City of Portland, Maine
Public Safety/Health & Human Services Committee
July 7, 2015
5:30 PM
Room 209, City Hall

Meeting Agenda

1. Review And Accept Minutes From June 9, 2015 Meeting

   Documents: JUNE 9 2015 MEETING MINUTES.PDF

2. Quality Of Life Update To Include Graffiti, Pandhandling, Motorcycle Noise, Street Artists, Litter And Crime
   Vern Malloch, Acting Police Chief

   Documents: QOL UPDATE.PDF, GRAFFITI UPDATE.PDF

3. Update On Implementation Of Portland Community Support Fund
   Dawn Stiles, Director of Health and Human Services

4. Update On The Shelter Planning Task Force
   Julie Sullivan, Acting Chief of Staff

   Documents: BEST PRACTICE REVIEW_1.PDF, SHELTER PLANNING TASK FORCE WORK PLAN TIMELINEREV_1.PDF, SHELTER TASK FORCE PSHHS MEMO_1.PDF

5. Adjourn

There is no public comment scheduled for the July 7th meeting of this committee

Portland, Maine Yes. Life's good here.

Portland Police Department

City of Portland, Maine
Public Safety / Health & Human Services Committee
June 9, 2015

Meeting Minutes

Committee Attendance: Chair Councilor Suslovic, Councilor Costa, Councilor Brenerman; Councilor Duson

City Staff Attendance: Michael Sauschuck, Acting City Manager; Adam Lee, Associate Corporation Counsel; Julie Sullivan, Acting Chief of Staff; Keith Gautreau, Acting Assistant Fire Chief; Toho Soma, Director of Public Health

AGENDA ITEM 1 - Meeting Called to Order at 5:30pm

Chair Suslovic moved to accept minutes from the May 12 meeting. A Mr. Stephen Scharf from the audience requested his name spelling be corrected in the May meeting. Mr. Scharf also requested the minutes reflect the position of Mr. Robert Haines to support the proposed closure of the overflow shelter. The motion was seconded with all in favor approving the suggested amendments to the May 12th meeting minutes.

The Chair polled staff and members of the public who were present for any objection to the committee hearing agenda item #3 next in consideration of staff time. Seeing no objection the committee heard item #3 out of order.

AGENDA ITEM 3 – Staff Report and Recommendations on Fire/Code Task Force

Julie Sullivan provided and overview of back-up material. The Committee was being asked tonight to react to attachment A regarding authority and general issues. Julie asked if Councilors had any questions following a verbal presentation of the proposed ordinance changes.

Councilor Costa supports moving forward on this item but expressed concern that a $35 discount should be an administrative act vs. an act of the council. Chair Suslovic proposed that issue come before the full council at a later date indicating the committee can still act.
Councilor Costa asked if adding the word "knowingly" was a staff recommendation. Adam Lee responded that he understood the council requested the word be added.

Councilor Duson asked about an insurance provision. Adam responded that is not in the current ordinance but that is added in the proposed attachment. It is not required with registration.

Councilor Brenerman asked about the edits to chapter 10. Adam only provided the proposals vs. edits. Councilor Brenerman asked about the impact if the fee was $25 instead of $35. Julie clarified the reasoning and fee calculation based on assumptions, which is concerning in itself.

Public Comment on agenda item #3 opened at 6pm.

1) Brit Vitalis of the Southern Maine Landlord Association expressed support for the proposals and stated an insurance requirement would be a burden. He also supports the idea of a stakeholder group in the future. He also wanted to note a comment that Keith Gautreau made: "you don't want us in those buildings"
2) Carlton Winslow of the State Landlord Association supports a continuing stakeholders group and thinks any surplus should be used to keep costs low. He asked if fines go to the state instead of the municipality.
3) Stephen Scharf sees no reason why we shouldn't know how many buildings are in question for this program and takes issue with a January 1st start date as proposed in back-up material and thinks a $100 fine is excessive while also opposing any discounts to the program.

Public comment closed at 6:09pm.

The Chair would like to discuss issues with the committee and items members of the public brought up.
-fines go to the general fund.
-in Ch 10 the fire department would have access to more than just commercial space and buildings with 3 units or more.
-Keith Gautreau clarified his comment was related to single family homes that were not rental units.

Chair Suslovic opened the floor to committee members to discuss 1) ordinance changes and 2) an endorsement of organizational changes.

Ordinance Changes: a discussion was had regarding the use of the word "knowingly" and corporation counsel understood the enforcement of the work knowingly would be more than difficult. Councilor Duson moved to strike the word knowingly from the proposed ordinance changes and Councilor Costa seconded the motion. Councilor Suslovic was also in favor of striking the word knowingly and Councilor Brenerman opposed.

A discussion was had regarding the discount fee schedule and timing in order to meet proposed deadlines. The committee proposed to remove the fee schedule from the ordinance and direct staff and a stakeholder group to come back with a proposal and to do a public campaign to increase awareness of new requirements.

Councilor Costa moved strike the section for the City Manager to set the discount fee and Councilor Duson seconded. The motion passed unanimously of all present and staff will provide fee options.

January 1st is a voluntary requirement and Councilor Suslovic suggested a warning be issued in the first three months vs. a fine. Staff are asked to consider an ongoing stakeholder group as well as an annual program review to be shared with the public.

Councilor Duson said the purpose statement should have some reference to ensuring compliance (see attachment A in back-up material) and the committee unanimously agreed.

A discussion was had around the City being interested to know if a landlord has property insurance. Corporation Counsel clarified the City can't require someone to have insurance and it was mentioned it would be nice to know if a property owner or landlord did have insurance.

Chair Suslovic asked the committee to vote to pass ordinance changes to sections 6 and 10 as amended to the full council. The committee voted 4-0 with all in favor and would like the first reading of this item on the next council agenda.

Organizational Changes/workplan:

Councilor Duson would like the City to come up with frequency standards and add that to the staff recommendation column (see back-up material) and to include the fire department staff on pages 2 of 3 in the back-up materials. She also suggested a framework around a checklist for tenants and landlords like Regina Phillips did at King Middle School. Julie Sullivan responded that staff are working on it.

Councilor Brenerman asked a few questions to clarify the recommendations for the new office and asked what the public can expected for risk based inspections. Julie clarified that complaints will be triaged and risk is based on a multitude of factors to include building materials, known violations and availability of inspectors. Committee members asked for some idea of a guarantee of inspections and staff responded that specifics are not yet available but the goals of this proposal are clear to mitigate risk and protect life and property. The committee supports an ongoing stakeholders group where staff run the program and accept public input but continued regular meetings are not necessary.

Chair Suslovic proposed the September meeting of this committee discuss discounts and waivers along with a progress report. The committee would then review again in December. As a result of this meeting the council would receive the ordinance changes and the workplan/timeline as well.

Agenda Item #2 Quarterly Public Health Updates

Toho Soma provided an overview (see back-up materials) to include:

- a thank you to the Children's oral health program,
- a $25k grant from the Cohen Foundation,
- there have been 45 media stories about public health, most of which have been favorable
- a short discussion of state funding (Councilor Brenerman asked about staff potentially lost if a state shutdown occurred.

Toho would like to amend the smoking ordinance to any event in a public space where a permit is required. Adam Lee will send that to Jen Thompson. The City is also working on smoke being ventilated from private clubs. Councilor Suslovic will accept staff recommendation on action moving forward.

- At a site visit for accreditation 7 items were missed by the public health accreditation board. The Chair asked for a monthly update and identification of those items. Councilor Duson asked what they could do to help. Toho could only think of the City's Emergency Operations Plan that rests with Chief LaMoria as an item he could use help with.

Tim Cowen from Maine Health went over materials provided to include a slideshow handout and copy of the MaineHealth Health Index report of 2014 noting collaboration between Portland and Cumberland County. It was also noted Maine has some of the best statistics in drug take back events in the entire country. Tim thanked the committee for having him.

Councilor Duson noted the framework she asked for at the last meeting is missing from the June agenda. Chair Suslovic apologized and said he moved that to the July meeting because of the budget.

The Committee agreed to holding the next meeting on July 7th instead of 14th to accommodate schedules. Acting City Manager Sauschuck asked the committee for direction related to the shelter planning task force that Sheila created and it was agreed to add this to the July agenda for an update and committee discussion.

With no further business to attend to the meeting adjourned at 8:24pm

July 2015 Meeting, Public Safety Health and Human Services Committee
Quality of Life Update

Police Cadet Activity and Program Expansion

Our four police cadets have been very active and highly visible in the downtown area. The program was expanded this year from two to four cadets. The Portland Downtown District remains the sole funding source for this program. Cadets have been focusing on high visibility and interactions with the public and business community. They are primarily issuing warnings for violations they encounter, with the hope of gaining voluntary compliance. Summonses are expected to increase as repeat violators are identified.

Total: May 26th – July 2nd

- S/A Checks: 1765
- Ordinance Warnings: 369
- Drinking in Public Warnings: 195
- Marijuana Warnings: 71
- Business Contacts: 584
- Criminal Trespass: 3
- Summonses: 5

Brian and Hisham (Congress St. Corridor)

- S/A Checks: 822
- Ordinance Warnings: 165
- Drinking in Public Warnings: 88
- Marijuana Warnings: 24
- Business Contacts: 226
- Criminal Trespass (Public Property): 0
- Criminal Trespass (Private Property): 0
- Summonses: 1

Ben and Whitney (Old Port)

- S/A Checks: 943
- Ordinance Warnings: 204
- Drinking in Public Warnings: 107
- Marijuana Warnings: 47
- Business Contacts: 358
- Criminal Trespass (Public Property): 2
- Criminal Trespass (Private Property): 1
- Summonses: 4

Motorcycle Noise and Enforcement Efforts

A press release was issued in May to alert the public that motorcycle noise enforcement will be taken seriously. As with all laws we enforce, voluntary compliance is the backbone. The number of tickets issued has always been low but we are seeing more motorcycles inspected than ever before. This is a sign of better compliance with exhaust laws. Excessive noise is still a problem for some residents and will likely continue. This is because every motorcycle, even those with a legal exhaust, are capable of producing very load throttle and acceleration noise. While this is illegal it is difficult to enforce, especially in groups of riders. The sound level is difficult to quantify in trial and officers frequently loose these cases in court.

2014

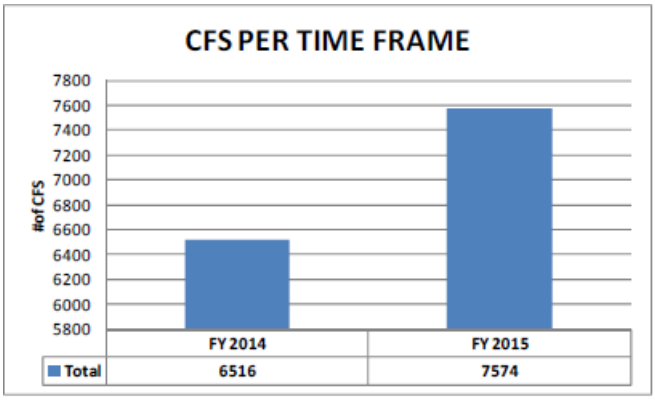
- Inspection Sticker: 18
- Unnecessary Noise: 21

2015 (Year to Date)

- Inspection Sticker: 8
- Unnecessary Noise: 4

Public Nuisance Calls:

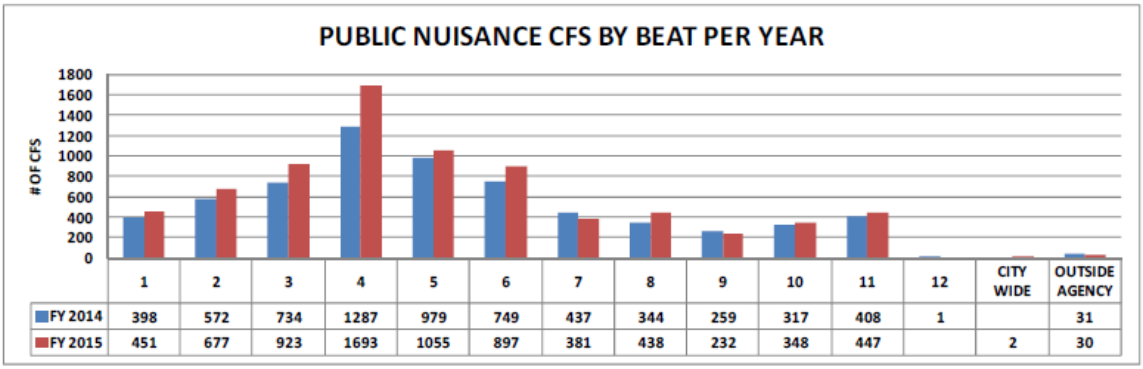
Public Nuisance calls are trending higher this year across virtually all neighborhoods with the most significant increase in the Bayside, Old Port, and Parkside areas. Prostitution and panhandling complaints are two areas that have shown a decrease. Two officers have been assigned to a summer foot beat, placing emphasis on the Congress Street corridor and Old Port. They are supplemented by four police cadets.



Portland Police Department Public Nuisance Calls for Service FY 2014 vs. FY 2015

CALL TYPE	CALL TOTALS
FY 2014	**6516**
DRINKING IN PUBLIC	318
DRUG POSSESSION	256
DRUG SALE/MANUFACTURE	123
FIGHT	534
FIGHT/WEAPONS INVOLVED	15
GRAFFITI	63
INDECENT EXPOSURE	150
INTOXICATED PERSON	1087
LAYOUT/INCAPACITATED PERSON	11
PANHANDLER	240
PERSONS BOTHERING	1288
PROSTITUTION	53
SUSPICIOUS ACTIVITY	2378
FY 2015	**7574**
DRINKING IN PUBLIC	469
DRUG POSSESSION	320
DRUG SALE/MANUFACTURE	132
FIGHT	693
FIGHT/WEAPONS INVOLVED	8
GRAFFITI	107
INDECENT EXPOSURE	185
INTOXICATED PERSON	1287
LAYOUT/INCAPACITATED PERSON	35
PANHANDLER	190
PERSONS BOTHERING	1775
PROSTITUTION	32
SUSPICIOUS ACTIVITY	2341
Grand Total	**14090**

The average increase per call type for FY 2014 was 81 CFS. Specifically DIP, Fights, Intoxicated Person, and Persons bothering drove up the rate of increase.

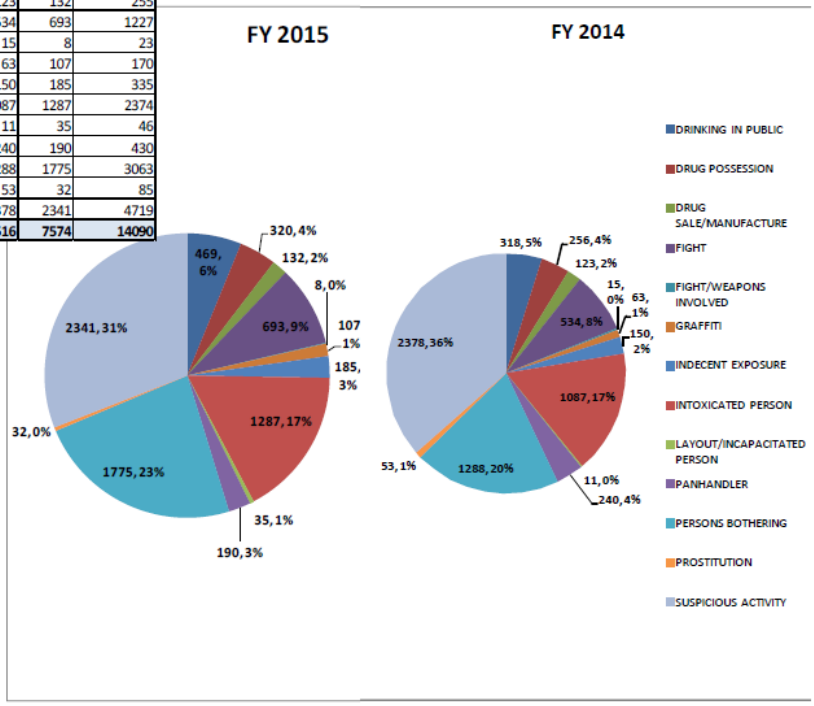


Portland, Maine Police Department Calls for Service: FY 2014 vs. FY 2015

CRIME ANALYSIS

Portland Police Department
Public Nuisance CFS
FY 2014 vs. FY 2015

CALL TYPE	FY 2014	FY 2015	Grand Total
DRINKING IN PUBLIC	318	469	787
DRUG POSSESSION	256	320	576
DRUG SALE/MANUFACTURE	123	132	255
FIGHT	534	693	1227
FIGHT/WEAPONS INVOLVED	15	8	23
GRAFFITI	63	107	170
INDECENT EXPOSURE	150	185	335
INTOXICATED PERSON	1087	1287	2374
LAYOUT/INCAPACITATED PERSON	11	35	46
PANHANDLER	240	190	430
PERSONS BOTHERING	1288	1775	3063
PROSTITUTION	53	32	85
SUSPICIOUS ACTIVITY	2378	2341	4719
Grand Total	**6516**	**7574**	**14090**



Portland, Maine Police Department Public Nuisance calls for service FY 2014 vs. FY 2015

Graffiti Update:

Graffiti reports are trending higher this year, up from 63 to 107. Efforts to track trends and ensure timely removal continue. Graffiti Busters remains the primary clean-up group and the Neighborhood prosecutor continues his efforts to advise property owners of the need to remove graffiti promptly.

Part I Crime trends:

Part I crimes include both property and violent crimes. Overall we are experiencing a 14% reduction year to date. This is directly attributed to a reduction in 19% reduction in thefts. Robberies trending higher. To date we have seen 48 robberies compared to 33 for the same period last year. Trends identified included street robberies in the west end section of the City and four related bank robberies. We have increased patrols of all types in the west end and noted a marked reduction in robbery activity in recent weeks.

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Public Services Department
Michael J. Bobinsky

To: Public Safety Committee
From: Michael Bobinsky, Director of Public Services
Date: July 7, 2015
Re: Graffiti

The purpose of this memorandum is to outline the increased reports of graffiti in the City of Portland and describe how the Department of Public Services responds to those types of service requests.

Graffiti removal requests come from a variety of sources including Police Dispatch, Public Services Dispatch, See Click Fix reports and reports directly to Learning Works.

Since April 2011, Public Services has issued 657 work orders for graffiti removal and as of July 7, 2015, 40 graffiti work orders remain open with more work requests coming in daily. Public Services graffiti work orders are assigned based on location and graffiti type. Public Services responds to graffiti in public spaces with a focus on mail boxes, utility boxes, Big Belly trash containers, street signs, and equipment. In general, Solid Waste handles Big Belly graffiti, Traffic handles graffiti on traffic signs and signal boxes, PDD handles graffiti within the PDD area, and our Streets - Districting responds to miscellaneous graffiti.

Learning Works responds to the larger incidents of graffiti on brick and mortar type surfaces. Learning Work personnel also responds to graffiti on private property. Learning Works began work this spring with 50 active work orders, more than double their average of 20 works orders. Throughout this spring, Learning Works backlog of graffiti removal requests grew to 100. As of July 7, 2015, Learning Works has 60 open work orders comprised of public and private removal requests.

Public Services and Learning works are both reporting a significant increase in graffiti this year. In response, Learning Works is working towards a second graffiti response truck which will double their presence in the City. Public Services, Fleet Services Division is assisting in a vehicle search

Executive Department
Julie Sullivan, Acting Chief of Staff

Shelter Planning Task Force
Best Practices Review
June 10, 2015

Summary:

More than 50 articles and web sites were reviewed in order to understand the state of the art in emergency shelters. (Significantly, none of the programs examined included a municipally-run shelter.) Programs and studies consistently emphasized the same approach: moving away from emergency shelter and toward coordinated triage and assessment, emphasizing housing first/permanent supportive housing for the chronically homeless, and rapid re-housing for the more short-term homeless. While there is agreement, of course, as to the ongoing need for some amount of emergency shelter services, resources should be more heavily invested in housing and supportive services than in increasing shelter capacity.

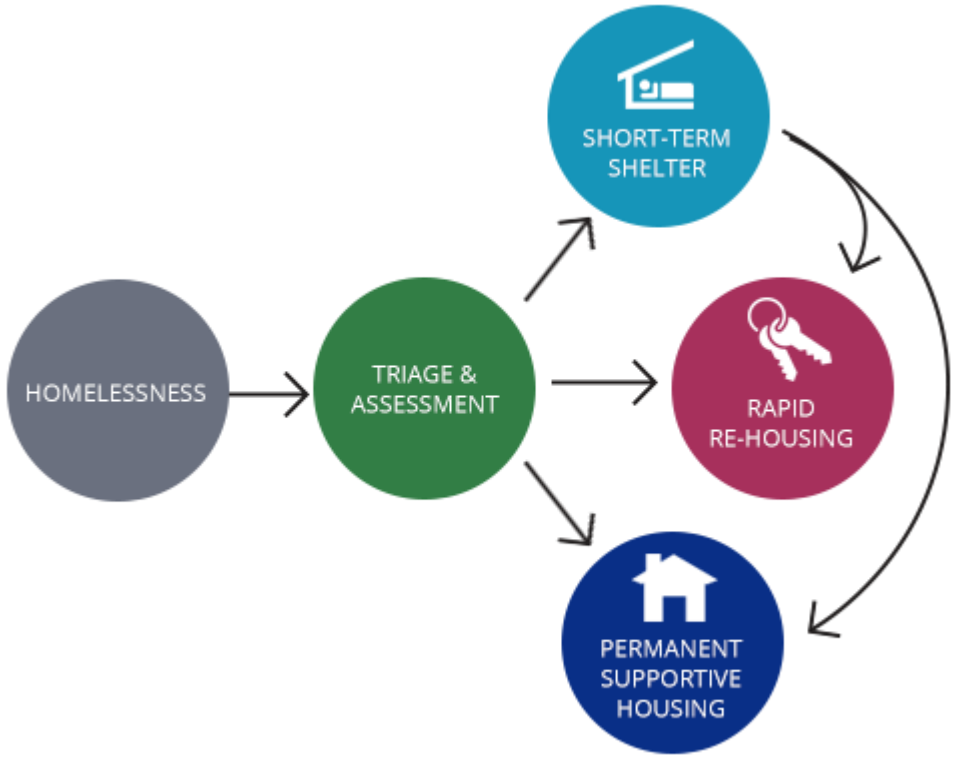
The preponderance of data and best practices suggests that this Task Force may consider adjusting the scope of work to pick up where the prior Task Force to Prevent and End Homelessness left off, i.e., to focus on key elements of that plan coupled with the emphases in the national literature and best practice database. Thus, perhaps this Task Force focuses not specifically on emergency shelter planning, but on improving the current system in the areas of:

1. Coordinated triage/assessment
2. Housing and supportive services, and
3. Rapid re-housing/secondary homelessness prevention

The Emergency Shelter Assessment Committee (ESAC) has assumed the lead role in coordinating the current amplified effort to house the longest-term stayers from the Oxford Street Shelter. How is this working? Is there a better way to coordinate and ensure accountability? Is there a better way to allocate resources? Looking longer term, is there a more sustainable approach to housing the longest-term stayers? Should certain organizations specialize in specific functions – e.g., the City is responsible for housing placement, OA/Amistad provide supportive services, Preble Street and Milestone collaborate with the City on coordinated triage/assessment?

Best practices:

This graphic from the Massachusetts Housing & Shelter Alliance best captures the key components of best practice models from around the country:



Working in 2011-2012, the City's Task Force to Prevent and End Homelessness had a broad charge. The most relevant recommendations were:

1. Centralized intake process for triage and assessment
2. Increasing available Housing First buildings
3. Increasing case management services

Due to turnover at the City at multiple levels, implementation and evaluation of the recommendations has been less than ideal. It is unclear at this time what, if anything, has been done on these points, and thus could be a useful focus of discussion for the Shelter Planning Task Force.

The U.S. Housing and Urban Development (HUD) agency requires **coordinated assessment** systems (HUD Coordinated Entry Policy Brief, February 2015). Focusing on coordinated, versus centralized, seems a good point for the Task Force to consider, given the many points of access into the current system in Portland. https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf

Coordinated assessment can increase the efficiency in moving people from homelessness into successful housing placements by:

- Moving people through the system faster, by reducing the amount of time spent trying different programs/approaches before finding the right match
- Reducing new entries into homelessness by consistently offering prevention and diversion resources up front to keep people from becoming homeless
- Improving data collection and quality and providing accurate information as to what types of assistance consumers need

The National Alliance to End Homelessness has a coordinated assessment toolkit:
http://www.endhomelessness.org/library/entry/coordinated-assessment-toolkit

It is critical to have an objective process to prioritize housing first services.

http://sfpublicpress.org/news/2014-10/promise-of-supportive-housing-for-homeless-faces-reality-of-short-supply

MaineHousing recommends the use of VISPDAT.
http://100khomes.org/sites/default/files/SPDAT_Evidence_Brief%20(1).pdf

U.S. Interagency Council on Homelessness:
http://usich.gov/usich_resources/solutions/explore/coordinated_entry

How is Portland coordinating triage and assessment?

Housing First is a proven method of ending all types of homelessness and is the most effective approach to ending chronic homelessness. The U.S. Interagency Council on Homelessness has created a Housing First checklist that may be helpful in assisting this Task Force with improving current efforts:
http://usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf

The peer-reviewed journal *Prehospital Emergency Care* includes a paper examining the use of EMS services by supportive housing tenants before and after being housed. University of Washington researchers found an average reduction of 54% in the number of contacts with EMS in the two years after obtaining housing. Housing First is Associated with Reduced Use of Emergency Medical Services - Prehospital Emergency Care (Volume 18 | No.4, October-December 2014)

A study of housing retention among residents who were chronically homeless and affected by long-term severe alcohol problems found that clients were both interested in housing and able to retain it over the two-year study period. Residents had not actively sought out this housing, but were found and offered the housing opportunity by staff. Many of them reported that they did not believe they could have succeeded in abstinence-based housing, and continued alcohol use did not predict housing failure. Housing Retention in Single-Site Housing First for Chronically Homeless Individuals with Severe Alcohol Problems - American Journal of Public Health (Volume 103 | Issue S2, December 2013)

Research published in the American Journal of Public Health shows decreases in alcohol use and alcohol-related problems in a housing first program. The results provide a strong rebuttal to the "enabling" hypothesis, which held that providing alcohol-dependent people with housing where they were not prohibited from drinking would cause them to drink even more and experience more dire consequences as a result. Project-Based Housing First for Chronically Homeless Individuals With Alcohol Problems: Within-Subjects Analyses of 2-Year Alcohol Trajectories - American Journal of Public Health. (Volume 102 | Issue 3, March 2012)

A study put out by the Corporation for Supportive Housing and Enterprise Community Partners examines the costs of permanent supportive housing, examining 20 projects ranging in size from 24 to 96 units, from New York to Los Angeles. Permanent Supportive Housing: An Operating Cost Analysis - (September 2011)

The first-ever national study to examine Housing First programs looked at participants in three programs around the country. Participants had high levels of housing stability: 84% were in housing after 12 months. The findings demonstrate that Housing First programs are successfully housing people with serious mental illness and that intensive, ongoing services and housing subsidies are a critical component. HUD: The Applicability of Housing First Models to Homeless Persons with Serious Mental Illness - (July 2007)

Housing stability among homeless individuals with serious mental illness participating in housing first programs - Journal of Community Psychology (Vol. 37 | Issue 3, March 3, 2009)

Pine Street Inn in Boston is working to expand housing for chronically homeless adults while simultaneously reducing demand for emergency shelter beds. Their goal is to change the present housing-to-shelter ratio from 50:50 to one that is weighted toward housing at 65:35. They are relying on private philanthropic support to fund this. http://www.pinestreetinn.org/campaign_why_housing

What does Portland need to expand the Housing First approach?

Supportive services are an integral part of ensuring consumers' success in housing. The U.S. Substance Abuse and Mental Health Services Administration describes most supportive services as delivered in multidisciplinary teams or a combination of team-based and referred services. For example, the case management model at Pine Street Inn, Boston, MA, includes a formal transition from intensive case management to less intensive support as consumers stabilize in housing. Formalizing this case management approach allowed staff to provide customized support to consumers during the critical time when they first transition from homelessness to housing. Pine Street Inn shared their greatest accomplishments as "Seeing people coming straight from the street who have been avoiding housing and services for decades coming in and accessing services and enjoying their neighbors in housing" indicating the effectiveness of this approach.

Services include: outreach and engagement; case management services; clinical services; income support; housing retention supports; development of independent living skills; supported employment; and peer support. Several specific services are cited as particularly helpful in stabilizing consumers in their homes. These include: º mental health and substance use treatment (e.g., increasing access to mental health and substance use treatment, crisis intervention, and relapse prevention for untreated individuals or intermittently treated prior to housing); º therapeutic communities (e.g., staff and peers working collectively with consumers); º advocacy (e.g., working with landlords to address disruptive tenant behaviors and prevent eviction); º benefits coordination (e.g., hiring benefits coordinators, training staff in Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) acquisition); and º life skills training (e.g., hiring staff to assist consumers in learning to budget money, maintain a clean home, and how to adjust to "living indoors").

http://homeless.samhsa.gov/ResourceFiles/4ehdqfnb.pdf

http://www.homelesshub.ca/performancemanagement

What does Portland need to do to ensure sufficient supportive services?

MaineHousing provided the following survey of **relevant models**, starting with a description of the Oxford Street Shelter to serve as a frame of reference.

This is a brief examination of a small sample of emergency homeless shelters from different regions throughout the country looking at the following areas: Scope of Services, Structure and Funding & Governance. If the committee members would like additional information, Maine Housing staff will provide the group with evidence of best practices and what is working in different communities around the country as well as here in Maine.

Portland, ME – Oxford Street Shelter (OSS)

Structure: A low barrier (folks under the influence can be admitted), co-ed emergency shelter for single adults. OSS is a municipally operated shelter. There is one main shelter site (154 max) with flexibility to open overflow shelters or "warming centers" as needed. Several other shelters operate in Portland that serves intoxicated individuals, teens, women, families and victims of domestic violence.

Scope of Services: Housing focused case management is offered to the shelter's longest term stayers and most vulnerable clients. The housing first model has been adopted by housing counselors at OSS. Additional housing services are offered through Maine Housing's Home to Stay program. Clinical services are available on site from a licensed clinical social worker.

Funding and Governance: OSS is funded primarily through two sources, Maine Housing money (bed night reimbursement and Home to Stay) and general assistance funds from the State of Maine. OSS has a very small "client fund" account for when donations come in. The client fund is used to procure small items for clients (toiletries, clothes, rental application fees). OSS is under the umbrella of the City's Department of Health and Human Services, Social Services Division. OSS staff report to the Social Services Division Administrator, HHS Department Head and Senior City leadership (City Manager, City

Council). OSS is also an active member of the Emergency Shelter Assessment Committee, Region One Homeless Council and the Statewide Homeless Council.

Burlington, VT – Committee on Temporary Shelter (COTS)

Structure: A high barrier (folks under the influence are not permitted) shelter system that serves both families and individuals at several sites in Burlington. Shelter for single adults is offered at the Waystation Shelter which has 36 beds. Shelter for families is offered at two sites, the Firehouse Shelter and the Main Street Shelter with capacity for 15 families. COTS require clients to save a portion of their income in order to access shelter services (70% singles, 40% families). During winter months, an overflow shelter is opened and operated by the local CAP agency. The winter overflow shelter is low barrier and people under the influence are welcome.

Scope of Service: COTS provides emergency shelter services, case management services which are focused on generalist case management (goal of 4-6 months to locate housing), homeless diversion services, transitional housing and permanent housing. Transitional housing is offered at two locations. One location has seven beds and the other offers 12 beds for formerly homeless veterans. Both programs require an ability to live independently. COTS offers permanent housing (the term permanent SUPPORTIVE housing is not used on the website) at two locations. 18 SRO's at one location and 28 units at the other. COTS uses a large portion of their resources for homeless prevention services. According to their website, COTS prevention programs have diverted over 2,000 households from homelessness. They provide assistance with rental arrears, mortgage arrears, security deposits and security deposit loans.

When COTS in Burlington reaches capacity, there is an overflow shelter that operates during winter months only (closes April 3). The overflow shelter is at a different location and has a twenty bed capacity (12 men, 8 women), but can also function as a "warming center" if needed (the capacity was stated to be "as many as we can fit"). The overflow shelter is operated in a building donated by Champlain College and operated by the Champlain Valley Office of Economic Opportunity. The shelter is open 7 nights a week from 6pm-7am and is staffed totally by volunteers. The State will also provide hotel rooms in some situations… I'm trying to find more info on this. This is the only overflow shelter I can find in Burlington and it seems to serve as the overflow shelter for all the shelters in Burlington. Here is a link with a story regarding the overflow:
http://helpinghousevt.org/category/warming-center/

**Pathways to Housing provides cutting edge housing first services in Burlington and other areas in Vermont, Maine Housing staff can provide more information if requested.*

Funding and Governance: COTS has a total revenue of $3,374,028 (FY 2014)

Individual and Business – 32%, $1,074,561

Federal Grants – 22%, $728,006

Foundations – 15%, $499,803

Rental Income - 10%, $344,341

State Grants – 6%, $208,075

VA – 7%, $237,883

United Way – 4%, $123,681

Other – 4%, $157,678

Expenses, $3,374,028

Adult Shelters – 16%, $546,533

Prevention – 12%, $384,302

Family Shelters – 24%, $789,007

Administration – 7%, $239,751

Development – 11%, $381,290

Housing Facilities – 15%, $469,678

Re-housing & Support Services – 15%, $454,029

COTS is governed by a board of directors. The executive director; and other departmental directors report to the board.

Salt Lake City, UT – The Road Home

Structure: The Road Home is the largest shelter in Utah. They offer shelter services for adult males, adult females and families. In FY 2014, the Road Home provided emergency shelter for over 7,000 individuals. The Road Home does not turn people away when they are in need for shelter services. During winter months, the Road Home opens an overflow family shelter in a nearby town.

Scope of Service: The Road Home has embraced the housing first model and is a large part of the groundbreaking work done in Utah. As the largest shelter in Utah, the Road Home was a key player in developing Utah's Ten Year Plan to End Chronic Homelessness, as well as the proclamation of reaching functional zero for chronic veterans. The Road Home targeted chronically homeless veterans (over 150 placements) with a group specifically targeting this population. The Road Home has seen an 18% increase in housing placements, and a 35% increase in rapid re-housing services, which they apply to their work with the chronically homeless. The Road Home also has funding from SAMSHA for street outreach to Salt Lake's most chronically homeless unsheltered individuals. The Road Home provides case management, housing counseling and permanent supportive housing services for homeless people in Salt Lake City. Permanent Supportive Housing is provided through Palmer Court, an

apartment complex owned by the Road Home and has the capacity to house 318 individuals and families.

Funding and Governance: $13,666,306 Revenue (FY 2014)

Private Contribution – 41.25%, $6,655,598

Federal Dollars – 26.04%, $3,558,246

Local Government – 11.11%, $1,518,905

State – 14.15%, 1,933,557

Expenses (FY 2014)

Supportive Shelter Services – 41.25%, $5,637,922

Deferred Revenue – 5.57%, $760,401

Rental/Deposit Assistance – 20.65%, $2,822,580

Administration – 5.13%, $700,980

Housing Services – 27.4%, $3,744,423

The Road Home has an executive director and board of directors as you would expect from a non-profit agency. The Road Home also plays an important role in Utah's Ten Year Plan to End Chronic Homelessness which requires collaboration with the State of Utah, City of Salt Lake, and other area agencies which comes along with performance measures and accountability to the community. **Utah's work with the chronically homeless has made national headlines and is seen as one of the prime examples of how to develop and execute a long term plan to address the issue of chronic homelessness in a community. Maine Housing staff will provide more information if the task force requests it.*

Bangor, ME – Penobscot County Health Center (PCHC) Hope House

Structure: Hope House is the largest homeless shelter in Bangor. Hope House serves male and female adults. Hope House operates 54 emergency shelter beds. Hope House is a low barrier shelter, and allows people to stay even if they are under the influence of drugs and/or alcohol. Meals are also provided on site. Hope House also provides 48 SRO transitional housing beds and a medical clinic on site. Hope House operates under the umbrella of PCHC, a provider of health services in Bangor.

Scope of Service: Hope House provides a wide variety of services. Transitional housing, health care, clinical services, case management and housing counseling are offered for shelter guests. Hope House is a proponent of the Shelter System Change initiative which has led to a revamping of the intake

process, including the Vulnerability Index Service Prioritization Decision Assessment Tool (VI-SPDAT) which is resulting in more rapid referrals to appropriate resources based on the intake assessment's results. Hope House has started a Long Term Stayer group in partnership with other community agencies that is targeting services to the most chronically homeless folks in Bangor; regardless of if they are in the shelter system or camping out. Due to focusing resources on the appropriate clients and rapid re-housing, the wait for Shelter Plus Care subsidies has gone from 180 days to 90 days.

Funding and Governance: Hope House is funded from several sources. They receive a small portion of funding from general assistance (GA) bed night reimbursement. The bulk of shelter funding is Maine Housing funds. Revenue is also generated from the 48 units of transitional housing units. The monthly rent for these units is $400 per month. 61% of the SRO units are self-pay, the remaining tenants use GA or other voucher based assistance to pay the rent. Housing navigation funds are provided through Maine Housing's Home to Stay program. Some costs are also covered from other sources within PCHC. Board of Directors and Executive Leadership (http://pchc.com/about-pchc/executive-and-clinical-leadership/) oversee 16 community health organization sites. The Hope House Health and Living Center, one of those sites (Hope House) has a shelter director, under guidance from the Chief Psychiatric Officer, and is trifurcated to: Shelter, Health Center, and Transitional Housing, each with supervisory leaders managing operations. Hope House is an active member of the Maine CoC, regional homeless council and statewide homeless council.

Hope House does have limited overflow during dangerously cold weather only. They used to have more capacity before they expanded their facility to include transitional housing SRO's and a new clinic. The Bangor City Council initially opposed the project, as a compromise PCHC agreed to only have the number of clients on the grounds equivalent to the number of beds available (54 shelter beds, 48 SRO's I think). When it is dangerously cold outside, they will put people in their lobby but they try to keep it very low key so as not to draw attention from the Council.

Additional Comments: While researching this project, Maine Housing staff discovered progressive work being done around the country. Communities such as Dayton, OH, West Virginia, Alameda, CA, Charlotte, NC and Rhode Island are all using cutting edge programming to end homelessness in their communities. Maine Housing staff is prepared to offer more detailed programmatic information if the committee finds it to be useful. Much of the progressive work being done at a community wide level and often not by stand alone, individual shelter providers. Coalitions to end homelessness, Continuums of Care and Government agencies are doing some exciting work streamlining services and making them more efficient.

Shelter Planning Task Force

Rev 6/22/15

Task		Timeframe
I. Organizational		
A. Create project plan with clearly defined scope and principles for decision-making	Julie	Apr 3
1. Proposed scope: The Shelter Planning Task Force is charged with recommending a model of emergency shelter services for adults that is feasible within available funding sources, uses resources as efficiently and effectively as possible, and serves in the best interest of people experiencing homelessness and the city as a whole.	Julie, with approval from Sheila	
2. Proposed decision-making principles: The task force will strive for consensus at each decision point and when finalizing the recommendations. When consensus cannot be achieved, majority and minority stances (5 people may constitute a minority stance) will both be noted. Individuals may also append a minority stance to the final recommendations. Final decisions regarding implementation rest with the City Council.	Julie, with approval from Task Force at first meeting	
B. Determine project stakeholders and technical experts	Julie, with approval from Sheila and Dawn	Apr 3
1. Proposed stakeholders:		
a. Kimberly Cook, off-peninsula rep, Deering Center		
b. Peter Driscoll, Amistad		
c. Nicole Evans, United Way of Greater Portland		
d. Bob Fowler, Milestone Foundation		
e. Jim Hanley, Chamber of Commerce rep		
f. Angela Havlin, City of Portland, Oxford St Shelter Director		
g. Bill Higgins, Homeless Voices for Justice		
h. Sean Kerwin, Bayside Neighborhood Association		
i. Dave MacLean, City of Portland, Social Services Div Director		
j. Norman Maze, Shalom House		
k. Tom McLaughlin, UNE		
l. Cindy Namer, MaineHousing		
m. Claude Rwaganje, refugee communities		
n. Cullen Ryan, CHOM		
o. Melissa Skahan, Mercy Hospital		
p. Jenny Stasio, Co-Chair, Region 1 Homeless Council		
q. Dawn Stiles, City of Portland, HHS Dept Director		
r. Mark Swann, Preble Street		
s. Mike Tarpinian, Opportunity Alliance		
t. Dana Totman, Avesta		
u. Dory Waxman		
2. Proposed technical experts: COP Zoning, COP Police, COP Fire, HUD		
C. Set target deadline for presentation to PSHHS Committee: September 8, 2015	Julie, with approval from Sheila and Councilor Suslovic	Apr 3
II. Services, structure and finances		
A. Assess current practices		

Task		Timeframe
1. Detail what services are provided at OSS, and what services are provided through linkages with other agencies	Angela Havlin, Mark Swann, Bob Fowler	Apr 29
2. Analyze what works well and what would need to change (added, modified, removed) among these services	Task Force	May 13, 27
3. Review revenue and expenses for OSS, relevant programming from Preble Street and Milestone	Angela, Mark, Bob	May 13, 27
B. Review best practices		June 10
1. Identify 3-5 similar municipalities with publicly- or privately-run adult emergency shelters; lists from MeSHA, HUD		
2. Examine their structure, scope of services, funding, governance		
3. Review national funding trends and program/policy best practices		
C. Review relevant local initiatives to understand how they fit with the Task Force's charge – ESAC longest-term stayer initiative, Statewide Homeless Council's coordinated entry process		June 24
III. Finances		July 8
A. Examine all available sources of emergency shelter funding – City, State, Federal, private		
B. Assess requirements of various funders		
C. Determine conservative estimate of funding available for emergency shelter services		
IV. Components of adult emergency shelter services model		July 22
A. What's working well, what needs more/change		
1. Coordinated entry – screening and assessment for services needed		
2. Housing placement		
3. Support services		
4. Emergency shelter		
B. Estimate of emergency shelter bed need		
V. Who does what, where		Aug 12
A. Shelter provider		
B. Location(s)		
C. Service partners		
VI. Review draft recommendations		Aug 26
VII. Present to PSHHS		Sept 8

Portland, Maine Yes. Life's good here.

Executive Department
Julie Sullivan, Acting Chief of Staff

MEMORANDUM

TO: Public Safety, Health and Human Services Committee, City Council
FROM: Julie Sullivan, Acting Chief of Staff
DATE: July 7, 2015
RE: Shelter Planning Task Force update

The Shelter Planning Task Force is charged with recommending a model of emergency shelter services for adults that is feasible within available funding sources, uses resources as efficiently and effectively as possible, and serves in the best interest of people experiencing homelessness and the city as a whole.

To that end, the task force began meeting twice a month starting April 29. The work plan/timeline is attached for your reference, which also includes a list of task force members.

The task force began its work by:

- Assessing current services, structure and budgets for adult emergency shelter services at the City's Oxford Street Shelter (OSS), overflow at Preble Street and the Social Services office at 195 Lancaster Street
- Reviewing national best practices in program and policy as well as funding trends (attached)
- Discussing relevant local initiatives, including the Statewide Homeless Council's coordinated entry process and the Portland Emergency Shelter Assessment Committee's support for housing OSS' longest-term stayers

At the next meeting (tomorrow), the task force will examine all currently available sources of adult emergency shelter funding, requirements of these funders, and come up with a conservative estimate of funding available.

During the upcoming meetings, the task force will:

- Discuss shelter eligibility
- Determine components of the adult emergency shelter services model (including coordinated entry, housing placement, support services, and emergency shelter) and estimate the shelter bed need
- Identify who should provide shelter services, in what location, and with which service partners

The task force is currently scheduled to present its recommendations to the Committee on September 8. To ensure adequate time to discuss the complex issues remaining, the task force is requesting an extension to the October or November Committee meeting.