1. Agenda

   Documents: PUBLIC SAFETY 04-08-2014 AGENDA.PDF
2. PCHC Memo

   Documents: PCHC MEMO.PDF
3. Revised RFP

   Documents: REVISED RFP.PDF
4. Zoning Amendment For Food Trucks In Compass Park

   Documents: ZONING AMENDMENT FOR FOOD TRUCKS IN COMPASS PARK.PDF

CITY OF PORTLAND, MAINE
Agenda

Public Safety, Health and Human Services

DATE: 4/8/2014
TIME: 5:30 PM
LOCATION: Room 209 / City Hall
389 Congress Street

AGENDA

1 Meeting Called to Order and Minutes From March Meeting Reviewed

2 Food Truck Ordinance Update

Jen Thompson/Corp Counsel (Public Comment at the Discretion of the Committee)

3 Healthcare for the Homeless Update

Doug Gardner / HHS & Leslie Brancato, CEO/PCHC (Public Comment at the Discretion of the Committee)

4 Communication on GA Audit Report

Doug Gardner / HHS (Public Comment at the Discretion of the Committee)

Sheila Hill-Christian
Deputy City Manager, Executive Department

To: Councilor Ed Suslovic, Chair and Members of the PSHHS Committee

From: Sheila Hill-Christian, Deputy City Manager

Date: April 4, 2014

Re: Health Care for the Homeless (HCH) and Portland Community Health Center (Portland CHC) Updates and Transition Plans

At the February 2014 meeting of the Public Safety Health and Human Services Committee, Councilors made it clear that it was their desire that future discussions regarding health care programming for the homeless focus on transition and future plans, rather than past challenges. As requested by Chairman Suslovic, the attached updates have been provided by the City of Portland's Health and Human Services Director, Doug Gardner; and by Leslie Clark Brancato, CEO of Portland Community Health Center.

Per Chairman Suslovic's request, Doug Gardner, Leslie Clark Brancato and I met on Friday, March 28, 2014. We had a very candid and helpful discussion which resulted in a better understanding of the status of HCH's Transition or ramp down process and Portland CHC's plans for ramping up. There was also general agreement with regard to the numbers served. Thanks to the recent staffing efforts of Portland CHC, all parties are more confident that what was once considered to be a potentially large gap between the historic number of medical services clients served by HCH, and the anticipated number of medical services clients to be served by Portland CHC is not a significant issue. Based upon HCH's 2013 numbers there were 1,618 patients served, 1111 of whom were primary medical care. We believe that the medical services patient load will be adequately accommodated.

You will find more detail about this in the attached information provided by Mr. Gardner and Ms. Brancato. I have noted at the end of this memo the specific attachments and the information contained in each. An abbreviated version of the two transition plans is provided below. HCH and PCHC agree that there are three primary service areas as follows:

General Medical Care

- Effective Monday, April 14, 2014, the entire HCH program will decrease from five days to four days per week. The hours of operation will be 8:00 AM to 4:00 PM, Monday through Thursday. In addition, the clinic will be closed between 12:00 and 1:00 PM daily.

- HCH will close to medical patients effective Thursday, May 29, 2014. There will be limited clinical coverage for a period of two weeks, ending on Thursday, June 12, 2014.

- Portland CHC is currently seeing new patients who are homeless and transitioning at the 180 Park location. The new site at 63 Preble Street will open on Saturday, April 19 for an open house. Regular hours of operation begin on Tuesday, April 22, from 8:00 AM -2:00 PM. Hours will be extended over time as necessary to meet the need. Homeless patients can also receive care at 180 Park Avenue, which is open six days per week and evenings. With an electronic health record, patients may access care at either site and the provider will have their medical record at hand.

- Portland CHC currently serves over 842 homeless patients and with the formation of the team at 63 Preble, has the capacity to serve 1000 more, thereby covering services for current patients of HCH, and significantly exceeding the goal set by HRSA for patients served by the end of year one of the grant.

Behavioral Health Services

- HCH will continue to offer behavioral health services Monday through Thursday until Wednesday, November 26, 2014. However, the approximately twenty individuals enrolled in HCH's medication assisted substance abuse treatment program (MAT) were transferred to Catholic Charities during March. Catholic Charities' MAT most closely matched the structure of HCH's program. Because of the uncertainty of HCH's pending closure and its impact on people's recovery, it was important to transfer these clients, as a group, as soon as possible.

- Portland CHC Behavioral health is fully integrated and a LSCW/LADC has been hired from the staff of HCH to provide behavioral health services, which will include substance abuse counseling. Behavioral Health counseling will be available M-F either at 63 Preble (8:00 AM - 2:00 PM) and at 180 Park (8:00 AM – 5:00 PM), depending on patient preference. The Portland CHC behavioral health team is made up of 5 LCSW-level clinicians.

- For patients whose needs exceed an integrated model, Portland CHC has formal agreements in place with Opportunity Alliance, Catholic Charities, Milestone, Crossroads, Community Counseling Center and Volunteers of America.

Dental Services

- HCH Dental services will remain Monday through Thursday until Monday, May 5, 2014 at which time it will be reduced to three days per week until August 27, 2014. The last day of dental services is still in flux due to several factors; however, it is likely we will be able to maintain some capacity until late November.

- Portland CHC currently offers preventative dental services on-site for children twice a month through an agreement with UNE's Dental Hygiene Outreach Program. A dental operatory will also be installed at 180 Park by July 1, which will have capacity for preventative and emergency care. Portland CHC is expanding its contract with Community Dental for additional services.

- While the Portland CHC will be able to offer dental care on-site, the need far exceeds the capacity. Because the City's Healthcare for the Homeless program has an excellent facility for dental care as well as a great staff, PCHC would like to arrange a collaborative community agreement to continue those services for the near future. It should be noted that City staff have expressed a desire for the current City dental resources to be redeployed to provide more dental care for children. This is a target group that is believed to be currently underserved. There will be further discussion regarding this issue as the transition planning continues.

Ongoing Gap analysis

Portland CHC has convened a Community Health Collaborative Stakeholder group. This broad group of stakeholders is meeting regularly regarding the transition, and is analyzing gaps in funding and services. There are three primary committees:

- Patient Projection Work Group – Charged with identifying how many homeless are in the community at large, assessing how and where they receive medical care, and developing a methodology for projecting future numbers to be served and needs,as well as existing resources.
- Clinical Integration Group – Charged with identifying the multiple and colliding funding changes and causes of gaps in service, and assuring fully integrated and coordinated health services.
- Facilities and Locations – Charged with determining current and future facility needs and exploring national models and emerging best practices.

Conclusion and Next Steps

Staff of both HCH and Portland CHC continue to work together to ensure the seamless transition of patients. Portland CHC has convened a large stakeholders group to discuss systemic health care delivery needs for this population. HCH continues to inform their patients about the transition plan.

We anticipate ongoing discussions regarding the City of Portland's past, present and future financial commitment to these programs. It is Portland CHC's desire that the City's current financial commitment to this client base continue in some form. City staff recommend that the decision making process regarding the allocation of these resources should include a review of unmet needs within the City's Health and Human Services portfolio.

Both Ms. Clark Brancato and Mr. Gardner will be available to respond to additional questions at your April 8, 2014 meeting. Portland CHC is preparing a PowerPoint presentation for the meeting as well. The committee will be updated regarding the status of this transition on an ongoing basis.

Attachments

1. HCH Program Transition Plan Memo and Numbers Served Data from Doug Gardner
2. PCHC Transmittal Letter and Program Detail from Leslie Brancato
3. PCHC Timeline and Status Report for Preble Street Location
4. PCHC convened Community Health Collaborative Stakeholder Meeting Minutes
5. HRSA evaluation of PCHC grant as requested by Councilor Suslovic

C: Mark Rees, City Manager

Portland, Maine | Yes. Life's good here.

Douglas S. Gardner
Director, Health & Human Services Department

TO: Chair Suslovic and Members of the Public Safety, Health & Human Services Committee
FROM: Douglas Gardner, Health & Human Services Department Director

CC: Mark Rees, City Manager
Sheila Hill-Christian, Deputy City Manager
DATE: April 4, 2014
RE: Health Care for the Homeless Program Update

For more than twenty (20) years, the Public Health Division of the City's Health & Human Services Department has managed a U.S. Department of Health and Human Services, Health Resources and Service Administration's (HRSA) Federally Qualified Health Center (FQHC) 330(h) grant to provide comprehensive health care to people experiencing homelessness. On December 16, 2013, the City was notified via fax and a conference call with HRSA that its 330 (h) application was not approved and that the funding had been awarded to the Portland Community Health Center (PCHC) effective January 1, 2014. This triggered a series of events detailed in a memo to this committee dated February 6, 2014.

When we were notified of HRSA's award decision, we were also informed that we would be funded for a 120-day period to transfer patients and close the clinic by April 30, 2014. Since HRSA approved a transition plan for PCHC to begin to serve the target population beginning in April and the reality that the City would be closing its clinic sometime in March, the City had several conference calls with HRSA officials to discuss the possibility for additional federal funding. On February 5, 2014, the City submitted a proposal to HRSA to provide direct services to adults experiencing homelessness and to assure an orderly phase-out of grant activities. The purpose of the request was to retain the much-needed core services for people currently served by HCH while PCHC expands and modifies its services to meet the needs of the target population. I am pleased to report that HRSA did approve the City's request for additional transitional funding for the period effective January 1, 2014 through August 31, 2014. This one-time HRSA funding is designed to minimize disruption of services by temporarily addressing the service gaps. The 120-day grant close-out funding will now cover the period from September 1, 2014 through December 31, 2014.

Because HRSA did not approve the City's full request for funding and as a result of the MaineCare changes that became effective on the first of the year, the City does not have the funds to provide a full scope of services through the entire close-out period. The leadership team at HCH was faced with the difficult task of recommending what services would be retained, at what level and for how long considering the funding parameters. They approached this task in a pragmatic and strategic fashion. The need for access to dental and behavioral health services regardless of one's ability to pay far outweighed available community resources prior to HRSA's decision to

award the homeless grant to PCHC. Dental and behavioral health would also, theoretically, be more difficult for PCHC to expand in a short period of time. The team also considered Uniform Data Set (UDS) data from CY 2011, CY 2012 and CY 2013 when developing the transition plan. UDS data indicates the number of patients who received services in each of the three service disciplines (e.g. Medical, Behavioral Health and Dental), as well as the number of unique patient visits. A summary of the data is attached to this memo for your review. For these reasons, HCH leadership prioritized the available resources to continue dental and behavioral health services for as long as possible. Once the budget and timeline were established, City management met with Union representatives on Tuesday, March 25, 2014. The group reviewed, name by name, the impact on HCH employees. It was agreed that the plan could be presented to staff on Thursday, March 27, 2014. On the 27th, leadership met with each HCH team to discuss the closure schedule in detail. The current "ramp-down" or closure schedule is as follows:

- Effective Monday, April 14, 2014, the entire HCH program will decrease from five days to four days per week. The hours of operation will be 8:00 AM to 4:00 PM, Monday through Thursday. In addition, the clinic will be closed between 12:00 and 1:00 PM daily.

- HCH will close to medical patients effective Thursday, May 29, 2014. There will be limited clinical coverage for a period of two weeks, ending on Thursday, June 12, 2014.

- HCH will continue to offer behavioral health services Monday through Thursday until Wednesday, November 26, 2014. However, the approximately twenty individuals enrolled in HCH's medication assisted substance abuse treatment program (MAT) were transferred to Catholic Charities during March. Catholic Charities' MAT most closely matched the structure of HCH's program. Because of the uncertainty of HCH's pending closure and its impact on people's recovery, it was important to transfer these clients, as a group, as soon as possible.

- Dental services will remain Monday through Thursday until Monday, May 5, 2014 at which time it will be reduced to three days per week until August 27, 2014. The last day of dental services is still in flux due to several factors; however, it is likely we will be able to maintain some capacity until late November.

In addition to the plan for the health center's core services, we will also have administrative support capacity available five days per week until December 31, 2014 to ensure timely transfer of health records and to perform grant close-out activities. Finally, the plan includes an outreach worker four days per week through December 31, 2014 who will also assist in the transition of current HCH patients, ensuring that patients are aware of their health care options and helping to facilitate patient transfers. It should be noted that the aforementioned schedule is subject to change as staff accept other positions. As of March 31, 2014, a total of six HCH employees have accepted other positions. Of these, one transferred to another position within the City, three were hired by PCHC and two were hired by other employers.

There have been a number of meetings between HCH and PCHC staff during the past several weeks. The PCHC Director of Nursing and their new Program Manager have toured the HCH

facility and met with key staff to discuss the medical service delivery model. HCH staff has shared strategies and suggestions about serving homeless individuals. Protocols have been established to transfer existing HCH patients to PCHC, which include but is not limited to, release of medical records, completion of PCHC new patient paperwork and scheduling first appointments. By all reports, this work is moving forward in a positive fashion.

In addition to the clinic staff meetings, PCHC has convened a larger group of stakeholders to discuss what type of health care delivery system must be developed to meet the needs of Portland's homeless community. I have been participating in that process, which has involved one larger stakeholders meeting and one subgroup meeting focused on identifying potential gaps in services. During the subgroup meeting on Wednesday, March 26, 2014, I was very pleased to learn of PCHC's plan to lease clinic space at 63 Preble Street and to serve 1,000 new homeless patients. PCHC has hired a new provider team who will begin serving homeless patients at the 63 Preble Street location in late April. PCHC's added capacity related to medical services is extremely good news and should be adequate to meet the medical needs of the City's homeless population in the short term. The City's "ramp-down" plan, which focuses on maintaining behavioral health and dental services for as long as possible, is also complementary to PCHC's planned approach.

Finally, we are in the process of developing strategies to inform our patients and the community about the level of service HCH is able to provide during this close-out period. Despite the turmoil over the past several months, HCH staff remains committed to serving adults experiencing homelessness for as long as they have the opportunity to do so.

Attachment: Uniform Data Set Summary

Portland Health Care for the Homeless Program-Uniform Data Set: Selected Categories

Visits					
Type	2011	2012	2013	NetChange 2012 to 2013	
Medical	7,351	5,941	6,403	(462)	increase in visits
Dental	2,427	2,329	2,288	41	decrease visits
Behavioral	3,607	4,948	4,633	315	decrease visits
total	13,385	13,218	13,324	(106)	Net Increase

Housing Status	2011	2012	2013	Net Change 2012 to 2013
Shelter	642	759	577	182
Transitional	368	359	252	107
Doubling Up	305	317	207	110
Street	88	65	56	9
Other	627	514	515	-1
Unknown	52	223	11	212
Total	2,082	2,237	1,618	619

Patients	2011	2012	2013	Net Change 2012 to 2013
Male	1,408	1,534	1,093	441
Female	674	703	525	178
total	2,082	2,237	1,618	619

Poverty Level	2011	2012	2013	Net Change 2012 to 2013
100% & below	1,357	1,924	1,497	427
101-150	30	24	19	5
151-200	2	5	4	1
Over 200	4	3	0	3
Unknown	689	281	98	183
total	2,082	2,237	1,618	619

Patients-Duplicated				
Type	2011	2012	2013	Net Change 2012 to 2013
Medical	1434	1,395	1,111	284
Dental	993	1,233	1,065	168
Behavioral	447	918	858	60

Portland Health Care for the Homeless Program-Uniform Data Set: Selected Categories

Insurance Status	2011		
	0-19 yrs old	20 yrs & Older	Total
None/Uninsured	41	1,429	1,470
MaineCare	64	456	520
Medicare	-	88	88
Private Ins.	1	3	4
total	106	1,976	2,082
			2,082

Insurance Status	2012		
	0-19 yrs old	20 yrs & Older	Total
None/Uninsured	27	1,376	1,403
MaineCare	62	608	670
Medicare	-	146	146
Private Ins.	3	15	18
total	92	2,145	2,237
			2,237

Insurance Status	2013		
	0-17 yrs old*	18 yrs & Older	Total
None/Uninsured	10	1,074	1,084
MaineCare	8	385	393
Medicare	-	119	119
Private Ins.	-	22	22
total	18	1,600	1,618
			1,618

*2013 first year for the change

Portland Community Health Center

DATE: April 4, 2014

TO: Edward Suslovic, Chair and Members of the Public Safety, Health & Human Services Committee

FROM: Leslie Clark Brancato, CEO
Portland Community Health Center

CC: Sheila Hill-Christian, Deputy City Manager

Thank you for this opportunity to present before Public Safety, Health & Human Services Committee. Please accept this executive memo in preparation for the meeting. Per your request we look forward to presenting a power point on April 8 with copies available to all members and staff.

Portland Community Health Center is honored to have been awarded a HRSA grant on January 1, 2014 to provide the healthcare for homeless program. We value the work that the City's Public Health Division has accomplished as the previous grantee and take seriously the responsibility of building on that foundation. We look forward to expanding our program to continue to assure access to high quality primary care for the most vulnerable populations and to assure continuity of care and better health outcomes. As a nationally recognized Patient Centered Medical Home, Portland Community Health Center has demonstrated that it meets stringent criteria in six domains, including enhanced access and continuity of care, patient self - care support and connection to community resources, tracking and coordinating care, use of electronic health records, behavioral health integration, and measuring and improving performance. In providing this care, we will assure that the homeless population, like all of our patients have their care delivered in an integrated, stable, and continuous manner with a consistent health care team, rather than episodic treatment and reliance on emergency rooms. When patients are no longer experiencing homelessness, they will no longer have to change providers and will be able to continue their care at the Portland Community Health Center.

Background:
Portland Community Health Center is a nonprofit federally qualified health center that serves all people regardless of their ability to pay, with a special focus on those who lack access to care because of poverty, language, or homelessness. Portland Community Health Center is the culmination of a comprehensive needs assessment and planning process in 2007-2008 involving

ATTACHMENT 2

local healthcare leaders, the City of Portland's Public Health Division, the Maine Primary Care Association, and Maine Health Access Foundation. Portland CHC first opened its doors as co-applicant with the City of Portland, and then successfully launched as a fully independent 501c3 organization on January 1st, 2013, which was the vision of the original founding community collaborative. Over the past four years Portland CHC has been instrumental in expanding access, improving service integration/coordination, and reducing the reliance on the area's hospital emergency departments. Today, the health center serves over 4,400 active patients and is continuing to grow rapidly to meet the needs of our community.

Our presentation will cover:

- Scope of the need
- Challenge of diminishing resources (especially the loss of MaineCare)
- Community collaborative process underway, building on the work of the Homeless Task Force
- Estimate of community-wide resources and gaps
- Analysis of need
- Transition of patients
- What's next for community process

Since being awarded the grant on January 1, the health center has experienced continued growth in new patients who are enrolling in primary care at 180 Park Avenue and who are transferring care from the City's Health Care for Homeless program as it begins to ramp down. In addition, it is estimated that between 3,200 and 4,000 people in the Greater Portland area are homeless, many of whom are not receiving care currently or are relying on the emergency rooms of the local hospitals.

For the period of January 1- March 31, 2014 Portland Community Health Center has provided care to 312 new patients who are homeless, and 102 established homeless patients.

Patients Under the Age of 18:	200
Adult Patients:	214
Number of Visits for under the Age of 18:	460
Number of Visits for Adults	543

Currently, approximately 5 new homeless patients are being seen at Portland Community Health Center daily and a team and infrastructure has been put in to place for new and transferring patients.

Total Number of Homeless Active Patients 2013 (UDS)	530
Total Number of new Homeless Active Patients 1/1/14-3/31/14	312
Current Total Number of Homeless Patients at Portland CHC	**842**

Adding approximately 20-25 patients per week, to a projected 1,040 – 1300 additional patients by 4/1/2015.

Facilities:
Portland Community Health Center leased space at 63 Preble Street in response to the feedback from community members to assure easy access for people staying at shelters. Because the City has received extended federal funding for a ramp-down through the fall, the urgency to transition all patients by April has been reduced, allowing for a thoughtful and deliberate transition of patients and assurance of continuity of care.

The new site at 63 Preble Street will provide comprehensive primary care for adults. While assuring easy access for people experiencing homelessness, anyone is welcome to access primary care at that location. Portland Community Health Center at Preble Street will start with part-time hours, and will extend hours as necessary to meet the need. As always, patients can also receive care at 180 Park Avenue, which is open six days per week and evenings. With an electronic health record, patients may access care at either site and the provider will have their medical record at hand. The space at 63 Preble Street is full of natural light, has sufficient number of exam rooms for efficient care, and is well laid out for providing health care and integrated behavioral health services. There is room and plumbing in place to add dental. It previously functioned with dental, medical and behavioral health services, so the building required very little build-out. We appreciate the generosity of the community for supplies and equipment, and to Doug Gardner and City management for meeting with us to help transition staff and any possible equipment, as well as consider how to maximize the current resources and programming through the ending of the current services.

Staffing:
Hiring for the new program is almost complete, including several people from the City's program. This is a great asset for the patients and the health center, and we are pleased to welcome them. Bill Price, LCSW / LADC, has joined the health center and is an excellent clinician, with knowledge, skills, heart and commitment to the homeless population. We are also glad to welcome back Carol Schreck as Director of Homeless and Housing Health Care Programs. Carol was previously the manager at Health Care for the Homeless, and was the first Executive Director of Portland Community Health Center in its initial start-up. Carol is both a Physician's Assistant and an Occupational Therapist and has a well-established background in public health, particularly working with people who are experiencing homelessness. Deb Adams

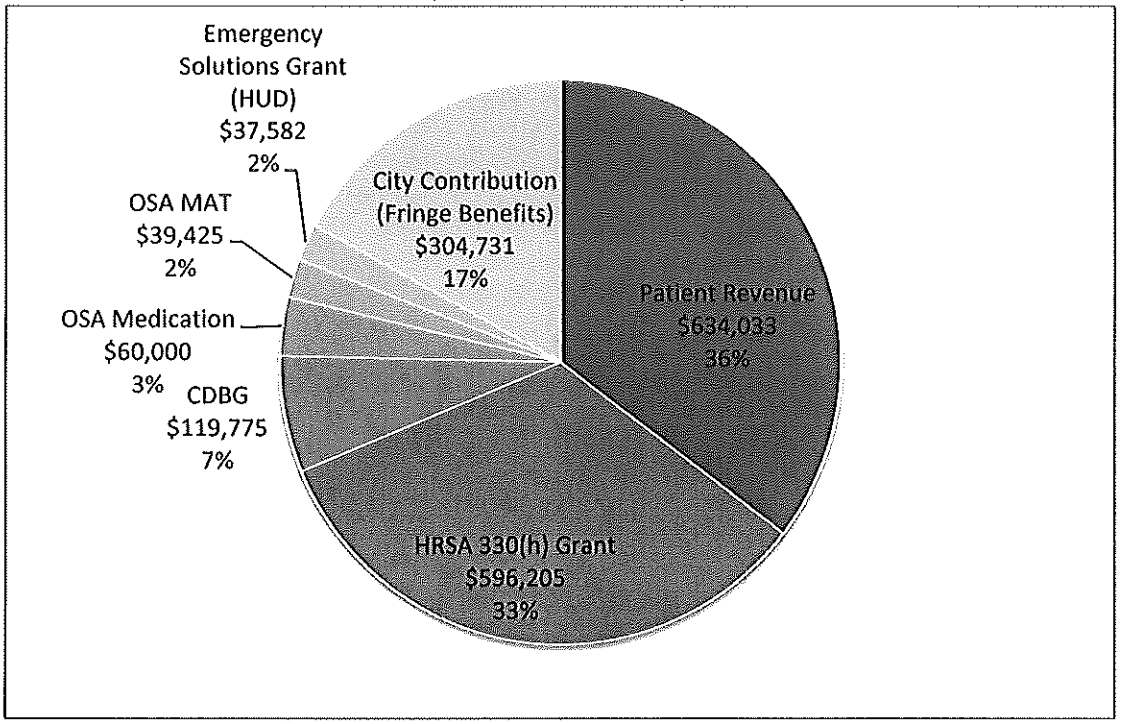
was previously Office Manager at the City's Health Care for the Homeless, and has joined Portland Community Health Center to oversee the front desks across all three Portland CHC sites. In addition, we have hired a Medical Assistant, Tammy Holt from Health Care for the Homeless, and are interviewing additional staff. The providers at 63 Preble will work across both sites and include Nurse Practitioners, Jacqueline Fee and Peter O'Donnell, and two family physicians, Dr. Alison Gorman and Dr. Liz Frutiger. Dr. Renée Fay-Leblanc will be joining the health center on May 1 as Chief Medical Officer and will oversee clinical programs at all three Portland Community Health Center sites.

Community Planning:
Portland Community Health Center convened a community collaborative group to participate in a community planning process to address both the immediate, as well as the larger needs of the homeless population for health care, and to develop a plan to assure a system of care for people who are experiencing homelessness. The first meeting took place on March 3 and was well attended (see attached minutes.) A Patient Projection Subcommittee met on March 19th, Dory Waxman, Chair to establish the actual number of patients currently being seen, and to begin to establish how many are seeking medical care at other places (Emergency rooms, urgent care clinics, other primary care practices) or not at all. The subcommittee is building on the work of the Homeless Task Force to determine what gaps in service currently exist in our community and to estimate the larger need of people currently not receiving any services.

Sources of Revenue:
The Patient Projection subcommittee also looked at existing resources and where those resources may be brought to bear to assure that they remain with the people they are intended to serve. The sources of revenue that covered the City's Health Care for Homeless program were roughly one-third federal grant, one-third patient revenue (mostly MaineCare and Medicare) and one-third a combination of CDBG, State, and municipal funding (attached.)

2012 Funding – City of Portland Health Care for the Homeless

(Source: 2012 UDS)



Resources dedicated to health care for homeless adults should remain dedicated to this vulnerable population. Patient revenue, State and municipal funding, and CDBG have been in the City's budget and are designated either directly or indirectly to support behavioral health services, including substance abuse treatment, and dental/oral health care, as well as medical care. Because of the cuts to MaineCare, it is projected that the patient revenue that supports medical and behavioral health for the homeless population will decrease dramatically, falling from approximately 45-50% to 5-10%.

When considering both the homeless population that is currently receiving primary care, as well as the larger unmet need, the solution and resources lie beyond any one organization or funding source.

Clinical Integration :

The Clinical Integration workgroup will be meeting after April 12th, with Lisa Kavanaugh, Community Dental CEO as Chair. This subcommittee will survey the existing services and need for services with special attention to dental and behavioral health. Determining the best options for assuring access to dental care is a challenge. While the health center will be able to offer dental care onsite, the capacity is far exceeded by the need. Because the City's Health Care for the Homeless has an excellent facility for dental care as well as a skilled and dedicated staff, we are hopeful that we will be able to arrange a collaborative community agreement to continue those services for the near future. We are expanding our contract with Community Dental and

are pleased to be in partnership for providing access to high quality dental care for underserved communities, including people experiencing homelessness.

Behavioral health is fully integrated at Portland Community Health Center. For patients whose needs exceed the integrated model, the health center has formal agreements in place with Opportunity Alliance, Catholic Charities, Milestone, Crossroads, Community Counseling Center and VOA.

National Models and Emerging Best Practices:
The Capital Needs and Best Practices workgroup will explore emerging best practices and national models of care. The National Council for Health Care for Homeless (NCHCH) We will be providing consultation and technical assistance to Portland Community Health Center and the collaborative planning group and plan to be in Portland for a period of 2 to 3 days. We are looking forward to hearing how the national agenda, especially in light of the Affordable Care Act, aligns with our local efforts in ensuring access to quality healthcare for people who are experiencing homeless, and with the larger national effort to end homelessness. We also look forward to being able to hear from national-level experts and learn more about program development and emerging best practices.

Some of the potential areas of consideration are development of a Mobile Health Care Van, onsite medical care at the shelters, and delivery of "street medicine" for people who are not utilizing the shelters but need health care and resources.

Conclusion:
The award granted by HRSA to Portland Community Health Center to provide health care for homeless will assure that precious resources remain in our community to serve the vulnerable population of homeless individuals and families, including children. But also important is the ongoing community conversation and collaborations that are needed to reduce the number of children and adults experiencing homelessness. We want every member of our community to have a pathway to good health. Portland Community Health Center is looking forward to working with our community partners to assure access to care for homeless individuals and families and to create innovative programming that will meet this goal. We are grateful for the City's longstanding commitment to assuring health care to people who are homeless.

Time Line & Status Report

Portland Community Health Center's

Health Care for Homeless Program and New Site at 63 Preble Street

- 63 Preble Street will be opening on April 18th, with regular hours beginning on April 22. Hours of operation will be from 8-2:00 Monday-Friday. The new site is handicapped accessible, has a large waiting room area, the availability of four-five exam rooms and 3-4 counseling rooms, including a group room. The clinic will be open to any adult patients, but is especailly intended to assure access to homeless adults staying in nearby shelters.

- Primary Care will be offered from 8-12:00 on-site daily. Patients who are homeless and have established care at 63 Preble Street (or at 180 Park) may be seen by their provider at 180 Park for follow-up appointments or at 63 Preble Street.

- Behavioral Health counseling will be available M-F from 8-5:00 either at 63 Preble (till 2:00) or at 180 Park, depending on patient preference.

- The initial treatment team will consist of an MD (during 8-12:00 clinic hours) and/or a midlevel provider (PA/NP), medical assistant, registered nurse (during 8-12:00 clinic hours), patient service representative, a behavioral health counselor, and volunteers. Several of the providers at 63 Preble have previously worked at HCH, thereby providing consistency/familiarity in care for many of the clients.

- Two of the physicians at Portland CHC will provide oversight and patient care at 63 Preble throughout May. Chief Medical Officer, Dr. Renee Fay-LeBlanc will be joining Portland CHC in May and will serve as a full time Chief Medical Officer. She will provide comprehensive medical oversight at 63 Preble and at all Portland CHC sites.

- New staff added at 63 Preble Street and at 180 Park will be cross-trained at both sites so that daily coverage needs can be well-managed and that all personnel have an understanding of the needs and challenges facing individuals experiencing homelessness.

- The City's HCH will continue providing primary medical care through the month of May. Having this overlap is fortunate for patients' continuity of care and allows medical services to be well-coordinated between the two programs, while helping patients feel welcome and comfortable with the move to a new site. Teams from each program are working together to ensure that patients are transitioned carefully and thoughtfully, guaranteeing that pertinent medical concerns are communicated and noted accurately, with appropriate releases and compliant will all applicable law and regulation. In addition to seeing patients until the end of May, two

medical providers from HCH will continue to be available through the first part of June to follow-up on any additional patient transition concerns.

- All patient records being transferred to PCHC and all new patient records are being entered into PCHC's electronic health record (EHR). The system allows for easy and ready access to patient information regardless of the site where the patient is seen.

- Having the transition period allows for planning on how best to meet the needs of the patient population and to look at options for expansion of services offered at 63 Preble and at 180 Park Avenue as resources may allow. Expansion plans, contingent on additional funding or MaineCare expansion will include extending hours of operation at 63 Preble and adding staff in medical, dental and behavioral health.

- It is recognized that some patients will feel comfortable receiving care at 63 Preble Street; others may benefit from receiving services at 180 Park or Riverton Park, especially those individuals transitioning into permanent housing, those who are experiencing homelessness for a brief time, and/or those who are actively working on sobriety. Attention has been given on how best to provide services in all settings.

- Portland CHC leadership and staff are actively participating and collaborating with the many organizations involved in provision of services to the homeless population.

Community Health Collaborative Meeting
Monday, March 3, 2014
3:00 p.m. – 5:00 p.m.
Portland Community Health Center
Conference Room

Minutes

In attendance:
Partners: Beth Beausang, Dana Totman, Dory Waxman, Doug Gardner, Eileen Skinner, Kate Herrick, Lisa Kavanaugh, Mark Adelson, Mark Swann, Martin Sabol, Mary Haynes-Rodgers, Stephen Letourneau, Vanessa Santorelli, Richard Cantz, Donna Yellen, Suzanne McCormick, Michael Tarpinian, Susan Isenman, Dr. Peter Bates, Katie Fullam Harris, Rep. Anne Graham, Dora Ann Mills, Melissa Skahan, Peter Driscoll. Partners who were unable to attend: Todd Goodwin, Meredith Tipton, Sr. Kathleen Sullivan, Re. Dick Farnsworth.
Portland CHC: Leslie Clark Brancato, Kathleen Stokes, Eric Rustad, and Annie Anderson
Facilitator: Joanne D'Arcangelo. Notes taken by Annie Anderson & Joanne D'Arcangelo

Welcome by Leslie Brancato, CEO
Portland Community Health Center

- Leslie expressed appreciation for all present and for setting time aside valuable time for this meeting.
- Leslie referred to the yellow sheet in the meeting packet- Reviewed Guiding principles and Goal of the process and Objectives which are posted on the wall (integration, collaboration, commitment, ownership).
- Excited about this new chapter not only for Portland CHC, but for the community – including everyone here, partners in the medical neighborhood who care about providing the homeless with quality care

Introductions: One hope, one concern re: this conversation and process:

Eric Rustad, Board member at Portland CHC: Hopes that the Group can come together to meet the great need, coming up with a comprehensive plan that covers the spectrum of homeless people.

Marty Sabol, Nasson Health Care: He is impressed with group gathered today. His organization pulled together a similar group for its homeless program that has remained in place as an advisory council. Concerned that Maine Care expansion will affect this population and providers of services.

Dora Ann Mills, UNE: Here to learn a lot about homeless programs, she is hopeful that with all the experts present a good outcome will be designed. Concerned about tension evident in the press.

Vanessa Santorelli, CEO MPCA: Echoes Marty's concern about Maine Care and sustainability of health centers. Hopes to see that population gets served and all work together- evident by present group.

Eileen Skinner, Mercy Health Care Systems: Hopes that a residual structure will follow from this pulling together. Concern about Maine Care and other programs.

Kathleen Stokes, Board President: First hope was that such a group would be gathered, and stay patient-focused. Hopes to finish on time!

Mark Adelson, Portland Housing Authority: Interested in connection with health care and housing. Hopefully proper health care improves chances of successful housing

Melissa Skahan, Mercy: Hopes to work collaboratively, form cross-organizational connections. Concerned about if there will be a smooth transition.

Katie Fullam Harris, MaineHealth: Agrees with Melissa

Peter Driscoll, Amistad: Pleased to see so many people gathered. Concerned with people who are left, or sometimes pushed into the cracks.

Mary Haynes- Rodgers, Shalom House: Hopes to come together and work together.

Steve Letourneau, Catholic Charities: If we can find a common ground, we can maximize service.

Doug Gardner, Dept. of Public Health, and City of Portland: Here to work together and we're here to discuss how existing patients at Health Care for the Homeless will continue to receive service through a collaborative process. Health Care for the Homeless will close, concern about capacity here and at other venues.

Rich Cantz, Goodwill: Hopes that outcome is achieved. Concern that perhaps the large number of people in the room will slow down the process.

Suzanne McCormick, United Way of Greater Portland
Hopes to create a better system than exists now and continue to serve those already in the system.

Mark Swann, Preble Street: Hopes to work together, wants to be a good partner. Concerned that we are thoughtful about dismantling a 20 year long program.

Kate Herrick, Care Partners: Hope that group will maintain focus on working together to serve patients as best as possible. Concerned that there will be some patients who will fall through the cracks during transition.

Lisa Kavanaugh, Community Dental
Shares hope to build a delivery system that has dental services built in and in a sustainable way

Dory Waxman, Small businesswoman, Former City Council: Honored to be in the presence of group. Hopes to bring community into the process, so they have faith in the organizations and will create a newer and better organization, system.

Dana Totman, Avesta Housing: Hopes that homeless numbers will start to reverse soon and that fewer people will experience homelessness. Concerned that there are competing interests in the room.

Dr. Peter Bates, CMO, Maine Medical Center
Would like to make some acquaintances, whatever we can do to advance the health of the population, we want to do it. Aspiration toward *health* instead of health care.

Susan Isenman, Community Dental
Working together with a great group of people. Hope that oral health can be incorporated into overall, health care delivery system in a way that is sustainable.

Donna Yellen, Preble Street
Hopes that all the people that come to the center will have healthcare when they need it, from referrals and specialty services to getting bandages and aspirin. Concerned that barriers are complex for patients experiencing the system and that these be identified and resolved.

Ann Graham, State Rep. from North Yarmouth
Felt that a state-wide perspective would be a good addition. Hope that relationships will be established to improve services. Concerned that trust earned by a 20 year program can be earned and transferred to the new system.

Beth Beausang, Cong. Chellie Pingree's Office: Hopes to stay informed to be a resource to people with questions and to the group.

Defining the Need

- ✓ **Determining demographics and the number of people experiencing homelessness**: Multiple data points. For all FQHCs the Uniform Data System (UDS) provides excellent data, including the total number of unduplicated individuals provided medical and/or oral and/or behavioral health care. UDS captures clinical, financial and number of encounters/visits. There is a Maine State Housing Point-in-time measure that demonstrates number of homeless on a given day each year by survey. It is a limited tool, but a good snapshot comparing from year-to-year. Statewide data on number of bed nights and length-of-stay are useful data points. PCHC's year goal is to serve 2,400 patients who are experiencing homelessness by no later than year 3 (1,000 at end of year 1), through 180 Park Street, as well as newly-leased site at 68 Preble Street.

    - ***Charge of the Patient Projection work group*** will be to a) Identify and determine how many homeless in the community at-large, not just those who've been served thus far by City's HCH or PCHC; b) Determine how many are receiving health care in emergency rooms and other settings; c) Ask what are differences between the homeless patient population currently served by PCHC and those served by the current HCFH program – and how do these differences influence how/what kinds of services are provided by PCHC in the future? d) Tackle the question of projecting forward, given transient nature of the population creates challenges for identifying who will become homeless, where will they come from, and what they will need.

Assessing the System: Resources and Gaps

- ✓ **MaineCare & other funding:** MC losses are "staggering". MC dollars previously represented 1/3rd of funding pie at City's HCH program, and has gone from covering 60% to less than 10% of patients. FQHCs/Health centers were used as justification for not expanding MaineCare because "We take everyone". We have the highest number of FQHCs operating "in the red" for the first time in decades. City of Portland has won an extension grant from HRSA for additional eight months, but doesn't adequately cover costs of care for the remit of the grant (City waiting to hear what is expected under reduced grant). PCHC has been awarded HRSA TA grant for year one, to bring National Health Care for the Homeless consultants to share model best practices, facilitate a process to achieve a community-wide solution for ensuring care for the homeless, and harnessing all resources and service providers, not just those (PCHC and City) who are currently serving this population

- Charge of the ***Clinical Integration work group*** will identify the multiple and colliding funding changes and causes of gaps in services –loss of Maine Care and other funding, transition of grant, limitations of each community provider in the network. Etc. What will/will not the City continue to provide in the next eight months? Is there opportunity to reduce a transition period to fewer than three years – and are there additional resources to make that happen? How do we identify duplications and explore new, enhanced-efficiency models? How can we efficiently integrate specialty services in an affordable way? How do we assure patient access to medications? How do we increase integration capacity for BH/MH/SA services to meet escalating patient needs?

  Work Group will conduct a 3-dimension gap analysis for the three year period:
  - Gap analysis of funding: where are there deficits of resource to support critical services (current and projected)?
  - Gap analysis of patients: Where are there potential "cracks" through which patients can fall/get lost? How can we be sure we are reaching and bringing into the system homeless folks?
  - Gap analysis of clinical and related health services: where are there deficits in the needed clinical services and delivery systems, current and projected – not just City's and PCHCs, but throughout the system? Where are there gaps that may not be obvious in a strictly medical approach, i.e. case management or community health outreach workers

- **What don't we know?** Given many in the group are new to the health care needs of and programming for people experiencing homelessness, how do we ensure informed decision-making going forward? What are the national best practices in health care for homeless? What are other local and regional integrated models that are effective and efficient? How has the Medical Neighborhood work with Mercy improved clinical and financial outcomes? How do we include consumer voices, such as having focus groups with patients and prospective patients?

PROPOSED WORK GROUPS

- Patient Projection –Invited members: Dory Waxman, Marty Sabol, Mark Swann, Doug Gardner, Leslie Brancato, Dr. Dora Anne Mills, and Mark Adelson.

- Clinical Integration (includes gap analyses) -- Invited members: Melissa Skahan, Dr. Peter Bates, Lisa Kavanaugh, Susan Isenmen, Steve Letourneau, Mike Tarpinian, Kate E. Herrick, Todd Goodwin, Sr. Kathleen Sullivan, Leslie Brancato.

- Facilitates and Locations -- Invited members: Eileen Skinner, Todd Goodwin, Donna Yellen, Katie Fullam Harris, Dana Totman, Steve LeTourneau, and Leslie Brancato (Work group charge to be developed.)

All partners are welcome to join any workgroup. Please notify Leslie Clark Brancato if you are interested in serving on a work group.

Next Meeting:

Report from Homeless Task Force
National Resource Consultant(s) to report on Trends and Best Practices
Report(s) from the Work Group(s)

Health Resources and Services Administration
HRSA-14-105

BPHC: SAC - AA - AL, CA, FM, IL, ME, MI, OR, and PW Objective Review Committee Final Summary Report

Scope: AD

Application Number: 111202
Application Name: PORTLAND COMMUNITY HEALTH CENTER
State: ME City: Portland

Criterion 1: Need

Strength:

The applicant organization presents a clear picture of the challenges that exist for the target population and the disparities in health status across almost all indicators compared to Maine's overall data and Healthy People 2020 goals.

The applicant organization clearly describes the current and proposed services to address the unique health care needs of the target population. The health risk factors affecting homeless populations are complex and uniquely challenging, and have the potential to increase when housing situations are unstable.

The applicant organization uses compelling data to highlight health disparities within the target community. Chronic diseases including cardiovascular disease, cancer, and diabetes are among the leading causes of morbidity and mortality in Portland. Major health concerns include serious mental illness, substance abuse, and very limited access to oral health services.

The applicant organization thoroughly describes the extent of current barriers to care including insufficient supply of medical, dental and behavioral health providers available to serve the low-income and homeless populations, as well as language and cultural barriers for the large refugee population. Risk factors for these health disparities are significantly greater for homeless adults, many of whom use alcohol and tobacco, often in excess, receive inadequate exercise, and struggle to access nutritious food.

The applicant organization presents a clear picture of the gaps in service delivery within the current health care system, the limited access to care related to a dwindling number of providers willing to accept Medicaid and uninsured patients, and the complexity of issues related to the transient status of the proposed target population.

Weakness:

The distinction between the organization's overall service area population and the proposed target population is not consistently delineated due to the application's inclusion of

ATTACHMENT 5

some outdated data and service area population data that is not specific to the proposed target population.

Criterion 2: RESPONSE

Strength:

The applicant organization fully describes a nationally recognized Patient Centered Medical Home designed to provide integrated medical, dental, and behavioral health services to patients. These services are combined with the provision of care management services and outreach that offers significant benefits for individuals with a high number of risk factors, chronic conditions, and co-morbidities, which is often the case for homeless individuals.

The applicant organization clearly describes its geographic/transportation barriers and notes that its service location was chosen to limit transportation and access barriers as much as possible. The center is located within walking distance of the City's most densely populated low-income, underserved communities including the City's main shelter "hub" which is located 0.5 miles, a ten-minute walk from the health center.

The applicant organization describes a comprehensive health care delivery system with a history of successful service delivery to diverse low-income populations including the utilization of outreach and case management to women and children within the proposed target population.

The applicant organization thoroughly describes the expansion of its clinical and administrative staff as well as the expansion of its operating hours to comprehensively address access to care for the proposed target population.

The applicant organization describes access to a broad array of specialized services that will promote continuity of care and provide a safety net for the proposed target population.

Weakness:

None

Criterion 3: COLLABORATION

Strength:

The applicant organization thoroughly describes the extent of its strong formal and informal service collaboration and coordination within the community, state, and nationally and its status as the cornerstone of the service area's safety net providers.

The applicant organization fully documents its existing memorandum of understanding (MOUs) and formal agreements with local community hospitals such as Maine Medical Center and Mercy Medical Center. The applicant details the development of a proposed model of care with Mercy to employ and develop community health outreach workers and case workers.

The application describes and substantiates through letters of support, vibrant collaborative relationships with Federal, state, and local stakeholders that will promote the long-term sustainability of the proposed program.

Weakness:

None

Criterion 4: EVALUATIVE MEASURES

Strength:

The application provides a clear and detailed Clinical and Financial Performance Measures table which identifies and tracks its clinical goals and objectives. Prescribed measures are incorporated with a focus on diabetes and hypertension, women's health screening, child birth issues, children's immunizations, oral health and behavioral health into its overall goals and objectives.

The applicant organization thoroughly describes realistic and time-framed goals that are well aligned with the needs identified for the proposed target population and are measurable.

The applicant organization provides a comprehensive description of data collection methodology for stated goals as well as key factors that may contribute to or restrict progress toward stated performance goals and action steps.

Weakness:

None

Criterion 5: RESOURCES/CAPABILITIES

Strength:

The applicant organization clearly describes its staffing capabilities to provide integrated care to a growing number of people, including 285 families with children and young people under the age of 21.

The applicant organization provides examples of its business and revenue growth plan which emphasizes the financial sustainability of the health center to increase and expand its capacity, patient volume, and satellite locations to increase revenue by the end of fiscal year 2016.

The applicant organization thoroughly describes its Capital Improvement project made possible through an Immediate Facilities Improvement grant received in 2012 which has supported Patient Centered Medical Home standards and updates to be Americans With Disabilities Act (ADA) compliant.

The applicant organization clearly describes its methods and processes in place to maximize collection of payments and reimbursements from patients and third-party payers. The front desk staff along with the Outreach Manager share responsibility for assisting patients with the Medicaid enrollment process.

The applicant organization provides a clear picture of its strong infrastructure and best practices, with a strong clinical and financial team and structure in place to support the proposed additional services.

The health center has fully implemented electronic medical records, has achieved Patient Centered Medical Home recognition, and is involved in multiple state and national initiatives and best practices aimed toward achieving the promise of the Affordable Care Act and Triple Aim.

The applicant organization provides detailed evidence of the proficient performance of its senior management team including the team's ability to address challenges relevant to the proposed target population and the organization's long-term financial sustainment through multi-level systems monitoring and control and the identification and utilization of available resources.

Weakness:

None

Criterion 6: GOVERNANCE

Strength:

The applicant organization describes its community board of which over half of the members are active patients. The board is as diverse as the populations served with members representing all areas of the community, including at least two members that have recently experienced homelessness and newly arrived community members from the Congo, Peru, Djibouti, Haiti, Ghana, and Rwanda.

The applicant organization describes a fluid system of communication between senior management and the board of directors promoting the identification and resolution of barriers to organizational growth through well-structured governance practices including innovative strategic planning and the comprehensive utilization of information technology.

Weakness:

None

Criterion 7: SUPPORT REQUESTED

Strength:

The applicant organization provides examples of its business and revenue growth plan which emphasizes the financial sustainability of the health center to increase and expand its capacity, patient volume, and satellite locations to increase revenue by the end of fiscal year 2016.

The applicant organization provides a detailed and reasonable budget presentation that supports the proposed project, including planned service delivery and patient/visit projections.

The applicant organization describes efforts to leverage other resources, maximize patient services revenue, and fully utilize existing resources available in the service areas.

Weakness:

None

CITY OF PORTLAND, MAINE

REQUEST FOR PROPOSALS
FOR CONCESSION OPERATIONS AT VARIOUS PARK LOCATIONS

DEPARTMENT OF PUBLIC SERVICES

The purpose of this Request is to solicit proposals from which the City of Portland, Maine can select qualified vendors to provide CONCESSION SERVICES at the following parks: Back Cove Trail, Deering Oaks Park Parking Lot, Western Promenade, Kiwanis Pool Parking Lot, and Lincoln Park (push carts only) (See approximate locations indicated on Attachment 1.) Successful proposers will be entitled to provide concession services from any of the eligible parks listed above on a first come, first serve basis. These park areas are City-owned and provide for varied recreational activities. The locations indicated on the maps appearing at Attachment 1are approximate and the exact location for carts and trucks is to be determined by site visits with city representatives upon awarding of any contract. It is the intent of the City to have vendors offer to the public a variety of food products at reasonable cost. The City makes no guarantee as to the number of patrons who will utilize these services.

Sealed Proposals will be received at City Hall, 389 Congress Street, Purchasing Office, Room 103, Portland, Maine 04101, until **3:00 p.m., Thursday, May? 19, 2014*** at which time they will be publicly opened. Proposals that are late; submitted without the required surety; submitted without original signature(s), and/or submitted via fax shall not be accepted. Any other comments, information, etc., about their organization, which a bidder wishes to provide, should be attached on a separate sheet of paper and enclosed in the same envelope containing the City provided form. NOTE: All potential proposers are reminded that information contained in submitted material will be a public record.

Copies of the above documents will be available at the Purchasing Office, Room 103, City Hall, 389 Congress Street, Portland, ME 04101. Each prospective bidder will be required to obtain from the City each copy of the proposal form and each set of plans; e-mail jrl@portlandmaine.gov, phone (207) 874-8654, or fax (207) 874-8652.

Proposals from vendors not registered with the Purchasing Office may be rejected; receipt of this document directly from the City of Portland indicates registration. Should a vendor receive this Request from a source other than the City, please contact 207-874-8654 to ensure that your firm is listed as a vendor for this RFP.

All inquiries dealing with this solicitation shall be made in writing, and be mailed or faxed to the Purchasing Office at 207-874-8652 (email: JRL@portlandmaine.gov) being received no later than five working days prior to the scheduled opening. A written response, if provided, will be in the form of an Addendum to the RFP and will be sent to all document holders registered in the Purchasing Office. Addenda must be duly acknowledged with any submission. Corrections or changes to this document will be made only by written addendum; any oral explanation or interpretation shall not be binding. Proposers are cautioned not to contact City employees or Committee members concerning this procurement during the competitive procurement process or the evaluation process.

Proposals shall be submitted in sealed envelopes plainly marked on the outside with this Request's number and title. Six (6) complete copies/sets of the PROPOSAL AND ALL REQUESTED MATERIAL shall be submitted. The original copy, so marked, shall be signed with the firm's name, its corporate seal (if applicable) and bear the handwritten signature of an officer or an authorized employee having the authority to bind the company to a contract by his/her signature. Proposals must include a surety deposit in the amount of $100.00. This deposit can be in one of the following forms: cash, a money order, a bank's treasurer's check, or a bank's cashier's check. Checks shall be made payable to the CITY OF PORTLAND, MAINE and they will be deposited in the City's account. Deposits will be returned to all unsuccessful proposers with the deposit(s) of the selected vendor(s) being retained and applied to the amount offered to the City for the concession site. If the successful proposer fails to sign and return the contract, with the required insurance certificates, within ten (10) working days after receiving notification by the Corporation Counsel's office that it is ready for signature, their deposit shall be forfeited and retained by the City as an agreed amount of liquidated damages.

IMPORTANT NOTICE: Any authorization to operate food carts or food trucks in City Parks **pursuant to an award made under this Request for Proposals SHALL NOT APPLY during the FOURTH of JULY, any other special event sponsored by the City at the Deering Oaks site, or during any City Council Declared Festivals, where the vendor would need prior permission from the Festival organizer in order to vend at the park that day. The City reserves the right to exclude other dates and areas as may be required.** Vendors may operate on days they elect, making note that the City especially desires their presence between May 1 through October 1, although there are no requirements for daily sales. In relation to events happening in the park areas, the vendor and event organizer should work in conjunction with one another to ensure there are no conflicts with set-up, service, events, etc.

The sale of items shall be made only at designated sites within the park, with each site receiving prior City approval, taking into consideration proximity to traffic, play areas, private homes, etc. Signs and where and how they are displayed must receive prior City approval. Only "mobile type" carts or vehicles may be used, as neither temporary nor permanent structures may be erected. The unit must be self-contained, i.e. no use of electricity on-site. The vendor must comply with park rules to include no vehicles or units parked illegally, on the grass, or any other area within the park not designated for parking.

The initial contract award period will be from its execution until December 31, 2014, with the City retaining the option to extend any contract for two (2) additional one (1) year periods. The successful awardee(s) will immediately enter into a three (3) month probationary period beginning on or about June ??, 2014. During this probation the awardee's performance will be closely scrutinized by City staff. If the awardee's performance fails to consistently meet the standards specified within this Request, or as may be established by Portland City Council, his/her contract will be immediately cancelled for cause. If his/her performance is acceptable, then he/she will be so notified and the contract will extend through the stated date.

The awarded Proposer(s) agrees to obtain all licenses, provide all equipment, observe and comply with all applicable Federal, State and or City rules and regulations, including those adopted by the City with respect to selling of foods (specifically reference the following sections of Portland City Code 18-25 and 25-27). The awardee(s) will be responsible for the disposal of all trash they or their customers generate away from the park site.

The awarded Proposer(s) will be required: to display menu boards on concession units and to provide prompt, efficient and courteous service. The public's right of use and enjoyment of the park shall not be infringed upon by any activity of the awarded Proposer(s). Their activities shall be conducted so as to render the best possible service to the public in a dignified manner and no pressure, coercion, persuasion or other forms of intimidation shall be used in an attempt to influence the public to use their services or buy their products. Operation must be conducted so as not to interfere, through excessive noise or odor, with the public's enjoyment of the park. Concession hours, during which services may be provided, shall receive prior approval by the City.

Any contract awarded may be cancelled, without cause, by the City giving thirty (30) days prior notice in writing to the awarded Proposer. The City may also cancel any contract immediately for cause due to non-payment of proposed fees or due to failure by a vendor's non-performance. Non-performance will include, but is not limited to, the failure of the awarded Proposer to regularly provide the services identified herein without specific reason as to its cause and/or without the approval of the Department's Director, or designee.

Payment due the City under any contract awarded, shall be paid either in full for the entire year on contract signing or in equal monthly payments to the CITY of PORTLAND, MAINE, delivered in care of Principal Finance Officer, Department of Public Services, on or before the tenth (10th) day of each month for the previous month for which the payment is applicable. The first year's contract will be pro-rated.

The successful proposer(s) shall agree to save the City harmless from all losses, costs or damages caused by his/her acts or those of his/her agents, and before signing the contract, will produce evidence satisfactory to the Corporation Counsel of the City of Portland that he/she has secured AUTOMOBILE and PUBLIC LIABILITY insurance coverage in the amount of not less than $400,000 combined single limit for bodily or personal injury, death and property damage, protecting the contracted firm and naming the City as an additional insured from such claims,

and proof of Workers Compensation Insurance, if applicable. The City disclaims any and all responsibility for injury to the contractors, their agents or others at any time. The awarded proposer shall be an independent contractor and shall not represent themselves as employees or agents of the City.

SUBMISSION INFORMATION

Proposers shall include the following information and submittals:

a) Letter of Transmittal – this letter will summarize in a brief and concise manner, the proposer understands of the Scope of Work and make a positive commitment to timely performance of work. The letter must name all of the persons authorized to make representations for the proposer, including the titles and addressed and telephone numbers of such persons.

b) Identify the type of business entity involved (e.g. sole proprietorship, partnership, corporation, etc.)

c) Qualifications and experience of the firm/individuals(s) who will provide the services. Provide a summary of the offeror's experience in concession operations, including firm's history, references (attaching letters if available), etc.

d) Provide a proposed plan that explains and/or illustrates the type of concession services you intend to provide, the methods and equipment to be used, innovative ideas/approaches. The plan may be accompanied by pictures, layouts and other appropriate information that will convey to the City exactly what you are proposing. Include proposed menu with pricing.

e) Provide a summary of litigation filed by or against the proposer in the past five (5) years which is related to the services that proposer provides in the regular course of business.

f) State your price proposal. The City allows each Offeror to submit their own proposal regarding the amount he/she is willing to pay for concession rights. Each Offeror is given the opportunity to specify a fixed yearly amount for this location.

SELECTION PROCESS/EVALUATION CATEGORIES

It is the intent of the City to select those proposers who demonstrate the ability to provide the highest quality service to the public and who will provide the highest revenue to the City. In evaluating the proposals, the city will consider the following factors, none of which, standing alone, will become conclusive:

ITEM	CRITERIA	WEIGHT
1.	**PRICE PROPOSAL** - amount and type. The minimum the City will accept for the rights contemplated herein is	25%

	$100.00 and the maximum the City will require is $500. Please keep price proposals within that range.	
2.	**QUALIFICATIONS** – variety, volume and quality of equipment owned; past experience of individuals and/or firms previous contracting experience with the City and/or other government entities; responsiveness of proposal regarding format.	25%
3.	**PLAN OF OPERATION** – operational plan, understanding of City's needs, technical soundness of proposal, appropriate hours of operation.	50%

Interviews may be conducted with any proposer to clarify submitted material. The City further reserves the right to negotiate with the selected vendor(s) as to the terms of the contract, including but not limited to price, plan of operation, etc. All negotiations are intended to lead to a binding contract(s) with all contracts requiring City Council approval.

EQUAL EMPLOYMENT OPPORTUNITIES

Vendor shall comply fully with the Nondiscrimination and Equal Opportunity Provisions of the Workforce Investment Act of 1998, as amended (WIA, 29 CFR part 37); the Nontraditional Employment for Women Act of 1991; title VI of the Civil Rights Act of 1964, as amended; section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; title IX of the Education Amendments of 1972, as amended; and with all applicable requirements imposed by or pursuant to regulations implementing those laws, including but not limited to 29 CFR part 37.

RESERVATION OF RIGHTS

The City of Portland reserves the right to waive any informalities in Proposals, to accept any Proposal or portions thereof and to reject any and all Proposals should it be deemed for the best interest of the City to do so. The City reserves the right to substantiate proposer's qualifications, capability to perform, availability, past performance record and to verify that proposers are current in their obligations to the City.

Pursuant to City procurement policy and ordinance, the City is unable to contract with businesses or individuals who are delinquent in their financial obligations to the City. These obligations may include but are not limited to real estate and personal property taxes and sewer user fees. Bidders who are delinquent in their financial obligations to the City must do one of the following: bring the obligation current, negotiate a payment plan with the City's Treasury office, or agree to an offset which shall be established by the contract which shall be issued to the successful bidder.

It is the custom of the City of Portland, Maine to pay its bills 30 days following equipment delivery and acceptance, and following the receipt of correct invoices for all items covered by the purchase order. In submitting bids under these specifications, bidders should take into

account all discounts; both trade and time allowed in accordance with this payment policy and quote a net price. The City is exempt from the State's sales and use tax as well as all Federal excise taxes.

April 18, 2014

Matthew F. Fitzgerald
Purchasing Manager

*****THIS FORM MUST BE SIGNED AND RETURNED WITH YOUR PROPOSAL*****

Request for Proposals to Provide Concession Operations in Various City Parks

The **UNDERSIGNED** hereby declares that he, she or they are the only person(s), firm or corporation interested in this proposal as principal; that it is made without any connection with any other person(s), firm or corporation submitting a bid for the same.

The **UNDERSIGNED** hereby declares that they have read and understand all conditions as outlined herein, and that the proposal is made in accordance with same.

The **UNDERSIGNED** hereby declares that any person(s) employed by the City of Portland, Maine, who has direct or indirect personal or financial interest in this proposal, or in any profits which may be derived therefrom has been identified and the interest disclosed by separate attachment. (Please include in your disclosure any interest which you know of. An example of a direct interest would be a City employee who would be paid to perform services under this proposal. An example of an indirect interest would be a City employee who is related to any officers, employees, principals or shareholders of your firm or you. If in doubt of status or interest, please disclose to the extent known.)

The **UNDERSIGNED** acknowledges the receipt of Addenda numbered _____

COMPANY NAME:

_____

AUTHORIZED SIGNATURE _____ DATE:

_____

PRINT NAME AND TITLE:

_____

ADDRESS:

_____

_____

____

DAYTIME PHONE NUMBER: _____ FAX NUMBER:

_____

TYPE OF ORGANIZATION: Individual ____ Partnership ____ Other ____ Corp. ____

STATE OF INCORPORATION, if applicable: _____

FEDERAL TAX IDENTIFICATION/SOCIAL SECURITY NUMBER:

_____

NOTE: Proposals must bear the handwritten signature of a duly authorized member or employee of the organization submitting a proposal.

SEE FOLLOWING PAGE FOR SUBMISSION OF PRICE PROPOSALS

*****THIS FORM MUST BE RETURNED WITH YOUR PROPOSAL*****

The above signed agrees to pay the City of Portland, Maine for the privilege, as described herein, for a period of one year, to provide CONCESSION SERVICES in the following City Parks on a non-exclusive, first come, first serve basis:

$_____

ATTACHMENT #1

Pushcarts will be allowed to operate in the following locations:

East End Beach (1 space)
Kiwanis Pool (1 space)
Lincoln Park (2-3 spaces)
Western Promenade (1 space)

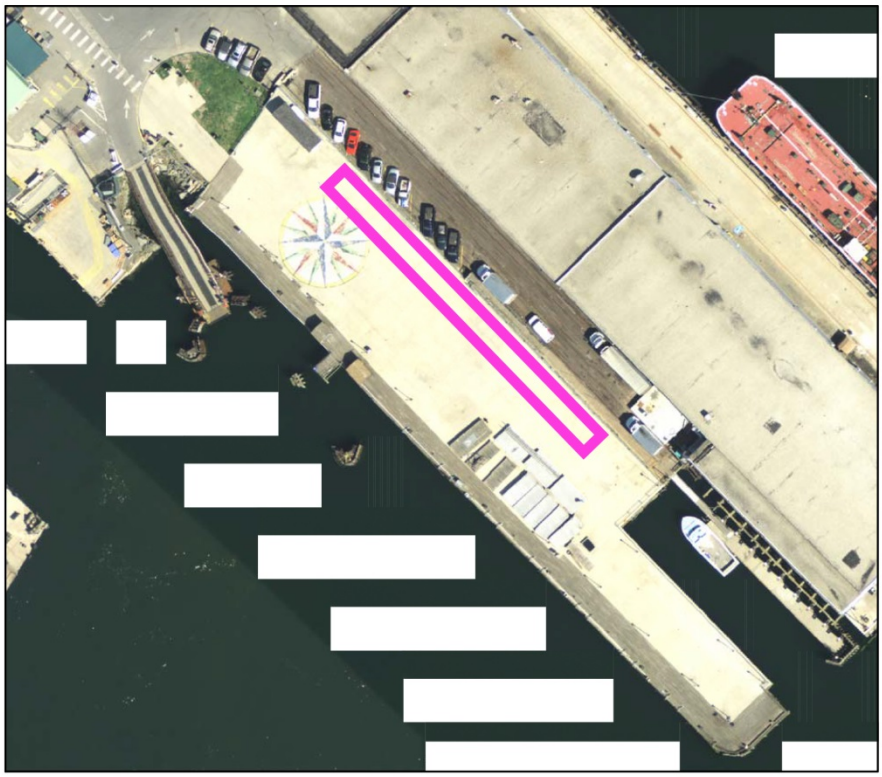
Food Trucks will be allowed to operate in the following locations:

Back Cove Park (1 space)
Compass Park (1-2 spaces)[1]
Congress Square Plaza (1-2 spaces)[2]
Deering Oaks Parking Lot (2 spaces)
Kiwanis Pool Parking Lot (1 space)
Western Promenade (1-2 spaces)

[1] The ability to operate in Congress Square Plaza is contingent on passage of an amendment to Chapter 14 of the City's Code to allow food trucks in that plaza. City staff expects that amendment to be taken up by the City Council in May or June 2014.

[2] The ability to operate in Compass Park is contingent on passage of an amendment to Chapter 14 of the City's Code to allow food trucks in that park. City staff expects that amendment to be taken up by the City Council in May or June 2014.

Mobile Food Service Vendor Areas in Parks - Food Trucks (10' x 24')

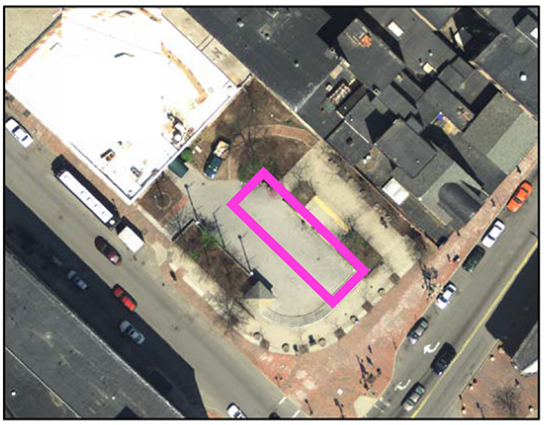


Compass Park (1-2 spaces)

0 45 90 180 Feet

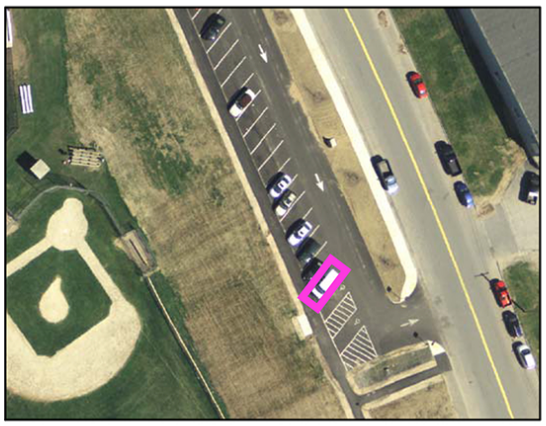
Mobile Food Service Vendor Areas in Parks - Food Trucks (10' x 24')

Back Cove Park (1 space)



Congress Square Plaza (1-2 spaces)

Deering Oaks Parking Lot (2 spaces)



Kiwanis Pool Parking Lot (1 space)

Lincoln Park (1-2 space)

Western Promenade (1-2 spaces)

0 50 100 200 Feet

Mobile Food Service Vendor Areas in Parks - Pushcarts (8.5' x 7')

East End Beach (1 space)

Kiwanis Pool (1 space)

Lincoln Park (2-3 spaces)

Western Promenade (1 space)

0 50 100 200 Feet

DIVISION 17.5. EASTERN WATERFRONT PORT ZONE*

***Editor's Note-** Order No. 297-05/06 adopted on September 18, 2006, implemented a new Eastern Waterfront Port Zone for the Maine State Pier and Portland Ocean Terminal. The proposed changes for the Portland Ocean Terminal and the Maine State Pier would allow for a wider range of uses for the piers and properties of the Portland Ocean Terminal.

Sec. 14-300. Purpose.

The Eastern Waterfront Port Zone is created to nurture deepwater dependent activity within the context of the established waterfront. The transport of goods and passengers by water is an important component of both the local and regional economies and this transport and other forms of marine industry are dependent upon land and piers with direct access to Portland Harbor. Given the existing pier infrastructure, proximity to deep water, and urban context, Portland's Eastern Waterfront is uniquely situated to support a wide range of water-dependent industry and commerce through a variety of marine activities.

The support and expansion of Portland's marine industry requires piers, uplands, and circulation consistent with the transportation purpose and use of marine facilities. The growth of Portland's marine passenger industry also requires supporting services and activities to provide a safe, convenient, and enjoyable travel experience for users of marine passenger facilities. Non-marine uses that complement the marine passenger industry, are compatible with existing and future water-dependent uses, and provide opportunities for residents and visitors alike to enjoy the Eastern Waterfront throughout the year, are encouraged.

The primary use of the deep-water resources must be for the berthing and support of large vessels. Non-marine uses that complement and support the deepwater infrastructure and do not conflict or compete for limited space with existing or anticipated deepwater-dependent uses are encouraged. Existing and future pier infrastructure and upland support areas should be designed and maintained to support a variety of marine uses and be responsive to future technologies and trends in the marine industry.

Given the need to nurture and support deepwater-dependent uses and the need for non-deepwater dependent uses to complement the marine passenger industry and to support the maintenance and

repair of pier infrastructure, the Eastern Waterfront Port Zone recognizes the following hierarchy of uses:

(a) The first priority of this zone is to protect and nurture existing and potential deepwater dependent uses (those uses requiring a minimum of 15 feet of water depth);

(b) The second priority is to allow shallow water-dependent and other permitted marine uses, so long as they do not interfere with deepwater dependent uses, either directly by displacement or indirectly by placing incompatible demands on the zone's infrastructure; and

(c) Other uses specified herein are allowed only if they do not interfere with and are not incompatible with higher priority uses.

(Ord. No. 297-05/06, 9-18-06)

Sec. 14-300.1. No adverse impact on marine uses.

No use shall be permitted, approved or established in this zone if it will have an impermissible adverse impact on future marine development opportunities. A proposed non-water dependent component of a development will have an impermissible adverse impact if it will result in any one (1) or more of the following:

(a) The proposed use will displace an existing water-dependent use;

(b) The proposed use will reduce existing commercial vessel berthing space;

(c) The proposed use, structure or activities, including but not limited to access, circulation, parking, dumpsters, exterior storage or loading facilities, and other structures, will unreasonably interfere with the activities and operation of existing water-dependent uses or significantly impede access to vessel berthing or other access to the water by water-dependent uses; or

(d) The siting of a proposed use will substantially reduce or inhibit existing public access to marine or tidal waters.

(Ord. No. 297-05/06, 9-18-06)

Sec.14-301. Permitted uses.

Subject to a determination that the proposed use meets the standards of section 14-300.1. (no adverse impact on marine uses), the following uses are permitted in the Eastern Waterfront Port Zone:

(a) *Marine passenger:*

1. Intermodal marine passenger facilities;

2. Cruise ship home port and port of call berthing and support;

3. International and domestic ferries.

(b) *Marine commercial:*

1. Transient and long-term commercial berthing;

2. Marine-related warehousing;

3. Marine related construction, manufacturing, fabrication, salvage and repair;

4. Storage and repair of fishing equipment;

5. Ship and other marine vessel construction, building, servicing, and repair;

6. Boat and marine equipment storage;

7. Marine fuel storage and dispensing provided that on-site fuel storage structures shall be used solely for the purpose of fueling vessels and shall be limited, cumulatively, to 20,000 gallons of storage capacity within the zone;

8. Public, non-profit, or commercial marine transportation and excursion services, including captained charter services, sport fishing and water taxis;

9. Ship and off-shore support services, including but not limited to tug boats, pilot boats, and

chandleries;

10. Facilities for marine pollution control, oil spill cleanup, and servicing of marine sanitation devices.

(c) *Commercial:*

1. Professional, business, government, and general office located in upper floors of structures existing as of September 18, 2006.

2. Street vendors licensed pursuant to Chapter 19 as a result of a competitive bid process conducted pursuant to Chapter 2 of the City Code.

***Editor's Note—**On-site parking for non-marine commercial uses are permitted as conditional uses subject to the provisions of section 14-301.1. (conditional uses, parking) below.

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2. Temporary events, except festivals as otherwise governed under section 14-301I3 below.

Buildings, piers and lands within the EWPZ may be used for temporary public and private events including but not limited to exhibitions, conferences, meetings, and trade shows under the following conditions:

a. Temporary events occupying more than 10,000 square feet of building or outdoor space shall not exceed a combined total of sixty (60) days between May 1st to October 31st;

b. No temporary event may continue for more than 14 days of continuous operation;

c. Any temporary event that anticipates more than 5,000 people in attendance on any single day must provide and be subject to a parking management plan. The parking management plan must be submitted for the review and approval of the public works authority at least 60 days prior to the first day of the event.

3. Festivals subject to City license.

(d) *Public:*

1. Fire, police and emergency services;

2. Governmental agency emergency operations/crisis centers; 3. Research, military and visiting attraction vessel berthing;

4. Landscaped pedestrian parks, plazas and other similar outdoor pedestrian spaces, including without limitation pedestrian and/or bicycle trails.

(e) *Other:*

1. Wind energy systems, as defined and allowed in Article X, Alternative Energy.

(Ord. No. 297-05/06, 9-18-06; Ord. No. 33-11/12, 1-18-12)

Sec. 14-301.1. Conditional uses.

(a) The following uses shall be permitted as conditional uses in the Eastern Waterfront Port Zone, provided that, notwithstanding section 14-471(c), section 14-474(a), or any other provision of this code, the planning board shall be substituted for the board of appeals as the reviewing authority, and provided further that in addition to the provision of section 14-474(c)(2) such uses will not impede or preclude existing or potential water-dependent development within the zone, will allow for adequate right-of-way access to the water, are compatible with marine uses, and meet all additional standards set forth below:

1. Conditional use standard:

a. *Marine compatibility:* The proposed use shall be compatible with existing and potential marine uses in the vicinity, as required by section 14-304(n) and (o) (compatibility of non-marine uses with marine uses and functional utility of piers and access to the water’s edge); and

b. *Parking and traffic circulation:*

i. Parking and traffic circulation plan: All

applications for conditional use in the EWPZ shall submit a parking and circulation plan for review and approval by the planning board. The parking and circulation plan shall show the location of all existing and proposed structures, travel ways and parking under the common ownership and/or control of the subject pier or property. The plan shall demonstrate that the parking and circulation of the conditional use does not interfere with the functional marine utility of the property and otherwise meets the standards and conditions of the EWPZ.

2. Conditional uses:

a. *Marine:*

i. Marine products, wholesaling and retailing;

ii. Ice-making services;

iii. Marine freight facilities providing service for, and/or intermodal transfer of, container and breakbulk freight;

iv. Marine educational facilities;

v. Seafood retailing, wholesaling, packaging and shipping;

vi. Seafood processing for human consumption, subject to the performance standards of the IL zone set forth in section 14-236 in addition to the performance standards of section 14-304;

vii. Commercial marinas serving commercial and recreation boats, provided that such facilities are located in areas that do not conflict with the navigation and handling of deepwater dependent vessels accessing existing or potential deepwater berthing;

viii. Fish byproducts processing, provided that:

a. Any fish byproducts processing facility

has a valid rendering facility license under chapter 12 of the Portland city code; and

b. Any fish byproducts facility shall employ current and appropriate odor control technology to eliminate or minimize detectable odors from such a process, and in no case shall odors exceed the odor limitation performance standards of the IM zone (section 14-252); and

c. The processing other material wastes or byproducts shall not be deemed a lawful accessory use Permitted herein.

b. *Commercial:*

a. Structured parking available to the general public;

b. Professional, business, government and general offices uses in upper floors of structures constructed after September 18, 2006;

c. Passenger support services supporting a marine passenger use listed under 14-301(a)(marine passenger). The total ground floor area occupied by any combination of the following uses (regardless of ownership) shall not exceed 35% of the gross floor are of the principle associated marine passenger use and no more than 35,000 square feet cumulative within the EWPZ:

i. Retail;

ii. Restaurants/food service other than street vendors;

iii. Retail service;

iv. Passenger information services.

c. *Industrial:* The following industrial uses are

permitted provided that such uses shall conform to the IM zone performance standards set forth in section 14-252 in addition to the performance standards of 14-304. Where redundant or contradictory performance standards exist, the more restrictive standard applies.

i. Non-marine related warehousing in structures existing as of September 18, 2006;

ii. Facilities for combined marine and general construction;

iii. Low impact industrial uses as permitted in the IL zone in structures existing as of September 18, 2006, excluding all auto repair service facilities.

d. *Public:*

i. *Utility substations:* Public utility substations, including but not limited to electrical transformers, sewage and stormwater pumps and telecommunication switching stations, are permitted under the following conditions:

a. The facility is located more than 100 feet from the water's edge;

b. The facility occupies no more than 50 square feet of structure above ground;

c. The facility provides no dedicated on-site parking and all subsurface elements of the facility are installed and operated such that land occupied by the facility is otherwise useable and made available for marine related uses, including but not limited to parking, travel ways, and/or storage; and

d. The facility shall be sized, sited and screened to minimize visual impact and prominence from public ways.

ii. Maritime museums, limited to 5,000 square

feet of ground floor footprint.