

Emergency Shelter Assessment Committee

Meeting Minutes March 18, 2010

<i>Bob Duranleau</i>	City of Portland, Health & Human Services Department, Social Services Division
<i>Cindy Namer</i>	MaineHousing
<i>Doug Gardner</i>	City of Portland, Health & Human Services Department
<i>Aaron Geyer</i>	City of Portland, Health & Human Services Department, Social Services Division
<i>Josh O'Brien</i>	City of Portland, Health & Human Services Dept, Social Services Div, Oxford Street Shelter for Men
<i>Jon Bradley</i>	Preble Street
<i>Ginny Dill</i>	Shalom House
<i>Alex Thorn</i>	City of Portland, Health & Human Services Department, Health Care for the Homeless
<i>Danielle Gudroe</i>	The Salvation Army
<i>Jeff Tardif</i>	City of Portland, Health & Human Services Dept, Social Services Division, Family Shelter
<i>Maureen Clancy</i>	Mercy Hospital
<i>Kimberly Curry</i>	United Way
<i>Heather Treadwell</i>	Family Crisis Services
<i>Elizabeth Szatkowski</i>	Youth Alternatives Ingraham
<i>Susannah Harnden</i>	Youth Alternatives Ingraham
<i>Missy Leeman</i>	Milestone Foundation
<i>Tom Allan</i>	Milestone Foudnation
<i>Beth Eilers</i>	City of Portland, Health & Human Services Department, Health Care for the Homeless
<i>Linda Janson</i>	Step Up! Shelter Services
<i>Christine Ellis</i>	City of South Portland
<i>Bridget Mancini</i>	Cumberland County HPRP / PROP
<i>Heather Rhoda</i>	Frannie Peabody Center
<i>Kathleen Babeu</i>	City of South Portland
<i>Carrie Frost</i>	City of Portland, Health & Human Services Department, Public Health Division
<i>Sadie Knott</i>	Milestone Foundation
<i>Cullen Ryan</i>	Community Housing of Maine
<i>Patricia Schmidt</i>	Milestone Foundation
<i>Nancy Berg</i>	2-1-1 Maine
<i>Adrienne Whitaker</i>	Maine CDC
<i>Dr. Stephen Sears</i>	Maine CDC
<i>Jon Sheffield</i>	Frannie Peabody Center
<i>Caty Wilkey</i>	Cumberland County PROP / HPRP
<i>Rebecca Lamer</i>	PROP: Community Services
<i>Mary Beth Sullivan</i>	Preble Street, HPRP

I. Introductions

Bob Duranleau, ESAC Tri-Chair, welcomed everyone and brief introductions were made.

II. *February Bed Usage Statistics – Bob Duranleau*

Bob reviewed the monthly shelter statistics for February 2010:

	<u>February 2009</u>	<u>February 2010</u>
Adolescents	11 Individuals	14 Individuals
Adults	219 Individuals	220 Individuals
Families	<u>42 Individuals (17 Families)</u>	<u>67 Individuals (27 Families)</u>
Total	272 Individuals	301 Individuals

Adolescent Shelter

The total adolescent bed nights for February 2009 were 306 while the total bed nights for February 2010 were 390. These figures indicate an increase of 84 bed nights, or 27% between February 2009 and February 2010. Four (4) individuals stated that they were experiencing homelessness for the first time.

Adult Shelters

Adult Shelter bed nights usage increased by 0.5% in February 2010 compared to January 2009. Total bed night usage during February 2009 was 6117 while it was 6147 during February 2010, a difference of 30 bed nights.

During the month of February, there were 98 intakes at the Oxford Street Shelter for Men. An Intake or New Arrival is defined as an individual that has not stayed at the Shelter for a period of three (3) months or longer. Based on self-reporting, 56 individuals stated they had never been homeless before in February.

Oxford Street Shelter for Men Support Services team placed 7 individuals into permanent housing, with one (1) individual returning to the shelter within 90 days of housing placement.

Preble Street Women's Shelter served a total of 103 women during the month of February, including 29 new intakes. Based on self-reporting, 12 of these 29 intakes stated that they were experiencing homelessness for the first time.

The Shelter placed 13 individuals into housing, with 1 woman returning.

Family Shelters

There was a total of 1863 bed nights used for all Family Shelters in February 2010 as compared to 1631 bed nights in February 2009. This represents an increase of 14% in Family Shelter bed usage between February 2009 and February 2010.

The Family Shelter placed 13 families for a total of 40 individuals into housing in February.

The Family Shelter received 12 new families (intakes) for a total of 40 individuals in February. Based on self-reporting 6 families for a total of 22 individuals stated they had never been homeless before in February, of these 4 families for a total of 16 individuals were refugees.

First Time Homelessness

For the month of February 94 individuals, or 54% of all new intakes, reported experiencing homelessness for the first time.

Homelessness Prevention & Rapid Re-Housing (HPRP)

In the month of February 2010 the Portland HPRP Program housed 33 households, for a total of 55 individuals. These housing placements represent 1,303 bed nights at the Oxford Street Shelter for Men, 5,232 bed nights at the Preble Street Women's Shelter, and 3,190 bed nights at Milestone.

Bob handed out the 2-1-1 Maine Housing/Shelter Call statistics for the month of February. Nancy presented the 2-1-1 Maine information. There were calls for housing/shelter in all counties in the month of February, out of a total of calls. From July 2009 through February 2010 there were a total of calls for housing/shelter, versus calls for housing/shelter from July 2008 through February 2009. There were calls for housing/shelter in Cumberland County in the month of February, out of a total of calls. From July 2009 through February 2010 there were calls for housing/shelter, compared to from July 2008 through February 2009.

III. *Homelessness Prevention & rapid Re-Housing Program (HPRP) Updates –*

Josh mentioned that the Portland HPRP program is still going strong. He added that they haven't had to start a waitlist like other HPRP programs in the state have had to do. They will be taking a brief two (2) week break from taking new screening in order to get ready for the next quarterly report. Josh stated that it has been an intensive experience working with the high bed night clients at the Oxford Street Shelter for Men. He provided a handout which illustrates how much financial assistance has been expended through the end of February. He added that March will be the highest month to date, though it is not represented on the chart. Josh commented that the Portland HPRP team is doing a phenomenal job and that he appreciates all of the support from community providers. He is hopeful to continue the momentum and to continue to focus strategies on getting bed nights down.

Bridget reported for the Cumberland County HPRP program. She stated that the Cumberland County HPRP has served 80 people this quarter. They have been seeing an increase in referrals through the DHHS Family Housing Stabilization Program, referrals that the program would not normally see which has been an added benefit.

Cindy stated that statewide to March 15th, including Portland and Cumberland County, a total of 1500 people have been touched by HPRP funds, for roughly 980 households. She stated that the majority are receiving assistance via case management, rather than financial assistance; though, once people are in housing we'll see financial assistance go up as rental payments will be being made. Doug stated that this 1,500 people is approaching the total number expected to serve throughout the entire year. Cindy stated that these 1,500 people include everyone who has been seen, whether or not they received assistance, but only a very small amount of people haven't qualified for any assistance. Cindy mentioned that they have been working with Portland on data and creating additional reports to extrapolate data from so that they don't have to maintain multiple reporting systems. She stated that they are getting ready to do the next quarterly report and commented that she believes that it will be substantially better than the first quarter's report.

Bob mentioned that 30 cases in Portland have been referred to the DHHS Family Housing Stabilization program. Cindy stated that another 50 to 60 people have been helped through this program statewide, for an average of \$1,600 per household. Doug asked about the ability to extend past the September 30th end date. Cindy stated that this is not a possibility based on the Department of Health and Human Services available resources.

IV. *Preble Street Florence House Update – Jon Bradley*

Jon stated that Florence House has three (3) components: 25 individual apartment units for chronically homeless people who meet the criteria; 15 safe haven spaces, small semi-private space in the shelter, targeting chronically homeless women who are unwilling or unable to take the apartment units, can keep their belongings and won't have to move spaces; and shelter beds, which can accommodate a large overflow, totaling 40 beds. There are not as many shelter beds at Florence House, however there is a large overflow, accommodating 40 people downstairs, and potentially more (if safe haven beds are not filled with safe haven individuals). The shelter now will hopefully be focused on people who need shelter and not people who need housing, and who have the capacity to move out in a short period of time (as opposed to chronically homeless individuals). Jon gave an overview of the timeline for the opening of Florence House. He stated that they are hoping to move furniture in about a week, have staff there on March 29th, and plan to finish applications to move women into the apartment units on April 6th. People will move into the safe haven on April 7th, and the last night the Women's Shelter is open and the first night the shelter is open at Florence House will be on April 8th. Jon stated that the timeline is rapidly approaching. He mentioned that they have been in the process of identifying who will be in the

apartment units, and at this point the 25 people in the units have been identified. He stated they have also identified most of the people who will initially be encouraged to be in the safe haven. Job mentioned that that Safe Haven is seen as part of the shelter; thus they will not be taking referrals to the safe haven, instead they will identify people in the shelter who should be there. There will be an open house, scheduled for March 31st everyone will receive an email detailing the Florence House open house in advance. Jon added that they are starting to engage the clients with Florence House and stated that it should have an impact on Preble Street and other providers as it never closes, thus people won't have to leave unless they want to. Alex asked if the individuals in the apartments were going to be long-term placements, similar to Logan Place. Jon stated that the apartments are permanent housing, modeled on Logan Place. He mentioned that in the beginning there will be some women who won't like living in the apartment, and if people do well and don't want to be in that situation there may be some movement, similar to Logan Place, though it is considered permanent housing. Alex asked how beds in the shelter and safe haven will be reported on to ESAC. Cindy stated that they will be counting the safe haven beds in HMIS separately. Jon suggested reporting safe haven beds separately for ESAC monthly shelter statistics. Bob stated that if safe haven beds are used as overflow they should be counted as shelter beds and reported on. Jon stated that everyone in the safe haven would be living in the shelter if the safe haven wasn't an option, but it is important to count them and keep them separate. Cindy stated that the way it will be set up in HMIS it should be very easy to report on them separately. It was asked whether or not individuals in the safe haven will keep their homeless status. Jon stated that there has been confusion with HUD regulations as far as what it counts as, though originally the safe haven was deemed permanent housing. Jon stated that from the literature he's read he believes they will keep their homeless status, but this needs to be confirmed. Cindy mentioned that if individuals in the safe haven qualify for HPRP then they automatically retain their homeless status.

V. *Maine CDC – Shelter TB Control – Dr. Steven Sears & Adrian Whitaker*

Dr. Steven Sears stated that he and Adrienne are here to discuss Tuberculosis (TB) and inform everyone that in the last year two (2) cases of TB were identified (among people associated with homelessness) as being related to a specific strain which originated in 2003. He stated that TB is caused by a slow growing bacteria, or germ, usually infecting the lungs (but can infect any part of the body). People can be infected with the germ and may not show symptoms or get sick until years later. When people do become ill from TB certain genotyping can be done to determine what genotype it is and which strand of TB it originated from. With this specific strain of TB in 2003 there were no other genotype matches from 2005 onwards, until this past year when the two (2) were discovered in individuals associated with homelessness. This could indicate one of two things, either people are still infected from when they were exposed in 2003, or someone is still out there with the 2003 strain continuing to spread it.

Dr. Sears stated that they want to look at what's going on and identify a response and create the most effective partnership possible in identifying risk populations. Adrienne provided a handout detailing TB, symptoms, priority individuals, resources, and other information. Adrienne explained that TB is spread when someone with active TB speaks, coughs, or sneezes on someone else. Symptoms of TB include: cough lasting three (3) weeks or more, weight loss, night sweats, fever/chills, appetite loss, coughing up blood, chest pain and fatigue. She stated that it is hard to distinguish TB symptoms from other symptoms that are displayed within the homeless population, making it more difficult to identify TB symptoms conclusively. Adrienne mentioned that when two individuals with identical strains of TB are identified within a one year time frame it is constituted as an outbreak, according to the Maine CDC. There is a big push to try to find ways to identify risk populations. Thus far, 377 contacts (people who have had close contact with known to have TB or display TB symptoms) have been identified. They are now attempting to get all contacts tested, relying on partners in this group, particularly Milestone staff and clients, testing high, medium, and low risk people including Milestone shelter residents, and Health Care for the Homeless clients on the contact list. The Maine CDC Public Health Nursing Department has hired an outreach nurse, Brian, to aid in this effort. Once cases are identified they should be evaluated and referred as necessary. Shelters should refer symptomatic clients to Health Care for the Homeless or their PCP. Health Care for the Homeless will evaluate symptomatic clients and individuals without a PCP. Public Health Nursing is available to assist in bringing patients to receive care. Acutely symptomatic clients should be brought directly to the Emergency Room and report the incident to TB

control. The Maine Medical Center TB Clinic is available for routine TB evaluations. There are certain TB services which are provided at no cost to patients as well as incentives and case management (provided by Public Health Nursing), which Adrienne reviewed in the handout. Adrienne also reviewed the “Cough Alert Policy for Maine’s Homeless Shelters,” which includes a tool kit to help find active cases of TB and prevent the spread of TB to others, and the “What Your Shelter Can do to Prevent TB” checklist. Adrienne stated that maintaining logs or “bed lists” containing information regarding which specific beds clients slept in and who was in close proximity is imperative in identifying possible contacts. Doug stated that the tracking of where people stayed in beds is a minimum shelter standard, added as a regulation to aid in this specific measure. Carrie stated that screening staff annually at shelters would be a great preventative measure. Doug asked if they had given any thought to incentives for people who have completed screenings and/or testing, as well as ways of following up with people to ensure that they’ve maintained treatment, which lasts for up to nine (9) months. Adrienne stated that the public health nurse will be conducting follow up with clients, and stated that incentives are crucial especially with the homeless population. Dr. Sears stated that what’s important to remember is that this is not like any other infectious disease; it can take years for any symptoms to appear in cases of TB. It was asked how the information is going to be shared regarding who has already been identified as contacts and who has been screened and/or tested. Adrienne stated that this information can be sent electronically and password protected with minimum people allowed access. Tom stated that if there is a way to share this information in real time in an attempt to track this information it would be helpful. Beth asked that providers refer possible TB cases to Health Care for the Homeless and not the free clinic, as they are not equipped with the staff and resources necessary to handle it. Josh stated that the growing concern is that people are not compliant at Milestone with getting their tests read, and have been going to Oxford Street once denied at Milestone for noncompliance. Adrienne stated that they can definitely look into incentives for clients to return to have their tests read. Missy stated that staff has been attempting to work with the high priority individuals on multiple occasions, and after numerous attempts they then have been denied access to do noncompliance. Patricia stated that nurses have also been available during the day to plant clients and read them, in an effort to make the testing process as easy as possible. Bob asked if once Brian is trained as the new Outreach Nurse if he could attend and present for ESAC. Adrienne stated that she will plan to return in April and introduce Brian.

VI. *Salvation Army Life Skills Classes update – Danielle Gudroe*

Danielle Gudroe stated that the Salvation Army is reintroducing the life skills program. She stated that the target population for the pilot program will be the family shelter. The program will last six (6) weeks; the first week is the “Eat Well Program” with the University of Maine co-op; the second week will focus on stress, in collaboration with the Community Counseling Center; the third week will highlight shopping strategies; the fourth week focuses on career-related topics, in collaboration with the Career Center; the fifth week centers on parenting, partnering with Childcare Connections in Scarborough; the sixth and final week is “Making it Last,” which focuses on how to make the most of what you have and how to keep things maintained properly to achieve this. Danielle stated that specific class dates will be included in a brochure that will be sent out to everyone next week. The program begins on Wednesday, April 21st and concludes on Wednesday, May 26th. She stated that the classes will provide great resources and hopefully some good incentives for participants. Clients will need to pre-register for the program and must agree to come to all six (6) classes. She stated that the program will eventually expand with additional classes branching off of the initial program.

VII. *Annual Point in Time Survey Report – Cindy Namer*

Cindy stated that so far there was 100% participation and compliance in Portland. She stated that all required PIT surveys and HICs were completed and returned by all participants. All programs that opted to use service point have completed entering data, and everyone that submitted via paper forms have submitted their materials. Cindy mentioned that they are still working on BRAP and S+C numbers, which will be completed once the March batch upload is done. She stated that they have to factor in HPRP clients that were marked on the PIT to ensure that there is no duplicating on information. Currently they are working hard to make everything line up and match. Cindy mentioned that she hope to have drafts of the PIT and HICs to Bob by the end of March to be reviewed by the Portland CoC. This

year HUD is requiring CoCs to enter their information into the Homeless Data Exchange in April rather than during the CoC application. Cindy stated that they are still waiting to find out how this information is supposed to be submitted through the housing data exchange online. They plan to have everything in by the end of March and are hoping to have the final report done for April's ESAC meeting.

VIII. Other Business –

Cullen mentioned that two weeks ago the Governor formulated his new budget proposal. Due to favorable revenue projections the budget is turning towards very few cuts. The final budget will be decided within the next couple of days. ESAC members voted unanimously to send letters to the Appropriations and Health and Human Services Committees, which upheld our requests and fought the initially proposed cuts. Cullen ask that we take a vote to send letters to these committees thanking them for their support, state that they are heading in the right direction, and ask them to seek revenue increases to avoid the same problems next year. A vote was taken and ESAC members voted unanimously to send these letters to the committees. Cullen stated that he would send letter templates via email.

Susannah stated that 22 Park Ave just finished renovations. There are six (6) renovated apartments and a new multipurpose community space. Elizabeth mentioned that there will be an open house soon; invitations will be sent via email to ESAC members.

Bob asked members to send agenda requests to rmd@portlandmaine.gov or vls@portlandmaine.gov and reminded everyone that the next meeting is scheduled for April 15ht, 2010.

NEXT MEETING:

Thursday, April 15, 2010

8:30 – 10am

Refugee Services Area

190 Lancaster Street

Please contact Robert Duranleau, Health & Human Services Department, Social Services Division at 775-6315, extension 224; John Shoos, United Way at 874-1000, or Dee Clark, Preble Street at 775-0026; if you should have any agenda items for the next meeting.