
Fwd: Shelter policy

1 message

Jon Jennings <jpj@portlandmaine.gov>

Tue, Oct 8, 2019 at 5:21 AM

To: Adam Harr <ash@portlandmaine.gov>, Heather Brown <hbrown@portlandmaine.gov>, Kristen Dow <kjd@portlandmaine.gov>

FYI—for back up.

----- Forwarded message -----

From: **Nick Mavodones** <nmm@portlandmaine.gov>

Date: Mon, Oct 7, 2019 at 6:44 PM

Subject: Fwd: Shelter policy

To: Jon Jennings <jpj@portlandmaine.gov>

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From: **Ashley Creighton** <ashleyc2820@yahoo.com>

Date: Mon, Oct 7, 2019 at 6:43 PM

Subject: Fwd: Shelter policy

To: <jduson@portlandmaine.gov>, <nmm@portlandmaine.gov>

Sent from my iPhone

Begin forwarded message:

From: Ashley Creighton <ashleyc2820@yahoo.com>

Date: October 7, 2019 at 5:35:46 PM EDT

To: bsr@portlandmaine.gov, pali@portlandmaine.gov, bbatson@portlandmaine.gov

Cc: estrimling@portlandmaine.gov, Spencer Thibodeau <sthibodeau@portlandmaine.gov>,

kcook@portlandmaine.gov, Justin Costa <jcosta@portlandmaine.gov>

Subject: Shelter policy

Good Afternoon,

I just finished reading the shelter staff's recommendations for policy for the new homeless services center. I have attended and listened to all City Council meetings and HHS Committee meetings pertaining to the shelter, spoken with numerous advocates and learned more about policies of shelters across New England than I ever could have imagined. I must say, it is incredibly discouraging to read the recommendations put forth by the shelter staff. They are really not recommendations, more like a suggestion to leave everything the way it is and throw in a van for transportation. I cannot believe this is what has come out of all these discussions. Again, no community involvement and no speaking to experts across the nation about what works/what doesn't in a shelter located in a small city like Portland. When Riverton was chosen as the site, Councilor Ray promised us the shelter would be a "good neighbor". By not making any changes, you are ensuring that the same problems that plague Oxford Street will be transferred to the new shelter. The only difference will be a fancy new building. It's time to go back to the drawing board and to start listening to your constituents. I truly hope these are not the "recommendations" the HHS Committee chooses to put forth to the entire Council. We are quickly losing faith that there will be a successful outcome to this.

Ashley Souther

Sent from my iPhone

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Nick Mavodones City Council At-Large [389 Congress Street Portland ME 04101](#) (207) 874-8685
nmm@portlandmaine.gov Sent from Gmail Mobile

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October 8, 2019

Dear City of Portland Health and Human Services Committee,

My name is Donna Yellen and I am the Deputy Director at Preble Street. I am here to testify tonight in strong opposition to the committee's consideration to cap emergency shelter capacity and to restrict access to the Homeless Services Center to only registered guests sleeping at the shelter. In addition, I urge the committee to not rush this policy-making process, and to ensure there is ample opportunity for rigorous community discussion and input from people experiencing homelessness, service providers, and community members before a final proposal is forwarded to the full city council.

As you know, Preble Street is a human services agency founded on the principles of access for everyone and unconditional positive regard. Since 1975, Preble Street has served some of the most vulnerable people in Maine, working to turn hunger and homelessness into opportunity and hope through over a dozen low-barrier programs throughout the state. Preble Street provides round-the-clock services 365 days a year to not only meet urgent needs, but to empower people to move beyond the crises in their lives, and to build and advocate for solutions to homelessness, hunger, and poverty.

We all agree that too many people struggle with homelessness in Portland. We all want to see people get the housing and stability they need to thrive. But the reality is that people working service jobs, veterans with extremely low-incomes, seniors with limited fixed-incomes, people fleeing domestic violence, people who are victims of human trafficking, people with disabilities, people with mental illness and substance use disorders all struggle to find stable, permanent places to live. We believe that low-barrier, accessible shelter for every person experiencing homelessness is a critical housing intervention.

Emergency shelter provides critical support, safety, and community for people to access services and secure housing and get on a path to recovery. Providing low-barrier emergency shelter is the right decision for our city – it makes sense from humanitarian, health, social service, and fiscal perspectives. Providing people a place to rest, eat, sleep, and access services off the streets keeps Portland a thriving and welcoming city for all of us. Access to emergency shelter it keeps our city and communities safer and healthier.

However, right now, changes in policies and procedures are increasing barriers and leaving some of our most vulnerable community members out in the cold. As a result, we are seeing unprecedented numbers of people in our community sleeping outside. This is not a coincidence. While the number of people



experiencing homelessness and seeking emergency shelter and food supplies has remained relatively stable, due to an increase in the number of people restricted from the Oxford Street Shelter we see more people camping in the woods, sleeping on sidewalks, or curled up by storefront doorways.

When people don't have access to emergency shelter, it means they are left outside, unprotected and more vulnerable to inclement weather, violence, and trying to survive without basic needs. Across the city we are seeing more people sleeping in tents, on flimsy pieces of cardboard, and under thin blankets. As a result, people fall deeper into isolation, it becomes harder for service providers to engage people in programs, people are more susceptible to illness and disease, and ultimately our most vulnerable community members have a harder time struggling to stay alive.

It hurts us all to witness people outside, without a secure place to sleep, when as a community we know we have the resources to provide a place for everyone to be warm and safe. We witnessed one man forced to spend the last winter outside in a wheelchair.

Another man suffered burns on his skin when he had to use hand warmers to fight the cold.

An expecting mother was forced to go without a warm place to stay.

A man was restricted for urinating in bed due a medical issue that he was working with a caseworker to address.

Working with community partners, we have heard unprecedented reports of a sharp increase in people receiving Criminal Trespass Orders from Oxford Street Shelter this year. More people have received informal and medical restrictions, leaving people confused and hurt, outside without services 'until further notice.' Concerned by the number of people we see sleeping on the streets, we have worked with partners to conduct our own survey of people sleeping outside. In the limited areas around the Preble Street Resource Center, the waterfront, and East End we have counted 98 people sleeping outside. Of 45 individuals sleeping in the block surrounding the Resource Center, at least 25 individuals have received restrictions (presently or in the past) or have a partner who is restricted from the shelter. While Preble Street recognizes the importance of using CTOs and Suspension of Services to maintain safe spaces for staff and clients, of the people counted only 13% had received restrictions from Preble Street.

These procedures are leaving some of our most vulnerable community members outside. For example, of the 49 clients in a Preble Street Health Services program that provides low-barrier access to medication assisted treatment, 33 (67%) of these clients were restricted from Oxford Street Shelter at some point. Lack of shelter makes it more difficult for service providers to engage people in treatment and recovery as well as housing.

We are concerned that the policies being considered by this committee will further compound this problem and lead to more people being left outside to sleep on the streets. This is not necessary. As a community we have worked together for decades to successfully support vulnerable neighbors – to keep people sheltered, fed, and supported while they work to reconnect to housing and stability.

Preble Street remains committed to working with the city to ensure that the new Homeless Services Center remains an accessible, safe space where anyone experiencing homelessness can access the shelter and services they need to remain healthy and reconnect to housing and stability.

Why Hospitals Are Getting Into the Housing Business...

1 message

George Rheault <george.rheault@gmail.com>

Tue, Oct 22, 2019 at 12:35 PM

To: Ethan Strimling <estrimling@portlandmaine.gov>, Councilor Belinda Ray <bsr@portlandmaine.gov>, Pious Ali <pali@portlandmaine.gov>, Brian Batson <bbatson@portlandmaine.gov>, jduson <jduson@portlandmaine.gov>, Nicholas Mavodones <nmm@portlandmaine.gov>, Kim Cook <kcook@portlandmaine.gov>, Spencer Thibodeau <sthibodeau@portlandmaine.gov>, Justin Costa <jcosta@portlandmaine.gov>
Cc: Norman Maze <NMaze@shalomhouseinc.org>, Brian Townsend <briant@amistadinc.com>, Dan Coyne <dcoyne@unitedwaygp.org>, Aaron Geyer <aeg@portlandmaine.gov>, Sara Fleurant <skf@portlandmaine.gov>, jet@portlandmaine.gov, Vickey Rand <vickey@chomhousing.org>, Cullen Ryan <cullen@chomhousing.org>, Meredith Pesce <meredithp@amistadinc.com>, Christina Cook <christina.cook@opportunityalliance.org>, Sara Ewing-Merrill <sara@hopegateway.com>, HVJ Jim Devine <jameswdevine@yahoo.com>, jmcnally@milestone-recovery.org, Elizabeth Jackson <EJackson@greaterportlandhealth.org>, jennys@throughthesedoors.org, William Higgins <billhj5659@yahoo.com>, srandall54@yahoo.com, kseelen@unitedwaygp.org, cmg.bh.consulting@gmail.com, Frank D'Alessandro <frank@mejp.org>, Adam Harr <ash@portlandmaine.gov>, Peggy Lynch <plynch@preblestreet.org>, Donna Yellen <dyellen@preblestreet.org>, "Dill, Ginny" <vdill@shalomhouseinc.org>, Heather Zimmerman <hzimmerman@preblestreet.org>

ESAC meetings have become a great deal more substantive the last two meetings. As part of the discussion regarding exclusions (formal and informal) at the adult shelter, I referenced recent media attention regarding hospital corporations finally taking responsibility for curbing the often practiced, rarely punished, act of patient dumping.

I promised I would send a link around to help educate others on what I have been watching occur in other places the last few years. I figured I might as well send it to our City's policy-makers as well. The story linked here also has great embedded links to help understand the broader evolution of trends in this area: <https://khn.org/news/why-hospitals-are-getting-into-the-housing-business/>

For context, a number of shelter providers in Portland and elsewhere push back on irresponsible hospital patient releases by "medically restricting" certain individuals from shelter admission. While this is a good thing to keep hospital networks honest, it often results in human beings with complex medical needs being effectively treated as "hot potatoes" that no one wants to take responsibility for housing - either short-term or long-term.

Any update to Portland homeless policy should be fully cognizant of this situation and how policy should be shaped to ensure all stakeholders are taking it into account.

Cullen Ryan helpfully mentioned to ESAC participants after my remarks that the State Legislature may be considering a bill this session to address aspects of this situation. Hopefully ESAC and the City Council will be provided with more information as that effort unfolds.

Lastly, I find it important to note that Maine Medical Center just went through an extensive planning process for its Portland campus. In my view that process gave MMC most of what it wanted but was otherwise a serious disappointment for Portlanders. Much of that disappointment was in the area of housing (both for MMC employees as well as others including indigent customers of MMC) as the campus plan and its impacts on the surrounding neighborhoods created zero incentives OR requirements that MMC do more to ensure that people can live within its shadow (including employees who would rather not commute in every day).

Fwd: Shelter Policy

1 message

Kristen Dow <kjd@portlandmaine.gov>
To: Adam Harr <ash@portlandmaine.gov>
Cc: Jon Jennings <jpj@portlandmaine.gov>, Aaron Geyer <aeg@portlandmaine.gov>

Mon, Oct 28, 2019 at 5:30 PM

Adam, please add this to the backup materials.

Thank you,
Kristen

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

----- Forwarded message -----

From: **Anne Pringle** <oldmayor@maine.rr.com>
Date: Mon, Oct 28, 2019 at 5:25 PM
Subject: Shelter Policy
To: Ray, Belinda <bsr@portlandmaine.gov>, Brian Batson <bbatson@portlandmaine.gov>, Ali, Pious <pali@portlandmaine.gov>, Cook, Kim <kcook@portlandmaine.gov>
Cc: Thibodeau, Spencer <sthibodeau@portlandmaine.gov>, Dow, Kristen <kjd@portlandmaine.gov>, Fleurant, Sara <skf@portlandmaine.gov>

Hello All,

I am sorry that I was not able to attend the last Committee meeting on Shelter Policy and may not be able to attend tomorrow's meeting either.

Here are a few comments for your consideration:

~~It is not surprising that people involved in the homeless business do not support residency requirements. While I can understand the difficulty in enforcing such a requirement, I think the Council, as our policy body, should address this issue, not default it to providers. **WHY** should Portland continue to shelter so many people with no real connection to Portland?

~~As I understand it, Portland's has a low-barrier shelter, one of only a few such shelters (perhaps the only one) in the State of Maine. **WHY** should Portland be an outlier, accepting people from other areas who cannot be housed in their local shelters because those shelters have reasonable requirements? Just because we get more State money for being a low-barrier shelter, is it worth the "extended cost" to our community of sheltering and serving so many from other areas that have requirements?

~~It was stated in the 9/23 staff memo that communities with hard caps consider Portland their overflow shelter. **WHY** should Portland accept that role?! South Portland and Westbrook the highest number of non-Portland clients and I do not believe either has a shelter. **WHY** should Portland be the shelter for these abutting communities?

~~I am totally supportive of the Centralized Intake Model. I have quickly scanned the HUD document and would take it to another level. In light of the multiple needs of the vulnerable homeless (addictions, mental illness, chronic medical conditions, etc.), I think we need a concerted effort to actively connect them with services and follow up to assure that their lives are being improved by being connected to and following necessary services. This is not an easy undertaking because of the "it's their choice" issue, but I believe we must go beyond "housing first" to address other facts that affect and perpetuate homelessness.

~~And we need to develop much more detailed data collection, not just focus on housing secured, but lives improved in measurable ways. See this link to outcome measures from Bridge House Boulder, which runs several innovative and life-changing program for the homeless: <https://boulderbridgehouse.org/who-we-help/>

~~Finally, I have recently become aware that there is an increase in people being barred from the shelter for a variety of reasons and sleeping outside, including in our parks. We have seen an increase in campers adjacent to and in our parks, as well as overdose deaths and assaults among the homeless. This is not acceptable. The Emergency Shelter Assessment Committee is beginning to address this issue and I urge this Committee to also consider the issue of how shelter policy will impact people sleeping out. And how an increasing number of people sleeping out impact the community...

Thank you for our consideration of these comments and your diligent work to address these long-neglected policy issues.

Anne Pringle