

**Joint Select Committee on Housing
December 5, 2023
Briefings and Presentations**

AGENDA

1. A brief update from DHHS on positions established to coordinate services at Housing First residence. (Beth Hamm, Deputy Commissioner)
2. GOPIF presentation on emergency housing relief funds (Greg Payne)
3. Presentations related to emergency shelters, including low-barrier shelters from (materials attached) –
 - Mark Swann, Preble Street Resources
 - Lori Dwyer, Penobscot Community Health Care/Hope House
 - Tom Doherty, Milestone Recovery

Report to the Joint Select Committee on Housing on

THE EMERGENCY HOUSING RELIEF FUND

December 2023

INTRODUCTION

The Emergency Housing Relief Fund Program (the “Fund”) was created in April 2022 through the FY23 Supplemental Budget and provided with an initial allocation of \$22 million. \$21 million was subsequently added to the Fund through the enactment of LD 3 in January 2023, and the FY24-25 budget signed into law in July 2023 included another \$12m. The Fund is managed and administered by MaineHousing, in consultation with the Governor’s Office of Policy Innovation and the Future.

The total of \$55m allocated to the Fund is supporting more than 50 programs statewide that are providing critical services and emergency, transitional and permanent housing to Maine people in need. The organizations implementing these programs have indicated that the flexibility of the funding enables operational leaders across the state to respond swiftly and effectively to challenges unique to each community.

This report is divided into four categories, mirroring the initiatives that the Fund is supporting:

- I. Emergency Shelter Initiatives
- II. Transitional Housing Programs
- III. Permanent Housing Projects
- IV. Legal and Support Services

This report, informed by direct conversations with grantees and operational leaders, is designed to provide members of the Legislature with an overview of these urgent initiatives, the impacts made by the organizations implementing them statewide, and the challenges being faced in addressing homelessness and housing insecurity in Maine.

I. Emergency Shelter Initiatives

Emergency shelters are designed to provide temporary shelter to people who are unhoused. They are not designed to be a permanent solution to an individual’s homelessness. The United States Interagency Council on Homelessness notes that “[e]mergency shelter has vital roles to play in...ending homelessness. Shelters must be low barrier, focus on assessment and triage, and intentionally link to permanent housing resources so that people move through to housing quickly...”

A. *Warming Centers*

Unlike long-term shelters, warming centers do not always provide beds or sleeping quarters, but are instead equipped with living room furnishings and offer warming beverages to guests. Most emergency warming centers are categorized as “low barrier” options, in that do not make a guest’s ability to stay contingent upon their completion of a background check, credit checks, participation in a behavioral health program, sobriety, or presentation of identification. Warming centers are often the only housing resource available to those at risk of freezing outside in Maine’s harsh winters.

In the winter of 2022-2023, more than \$1.3m was allocated from the Fund to fourteen organizations across the State, providing more than 550 unique individuals with access to safety and warmth. 384 individuals were able to be accommodated on any given night.

For the winter of 2023-2024, more than \$1.4m was allocated from the Fund to ten organizations across the State which will provide an aggregate of 311 shelter beds.

Featured Program: South Parish Congregational Church, Augusta



Above: Community members experiencing the warmth and community offered at the South Parish Congregational Church in Augusta. Photos provided by the Church.

Having served 186 individuals in the winter of 2022-2023, the South Parish Congregational Church's first season operating as a warming center in Augusta proved highly successful. Though the Lithgow Public Library offers respite from the elements during regular business hours, Julia Stone, Director of the Augusta Emergency Overnight Warming Center, noted that guests were braving unsafe weather conditions while waiting for the warming center to open after the library closed. Stone was able to direct Emergency Housing Relief Fund dollars towards extended warming center hours to keep people safe. This funding also supported the purchase of living room furniture, storage lockers for guests to use during the day to secure their belongings, and the purchase and installation of two washers and dryers to clean bed linens and guests' clothing.

As one guest of the Center noted, "I was at the warming center the second day it was open. All of the staff were truly amazing and helpful. They helped me reach out to resources and I got sober."

At the heart of the warming center is the Augusta community, powered by partnerships between various local organizations:

- Through their Horizon Clinic, the MaineGeneral Harm Reduction Program ensured Narcan kits were accessible on site. The Clinic also provided free and confidential HIV and Hep C testing, while the Kennebec Behavioral Health Path Program provided wellness checks and Savida Health made referrals and offered counseling.
- Bread of Life offered breakfast to warming center guests on weekday mornings, while the Unitarian Universalist Community Church provided breakfast every Saturday and the YMCA opened its doors each Saturday morning for guests to utilize their showers. General Assistance staff provided guests with eligibility screening for key public benefits.
- The Augusta Police Department frequently patrolled the perimeter of the warming center, stopped in to say hello and interact with staff and guests, and were noted as highly effective communicators when difficult situations arose.

Additional warming center investments made through the Fund in the winter of 2022-23 include:

Amistad, Wiscasset

- Unique individuals served: 14

Aroostook Mental Health Services, Calais

- Unique individuals served: 3

Aroostook Mental Health Services, Houlton

- Unique individuals served: 2

Healthy Acadia, Ellsworth

- Unique individuals served: 91

Homeless Services of Aroostook, Presque Isle

- Unique individuals served: 120

Mid-Maine Homeless Shelter, Waterville

- Unique individuals served: Unknown. 17 beds added, with 95% average nightly occupancy rate

State Street Church, Portland

- Unique individuals served: 20

The Gathering Place, Brunswick

- Unique individuals served: 31

Union Street Church, Bangor

- Unique individuals served: 45

York County Shelter Programs, Alfred

- Unique individuals served: 44

B. Long-term Emergency Shelters

Long-term emergency shelters operate year-round, frequently providing shelter to individuals for months at a time. Unlike many warming centers, shelters are typically equipped with cots, beds, or sleeping pads. Many long-term emergency shelters are deemed as “low barrier” options, but this status varies depending on the vulnerability of the target population served and the additional protections the population may require.

Investments from the Fund to date have created about 425 additional long-term shelter beds for Maine people experiencing homelessness.

***Featured Program:
Elena's Way, Portland***



Above: Photos of Elena's Way provided by Preble Street

First opened in October 2022, Elena's Way is a 40-bed low-barrier shelter option in Portland. Clients of Elena's Way are not limited in their length of stay, though the average stay is approximately 60 days. Six local organizations partner with Preble Street to perform outreach services to the local unsheltered population and identify those who are ready for referral to the program. Once an individual is a client of Elena's Way, they have access to warmth, safety, and robust support services powered by four on-site case workers, floor staff and shift supervisors. The impacts of these supports are best expressed by the clients themselves. James Whitfield, a client of Elena's Way, offers:

“The first day I got off the streets and started staying here, I got access to a computer tablet. I sat down and applied for my first job. I wanted to do it right then, and now I've been working at Walgreens for the past six months. I feel that it's important to give 100% to everything, and staying in Elena's Way enables me to do that. Having shelter and a job has encouraged me to stay clean and sober, to prioritize my ability to work and make changes for myself. Now that I am getting my basic needs met, I don't have to worry about being judged at work, or where we will get our next meal. Every day I get good rest and food. I have stability. Instead of worrying, I can focus on self-growth, working on finding inner strength and transforming my habits.”

Additional long-term shelter investments made by the Fund include:

166 Riverside, Portland

- This 16,000 sq/ft space was renovated by Developers Collaborative into a shelter serving up to 179 people at a time. The City of Portland and Maine Immigrants' Rights Coalition are providing staffing and food for the shelter, which opened in late November 2023.

First Parish Church, Gorham

- Up to 16 individuals are now housed at the church after the completion of renovations this fall

Greater Portland Family Promise, Portland

- 36 individuals at a time are being sheltered at a local church through April 30, 2024

Homeless Services of Aroostook, Presque Isle

- 10 shelter beds for families and day shelter space added

Maine Immigrants' Rights Coalition, Portland

- 77 individuals being provided with overnight and day shelter space through April 30, 2024

Mid-Maine Homeless Shelter, Waterville

- 18 shelter beds to be added for ongoing use

State Street Church, Portland

- Up to 24 individuals being sheltered following funded renovation work. Shelter expected to remain open indefinitely.

Through These Doors, Portland

- Emergency shelter added for 5-10 individuals fleeing domestic violence

York County Shelter Programs, Sanford

- 20 shelter beds with services added this fall

II. Transitional Housing Programs

Transitional housing programs provide temporary housing solutions, accompanied by robust supportive services, to those experiencing homelessness. The six programs surveyed indicated an anticipated length of stay for their tenants of anywhere from four months to two years, depending on the needs of the individual. Support services vary by location and program, but often include access to case managers, housing navigators, behavioral health services, workforce development programs, and/or immigration assistance.

The Emergency Housing Relief Fund has already provided the funding necessary to create more than 625 transitional housing beds at any one time in various locations in Maine.

Featured Program:

Asylum Seeker Transitional Housing Program, Saco



Above: (left) a graphic provided by Catholic Charities of Maine that features the key partners supporting clients during their stay; (right) a playground donated by Bangor Savings Bank to support the program.

Catholic Charities of Maine (CCM) oversees the operations and support services provided at a re-imagined hotel in Saco. Now serving as a transitional residence to about 85 families made up of roughly 325 people, fourteen CCM staff help asylum-seeking families navigate a robust network of support services provided by local partner organizations. The program includes two rooms for English language classes, a room for legal assistance provided by ILAP, a children's room, a prayer room, and a small conference room where a range of community partners can provide consultations to residents. Adults and children alike have access to on-site medical care thanks to partnerships with the Biddeford Children's Clinic, Nasson Healthcare, MaineHealth, and the Maine CDC.

The Greater Portland Career Center provides a range of workforce supports, including job fairs, guidance on how to budget and establish good credit and money management classes to teenagers in the process of obtaining their work authorizations. As an increasing number of residents gain their

work authorizations from the federal government, they are moving out of the hotel and into their own housing units. About 500 total individuals have received assistance through this program to date.

A similar transitional housing model was established in July 2023 for another 75 households, made up of about 240 asylum seeking individuals, at a hotel in South Portland. Supports will be provided there by CCM, Prosperity Maine, Quality Housing Coalition, the Department of Labor and other local partners until June 30, 2024.

Additional transitional housing program investments from the Fund include:

Bangor Area Homeless Shelter, Bangor

Bangor Area Homeless Shelter is in the process of adding 10-12 beds for people in recovery. The facility will be managed by their operational partner, Fresh Start, an organization seasoned in providing those in recovery with a supportive environment while learning about how to live a sober life. Residents will be charged a minimal weekly rent and have access to Fresh Start scholarships if they are unable to make payment..

Frances Warde, Portland

On July 12th, the first of fifteen families headed by pregnant or recently post-partum women moved into this remarkable project in Portland. GOPIF, MaineHousing, Community Housing of Maine, Northern Light Mercy Hospital (“Northern Light”), In Her Presence and the John T. Gorman Foundation came together to create a supportive environment for women and their children as they heal from past traumas, navigate a new and complex healthcare system, and prepare for their lives ahead. The initiative provides its residents with access to cultural doulas, on-site English language classes, and tours of birthing sites where they will soon receive care. The program will also offer on-site breastfeeding and parenting classes through Northern Light. Melissa Skahan of Northern Light notes that the effort highlights “the nimbleness of the State” and that it came together “at lightning speed, with the right people at the table.”



Above: (left) A typical bedroom at Frances Warde, supporting pregnant and recently post-partum women and their children. The building has ample natural light, and all bedrooms are equipped with a bed, comfortable chair, a desk, crib, and private bathroom; (right) An upstairs meeting space that will be used for breastfeeding classes.

First Place Transitional Living Program, Biddeford

With six units opening in Biddeford in December 2023, Preble Street’s First Place Transitional Living Program, supporting youth ages 16-24, will increase their program’s capacity by one-third. Each resident will receive case work support three to five times per week, along with various forms of educational outreach that will cover topics like financial literacy, building a budget, and general skills development. Residents will be provided with an additional year of access to the program’s supportive services after their departure from the house. In addition, residents are offered a “transition in place” option that allows them to use a housing voucher to remain in the unit following their departure from the program.

Transitional Youth Housing, Bath

Just across the street from the Midcoast Community Alliance’s youth center in Bath is the home of a new transitional housing program that helping the community address youth homelessness. A dorm-style space, renovated to feature a common area, full bath, and kitchen, can now accommodate eight local teens and young adults, ages 18-24, for up to two years.



Above: the Midcoast Community Alliance’s new Transitional Youth Housing Program in Bath

III. Permanent Housing Projects

Permanent housing refers to homes where people may reside indefinitely and independently. In addition to emergency shelters and transitional housing programs, permanent housing is an important strategy to assist those experiencing homelessness. In the case of permanent supportive housing, support services are provided for tenants on site.

A. New Housing Development

Investments from the Fund are expected to allow more than 400 households - all of whom were experiencing homelessness - to move into permanent housing.

Featured Program: West End II, South Portland



Above: Workers wrap up construction of 52 permanent housing units at West End II in South Portland. (Photo credit: Avesta Housing)

First opened on March 5, 2023, all 52 apartments at Avesta Housing's West End II project in South Portland were fully leased and occupied within 33 days. Formerly an abandoned property slated to become an impound lot, this project has allowed the site to be used instead for desperately needed affordable homes. A one-time influx of support from the Fund has allowed West End II to respond to the housing needs of homeless, asylum-seeking families by ensuring the payment of their rent for up to two years until they fully navigate federal work authorization rules and secure employment.

The project's tenants hail from eight different countries of origin: Democratic Republic of the Congo, Angola, Haiti, Gabon, Brazil, Columbia, Burkina Faso, and Benin. English language classes are offered on-site four days per week. Many of the adult residents are also enrolled in GED classes with Portland Adult Education.

Within the first eight months of occupancy, at least 18 tenants achieved employment, many of whom earned enough income to allow their state rent supports to end. An additional 20 tenants have received their work authorizations and are looking for employment, with a dozen more in the pipeline for work authorization.

Reflecting on the rapid progress of West End II's tenants, Nicholas Kjeldgaard, Resident Service Coordinator at Avesta, offers: "They are very employable. They want to work. You give them a little bit of assistance now and the hope is that they won't need any assistance [later]. It's going great."

Additional examples of new housing development investments include:

Developer's Collaborative, Brunswick

60 apartments for homeless, asylum-seeking households will be made available upon the completion of construction of five new buildings in Brunswick. The first building (pictured below) is expected to be completed in early December, with the others available for occupancy by February. Like West End 2 above, supports offered through the Fund will ensure rent payments for up to two years while households navigate the federal work authorization process and secure employment.



Above: The first of five buildings to be finished by the Developer's Collaborative in Brunswick.

Theresa's Place, Bangor

A former hotel in Bangor is being converted by Penquis into a permanent supportive housing/Housing First project that will include 41 efficiency and one-bedroom apartments for people

experiencing chronic homelessness. Each unit will have its own bathroom, a kitchenette with a stove top and microwave, and access to a large community space with meeting rooms for robust support services to be provided on-site. Construction completion is expected by spring 2024. Jason Bird, Penquis' Housing Development Director, notes that this project "is a direct response to collaborative work not only with the local delegation, but with MaineHousing, the City of Bangor and other organizations. This is the first Housing First project in Bangor."

B. Landlord Incentive Programs

Landlord Incentive Programs focus on relationship-building with landlords who are amenable to working with tenants receiving some form of rental assistance. This is achieved through the mitigation of financial risks assumed by landlords, helping tenants to build a positive and meaningful rental history and relationship with the landlord, and fostering effective communication between landlords and tenants. The goal of these programs is to increase the number of properties available to those using housing vouchers.

Landlord incentives may include a one-time payment to the landlord at the start of a lease or future access to a risk mitigation fund. A risk mitigation fund ensures landlords a predetermined amount of funding should they encounter a tenant who abandons a lease or damages the rental property in a manner that exceeds the amount covered by their security deposit.

Featured Program: Community Health and Counseling Services, Bangor

In response to a large rise in the number of people experiencing unsheltered homelessness in Bangor, a group of local organizations led by Community Health & Counseling Services (CHCS) brings together landlords with available properties and those with rental assistance vouchers who are in need of housing. To bridge this gap, CHCS provides funding to incentivize landlords to work with tenants they may view as a higher risk.

CHCS assists tenants with case management, housing application fees and security deposits. Landlords are supported by CHCS through funding for building improvement and risk mitigation. CHCS has found increasing traction with landlords by providing them with one-time incentive payments in exchange for their entering into new lease agreements with tenants who have housing vouchers. As of July 2023, CHCS had utilized this funding to make an additional 28 units available to Bangor-area community members and successfully house 23 individuals.

Additional examples of landlord incentive investments include:

City of Lewiston

The City of Lewiston has engaged landlords with incentive programming. The funding allocated for Lewiston’s program is partially supporting a new Housing Advocate position overseen by Tri-County Mental Health.

Freeport Community Services

Ten families consisting of over twenty individuals found permanent housing thanks to landlord incentives implemented by Freeport Community Services, and many more are being engaged in the housing pipeline. Freeport Community Services estimates that five new landlords have been engaged in this work thanks to the support they received through the Fund.

C. Rapid Re-Housing

Described as a “light touch” intervention by Heidi Rackliffe of the Aroostook County Action Program, Rapid Re-Housing is characterized by case management and housing navigation services targeted at those with less significant obstacles to being housed quickly. While Rapid Re-Housing strategies typically include landlord incentives, the main services offered through these programs are housing navigation services and short-term financial supports for those at risk or who have recently become homeless.

As of July 2023, thanks to Rapid Re-Housing investments made available through the Fund, nearly 70 landlords have been engaged and 55 households made up of over 84 individuals have been successfully re-housed.

Featured Program:

Aroostook County Action Program, Presque Isle

The Emergency Housing Relief Fund has supported Rapid Re-Housing efforts at Aroostook County Action Program (ACAP), which have successfully placed nine households (consisting of twenty-eight individuals) into permanent housing. Fifty landlords have been engaged and educated as part of this initiative in the Presque Isle area.

Rapid-rehousing interventions utilized by ACAP include landlord incentives, security deposits, move-in expense support, apartment clean-up, and furnishing supplies for tenants. Heidi Rackliffe, Director of Programs at ACAP, notes that the security deposits were particularly critical in helping community members get re-housed. Reflecting on the impact of this funding, Rackliffe noted, “I was able to play the game. It wasn’t just a moral pitch to a landlord who is essentially a small business owner.”

Additional examples of rapid re-housing investments include:

Mid-Maine Homeless Shelter

The Mid-Maine Homeless Shelter in Waterville has worked with 31 households and 13 landlords as of late July 2023. Katie Spencer White, CEO at the shelter, emphasizes the landlord incentive component of their rapid re-housing model, noting that, “If you don’t have people going out and doing landlord engagement, none of it matters. You have to build relationships of trust and respect with the landlords.”

York County Shelter Programs

For York County Shelter Programs, rapid re-housing means seeing the client through to their first night in their new home. The program provides clients with a mattress and bed frame once they secure their housing. Megan Gean-Gendron, Director of York County Shelter Programs, emphasizes the importance of including landlord incentives in their rapid re-housing strategy, noting that “we have found a reluctance of local area landlords [to work with those with] vouchers, of folks coming out of shelters. The landlord incentive has been really helpful.”

D. Rent Gap Support

Rent gap supports address homelessness and eviction by providing security deposit assistance or small gap funding to help pay a household’s rent for a maximum of one year. This funding has allowed a large number of households, including those who had been living in hotels paid for by the state or local municipalities, to move into a permanent home while they await their work authorization or a first paycheck. The average gap payment per household is about \$260 per month.

Thanks to investments made available through the Fund, rent gap support initiatives in Maine have, as of August 2023, successfully placed more than 160 (formerly homeless) households into housing, while also ensuring that 40 additional households were not evicted from the apartments they were already in when the federal Emergency Rental Assistance program ended late last year.

Featured Program:

Immigrant Resource Center of Maine, Lewiston

As of August 2023, less than 6 months after receiving an allocation through the Fund, the Immigrant Resource Center of Maine (IRCM) has assisted a total of 97 households secure permanent housing. To qualify for support from IRCM, the head(s) of household applying must have an income below 30% of the area median income or be an individual who has experienced gender-based violence or trafficking. IRCM anticipates being able to assist hundreds of families to secure a permanent place to live through this program. Fatuma Hussein, IRCM’s Executive Director, says that “We look at housing through the

lens of culturally and linguistically appropriate services. This is a milestone for the state and for our communities.”

Additional examples of rent gap support investments include:

Prosperity Maine

52 households have secured permanent housing in nine communities in southern Maine thanks to rent gap supports provided through Prosperity Maine. Their work helped to alleviate the pressure felt through the extensive use of hotels in South Portland, and had a highly notable impact in Sanford, a community which had previously grappled with identifying housing solutions for more than asylum-seeking families. Largely through Prosperity Maine’s deployment of rent gap support provided through the Fund, nearly all of those families have now been successfully housed.

Quality Housing Coalition

17 households have secured permanent housing thanks to rental gap support provided by the Quality Housing Coalition. Dan Black, CFO at Quality Housing Coalition, offers that, “[W]e have sometimes had to fit a square peg in a round hole to move folks around to fit the funding source. This funding source is just so flexible, we have had more success attracting landlords because of that.”

IV. Legal and Support Services

Legal and support services aid individuals and families navigating everything from the immigration system and work authorization process to acclimating to indoor communal living following an extended period of living unsheltered or unhoused. These services directly assist those experiencing homelessness and those who have recently been placed into housing, providing workshops and direct services on-site at residences.

Featured Program: Immigrant Legal Advocacy Project, Portland

Through their new Asylum Assistance and Legal Orientation Program (AALOP), developed in coordination with the American Bar Association’s Commission on Immigration, ILAP offers foundational information about the asylum and immigration system through an intensive pro se workshop designed to equip those seeking asylum with the information necessary to complete and submit their own asylum applications. ILAP attorneys provide guidance and oversight throughout the process, coordinating volunteers and interpreters to increase the capacity of each clinic. In summarizing the program, ILAP’s Catherine Lindgren notes, “In other areas of immigration law, it is common to hold workshops, often called ‘clinics’, where people can come for a day and get limited legal advice and assistance filling out paperwork. Applying for asylum is a much more complex, time consuming, and specialized area of law and there is no trusted national model for large scale pro se asylum assistance”. Based on preliminary findings, the AALOP workshop model is expected to help as many as 30-40 individuals per month.

In addition to AALOP, ILAP attorneys consistently meet with groups of asylum seekers at shelters, transitional housing initiatives and hotels in various communities for informational sessions. These touch points with asylum seekers in the community are critical, especially given the false information that such households are often otherwise exposed to.

Additional examples of legal and support services investments include:

Hope Acts

Investments through the Fund have allowed Hope Acts to expand on a 2022 pilot that provided translation services and computers for those submitting asylum applications and work authorizations. Martha Stein, Executive Director of Hope Acts, notes that this work is done help move people forward in the immigration process so they can get the work permits and start moving forward with their lives.

Greater Portland Peer Services

Founded in July 2022 as a peer support agency, the Fund supports Greater Portland Peer Services by allowing them to hire two full-time and two part-time staff to aid in outreach efforts. As of

July 2023, the organization had maintained contact with 54 unsheltered individuals, working to connect them to case management and housing resources.

Maine Immigrant and Refugee Services

Maine Immigrant and Refugee Services (MEIRS), through their Whole Family Services program and in partnership with the Department of Health and Human Services, supports immigrants and refugees in Maine on their path to self-sufficiency. Through this program, family members work together to support each other's goals and achieve long-term stability with the help of a bridging case manager/coach. MEIRS has received \$100,000 through the Fund to support households in Lewiston, South Portland and Brunswick in numerous ways, including with filing their asylum and work permit applications.

South Portland Hotel Supports: Greater Portland Health, Preble Street, Spurwink, the City of Portland, and the City of South Portland

Greater Portland Health, Preble Street, Spurwink, the City of Portland, and the City of South Portland provided a range of critical supports to prevent over 300 individuals from being evicted from two South Portland hotels between the spring of 2022 and the winter of 2023. Over \$250,000 was provided to these organizations through the Fund to make stabilizing services available for those living in the hotels, including health care, case management, emergency response and transportation, while reducing costly calls for service by local emergency responders. The effort was successful in preventing mass homelessness in South Portland and alleviating municipal costs. Aaron Geyer, Senior Human Services Counselor for the City of Portland, reflects that, “[the funding] ultimately did what we thought it would do, which was to reduce calls for service.”

INITIATIVES FUNDED THROUGH \$12M EMERGENCY HOUSING RELIEF FUND ALLOCATION IN FY24 BUDGET

| Organization | Where Services Provided | Region | | | | | | | | | | Est. # Assisted | Description | Budget | | |
|---|-------------------------|--------|---|---|---|---|---|---|---|---|---|-----------------|---|---|--|---------------------|
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| | | | d | | | | | | | | | | | | | |
| Giri Hotel Group | Saco | X | | | | | | | | | | 325 | 100 rooms for 7 months for people experiencing homelessness | \$3,645,292 | | |
| Howard Johnson | South Portland | | X | | | | | | | | | 241 | 80 rooms for 12 months for people experiencing homelessness | \$3,600,000 | | |
| City of South Portland | South Portland | | X | | | | | | | | | 241 | Municipal costs related to Howard Johnson contract | \$200,000 | | |
| ProsperityME | South Portland | | X | | | | | | | | | 241 | Data gathering for workforce training | \$12,000 | | |
| Immigrant Legal Advocacy Project | Portland area | | X | | | | | | | | | 1,000+ | Additional grant to support expansion of legal assistance to asylum seeking households | \$250,000 | | |
| State Street Church | Portland area | | X | | | | | | | | | 15 | Grant to finish shelter so can be used annually | \$105,000 | | |
| City of Portland | Portland area | | X | | | | | | | | | 125 | Grant for unsheltered homeless in encampments + staff to assist Salvation Army shelter | \$2,020,000 | | |
| York County Community Action | Sanford area | X | | | | | | | | | | 125 | Grant for security deposits, rent supports and housing navigation for homeless families | \$75,000 | | |
| Various | Statewide | | | | | | | | | | | 100+ | Extension of Housing Stability Pilot Contracts | \$666,585 | | |
| SHORT-TERM EMERGENCY HOUSING NOFA FUNDING: | | | | | | | | | | | | | | | | |
| Augusta Overnight Warming Center | Augusta | | | | | | | X | | | | 40 | Adds 40 warming shelter beds for single individuals | \$157,916 | | |
| Bangor Area Homeless Shelter | Bangor | | | | | | | | X | | | 38 | Adds 38 warming shelter beds for single individuals | \$30,000 | | |
| Greater Portland Peer Services | Portland | | X | | | | | | | | | 75 | Adds 75 warming shelter beds for the hardest to shelter individuals | \$112,000 | | |
| Heathy Acadia | Ellsworth | | | | | | | | | X | | 20 | Adds 20 warming shelter beds for single individuals | \$205,000 | | |
| Homeless Services of Aroostook | Presque Isle | | | | | | | | | | X | 15 | Adds 15 warming shelter beds for single individuals | \$130,726 | | |
| Mansion Church | Bangor | | | | | | | | X | | | 30 | Adds 30 warming shelter beds for single individuals | \$35,000 | | |
| Mid-Maine Homeless Shelter | Waterville | | | | | | X | | | | | 20 | Adds 20 warming shelter beds for single individuals | \$202,083 | | |
| New Beginnings | Lewiston | | | | X | | | | | | | 24 | Adds 24 warming shelter beds for youth ages 18-24 | \$243,820 | | |
| State Street Church | Portland | | X | | | | | | | | | 24 | Adds 24 warming shelter beds for single individuals | \$54,578 | | |
| York County Shelter Program | Alfred | X | | | | | | | | | | 25 | Adds 25 warming shelter beds for single individuals | \$255,000 | | |
| | | | | | | | | | | | | | | TOTAL AWARDS UNDER SHORT-TERM EMERGENCY HOUSING NOFA | | \$1,426,123 |
| | | | | | | | | | | | | | | TOTAL AWARDS PURSUANT TO \$22M ALLOCATION | | \$12,000,000 |

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Jay Tansey

Lannie Welch

Lori Whynot

Mark R. Swann

Executive Director

55 Portland Street

Portland, ME 04101

207.775.0026

info@preblestreet.orgwww.preblestreet.orgUnited Way
of Southern Maine

Good morning, Senator Pierce, Representative Gere, and members of the Joint Committee on Housing, thank you so much for inviting me to speak to you today. My name is Mark Swann, and I am the Executive Director at Preble Street, a nonprofit human service agency with over fifteen programs serving the most vulnerable people across the state of Maine. The mission of Preble Street is to provide accessible barrier-free services to empower people experiencing problems with homelessness, housing, hunger, and poverty and to advocate for solutions to these problems. This past February, I joined this committee to talk about the two most important solutions for addressing homelessness in Maine.

One of the things we discussed was Site-based Housing First and I want to thank you all again for your tireless efforts to move that legislation forward; it's because of this Committee and the Mills administration that we have a tremendous opportunity to expand Site-based Housing First throughout Maine and end chronic homelessness. Thank you so much for that.

You may recall that the other topic we talked about was the importance of the homeless shelter network in Maine and the need for significant and ongoing support for emergency shelters. This committee played a key role in the one-time \$5 million emergency shelter funding that was included in the Governor's budget. Thank you for that too.

That funding was critically important, but it was one-time funding. And it was spread among 39 shelters around the state.

And so, we are still in crisis. At a time when homelessness is exploding across Maine and when tragic encampments have popped up throughout the state, Maine's critically important low-barrier shelters are in danger of closing due to lack of funds.

In fact, the second largest shelter in Maine, in the third largest city in Maine, will close next fall due to an almost one-million-dollar budget shortfall. Bangor's Hope House, run by Penobscot Community Health Center, announced last month that they will close their doors next fall

because of the lack of funding. And while it's true that they're hoping to find another nonprofit to step up and keep it running, what organization can do that, facing such a huge funding gap?

Preble Street is one of the nonprofits they've talked to, and of course, we want to help. That's our mission, after all. But we already are dealing with even bigger deficits with our two low-barrier shelters - Elena's Way and Florence House. Our two shelters have a shortfall of over two million dollars. My Board of Directors would have my head if I took on yet another unfunded shelter. How many cake sales, bake sales, and car washes can we do?

The six privately operated low-barrier shelters in Maine serve the most vulnerable members of our communities. Low-barrier shelters do not require background checks, credit checks or income verification, previous program participation, sobriety, or ID for access to services. Low-barrier shelters provide services to a population experiencing mental or behavioral health challenges and/or substance use disorders – they are the first place that people can go to begin the process of recovering from homelessness. Three weeks ago, we welcomed Maine's Director of Opioid Response Gordon Smith to Elena's Way after he reached out to better understand the services being provided there and the challenges we are facing to keep it open. He asked our shelter director how many of our clients have mental illness or substance use disorder, the director replied "100% of our clients have mental illness and/or substance use disorder. 100%. And the vast majority of those get no clinical treatment whatsoever."

Preble Street staff have administered Narcan 40 times so far this year to reverse overdoses. That's one every 8 days, more than any year since we started counting in 2016. We've reversed 4 overdoses since Gordon Smith's visit three weeks ago.

Low-barrier shelters require more intensive services and additional staffing, and so are more expensive to operate than other emergency shelters. You might be able to run a Family Shelter in a church basement with a couple of well-meaning volunteers. But you absolutely cannot run a low-barrier shelter without trained, professional staff with clinical supervision. Our low-barrier shelters serve individuals who have been banned from or are unable to access other shelters and have been living outside. They are the individuals who you may have seen sleeping in doorways, laid out on the cold ground, or hidden in tents behind shopping centers, alongside rivers and highways. They struggle with complex medical needs, histories of trauma, and untreated substance use and mental health disorders. They are the people with the most dire need in our community.

To open Elena's Way and keep the doors open, we have pursued countless funding streams. Knowing that these fragile and ill individuals qualified for MaineCare services, the State Department of Health and Human Services spent two years working with us to help find any available funding for Elena's Way. We became a licensed mental health program so Medicaid could be billed ensuring that available federal funding wouldn't be left on the table. Those well intended efforts with DHHS have amounted to very little in the way of funds. Medicaid funding is a square peg and low-barrier shelters are a round hole. We'll keep trying, of course, but our expectations are very low that billable units through Medicaid will appreciably solve our budget problems.

Outside of that, Elena's Way expects to receive a small amount of regular funding from Maine Housing's Emergency Shelter Housing Assistance Program, General Assistance, and United Way of Southern Maine, leaving a huge gap in funding that is needed to keep this program operating. Preble Street works hard every year to raise private dollars, but we can only raise so much. And it is not sustainable.

Shelters in Maine have quietly, under the radar, been closing down for years due to funding issues:

- Ingraham (2 shelters)
- The YWCA (2 shelters)
- Maine Adoption Placement Services
- Youth Alternatives
- Skowhegan Halcyon House
- Salvation Army
- Catholic Charities

Site-based Housing First may be the long-term permanent housing solution for many of these folks, but until the funding from that initiative is flowing and those new Housing First properties are built, we will need a structural solution to the ongoing operating deficits that the low-barrier shelters are facing.

It will be devastating if Hope House is added to the list of closed shelters. And, without long-term and sustainable support, Elena's Way is not far behind.

We need your help to make sure that doesn't happen.



Office of CEO

P.O. Box 2100, Bangor, Maine 04402
207.992.9200 • Fax 207.907.7077

December 4, 2023

Testimony – Joint Select Committee on Housing
Submitted by Lori Dwyer, President & CEO, Penobscot Community Healthcare
Re: Crisis in Low-Barrier Shelter Funding

Dear Senator Pierce, Representative Gere, and Honorable Members of the Joint Select Committee on Housing:

First, thank you for your support in achieving significant investments this past session in the housing sector. The one-time investment of \$5 million for shelter operating funds and the Housing First bill combined (though not the totality of the good work done last session) are most assuredly a step in the right direction. With respect to the systemic underfunding of low barrier shelters, however, the historic deficits being experienced currently across all low barrier shelters will only exacerbate and lead to the loss of low barrier shelter beds, at a time when, if anything, we need to expand shelter capacity.

You have no doubt heard about the funding crisis at Hope House Shelter in Bangor (“Hope House”), owned and operated by Penobscot Community Health Care (PCHC), and PCHC’s recent announcement that it will be forced to close the shelter by October 2024 if we are unable to find a partner willing to assume operations. Though I am optimistic by nature and know our public and private partners care deeply and wish to support Hope House to keep it open, none will be able to help meaningfully unless the State addresses this funding crisis.

Maine has seen a steep increase in homelessness in just the past 2 years (from 1,097 in 2021 to 4,248 in 2023).¹ Each person who experiences homelessness has their own unique story, but they share in common their experiences in a system that fails to meet the demand. Notably, the number of people experiencing homelessness in Maine is nearly double that of New Mexico (a comparably sized and rural state), and more than double that of other rural states (Idaho, Montana, Utah). Moreover, Maine’s homelessness rate according to the national Point in Time Count is significantly higher than all other New England states except Massachusetts.

PCHC has owned and operated Hope House since 2010, when PCHC took over operations from Northern Light (formerly EMHS) Acadia Hospital. Hope House is the only year-round, low barrier shelter north of Waterville.²

¹ Maine State Housing Authority 2023 Point in Time Count. [https://www.mainehousing.org/docs/default-source/housing-reports/2023-point-in-time.pdf?sfvrsn=e1c28015_5#:~:text=HUD%20requires%20the%20counts%20occur,Management%20Information%20System%20\(HMIS\)](https://www.mainehousing.org/docs/default-source/housing-reports/2023-point-in-time.pdf?sfvrsn=e1c28015_5#:~:text=HUD%20requires%20the%20counts%20occur,Management%20Information%20System%20(HMIS))

² Bangor Area Homeless Shelter (BAHS) is also classified by MSHA as a low barrier shelter because it operates a low barrier warming center during the Winter. Its general shelter, however, does not operate as a low barrier shelter.

A “Low Barrier Shelter” is defined under the Homeless Solutions Rule as “an Emergency Shelter that does not require any of the following for a client to stay at the shelter: (i) criminal background checks, (ii) credit checks or income verification, (iii) program participation, (iv) sobriety, or (v) identification.”³ Low barrier shelters serve the most vulnerable within this already vulnerable population. In practical terms, this means we meet people where they are, and require no adherence to treatment plans, engagement with services, abstinence or any other imposed rules or criteria (except safety), and thus are faced with challenging and nuanced interactions with guests who come to the shelter having experienced significant trauma and estrangement from their natural social supports.

In addition, the population is highly vulnerable and resistant to interventions. 33.3% of the people served at Hope House in 2023 fall into the category of individuals experiencing chronic homelessness. For comparison, in 2018, that number was 8.5%. This quadrupling is attributable to a number of factors, including the rise in SUD and mental health diagnoses and attendant lack of access to treatment and the lack of affordable housing. (See attached Table 3 depicting these correlative trends)

With a high proportion of chronically homeless individuals in our shelter, a high percentage of our guests have multiple disabling conditions (known as “tri-morbidities”). Specifically, in 2023

- 83% report a mental health condition
- 57% report substance use disorder
- 46.4% report a physical disability
- 42.2% report chronic health conditions⁴
- 21.6% report developmental disabilities
- 40.5% have a history of domestic violence.

(See Table 1 (attached) for more information and year-over-year comparisons.)

This data show that those experiencing chronic homelessness who access services at low barrier shelters (their only and last resort) have exceptionally high needs, face major barriers to finding and maintaining permanent housing, remain unhoused longer, and require intensive resources in order to attain positive outcomes over time. This requires highly trained and professional staff, who can successfully connect, build trust, provide case management and other supports, connect people to treatment, and move people through the system as quickly as possible and on to long-term, stable housing.

³ 99-346 MAINE STATE HOUSING AUTHORITY, Chapter 19, Sec. 1(T). <https://www.mainehousing.org/docs/default-source/msha-rules/19--homeless-solutions-rule.pdf>.

⁴ This is likely an undercount. Most shelter guests have not accessed healthcare to receive a diagnosis in years, and thus would not know to report a chronic disease upon intake. Our observation and experience are that most guests have one or more chronic diseases.

In recent years, the escalating crisis of people experiencing co-occurring disorders in an aging demographic combined with an extreme shortage of affordable housing has led to this quadrupling of in the number of chronically homeless individuals.⁵ (See Table 3 (attached) for Hope House data compared with availability of affordable housing statewide.) At the same time the population has become more complex, funding for shelters had remained relatively flat and any increases have not kept up with inflation. In fact, there is no mechanism to adjust shelter funding for inflation, as there is in healthcare and other sectors, making it impossible to cover the staffing and other costs in a tight labor market with escalating staffing and other expenses.

But low barrier shelters properly funded are a cost-effective way to serve individuals on an emergency basis – exponentially more cost-effective than emergency departments and the criminal justice system. Investing here saves significant dollars in other parts of the system.

To care for this population safely and effectively – delivering high quality wraparound services, including case management, housing and wellness navigators—requires significantly more than the current funding model supports. PCHC/Hope House currently receives funding through MSHA/ESHAP, Maine DHHS Office of Substance Abuse (as a certified treatment facility), the United Way, General Assistance dollars from the city of Bangor, and very limited individual private fundraising. Still, from 2012-2021, the cumulative deficit at the shelter was approximately \$1 million, fluctuating between approximately (\$10k) and (\$150k) each year. In 2022, the deficit rose to (\$304,000). In 2023, the projected shelter deficit will be (\$760,552). In 2024 we project the deficit will be approximately (\$800,000). See Table 2, attached, showing year over year losses at Hope House. Combined, the low barrier shelters in Maine are facing a \$4.1 million deficit in 2023 alone.

Mainecare’s recent implementation of the HOME program is a step in the right direction and absolutely the right policy. However, in the first year of implementation of this program PCHC has realized only about \$100,000 in revenue from it. We will become more efficient at utilizing these dollars over time, but this will only make incremental improvements and will not cover the operating deficits.

The truth is this: Hope House is a high functioning, professional shelter with a long history of innovation and commitment to community that just can’t do it anymore. This has been among the most difficult decisions this organization has made, and my hope is that we can work together to improve the funding formula for low barrier shelters so that all these beds remain in the system.

⁵ **Chronically Homeless Individual** is defined as “an individual with a disability who has been continuously homeless for one year or more or has experienced at least four episodes of homelessness in the last three years where the combined length of time homeless on those occasions is at least 12 months. 2022 Annual Homeless Assessment Report to Congress, U.S. Department of Housing & Urban Development, December 2022, p. 4. , accessed at <https://www.huduser.gov/portal/datasets/ahar/2022-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>, 12/4/23.

Thank you very much for your time.

Sincerely,



Lorelle Dwyer
President and CEO, Penobscot Community Health Center

Table 1 – Hope House Demographic Data

| Category | 2018 | 2019 | 2020* | 2021* | 2022 | 2023** |
|---------------------|------|------|-------|-------|------|--------|
| Unduplicated Guests | 610 | 453 | 335 | 252 | 321 | 306 |

* includes COVID mitigation sites
 ** through 12/1/2023

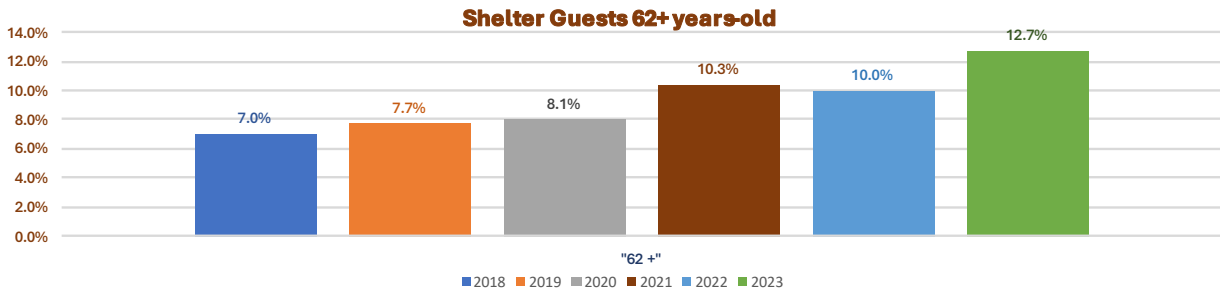
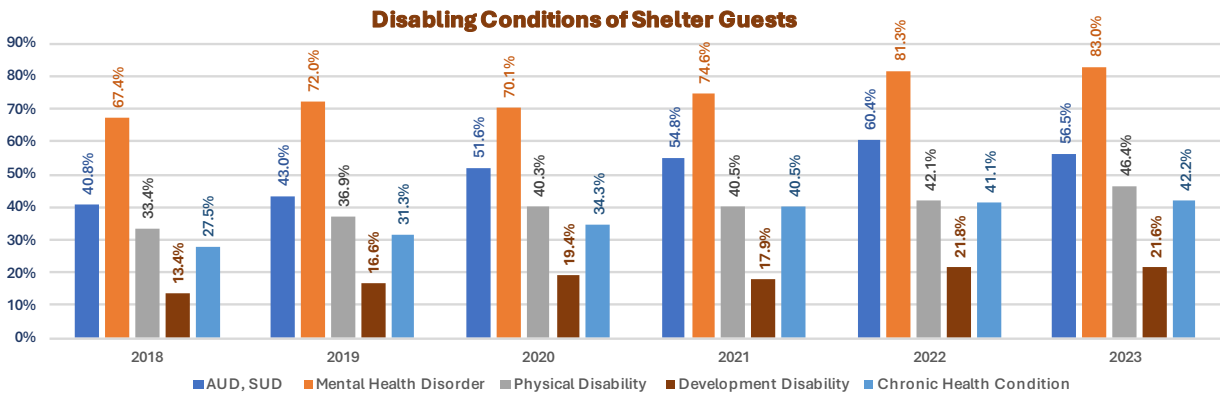


Table 2 – Hope House Shelter Operating Losses 2012-2024

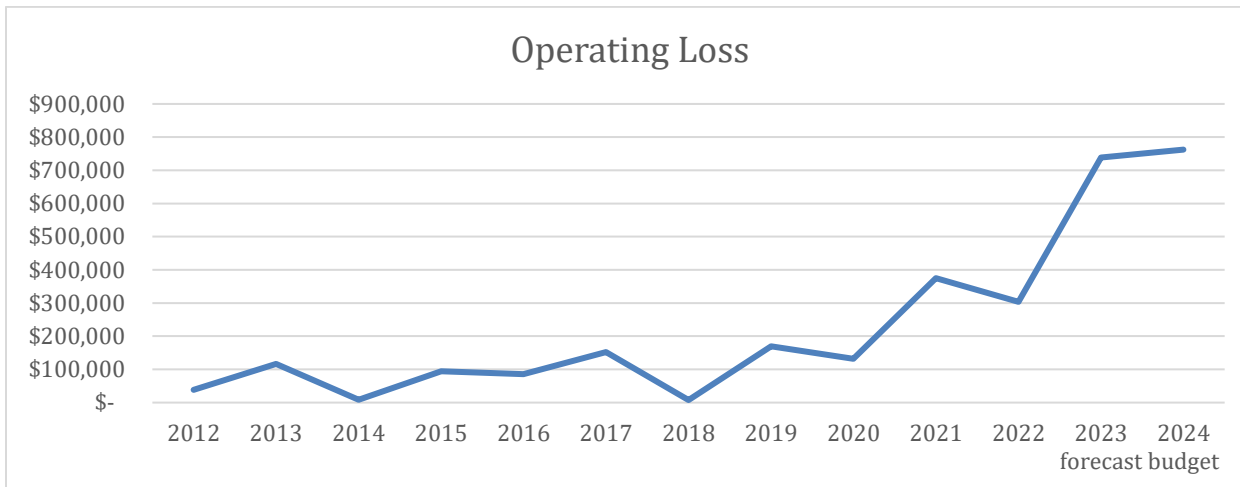
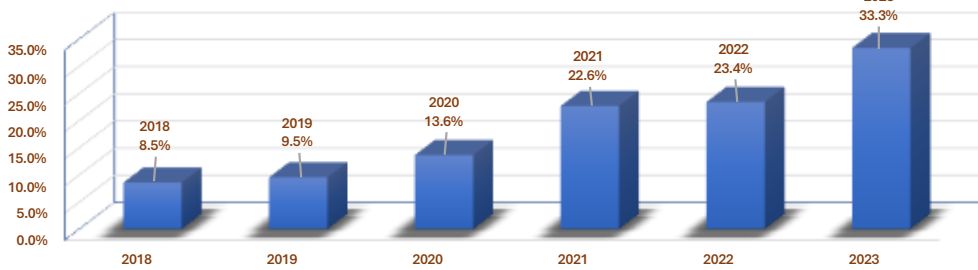
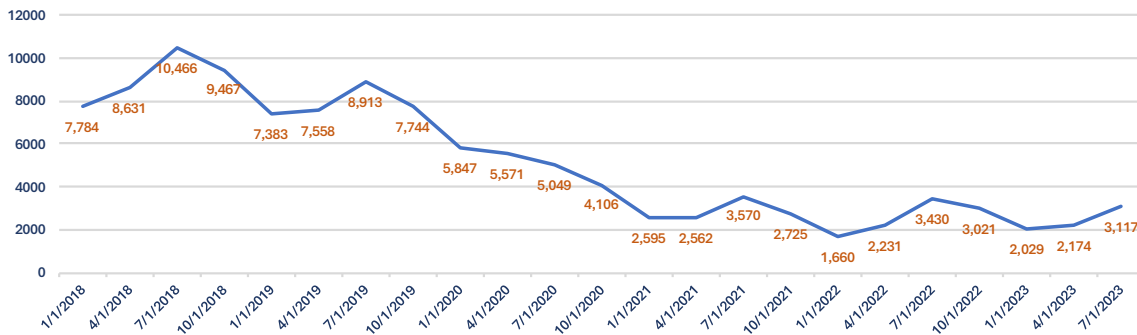


Table 3 – The Number of People Experiencing Chronic Homelessness at Hope House, Relative to Affordable Housing Stock

Guests Experiencing Chronic Homelessness



Quarterly Housing Maine Housing Inventory, 01/01/18 - 07/01/2023





MILESTONE
RECOVERY

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Thomas Doherty, MSW

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Asher Kramer
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John Branson
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Tom Ranello

Bridget Rauscher

Jonathan Sahrbeck

Kate Simson

Melissa Skahan

**EMERGENCY SHELTER
DETOXIFICATION PROGRAM**

HOME TEAM

65 India Street

Portland, ME 04101

Tel: 207.775.4790 Fax: 207.775.5231

December 3, 2023

Dear Senator Pierce, Representative Gere, and Honorable Members of the Joint Select Committee on Housing:

Re: Crisis in Low-Barrier Shelter Funding

Milestone Recovery operates a low barrier emergency shelter for up to 36 intoxicated men. Our current facility has been a beacon for people in need since it was built for the Maine State Medical School at Bowdoin College in 1910. Starting with the Spanish Flu people have always known that help was available here in one form or another. Milestone and its predecessor agencies have all run close to the financial edge putting all of our meager resources into caring for those in need. Our Board of Directors approved a budget this year with a project surplus of only \$32K in a budget of close to \$5.5 million so each dollar counts.

This fiscal year our shelter operations will post a budgeted loss of \$227,337.89. This loss will be made up from other areas of the operation, chiefly from fundraising. This is particularly hard this year because we are also trying to expand our critically needed detox beds and that requires the largest fundraising effort in the history of Milestone.

These losses are driven by increases in staffing costs that are being experienced by all organizations across our economy. Staff are the most important asset of this organization and must be preserved.

Southern Maine depends on the emergency shelter beds that Milestone provides by giving a place for these men to go that is both safe and offers critical care for them. We have all seen the encampments in Portland and many of our shelter guests are too disabled or vulnerable to stay outside. Each night we see people with traumatic brain injuries that result in frequent seizures, individuals with open wounds that cannot be cared for outside, mental health and substance abuse issues that result in hallucinations, delusions, or paranoia. Many also have personal care needs so are not able to care for themselves and need assistance or cueing to shower, eat and sleep. Being smaller than the city shelter Milestone offers an environment that often feels safer for those with significant trauma histories. Our staff have long worked (some as long as 45 years) with many of these individuals and have created significant relationships that help keep our guests safe and functioning at a higher level.

Since the beginning of the pandemic, we have had to increase wages/benefits to hold and attract staff who can easily move around and make more money in a food services or retail job without the stress this work can create. Keeping a stable staff is safer for guests, staff and the community around the shelter. We run a staff ratio of about 1 staff to 10 guests. These staff secure the guest's belongings, check for weapons, feed the guests and then complete paperwork on each individual entering the shelter. Depending on intoxication levels they perform checks for breathing up to every 15 minutes. They also assist clients with showering and laundry. In addition, our staff patrol the neighborhood to make sure unhoused individuals make it into the shelter. On several occasions we have made it to our entrance alleyway only to overdose there.

EXTENDED CARE PROGRAM

28 Portland Avenue

Old Orchard Beach, ME 04064

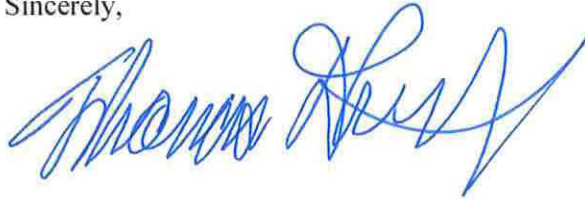
Tel: 207.934.5231 Fax: 207.934.5139

www.milestone-recovery.org

I hope that these comment help on your understanding of the current financial predicament that many low barrier shelters find themselves in.

I deeply appreciate your time and attention to this issue and I remain willing to answer question to aid in your understanding.

Sincerely,



Thaoms P.Doherty M.S.W.

Executive Director

**EMERGENCY SHELTER
DETOXIFICATION PROGRAM
HOME TEAM**
65 India Street
Portland, ME 04101
Tel: 207.775.4790 Fax: 207.775.5231

EXTENDED CARE PROGRAM
28 Portland Avenue
Old Orchard Beach, ME 04064
Tel: 207.934.5231 Fax: 207.934.5139



19 Colby Street
Waterville

Mid-Maine
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DR. KATIE SPENCER WHITE, CHIEF EXECUTIVE OFFICER
(207) 872-8082 ♦ (207) 692-4421 FAX: (207) 872-0834
shelter@ShelterMe.org ♦ www.shelterme.org

December 4, 2023

Dear Senator Pierce, Representative Gere, and Honorable Members of the Joint Select Committee on Housing:

Re: Crisis in Low-Barrier Shelter Funding

I am writing today to share with you our journey as a shelter that transitioned two years ago from a high barrier shelter to one that is low barrier. This transition was necessary and the right way forward for our organization and our community. But it has had an enormous impact on our operations which has resulted in a significant funding gap. If we are to sustain our current operations as well as expand our work to meet rising demand, this funding gap must be addressed.

A high barrier shelter denies entry to people experiencing homelessness for a variety of reasons. These include drug use, criminal convictions, and unsociable behaviors related to trauma, mental illness, and stress. People can be “involuntarily discharged” for the same reasons. Offences as small as having “paraphernalia”, being high, or “talking back” to staff can be grounds for denial of service and discharge.

To maintain high behavior standards, we adopted an institutional approach to working with guests which felt very carceral; in addition to constant surveillance with cameras and by staff and volunteers, there were restrictions on how guests could interact with each other inside the shelter. To prevent people using drugs or bringing them on property there were strict ingress and egress procedures as well as pat downs, bag checks, limited access to the outdoors, and limitations on when people could eat. It was, in a word, draconian. But it did mean that our guests moved out quickly, often into permanent housing.

Because of the pandemic, I was able to alter our operations and we transitioned to low-low barrier shelter in 2022. **A low barrier shelter is one that accepts guests regardless of sobriety, treatment for mental illness, or history of criminal convictions, including registration on the sex offender registry.**¹ The majority of our guests have very high needs. This has had a dramatic impact on how we operate. In addition to serving those with acute substance use disorder, we necessarily have a much higher tolerance for extreme behavior which results from trauma, addiction, and serious mental illness.

Some of the most obvious changes from this transition include:

- **Incorporating harm reduction into our work.** For example, we have invested in the Brave System, which includes reverse motion sensors to alert us when bathrooms are occupied but no one is moving. At a cost of \$20,000, this was an expensive investment, but it saves lives. On the

¹ See 99-346 MAINE STATE HOUSING AUTHORITY Chapter 19: HOMELESS SOLUTIONS RULE
“Providing Emergency Food & Shelter to Homeless and Displaced Persons in central Maine”
“Founded by the Interfaith Council in 1990”

Wednesday before Thanksgiving the Brave system alerted staff to an occupied bathroom, and they were able to reverse the overdose of a person who was unresponsive and not breathing. Then they reversed another near fatal overdose three days later. Since the 1st of November we have reversed four overdoses. We also have Narcan on site and all staff are trained in its administration as well as CPR and First Aid.

- It is not easy to reverse an otherwise fatal overdose and have that person return from the hospital two hours later, or to support people with significant untreated mental illness and trauma. To help **maintain employee wellness and to manage on-going work-related stress**, we've invested in staff supervision, leadership development, an Employee Assistance Program, and comprehensive healthcare, as well as additional paid time off, and staff development. This has led to an annual rate of employee turnover of 5%, down from 30% when we were a high barrier shelter.
- Because of the high need of guests, we developed an innovative “**risk stratification**” system which is a tool for identifying and predicting which patients are at high risk or are likely to be at high risk of death or other significant adverse outcome and prioritizing the management of their care in order to prevent these worse outcomes. It requires staff to monitor and engage with guests regularly based on their level of risk. This **1:1 engagement is labor intensive and requires significant training and time to maintain records**.
- Because most guests have moderate to high needs, we must also have a **lower staff to guest ratio**. In a high barrier shelter the ratio was 1:25 or 1:30; in a low barrier shelter it is 1:10 to 1:15. It will be lower during the winter when we are operating our warming center because those guests have some of the highest needs. Our annual payroll bill has increased from \$680,000 a year in 2018 to \$1.9 million in 2022. While some of this is attributable to inflation, it is also the case that we needed fewer staff and could tolerate high turnover with a high barrier shelter. **Stable, long-serving staff is crucial to low barrier operations**.
- To increase access to shelter, **we welcome animal guests**. Because our population likely has a qualifying disability, we assume all of our animal guests meet the definition of Assistance Animal under the Maine Human Rights Act. It also means we need to invest in flea and tick remediation, access to veterinary services, and intensive pest control during the warmest months of the year. Just this summer we had to pay \$2500 to treat the entire building for a flea infestation.

Since our warming center opened on November 1st, we've served an additional 57 unique individuals and provided 600 more bed nights above the 1650 in our year-round program during the same period. Most of these guests have acute addiction. Without our work, these individuals would remain in tents at risk of fire or the cold, or they would migrate to Portland or Bangor where there are available services. We're hoping we can keep people in Kennebec County which is home to the vast majority and where they want to find housing.

We also have plans to expand to a second location in Waterville which will allow us to offer an additional 20 year-round beds. Our community embraces our work, and we have the support of city leadership. What we lack is funding. We hope that will change and we will be able to offer the highest caliber low-barrier services in the state for the foreseeable future.

Thank you for your on-going interest and advocacy for our work and our sector. We couldn't do this without your support.

Yours in partnership,



Dr. Katie Spencer White

“Providing Emergency Food & Shelter to Homeless and Displaced Persons in central Maine”
“Founded by the Interfaith Council in 1990”