver.
        - Council can grant waiver if it demonstrates it wouldn't hurt public health and safety
    - Appeals
        - Clarified an appeal at permitting and inspections would go to the Council and an appeal at the Council would go to Superior Court.

Committee questions and discussion

- Councilor Ray asked about the waiver process and day space.
    - Waiver is domestic violence only.
    - Day space provision allows for a waiver if they can contract with an alternative within ¼ of a mile.
    - No general provision for a waiver in licensing.
- Councilors Ray likes how day space and metro are spaced out.
    - Requiring to be within ¼ mile of metro is still in zoning and will need to be addressed.
- Councilor Ray asked about monitoring reports and the feedback that they would be onerous. How many of these things are already tracked for MaineHousing?
    - 9 or so are and this will be highlighted at the next meaning to demonstrate what extra is being asked of shelters.
- Councilor Ray asked if the Police Department is able to isolate calls from the shelter itself and third parties based on its loges.
    - It is possible and can be worked out through process.
    - Does PD make a record of police calls available to shelters to be able to report to the council on a quarterly basis?
        - Moving to a new platform and it should be possible.
        - This is not currently tracked at OSS.

            - It would be an addition and doable. Some calls are not calls because the duty officer is on-site.
    - Consider what the best mechanism is to get this information?
        - Entities report it themselves?
        - Directly from PD on a quarterly basis?
        - Whatever is easiest to get the information.
- Councilor Ray gave background that in 2017 the City expanded zoning of where emergency shelters of any size could exist to allow for a centralized intake to replace the Oxford Street Shelter. The Council then looked for how to allow smaller shelters and zoning to open up the entire city to shelter beds of some size. This request was for zoning to the planning board and licensing simultaneously. Licensing was important to make sure there was a balance without concentrating in any one area. Planning board did not want to take it up until licensing was ironed out. This was part of the 2019 and 2020; having been delayed by the pandemic, the committee is able to take it up now.
- Councilor Dion says it is helpful if the police department supplies raw data for calls for services. The chief could then engage operators around their facility's data.
    - Patrol officers will use the most familiar address which could affect data.
- Councilor Dion has met with shelter providers and their public comments are in the public record.
    - Balance is a key principle between neighborhood interests, public safety and X
        - Fear of the criminalization of people who are unhoused/homeless.
        - Expectation public safety maintained.
    - Considering the abutting neighbors quality of life and the interests of hosting neighborhoods is reasonable.
- Councilor Dion said for all the externalities there is not much concern for what is happening inside the facility.
    - If we are truly concerned for the unhoused we should have some language indicating a floor for the level of service we expect from license operators.
    - Providers submitted comment on blind spots.
- Councilor Dion said we haven't address adverse fiscal impacts on existing facilities.
    - We should solicit this information from existing shelters.
- Councilor Dion has received emails that a moratorium would be appropriate for the bayside neighborhood to acknowledge the burden they have had.
- Grandfathering
    - There is not enough clarity in the renewal language.
    - Needs to be explicit to what we mean by grandfathering.
        - Should have a sunset provision attached to it?
- Domestic Violence Shelters
    - Some of our concerns around externalities are not in existence with that.
    - There are tangible threats of outside parties coming to the shelter.
    - If the PD is called it is more likely than not to be about the shelter and they should not be penalized for it.

- Mayor Snyder said that elected officials are stewards of neighborhoods and this licensing demonstrates that.
    - Mayor Snyder thinks the request for a moratorium in the bayside neighborhood should be discussed.
    - Costs should be considered
- Mayor Snyder asked if the inclusion of indoor space gets at programing or simply the need for day space.
    - There is a huge lack of day space in the city, making it essential.
    - There needs to be day space in a shelter to allow someone to exist outside of a bed.
    - Day space separated into its own requirement so that it isn't only required for shelters over ¼ from a METRO stop.
- Councilor Dion requested that people submit written public comment ahead of the meetings.
- Councilor Ray thinks it makes sense to have another public hearing before voting on this and encouraged written public comment before the meeting.
- Councilor Chong said this licensing will apply to the City. It is not just about safety for the community but safety for the clients and staff. A lot of programming is answered in the ordnance and there are programming funding requirements.
    - What are the fiscal hardships?
- Councilor Ray is interested in the comments on a moratorium on Bayside. Should Corporation Council look at its legality?
    - Councilor Dion thinks it would take work between planning and legal but it could be achieved.
    - He thinks the proposition might have merit and should be explored.
- Chief Gautreau said that in a memo Director Dow said that staff would come back on bed density at the May 11th meeting. He asked if the committee would like licensing to wait for the May meeting to address all at once.
    - Councilor Ray agreed to come back to licensing in May and will accept any information given earlier.
    - The committee agreed and Councilor Dion suggested that service providers address density before that meeting.
- Councilor Ray said her understanding of the grandfathering is an attempt to say any shelter that is open now will not close, for example if they exist in a buffer zone. Licenses are not transferable to new locations.
    - She does not want to grandfather nonconforming uses forever.
    - What should staff be looking at?
        - All shelters would need to meet the requirements except for those that are already open would not need to meet bed density.
    - Everyone would need to get a license.
    - Councilor Dion said that on something he was working on there was a specific section on grandfathering.
        - It is unclear amongst the operators.

        - We want to say if they are operating in a particular space, they are protected.
        - People that read the rules want specific language with a heading alerting them.
        - Anne will put it into its own section using language without the history "grandfathering" has.
            - Director Grimando noted that the term grandfathering has a racist history. It's rooted in attempting to limit enfranchisement of black voters.
- Councilor Dion hopes HHS would consider language on an expectation of a basic level of service in the facility.
- Councilor Ray asked which items are already needed to produce for MaineHousing monitoring and what is "extra."

AGENDA ITEM 3 – Shelter Zoning

- Planning board in 2017 thought small shelter zoning needed more time.
- There was a draft in 2020:
    - Implementable and rational.
    - Would allow small shelters up to 20 beds or 40 beds, depending on zone.
- Left the last meeting to get community feedback.
- Preview of the unpublished outreach webpage:
    - Story map on shelter zoning.
        - Overview of 2017 zoning expansion beyond B3.
            - Can zoom in on the map.
        - Explains zoning and what does.
        - Current shelter policies and locations as well as how they have change over time.
        - Looks at shelter policy elsewhere.
            - Zoning
                - Comparative look at what kinds of zones and districts are permitted today.
            - Licensing
            - Scale
                - Shelters are smaller in residential zones.
            - Management measures.
                - Noise
                - Trash
                - Management plans
                - Neighborhood committee
                - Complaint process.
            - Design review
                - Specific to shelters (Portland has broad review and some is done but not specific to shelters.)

        - Separation requirements.
    - Small
    - Where we are now links to background information.
    - Ends on a survey.

Committee questions and discussion.

- Councilor Ray thanked Director Grimando and asked what questions are we asking; what feedback are we soliciting? What is the timeline for that feedback and where is that feedback going?
    - Survey is short and asked about a person's neighborhood and residence.
    - Asks if a person is homeowner or renter.
    - Interactive map with a peaceable pin asking people to locate where they think a shelter should be located and why.
    - Asks context question on where it feels best (where would a 20 bed shelter best fit.)
    - Timing: live this week and feedback to taper after three weeks.
        - Come back with results in May.
    - Apprise planning board of where we are in the process within the next month or two.
- Councilor Ray asked when draft zoning may be ready.
    - It is not starting from scratch; if comments really don't work with it they will change, but this survey asks questions to bring the current framework to the next level. There will be a window to make changes.
- Councilor Chong recapped that we will get survey information in May.

AGENDA ITEM 4 – Next Steps

- The next meeting is April 13, 2021.

The meeting adjourned at approximately 7:15 PM

CITY OF PORTLAND
Department of Health & Human Services
Kristen Dow, Director

MEMORANDUM

TO: **Members of the Health & Human Services & Public Safety Committee**
FROM: **Department of Health & Human Services Leadership**
DATE: **April 9, 2021**
RE: **Relocation of HHS programs to 39 Forest Avenue**

We are pleased to provide this memo outlining details related to the co-location of some Health & Human Services (HHS) programs to 39 Forest Avenue. The co-location of these key programs from the Social Services and Public Health divisions of HHS to a single, centralized location in the city seeks to reduce barriers to those who access vital services as well as enhance organizational efficiency. In addition, the much larger physical space at the Forest Avenue location provides opportunities for program expansion as well as increased opportunity for physical distancing to maintain health and safety for staff and service recipients.

The purpose of the memo is to outline the following:

- List of impacted programs and staff from the Health & Human Services department
- Description of the Forest Avenue building and layout
- Layout of HHS programs within Forest Avenue building
- Description of operations
- Anticipated timeline
- Financial comparison

Outline of current HHS programs and staff by location and division

HHS Administration
Number of Staff: 6
Current location: City Hall
HHS Administration Staff includes the HHS Director, Deputy Director (to be hired), Financial Manager, Principal Administrative Officer, Administrative Assistant and the Resettlement Coordinator (to be hired).

Public Health & Social Services HR & Financial Teams *Note PAO & Financial Manager FTE are located in HHS Administration*
Number of Staff: 8
Current location: City Hall & 196 Lancaster Street (General Assistance Building)
Staff includes the Financial Manager, Principal Administrative Officer, Principal Financial Officer, and 5 Accountants

Public Health division

Portland Community Free Clinic
Number of staff: 4
Schedule: Monday - Thursday 9:00am - 9:00pm, Friday 9:00am-12:00pm
Current Location: India Street Public Health Center*
The Portland Community Free Clinic provides primary care to uninsured, low-income adults (18-64). All services at the PCFC are provided at no charge. Care at the PCFC is provided by volunteer physicians, nurse practitioners, and nurses. Volunteers include primary care, internal medicine, and specialty services. PCFC staff time is funded by the Friends of the Portland Community Free Clinic which is an independent 501c3.

STD/HIV Clinic
Number of staff: 8 including our Medical Director
Schedule: By appointment only, Tuesday and Thursday from 10:30-5:30 (w/flexibility to meet patient need)
Current Location: India Street Public Health Center
Maine's only Public Health full service STD Clinic. The clinic provides patients with a full panel of STD/HIV testing and treatment as well as Partner Services. The STD Clinic also provides PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis) case management and at-home HIV testing. The STD Clinic also houses a fully operational laboratory.

Minority Health Program
Number of staff: 2 full time and 17 per diem Community Health Outreach Workers
Schedule: Sunday- Saturday, 7:00am-8:00pm (dictated by community need)
Current Location: Reiche Public Health Station
The City of Portland's Minority Health Program develops and implements evidence-based public health programming that enhance access to quality and affordable health care to improve the well-being of minority communities in the Greater Portland Area. This process is driven by the communities the program serves directly. This program also assists other City programs in ensuring services provided are culturally and linguistically appropriate.

Maternal and Child Health
Number of staff: 3
Schedule: Monday-Friday 8:00am-5:00pm
Current Location: Reiche Public Health Station
The Maternal and Child Health (MCH) program offers a variety of services to Portland residents, including free home visits for residents who are pregnant or have a child up to age 5. Currently about 60% of their caseload are non-English speaking families. MCH staff will assist with any/all medical related needs and assist with referrals for social supports. Staff are also Certified Lactation Counselors able to provide Portland mothers with breastfeeding assistance.

Tobacco & Lead Poisoning Prevention
Number of staff: 6
Schedule: Monday - Friday 8am-4pm
Current location: City Hall
The Tobacco Prevention Program works across Cumberland County to create and implement tobacco-free policies in the following sectors: Municipalities, Colleges/Universities, Hospitals, Behavioral Health Facilities, Schools, Multi-unit Housing, and Youth Serving Entities. The team also works to implement evidence-based

strategies through education to youth as well as training for utilizing the Maine QuitLink.

The Lead Poisoning Prevention Program works to reduce childhood lead poisoning in the cities of Portland and Westbrook. Program objectives include increased screening for blood lead levels in children aged two and under and educating parents and landlords with young children about lead poisoning prevention.

Healthy Eating Active Living (HEAL)
Number of staff: 5
Schedule: Monday - Friday 8am-4pm
Current location: India Street Public Health Center
The Healthy Eating Active Living Program implements both Let's Go! 5-2-1-0 and SNAP-Ed throughout Cumberland County. SNAP-Ed provides nutrition education services in settings that are most accessible to individuals eligible for SNAP, including: schools, food pantries, Head Start programs and other childcare settings, grocery stores, and regional DHHS offices. Let's Go! 5-2-1-0 is a nationally recognized childhood obesity prevention program with the goal of increasing physical activity and healthy eating for children from birth to 18 years of age through policy and environmental change. Let's Go! works with nearly 150 sites across Cumberland County in: childcare settings, schools, and out of school settings in order to reach children and families where they live, learn, work, and play to reinforce the importance of health eating and physical activity.

Substance Use Prevention & Harm Reduction Services
Number of staff: currently - 3, full capacity - 6
Schedule: Monday - Friday 9am-5pm
Needle Exchange schedule:
On-site: Monday-Friday 9am-4pm
Outreach: Sunday-Saturday, hours vary
Current location: India Street Public Health Center
The Substance Use Prevention & Harm Reduction Services Program offers a variety of programming serving individuals as young as 12 through age 65 and older. From implementing evidence-based primary prevention strategies aimed to delay the onset of early substance use, to utilizing paramedics to address the unmet medical needs of Portland's unsheltered residents and those with substance use disorder(s), to operating the State's largest and only municipally-run needle exchange program and naloxone distribution program, the SUPHRS program touches many individuals with life saving education not only in Portland, but throughout Cumberland and York Counties.

Research & Evaluation Program (REP)
Number of staff: 1
Schedule: Monday-Friday 8-4
Current location: Cummings Center
The REP program conducts and analyzes public health research to inform and evaluate Portland Public Health programs and activities.

Public Health Administration
Number of staff: 1 , Public Health Director
Current location: City Hall

Social Services division
All current services located at 196 Lancaster Street

General Assistance
Number of staff: 8
Schedule Sunday-Saturday 7:30-4:30
The General Assistance Program (GA) provides Portland residents with assistance for basic needs such as rent, food, non-food, medication, fuel, utilities, and other essential services. All assistance is granted in voucher form and no cash assistance is granted. Financial Eligibility Specialists (FES) work actively with applicants to ensure that appropriate in-house and outside community referrals are made to other support services.

Workfare
Number of staff: 1
Schedule Monday-Friday 7:30-4
General Assistance requires that able-bodied individuals participate in a work program as a condition of receiving financial assistance. This program offers realistic work opportunities in various city departments and local nonprofits. One of many workfare opportunities is to work with our maintenance team to work on neighborhood clean-up on the blocks around our facility as part of our mission to be good neighbors. Participants also do mentoring through nonprofit organizations, such as Preble Street, Hope House, Portland Adult Education and Salvation Army. The Workfare Coordinator works closely with HIRE, the Social Services Division's employment services program to help translate experience from the program into employment and self-sufficiency. Workfare will leverage the increase in the HIRE team's capacity to provide on-site services that will greatly improve the programs' shared self-sufficiency goals for their clients.

HIRE
Number of staff: 2
Schedule Monday-Friday 8:00-4:30
Helping Individuals Regain Employment (HIRE) assists General Assistance recipients achieve self-sufficiency, or other eligible benefits. Staff help clients overcome barriers to employment find jobs through employment case work targeting their needs and referrals to outside agencies, such as English as a Second Language courses for individuals with low English proficiency. Individuals who are unable to work receive help applying for disability benefits. While operating at full capacity, the HIRE team put on successful programming that led to gainful employment. These include partnering with area employers to host on-site career fairs in our office where the employer conducted interviews and made direct hires. Increasing our space will allow multiple employers to attend career fairs increasing employment opportunities.

Representative Payee Program
Number of staff: 2
Schedule Monday-Friday 8-4:30
While most people receive their Social Security and Supplemental Security benefits directly, some are mandated by the Social Security Administration to have a Representative Payee to provide assistance in managing their funds. Payee services for consumers receiving Social Security Disability benefits are provided through this program. Benefits to these individuals are dispersed through a Representative Payee who receives the check on behalf of the beneficiary and provides for personal and financial needs.

Housing Navigation
Number of staff: 2
Schedule Monday-Friday 8-4:30
Our housing navigators provide professional case management working with homeless

individuals and families, specializing in assisting clients secure permanent housing and reach their goals of self-sufficiency. Housing navigators assist clients in their housing search and accessing the resources needed to obtain housing. These include housing vouchers, and programs like Tenant Based Rental Assistance (TBRA) which utilize funds to pay for security deposits and short-term rental assistance for individuals and families residing in homeless shelters. Our team uses a rapid re-housing approach with a particular focus on reducing recidivism through providing follow-up care services that connect clients to other mainstream resources, helping ensure successful outcomes. We believe in a housing first approach where individuals are most equipped to resolve other issues in their lives when they have a safe place to live. These issues often contribute to the episodes of homelessness people experience; consolidating housing navigation and Public Health will increase outcomes in both areas as stable housing increases one's self-efficacy to engage in treatment and treatment helps mitigate factors that contribute to homelessness.

Housing Retention
Number of staff: 2
Schedule Monday-Friday 8-4:30
The Human Services Counselors in the Housing Retention team work with Family Shelter clients placed in housing. They provide case management that connects to mainstream resources and are proactive in the landlord tenant relationship, mediating disputes and mitigating issues before eviction.

Social Services Administration
Number of staff: 2
Monday-Friday 8-4:30
Administration staff include the Director of Social Services and Executive Assistant.

Fiscal
Number of staff: 6
Schedule Monday-Friday 8-4:30
Fiscal staff currently reside in a hallway that is only partially private and secured from public access. In normal times, clients confused by our layout would sometimes wander the hallway until someone noticed and could lead them to the exit. The new location will house the Fiscal team clearly separating frontline public areas from restricted access areas. The new building will be easier for clients to navigate and it will be safer in terms of disease risk. Individuals will be able flow in one direction, entering and exiting through different doors. The building has an updated HVAC system, adding to the building's superior safety from airborne pathogens.

Security
Number of staff: 2
Monday-Friday 7:15-4:15
The office has two Security Guards. In standard daily operations, one guard would check bags as people enter our office while the other guard patrols. This allows for screening clients at entry through our metal detector and directing guests to be signed in and then to our waiting area. In addition to the central waiting area we also have additional flex space to act as overflow waiting space if needed.

Maintenance
Number of staff: 2
Schedule Monday-Friday (5 AM-2 PM) (3-11 PM)

The Maintenance Manager currently cleans Public Health's India Street Clinic and needs to move locations throughout the day. Consolidating the two divisions into one building will create efficiencies in their schedule.

Social Services Division Program Additions

Prevention and Diversion
Number of staff 8
Schedule Sunday-Saturday 12 PM-8 PM
The Additional space will allow for the Social Services Division to create a Prevention and Diversion Program modeled after the Pine Street Inn Front Door Triage Program. Staff would have the ability to connect with individuals before they enter emergency shelter and homelessness. This opportunity for a critical intervention to try and build on natural supports to eliminate the need to enter the Emergency Shelter system. Staff would have the ability to seek alternate resources, connect with landlords to mediate evictions, and enroll individuals in prevention case management services.

Maintenance at Current Locations

The co-location of the staff from the four current locations includes two currently leased spaces. The spaces at both our India Street Clinic and our General Assistance Program have become increasingly cramped and tired over the years, with numerous facility issues.

At our current space at India Street Public Health Center the condition of the building the public health division is currently leasing at 103 India Street has become increasingly dire, with multiple systems failures that have impacted clinic operations. Examples include the closure of clinic operations for 10 days in November last year due to a water main break; a 12-hour power outage that same month which jeopardized vaccine in cold storage; security issues with doors that do not adequately lock; and lack of a secondary egress from the building or dedicated staff entrance.

In addition, the current space that the Social Services Division occupies at 196 Lancaster St. has deficiencies in its facilities that negatively impact daily operations. The layout of the office is confusing for clients and community partners to navigate and often results in visitors getting lost. Poor ventilation's effect on temperature means some offices are too cold in the 50s and some are too hot in the 90s. In late 2019, a heavy rainstorm pushed headache-causing fumes up from beneath the floor that took weeks to mitigate. Both the ongoing temperature issues and the fumes displaced staff from their workspaces. Other semi-regular problems include plumbing, electrical and vermin: finding bathrooms out of order and outlets not working.

Description of Forest Avenue space

Location
Located at 39 Forest Avenue, the building spans the width of the block with entrances at 39 Forest Avenue and 100 Oak Street

Square footage/layout
At 37,000 square feet, the space is large enough to comfortably accommodate both Divisions' staff and the members of the public they serve. The large, flexible space inside the conference and training rooms will allow for expansion of existing offerings and

creative opportunity for development of new services. The Divisions will each occupy one floor with Public Health clinical services on the first floor and Social Services, Administration and the fiscal team on the second floor.

Entrances
The building allows for three separate entrances. The public entrances to the building are on Forest Avenue with a staff entrance on Oak Street. The Public Health entrance abuts the sidewalk and the entrance to Social Services is up past the public parking spots with the staff entrance on Oak Street.

Accessibility
Ramps at the Forest Avenue entrance and inside the building provide accommodation for people who use wheelchairs and other mobility devices. Additionally, once inside the space at 39 Forest Avenue there is sufficient room to accommodate those using wheelchairs and other mobility devices. The current space inside 103 India Street, particularly for those who access the Needle Exchange Program, is very narrow and limited, and requires entering multiple doors. The centralized location of the building on the peninsula will place the office between Congress Street and Cumberland Avenue, granting access to major bus lines.

Building operations

Parking
The location provides parking for up to 10 vehicles including two handicapped spaces with metered spaces along Forest Ave. Staff parking will be in the Spring Street garage.

Hours of operation
Various programs operate on differing schedules, but some programs are anticipated to operate 7 days per week between 8am and 7pm. There will be no overnight accommodations in the building.

Security
The security staff will monitor both the internal and external space associated with the new location. In addition to the outside grounds being monitored we will have a telephone line in place for neighbors to report concerns, in line with our Good Neighbor practices at other HHS locations.

Co-location of HHS programs

In addition to the fiscal and logistical benefits associated with co-location of HHS programs, the consolidation of these services in one location will result in reduced barriers for service recipients:

- Improved client access to services - Social Services and Public Health programs often “share” clients or see the same clients for different services, but don’t always realize it. Co-locating our programs would improve our ability as a department to provide low-barrier services to clients “under one roof.”

- Strategic planning and collaboration - Co-locating services will naturally allow for programs to interact with one another in a way that are presently challenging. The potential to meet the vital health & human services needs of Portlanders will be improved through greater integration.

- Opportunities for program expansion - In both the Social Services and Public Health divisions, space constraints at current locations limits the opportunity to planfully expand programs to meet community needs.

- Improved health equity - At a time of increased recognition of the need to reduce health disparities as a means to achieve health equity for all, the co-location of HHS programs will serve to improve services for vulnerable populations. By physically locating the Resettlement Coordinator alongside the Minority Health Program, Portland will be taking a step forward in meeting the 'culturally and linguistically appropriate services' (CLAS) standards to produce improved standards to the New Mainer population.

Anticipated Timeline

- **June 1, 2021-** Begin renovations to the upper floor so that GA can be prepared to be fully operational at that location on July 1, 2021.
    - Renovations to this floor primarily are putting security doors in place and addressing Facilities concerns around ADA compliance in the restrooms. We will additionally need internet and phone access in place.
- **July 1, 2021-** GA fully operational out of Forest Ave location
- **July 2021-** Move HHS staff from City Hall and Reiche to Forest Ave.
- **July - October 2021-** Clinic renovations.
- **By November 1, 2021**- Move clinic operations to Forest Ave

Cost Comparison

India Street (6,122 sf @ $11.33 psf)	$69,362
Lancaster Street (10,217 sf @ $14.69 psf + $24,326 common area maintenance)	$174,414
Estimated Cost of Diversion Space (1,300 sf @ $13 psf)	$36,400
TOTAL CURRENT RENT	**$280,176**
39 FOREST BUILDING RENT (37,000 sf @ $7.50 PSF)	$277,500

Relocation of HHS programs t
39 Forest Avenue

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Health & Human Services & Public Safety Committee

4/13/2021

Outlined in this Presentation:

- List of programs from the Hea & Human Services departme
- Description of the Forest Ave building and layout
- Layout of HHS programs with Forest Avenue building
- Description of operations
- Anticipated timeline
- Financial comparison

COLOCATION OF KEY PROGRAMS

HEALTH & HUMAN SERVICES ADMINISTRATION

HR AND FINANCIAL TEAMS F BOTH DIVISIONS

PUBLIC HEALTH DIVISION

SOCIAL SERVICES DIVISION

Public Health

Portland Community Free Clinic

- Schedule: Monday - Thursday 9:00am - 9:00pm, Friday 9:00am-12:00pm
- Current Location: India Street Public Health Center*

STD/HIV Clinic

- Schedule: By appointment only, Tuesday and Thursday from 10:30am-5:30pm (w/ flexibility to meet patient need)
- Current Location: India Street Public Health Center

Minority Health Program

- Schedule: Sunday- Saturday, 7:00am-8:00pm (dictated by community need)
- Current Location: Reiche Public Health Station

Maternal and Child Health

- Schedule: Monday-Friday 8:00am-5:00pm
- Current Location: Reiche Public Health Station

Tobacco & Lead Poisoning Prevention

- Schedule: Monday - Friday 8:00am-4:00pm
- Current location: City Hall

Healthy Eating Active Living (HEAL)

- Schedule: Monday - Friday 8:00am-4:00pm
- Current location: India Street Public Health Center

Substance Use Prevention & Harm Reduction Services

- Schedule: Monday - Friday 9:00am-5:00pm
- Current location: India Street Public Health Center

Research & Evaluation Program (REP)

- Schedule: Monday-Friday 8:00am-4:00pm
- Current location: Cummings Center

Public Health Administration

- Current location: City Hall

Social Services

General Assistance
- Schedule Sunday-Saturday 7:30am-4:30pm

Workfare
- Schedule Monday-Friday 7:30am-4:00pm

HIRE
- Schedule Monday-Friday 7:30am-4:00pm

Representative Payee Program
- Schedule Monday-Friday 8:00am-4:30pm

Housing Navigation
- Schedule Monday-Friday 8:00am-4:30pm

Housing Retention
- Schedule Monday-Friday 8:00am-4:30pm

Social Services Administration
- Schedule Monday-Friday 8:00am-4:30pm

Fiscal
- Schedule Monday-Friday 8:00am-4:30pm

Security
- Schedule Monday-Friday 7:15am-4:15pm

Maintenance
- Schedule Monday-Friday (5 AM-2 PM) (3-11 PM)

Note all current services are located at 196 Lancaster Street

Social Services Division Program Additions

Prevention and Diversion

Number of staff 8

Schedule Sunday-Saturday 12:00pm -8:00pm

The Additional space will allow for the Social Services Division to create a Prevention and Diversion Program modeled after the Pine Street Inn Front Door Triage Program.

- Staff would have the ability to connect with individuals before they enter emergency shelter and homelessness.
- This opportunity for a critical intervention to try and build on natural supports to eliminate the need to enter the Emergency Shelter system.
- Staff would have the ability to seek alternate resources:
    - Connect with landlords to mediate evictions.
    - Enroll individuals in prevention case management services.

Issues at Current Locations

The co-location of the staff from the four current locations includes two currently leased spaces.
The India Street Clinic and General Assistance office have become increasingly cramped with numerous facility issues.

India Street Public Health Center

The condition of the building the public health division leases at 103 India Street has become increasingly dire with multiple systems failures that have impacted clinic operations:

- The closure of clinic operations for 10 days in November last year due to a water main break;
- A 12-hour power outage that same month which jeopardized vaccine in cold storage;
- Security issues with doors that do not adequately lock; and lack of a secondary egress from the building or dedicated staff entrance.

Social Services Division

Deficiencies in Social Services Division's facilities at 196 Lancaster Street are able to negatively impact daily operations.

- The layout is confusing for clients and community partners to navigate and often results in visitors getting lost.
- Poor ventilation means temperatures range between extremes as you navigate the space.
- In late 2019, a heavy rainstorm pushed headache-causing fumes up from beneath the floor that took weeks to mitigate. Both the ongoing temperature issues and the fumes have displaced staff from their workspaces.
- Other semi-regular problems include plumbing, electrical and vermin; bathrooms out of order and outlets not working.

Description of Forest Avenue space

Location

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The space is large enough to comfortably accommodate both Divisions' staff and the members of the public they serve.

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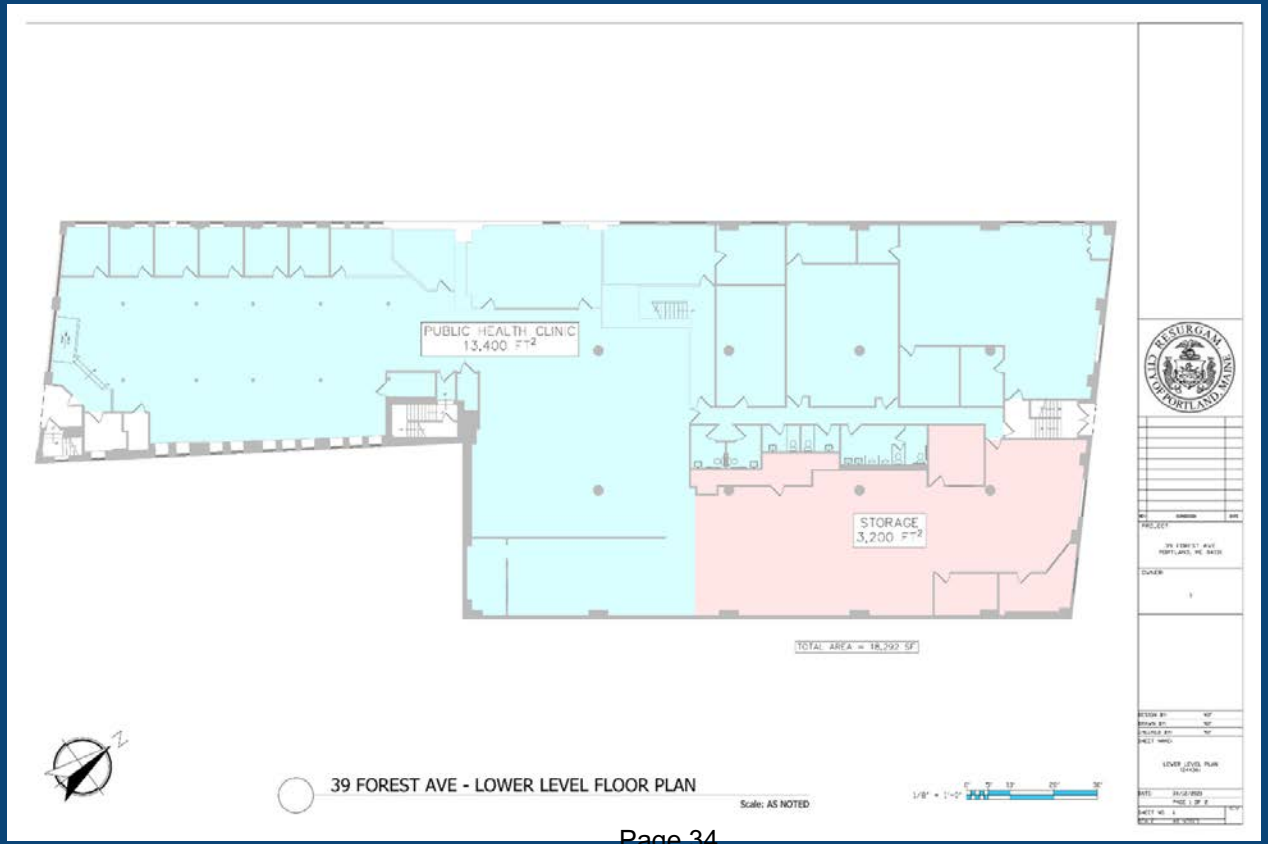

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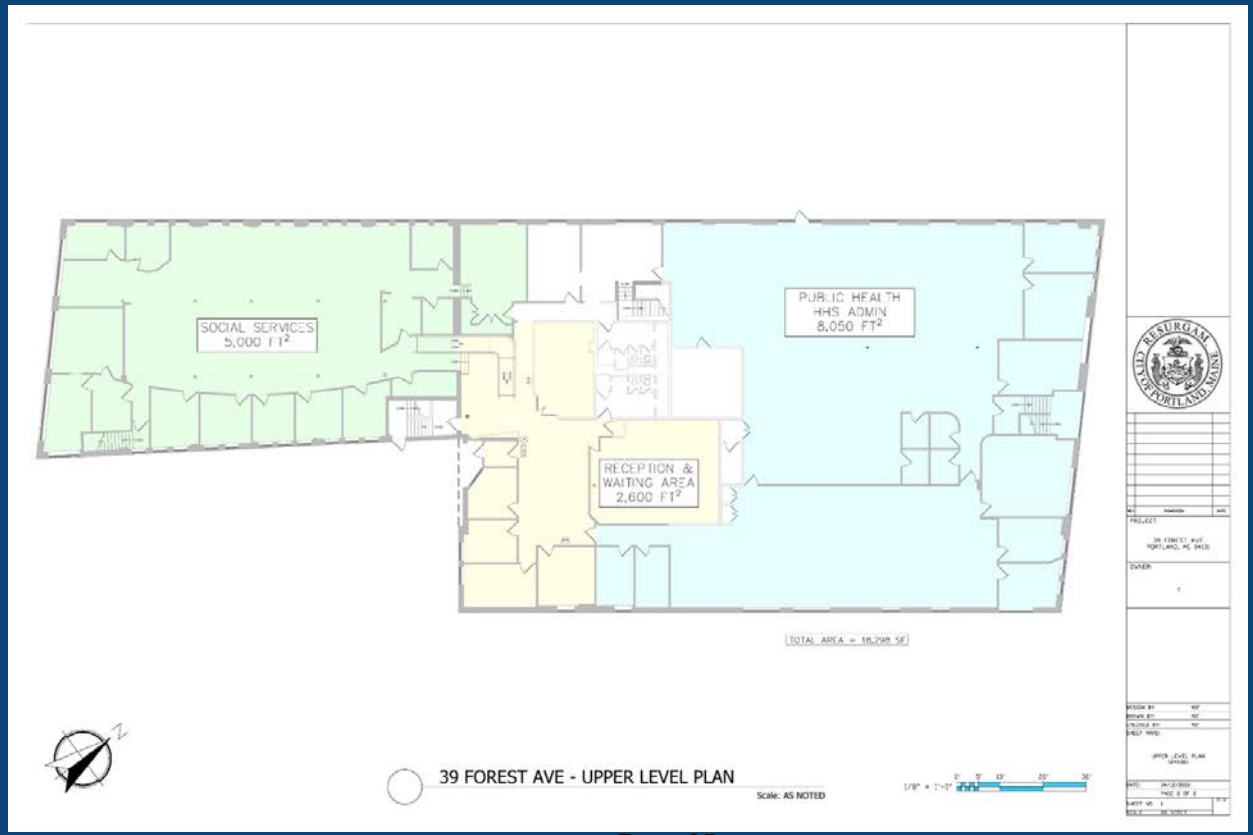

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Benefits of Co-location of HHS programs

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July 1, 2021

- GA fully operational out of Forest Ave location

July 2021

- Move HHS staff from City Hall and Reiche to Forest Ave.

July - October 2021

- Clinic renovations.

By November 1, 2021

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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.

MEMORANDUM

TO: Health and Human Services and Public Safety Committee
FROM: Anne Torregrossa
DATE: March 30, 2021
RE: Standards for a moratorium

In the context of evaluating whether a moratorium on certain emergency shelters is appropriate, the Health and Human Services and Public Safety Committee asked for a memo on the standards for a moratorium.

A moratorium may operate only "on the processing or issuance of development permits or licenses." 30-A M.R.S. § 4356. A moratorium on any site plan, building permit, or change of use for a new or expanding emergency shelter would certainly meet this requirement, if that is how the Committee and Council decide to draft the moratorium.

The moratorium must then meet one or both of the following criteria:

1. The moratorium is needed to "prevent a shortage or an overburden of public facilities that would otherwise occur during the effective period of the moratorium or that is reasonably foreseeable as a result of any proposed or anticipated development."

2. The moratorium is needed because, "the application of existing comprehensive plans, land use ordinances or regulations or other applicable laws, if any, is inadequate to prevent serious public harm from residential, commercial or industrial development in the affected geographic area."

30-A M.R.S. § 4356(1). In one of the few cases addressing this statute, the Law Court found that a moratorium was justified where, without the moratorium, there would be a higher population density in one zone, which could require additional police, fire, and rescue departments.

If the Committee and Council wanted to proceed with a moratorium on some or all emergency shelters, you would need to articulate – both on the record and in the moratorium order – the shortage or overburdening of public facilities that would take place without the moratorium, and/or the reasons why existing ordinances are inadequate to prevent serious public harm from development in the affected area of the City. Once the Council makes these findings, any court would be extremely deferential to those findings if the moratorium was ever challenged.

A moratorium could be enacted for a maximum of 180 days, although extensions are possible under certain circumstances.

Portland Maine | Yes. Google's good here.

Adam Harr <ash@portlandmaine.gov>

Fwd: In support of Moratorium on emergency shelters in Bayside

1 message

Jon Jennings <jpj@portlandmaine.gov> Mon, Apr 12, 2021 at 12:59 PM
To: Kristen Dow <kjd@portlandmaine.gov>, Adam Harr <ash@portlandmaine.gov>

For backup.

---------- Forwarded message ---------
From: **Heidi Souerwine** <heidi.souerwine@gmail.com>
Date: Mon, Apr 12, 2021 at 12:55 PM
Subject: In support of Moratorium on emergency shelters in Bayside
To: Kate Snyder <ksnyder@portlandmaine.gov>, Nick Mavodones <nmm@portlandmaine.gov>, Pious Ali <pali@portlandmaine.gov>, <afournier@portlandmaine.gov>, Belinda Ray <bsr@portlandmaine.gov>, <azarro@portlandmaine.gov>, Spencer Thibodeau <sthibodeau@portlandmaine.gov>, Tae Chong <tchong@portlandmaine.gov>, <mdion@portlandmaine.gov>
Cc: Jon Jennings <jpj@portlandmaine.gov>

Mayor Snyder, Councilors:

I know this is a busy week, so I'll be brief: writing in advance of tomorrow's meeting saying I'm in support of a moratorium on emergency shelters in Bayside.

After reading the memo online this weekend it's clear to me that the City should be able to easily and confidently advocate for this. Existing ordinances have already proven to be inadequate to prevent overburdening & public harm, which is why licensing is already in progress. Please allow long-overdue processes and boundaries to be enacted before any future site locations are considered in this already overtapped area.

Thank you for your consideration!
Heidi Souerwine
Mechanic St.

--
Jon P. Jennings
City Manager
City of Portland
389 Congress Street
Portland, ME 04101
(207) 874-8689 Office
(207) 874-8669 Fax
jpj@portlandmaine.gov
www.portlandmaine.gov

Portland Maine | Yes. Google's good here.

Adam Harr <ash@portlandmaine.gov>

Fwd: Moratorium on emergency shelters in Bayside

1 message

Jon Jennings <jpj@portlandmaine.gov> Mon, Apr 12, 2021 at 5:58 PM
To: Adam Harr <ash@portlandmaine.gov>, Christine Grimando <cdg@portlandmaine.gov>, Dena Libner <dlibner@portlandmaine.gov>, Kristen Dow <kjd@portlandmaine.gov>

---------- Forwarded message ---------
From: **Carolyn Megan** <carolynmegan@gmail.com>
Date: Mon, Apr 12, 2021 at 5:37 PM
Subject: Moratorium on emergency shelters in Bayside
To: Kate Snyder <ksnyder@portlandmaine.gov>, Spencer Thibodeau <sthibodeau@portlandmaine.gov>, Ali Pious <pali@portlandmaine.gov>, Belinda Ray <bsr@portlandmaine.gov>, <afournier@portlandmaine.gov>, <azarro@portlandmaine.gov>, <mdion@portlandmaine.gov>, Nicholas Mavodones <NMM@portlandmaine.gov>, Tae Chong <tchong@portlandmaine.gov>
CC: Jon Jennings <jpj@portlandmaine.gov>

Dear Mayor Snyder and Councilors:

We are writing in support of a moratorium on shelters in Bayside and in support of implementation of the licensing process. As you know, Bayside carries the weight of shelters in the city and simply, neighbors have no way to advocate for themselves without licensing guidelines in place.

Additionally, it is the entire city's challenge and obligation for every neighborhood to support those dealing with housing, substance abuse and/or mental health challenges. A moratorium is fair and just governance to protect and to support all you constituents.

Thank you for your attention and good work,
Carolyn Megan
Michael Gelsanliter

Mechanic St
Bayside

--
Jon P. Jennings
City Manager
City of Portland
389 Congress Street
Portland, ME 04101
(207) 874-8689 Office
jpj@portlandmaine.gov
www.portlandmaine.gov

Portland Maine | Yes. Google's good here.

Adam Harr <ash@portlandmaine.gov>

Fwd: Portland Homeless Services (HSSPS 4/13/21)

1 message

Kristen Dow <kjd@portlandmaine.gov> Mon, Apr 12, 2021 at 1:02 PM
To: Adam Harr <ash@portlandmaine.gov>

For backup.

Kristen Dow
Director of Health & Human Services
City of Portland
389 Congress Street
Portland, ME 04101
207-874-8633

---------- Forwarded message ---------
From: **Jim Hall** <mtjimhall@gmail.com>
Date: Sun, Apr 11, 2021 at 8:27 PM
Subject: Portland Homeless Services (HSSPS 4/13/21)
To: Tae Chong <tchong@portlandmaine.gov>, Belinda Ray <bsr@portlandmaine.gov>, Mark Dion <mdion@portlandmaine.gov>
Cc: Kate Snyder <ksnyder@portlandmaine.gov>, Nicholas Mavodones <nmm@portlandmaine.gov>, Pious Ail <pali@portlandmaine.gov>, April Fournier <afournier@portlandmaine.gov>, Spencer Thibodeau <sthibodeau@portlandmaine.gov>, Andrew Zarro <azarro@portlandmaine.gov>, Jon Jennings <jpj@portlandmaine.gov>, Kristen Dow <kjd@portlandmaine.gov>, City Clerk <cityclerk@portlandmaine.gov>

Dear Chair Chong, Councilors Ray and Dion,
(CC full council, city manager, DHHS director)

Re: Items on HSSPS Committee's 4/13/21 meeting relating to homeless services

— DHHS co-location —

I'm all for consolidation and facility improvements, from the perspective of administrative efficiency, service coordination, and potential program expansion (also the reason I've advocated for the homeless service center currently requesting proposals). The location on Forest between Congress & Cumberland makes a lot of sense – especially regarding the nascent on-peninsula prevention & diversion program.

My only concern is the potential for unfortunate behavior patterns that are well-documented to follow and cluster around such services. I was glad to learn that DHHS proposes to implement community security protocols in use at other locations. To be specific: **I am advocating for the types of street patrols by security professionals, and immediate response to abutter hotline calls, which have been successful at reducing negative impacts on the properties surrounding the OSS**.

— Emergency Shelter Moratorium —
"… a moratorium on certain emergency shelters is appropriate."

The month of February placed fully 33% of all Portland's calls for service within the quarter-mile of the Bayside Neighborhood (only a slight increase from our "normal" load). Passively allowing additional high-impact uses in this geographical location would overburden public facilities even more. In January of this year, the reviewing body for

conditional use standards enacted in 2017 found that current code is inadequate to prevent an operator with a miserable history of failing to manage community impacts from introducing new public harm in the affected area (...as Chief Clark testified: “There *will* be new impacts,” and as one board member stated: “This management plan is about as good as the paper it’s printed on”). Although Portland’s accretion of high-impact services over the decades has somehow progressed with no mechanism for municipal governance – I’m grateful that the committee is taking appropriate time to ensure success, therefore **I am advocating for a targeted moratorium to protect the Bayside Neighborhood while deliberations on licensing proceed.** This would be consistent with the Comp Plan requirement to act toward neighborhood equity in sharing both the benefits & costs of the city.

Portland (Bayside) already contributes so much more than its share in this domain, and I’m not convinced this particular municipality needs to encourage more and more “small” shelters to be sited within our boundaries in order to best serve either clients or the larger community. I would also point out that the Maine Statewide Homeless Council’s current strategy posits only 23 net new emergency beds *across the entire state* – instead following Portland’s lead in focusing on diversion, low-income housing development, rapid rehousing, retention, harm reduction, long-term-stayers, etc. In addition, at the federal level HUD Secretary Fudge has I stated that “Shelters are not the answer”. It’s worth noting that she calls out hotel use similar to temporary GA placement as a way to provide a more private and safe option than congregate settings.

I do hope that the modernization of Portland’s Regional Homeless Service Center will proceed with haste (and that LD-175 bond may eventually help defray funding), as we cannot close shelters before other programs effectively reduce need, and the region’s current facilities are woefully inadequate. I also support the model of a central intake triage collaborating with satellite specialists. But given the history and unfolding events, it could actually be appropriate to pause new shelter applications city-wide.

— Licensing Reporting Requirements —

A way to track neighborhood concerns and resolution is CRITICAL to the success of any new shelter application. If this is not required in the reporting section, it *must* be included via some other mechanism. Information about community meetings attended is less useful, at least in the case of one operator that has proven hostile to its host neighborhood. I feel that it’s important to track CTO reason and recidivism – though I agree with Councilor Dion that this portion of the report could be provided to the operator by the Police Department (thereby removing any hardship around new requirements).

Thank you for your continued important work,
Jim Hall
Cedar St

—-

Maine Statewide Homeless Council Analysis
http://www.mainehomelessplanning.org/wp-content/uploads/2021/03/CSH-Maine-Data-Analysis-for-SHC-2021-03-09.pdf

HUD Secretary quote
https://www.washingtonpost.com/us-policy/2021/04/08/homeless-hud-marcia-fudge/

American Rescue Plan Act HOME Supplemental Allocations
(“The first of two funding streams to address homelessness in the American Rescue Plan.”)
https://www.hud.gov/sites/dfiles/CPD/documents/HOME-ARP.pdf

ME Non Entitlement	$15,685,918
CNSRT-Auburn	$ 1,700,829
CNSRT-Portland	$ 3,594,143

LD 175 An Act To Authorize a General Fund Bond Issue To Create and Enhance Regional Homeless Shelters
https://trackbill.com/bill/maine-legislative-document-175-an-act-to-authorize-a-general-fund-bond-issue-to-create-and-enhance-regional-homeless-shelters/1993678/

CITY OF PORTLAND
Social Services Division
Aaron Geyer, Director

MEMORANDUM

TO: The Health & Human Services and Public Safety Committee
FROM: Aaron Geyer, Social Services Division Director
DATE: April 13, 2021
RE: Shelter Reporting and Operational Requirements

At the March 9, 2021 meeting, the committee requested that staff determine which data points within the Monitoring Reports emergency shelters already collect and solicited staff recommendations on basic operational requirements. For the Monitoring Reports, staff Identified which items in the list of information required in quarterly reports are already required by MaineHousing, the Maine State Housing Authority:

(i) Number of unique individuals served at the shelter
(ii) Total number of bednights accessed at the 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

These data points can be pulled through Service Point reports, the Consolidated Annual Performance and Evaluation Report (CAPER) and Participation Reports for MaineHousing funded shelters. Domestic Violence Shelters use a separate but comparable database in order to protect confidentiality and complete the CAPER in that database. Criminal Trespass Orders are currently collected monthly for report out at Emergency Shelter and Assessment Committee (ESAC) meetings. Collection of neighborhood concerns, meetings and calls for service would be additional data points not currently collected.

Staff recommend modeling minimum operational requirements to align with MaineHousing's eligibility requirements emergency shelters must currently meet to receive Emergency Shelter and Housing Assistance Program (ESHAP) Funds.

196 Lancaster Street• Portland, ME 04101 • 207-482-5131

aeg@portlandmaine.gov@portlandmaine.gov • www.portlandmaine.gov

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

(a) All new ~~and renewal~~ license applications shall be reviewed ~~and may be approved~~ by the City Council. After a public hearing, the Council shall grant, grant with conditions, or deny the license ~~shall be held prior to the issuance of any initial license~~.

(b) Except as provided by Subsection (c) below, all renewal applications shall be reviewed by the Permitting and Inspections Department. The Permitting and Inspections Director shall grant, grant with conditions, or deny the license. Except that, at the request of the City Manager or designee, or at the request of any member of the City Council or the Mayor, a renewal application shall be reviewed by the City Council in accordance with Subsection (a) above..

(c) All renewals of shelter licenses held by the City of Portland shall be reviewed by the City Council in accordance with Subsection (a) above.

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[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 more likely than not ~~adequate~~ to protect the public health, safety, and welfare.

(iii) Whether the operations and security plans are more likely than not~~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) Whether the applicant has experience running a shelter in Portland or elsewhere and a description of that shelter, including size, location, and population served.

~~(g)~~(h) 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;

~~(1)~~(2) Provisions to provide ~~and~~ access to recordings of exterior public ways by city staff upon request;

~~(2)~~(3) Safety measures;

~~(3)~~(4) Access restrictions;

~~(4)~~(5) Environmental design, engineering or procedural measures to reduce crime, loitering and disorder in and around the facility;

~~(5)~~(6) 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;

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

~~(h)~~(j) A description of the strategies to be implemented to help residents utilize public transit, as required by [Section] (d).

[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~~ must implement strategies to help residents utilize public transit;

(e) The facility must provide indoor space to permit shelter guests day shelter. If it would cause the shelter an undue burden to provide the indoor, the shelter may apply for a waiver of this requirement if they are able to provide alternative indoor day shelter space within ¼ mile of the shelter.

~~(e)~~(f) 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)~~(g) 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)~~(h) 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)~~(i) Monitoring Reports. Each shelter shall quarterly file a management report with the Department of Health and Human Services, which shall share the report with the other responsible City agencies, including the Police Department. The report shall contain ~~containing~~, at a minimum, the following information:

(i) Number of unique individuals served at the ~~this specialized~~ shelter
(ii) Total number of bednights accessed at the ~~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 Orders ("CTO") issued, the reasons for those CTOs, the length of those CTOs, and whether the person issued the CTO has been issued a CTO previously
(xiii) Record of police calls for service related to mental health, substance use, crime or other reasons and outcomes

Commented [1]: Please see March memo.

Commented [2]: Please see March memo.

(xiv) Any additional information requested by the Department of Health and Human Services.

~~(i)~~(j) 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.

Review Process for Domestic Violence Shelters

(a) Due to the need for confidentiality for safety reasons, a shelter serving survivors of domestic violence may request a waiver of any of the provisions of this ordinance that may jeopardize the confidentiality of the shelter, including, but not limited to the following:

(i) The requirement to provide a description of the premises for which the license is sought, including a floor plan of the premises.

(ii) The limitations on the number of beds.

(iii) The limitation on the distance between shelters.

(b) A shelter applying for this exemption must provide its request for a waiver in writing, including the reasons why a waiver is required, and how the shelter will ensure that the public health, safety, and welfare will not be negatively impacted by that waiver.

(c) At its sole discretion, the City Council may grant a requested waiver if it finds that the waiver is required to protect the confidentiality and safety of the shelter and its guests; and that the public health, safety, and welfare will not be negatively impacted by the waiver.

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 by the City Council shall be taken to Superior Court.

~~(b)~~(c) Appeals from the grant or denial of a renewal license by the Permitting and Inspections Department shall be taken to the City Council within 30 days of the decision.

[NEW SECTION]. Pre-existing Shelters

(a) For purposes of this Article, "pre-existing emergency shelter" shall mean an emergency shelter that, as of January 31, 2021, (i) is lawfully operating with all required permits and approvals, (ii) has received conditional use approval that has not expired, or (iii) has received a change of use approval that has not expired.

(b) Pre-existing emergency shelters shall comply with all of the requirements of this ordinance, except as provided in this section.

(c) A pre-existing shelter's inability to meet the maximum density of beds requirement in [SECTION] (g), shall not operate to disqualify that pre-existing shelter from obtaining a license.

(d) A pre-existing shelter's inability to meet the proximity to **other facilities requirement in [SECTION] (h),** shall not operate to disqualify that pre-existing shelter from obtaining a license.

(e) Any expansion of a pre-existing shelter shall be subject to the requirements of [SECTION] (g) and (h).

(f) The beds and distance to any pre-existing emergency shelter shall be counted for purposes of determining whether any new shelter is eligible for a license.

[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.

Commented [3]: @kjd@portlandmaine.gov @jhanscombe@portlandmaine.gov @cdg@portlandmaine.gov
Will you ladies please give this a read over and make sure it makes sense please?