

Emergency Shelter Assessment Committee

Meeting Minutes

May 21st, 2009

<i>Bob Duranleau</i>	City of Portland, Health & Human Services Department, Social Services Division
<i>Doug Gardner</i>	City of Portland, Health & Human Services Department
<i>Dee Clarke</i>	Preble Street Homeless Voices for Justice
<i>Tom Allan</i>	Milestone Foundation
<i>Cullen Ryan</i>	Community Housing of Maine
<i>Nancy Berg</i>	2-1-1 Maine
<i>Mary-Ellen Welch</i>	City of Portland, Midtown Community Policing, Portland Police Department
<i>Jeff Tardiff</i>	City of Portland, Health & Human Services Dept, Social Services Division, Family Shelter
<i>Aaron Shapiro</i>	Cumberland County
<i>Donna Yellen</i>	Preble Street
<i>Aaron Geyer</i>	City of Portland, Health & Human Services Department, Social Services Division
<i>Elizabeth Szatkowski</i>	Youth Alternatives Ingraham
<i>Cliff Marchant</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>Susan Violet</i>	Wayside Soup Kitchen, Food Rescue
<i>Jon Bradley</i>	Preble Street
<i>Ginny Dill</i>	Shalom House
<i>Kendra Danse</i>	Youth Alternatives Ingraham
<i>Stacy Carpenter</i>	Youth Alternatives Ingraham, The Bridge
<i>Susannah Harden</i>	Youth Alternatives Ingraham, 22 Park
<i>Leah Bruns</i>	PROP – The Homeless Project
<i>Maureen Clancy</i>	Mercy Hospital
<i>Heather Treadwell</i>	Family Crisis Services
<i>Cindy Namer</i>	MaineHousing
<i>Kathy Pratt</i>	Maine Department of Health & Human Services
<i>Beth Eilers</i>	City of Portland, Health & Human Services Dept, Public Health Div, Healthcare for the Homeless

I. Introductions

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

II. *H1N1 Flu Update – Best Practices for Shelters – Lisa Bondeson, Public Health Division*

Lisa discussed her job as well as best practices for shelters in regards to Swine Flu. Lisa is a field epidemiologist for the City of Portland Public Health Division and is under contract for the Maine Center for Disease Control. She administers infectious disease surveillance, and states that all positive lab results in Cumberland County are assigned to field epidemiologists who conduct investigations and determine action plans. Case investigations are conducted to collect information, protect others who are not ill, and make public health decisions/recommendations. Lisa stated that this past fall she began working with shelters in Portland. Information was disseminated regarding who the field epidemiologists are and how their services can be utilized to ensure the health and safety of everyone in and working at the shelters. A survey was created in order to construct pandemic planning, as well as for generic infectious disease surveillance. Lisa issued recommendations to shelters, which included asking questions regarding any draining fluid an individual may have, and inquiring about coughs that have lasted more than two weeks. She ensured that all shelters had protective masks and gloves and requested that shelters actually keep track of bed assignments to have a better record for close contact evaluations in infectious disease cases. Lisa stated that there is a disease reporting hotline (1-800-821-5821) through the state, a general number available twenty-four hours a day/seven days a week, available for anyone to call for disease consultation.

Lisa stated that currently there are eight confirmed Swine Flu cases in the state of Maine, and five probable cases. Probable cases are treated as confirmed cases, as 99% of all probable cases become confirmed. She added that there has not been a new probable or confirmed case for over a week. Lisa commented that the State is working on increasing the number of sentinel providers, as they are the people who swab for influenza, and thus can oversee the virus and watch for mutation. She provided handouts regarding Swine Flu and the homeless population to shelters, issuing specific recommendations, as well as specialized posters. General Swine Flu prevention posters made available by the Center for Disease Control included the line “stay home if you are sick,” which doesn’t apply to the homeless population, thus specific posters were provided to shelters. Other information that shelters received included contact information for 2-1-1 Maine, the Center for Disease Control’s website (www.CDC.gov), as well as the Maine CDC website. She stated that what is most important to keep in mind with Swine flu is that recommendations are changing daily; a recommendation made in the morning may differ from one made later that same afternoon as more information is gathered. Passive surveillance has been recommended for shelters. If there is an individual in the shelter with respiratory symptoms Lisa recommends discussing these symptoms and to make referrals for medical exams as necessary. Recommendations for shelter staff include having the individual exhibiting symptoms tested and to call the 1-800 number (1-800-821-5821). Additionally, Lisa stated that shelter staff should thoroughly clean all surface areas, as although it is a respiratory virus and one can breathe it in, a person can also pick it up by touching surfaces and then touching his/her mouth. Shelters should also maintain a stock pile of appropriate supplies. She mentioned that the issue is attempting to isolate an individual in the shelter in the instance of a confirmed case of Swine Flu, as very few shelters have the ability to properly do this. Lisa mentioned that the Oxford Street Shelter for Men emailed her stating that there was a person exhibiting respiratory symptoms, and that the individual had been tested for Swine flu. Lisa then gave this information to the State, and in the end the results came back negative. She stated that negative lab results are handled through the normal procedures, with the information going directly to the medical provider. Alongside, she stated that there are still several people testing positive for seasonal influenza, despite the fact that Flu Season has ended. Dee asked if an individual has been coughing for two weeks should he/she be looked at by a medical professional? Lisa mentioned that homeless cases can be more difficult as Pertussis and TB can be common, which both include coughing for an extended period of time amongst their symptoms. If someone has been coughing for over two weeks it can be a signal that something else may be going on. Similarly, a person with COPD may experience a persistent cough, however if it has gotten more severe it would be advisable to seek consultation. Donna asked about protocol for Swine Flu in regards to

confidentiality. Lisa stated that HIPPA laws are still in effect in regards to Swine Flu; however, field epidemiologists are exempt from HIPPA laws as far as information being available to them. If one identifies a homeless person with an infectious disease one is required to report it, as it becomes public health versus the individual's personal rights. She stated that if anyone has a client that you suspect may have an infectious disease that the first move should be contacting her. From there, she can gather any necessary information that is available and report back to staff whether or not there is an issue. Doug asked where the majority of reports originally come from. Lisa stated that more than 95% of the time they come from confirmed lab reports, as licensed providers are required to report suspect issues. Dee asked about concerned members of the public calling the 1-800 number. Lisa stated that concerned individuals can call the number; however they won't receive any form of confirmation regarding the situation they are inquiring about. Cliff asked what the difference is between Swine Flu and Seasonal Flu. Lisa explained that the Seasonal Flu passes around year to year thus people are exposed to it and build up a certain amount of immunity. Vaccines are also available for seasonal influenza. What is different with the Swine Flu is that worldwide there has been no exposure to it until now, thus no immunity has been built up and if a person contracts the virus the body has no defense system to protect the individual. Additionally, the virus has the ability to develop a tolerance, therefore making the drug treating it ineffective, the virus can mutate as well. Lisa mentioned that it could be anywhere from November to as late as January before a vaccine is available. Lisa concluded by stating that if anyone should have any questions he/she is always welcome to call the 1-800 number (1-800-821-5821).

III. *April Bed Usage Statistics – Bob Duranleau*

Bob reviewed the monthly shelter statistics for February 2009:

	<u>April 2008</u>	<u>April 2009</u>
Adolescents	6 Individuals	10 Individuals
Adults	220 Individuals	233 Individuals
Families	<u>42 Individuals (17 Families)</u>	<u>70 Individuals (28 Families)</u>
Total	268 Individuals	303 Individuals

Adolescent Shelter

The total adolescent bed nights for April 2008 were 179 while the total bed nights for April 2009 were 298. These figures indicate an increase of 119 bed nights, or 40% between April 2008 and April 2009.

Jon added that the Lighthouse Shelter has been busy. The shelter has a very skilled new coordinator who has added more informal activities, such as group activities/functions in the evenings. Jon suspects this could attribute to the increase in numbers in April.

Adult Shelters

Adult Shelter bed nights usage increased by 2% in April 2009 compared to April 2008. Total bed night usage during April 2008 was 6599 while it was 6704 during April 2009, a difference of 105 bed nights.

During the month of April, there were 91 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.

The Oxford Street Shelter for Men is now tracking the number of individuals who are experiencing homelessness for the first time. Based on self-reporting, 3 individuals stated they had never been homeless before in April.

Oxford Street Shelter for Men Support Services team placed 65 individuals into permanent housing, with 7 of those individuals returning to the shelter within 90 days of housing placement.

Preble Street Women's Shelter served a total of 110 women during the month of April, including 23 new intakes. Based on self-reporting, 8 of these 23 intakes stated that they were experiencing homelessness for the first time. Jon mentioned that thus far there has not been a dramatic change in the trend of women experiencing homelessness for the first time at the Preble Street Women's Shelter. Overall, these numbers are very low.

The Shelter placed 6 individuals into housing, with 3 women returning.

Family Shelters

There was a total of 2092 bed nights used for all Family Shelters in April 2009 as compared to 1248 bed nights in April 2008. This represents an increase of 40% in Family Shelter bed usage between April 2008 and April 2009.

The Family Shelter placed 12 families for a total of 41 individuals into housing in April.

The Family Shelter received 19 new families (intakes) for a total of 59 individuals in April. The Family Shelter is now tracking the number of families and individuals who are experiencing homelessness for the first time. Based on self-reporting 10 families for a total of 32 individuals stated they had never been homeless before in April.

Jon commented that tracking data regarding individuals experiencing homelessness for the first time could be very interesting, especially if the trend continues at the Oxford Street Shelter for Men with low numbers of individuals reporting this.

Cullen expressed excitement regarding the low numbers of intakes from towns in Cumberland County participating in the Preble Street PROP project. Bob mentioned that the Family Shelter has noticed a substantially positive change recently in these intake statistics. He explained that the towns of Freeport and Gorham have recently contacted him regarding reimbursement for their clients utilizing services in Portland, Gorham for the Family Shelter and Freeport for Preble Street. Doug asked what the reimbursement was for exactly. Jon explained that Freeport had no place for the individuals to go, and with the upcoming high-volume tourist season that this would become even more problematic, possibly creating an unwanted situation. Doug stated his concern that with this, the City of Portland becomes more and more of an urban service center. Jon added that Freeport made it clear that the individuals sent to Portland were transients and did not want to, nor had the intention to, stay in Freeport. Donna stated that she agrees with Doug regarding the need to track this, as it is very easy for people to give up on their home community and that getting the community to be responsive to the single adult is hard.

IV. Continuum of Care Update

Bob mentioned that everyone had received their 2008 Continuum of Care scores. The highest score in the country was 92, while the medium score was 78.5. Portland received an 85.5, the Balance of the State scored an 89, and Bangor scored slightly lower than Portland, thus making the range in the state of Maine 83-89. Bob added that Portland scored very highly on the HMIS data collection portion, due to everyone's acute attention to detail. Additionally, Bob mentioned that he does not know when any new announcements will be released, however Anne spoke with HUD, which disclosed that there may be changes in the next Continuum of Care process, despite the impression that it was going to be simply updating last year's information.

In addition, the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act passed as part of the reauthorization of the McKinney-Vento Homeless Assistance programs. Included in this is a loosened definition of homelessness, incorporating families into the definition, as well as an expansion of the availability of resources to homeless and at-risk people. Bob provided information regarding McKinney-Vento and the HEARTH Act, which further disclosed pertinent information, as well as a handout with the summary of the definition of homelessness. Cullen added that this should also allow the Continuums to put money into new projects rather than simply maintain current ones. Cindy stated that since the Homelessness Prevention and Rapid Re-Housing Program (HPRP) focuses heavily on prevention, it could change the way the Continuum of Care works, looking long-term; that the focus on data collection could help with continuing projects in the future. With HPRP money being used over the next few years there is the possibility of it being sustained because of the way HUD is reorganizing the renewals and the HEARTH.

V. *American Recovery & Reinvestment Act of 2009 – Homelessness Prevention & rapid Re-Housing Program (HPRP) Update – Cindy Namer, MaineHousing*

Cindy mentioned that HUD gave proposed data standards for the HPRP stimulus funds. HUD came to the realization that not everyone aided with HPRP funds is going to be staying in shelters due to the focus on prevention, however data must be collected as these individuals would still be receiving HPRP funds. Thus these individuals will have to be marked in a certain way in the system as “not residing in a shelter yet still utilizing HPRP funds.” Jon added that entering case management into HMIS is a new concept, and standards regarding this have yet to be created.

Cindy mentioned that MaineHousing has submitted its application to HUD. She stated that MaineHousing has made great progress. An advisory committee was formed and met a week ago to aid MaineHousing in formulating a possible grantees list. The committee identified the program’s five (5) geographic areas: Greater Bangor, Waterville/Augusta, Lewiston/Auburn, York County, and Greater Portland. Cullen elaborated by stating that the group allocating of resources is important as the case managers will be able to better focus, and avoid spreading themselves too thin. He continued by stating that this would not solve *every* area, but it would show that the program can work in a variety of different areas. However, exact dollar amounts have yet to be decided, though they took some recommendations from the Maine Statewide Homeless Council. The research department compiled a list of indicators (mental health distress indicators, substance abuse indicators, housing affordability index (renters and home owners) bed-nights used across the state, and unique clients served across the state) and formulated an index for the distribution of money as well as criteria for sub-grantees and case workers. As far as homelessness prevention and diversion, MaineHousing will be allocating resources out to all of the counties in order to ensure a broad scope of representation. Cindy mentioned that they have been looking into purchasing webcams in order to help organizations communicate efficiently while avoiding unnecessary travel. Additionally, the security deposit program run through MaineHousing will be similar to the former security deposit program. However, instead of asking shelters individually if they would like access to them MaineHousing will allocate them to all of the shelters and whatever is not utilized will be reallocated. Jon mentioned that for the youth population it might make more sense to tie security deposits to transitional housing programs, rather than solely to shelters. This would provide a great incentive for youth, who meet to criteria of homelessness upon entrance, to go into transitional housing.

Cindy stated that information is available on MaineHousing’s website in the Homeless section under data and reports.

VI. *Other Business*

Dee mentioned that the data sharing training will be on May 28th, and stated that she is curious about everyone’s thoughts on the topic. Leah mentioned that data sharing could include as much anonymity as now, however, making it possible for agencies to pull out information as needed for reports. She stated that it depends largely on the agreement with agencies in the area and how the

process is outlined. On the other hand, there are controversial, philosophical issues with data sharing, and whether or not it is beneficial to share *that* much information? Dee commented that it remains difficult to talk about data sharing while knowing very little about it. She added that a barrier for individuals' personal information could be the fact that they may ask themselves: "how much of my life do I want others to know upon first meeting me?" Donna added that now is the time for people to participate in the training in order to gain a better understanding. Additionally, Youth Alternatives Ingraham offered to provide transportation to the training for those who required it. Elizabeth stated that the training would be from 10:00 AM – 12:00 PM in Timbers, the large training room in the YAI barn. She added that if they have an approximate number of consumers in need of transportation they may be able to arrange multiple trips by starting rides earlier than planned. Bob added that data sharing remains a requirement for the HPRP grant; however information regarding specifics has not been released yet. Cindy added that HUD released a draft of the HPRP data collection/HMIS requirements, including ten (10) to twelve (12) data elements and the services received. Trying to be proactive with how they're going to do it. Everyone involved with HPRP funds must be entered into HMIS, which has a strong infrastructure with security already built in. Doug added that in the end it is entirely about coordinating services, and helping to evaluate programs that will be initiated. Cindy added that believes the May 28th session will be very informative, and include an opportunity for discussion and hopefully answering various questions. It was decided that Homeless Voices for Justice (HVJ) would coordinate agency reservations for the training. Donna asked people to call Amy Reagan (775-0026 ext. 160) leaving a message stating the agency and the number of people attending. Ride coordination will take place Thursday morning in the Social Services Division parking lot (located at 196 Lancaster Street). Cindy added that she would be sending a reminder to everyone.

NEXT MEETING:
Thursday, June 18th, 2009
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.