

Present:

	Vote on notes		
Michael Reed	Y		
Allie Smith 2nd	Y		
Erin Guay 1st	Y		
Safiya Khalid	Y		
Elizabeth Wilson	Y		
Craig Saddlemire	Y		
Heritier Nosso	Y		
Corey Crowell	Y		
Stephanie Dube			

Stephanie Primm, Lauren Bustard, Sarah Gallagher

Creating more services for people experiencing homelessness – what can a community expect? There is no hard data, but there is anecdotal experience. Most people do not want to leave their comfort zone where they have grown up, established supports, or have history. Unfortunately, in rural ME there aren't a lot of options. If people from a community accept housing away, they generally come back to their community.

CSH did a study on this with affordable housing. They found it increased property values in the neighborhood, more access to services, better public safety. More eyes and people who are caring for and invested in the neighborhood. They have found people want to receive services where they are. There are certain subsets of young people who may travel the country, but it is not the norm. The concern is usually with neighboring communities. As part of the CSH strategic plan, they are identifying regional partnerships and also looking at how GA plays into homelessness. Agreements on how GA is used can be a part of a regional partnership.

In order to have effective services, it needs to be coordinated well to properly assess and refer individuals to the services that are most relevant. Comprehensive plan being developed with CSH. Goal is to reduce folks into the system but a huge need is supportive housing. Steph will share the presentation provided on Tuesday.

Does Lewiston know size and scope of the need? Does Lewiston have targets? It would be helpful to have a housing assessment in the area in order to implement Rapid Rehousing and also assess what shelter need is vs supportive housing need. It's easier to start case management than put infrastructure

in place. If you do have a shelter, there should be an exit strategy for it. A tricky thing in Lewiston is that there are already several shelters, but they just aren't tied into the state systems.

Question: Do you have samples of cities who have worked with private owners and what that process is and how it was accomplished? For example, Lewiston is struggling working with private owners. There are owners who have units open and would be glad to help someone out, but it doesn't make financial sense for owners. Especially with COVID, owners are particular about who they rent to, and connections aren't there to help people with stable housing.

Answer: Rapid Rehousing and Rental Assistance is key to engaging with private landlords. A case manager can be very helpful here as a liaison between landlord and owner and to assist the household. A partnership with the local Housing Authority can connect owners and people in need of housing who are voucher eligible. Case managers are teachers and mentors. They establish trust and a relationship with individuals to understand their needs and work toward sustainability.

Community Concepts did this type of case management and navigation in the Wellness Shelter. They also have vouchers in partnership with MaineHousing. MaineHousing has a network of shelters that they support around the state to support operational funding and other needs. It's not a huge part of the shelter budget. There is also a fund for case navigation.

Data collection and service delivery is very fragmented. Annually, anecdotal evidence shows 500-600 individuals experiencing homelessness.

Who is currently not served? Elderly individuals and those who have mental health needs or disabilities. Youth who age out of New Beginnings, particularly LGBTQ youth who don't feel they can safely occupy the shelters that require religious observance.

Nate Libby and Shawn Yardley

The quarantine and isolation shelter and 28-bed (14 rooms) individuals are in the same hotel but are separated. The shelter opened on a Sunday and was quickly filled. They were able to retain many of the same staff members from the Wellness Shelter. Community Concepts is happy to support this but does not see running a full-time shelter. Because of the increased business this provides, hotel is able to be financially sustainable and people remain employed.

GA, Trinity, and case managements partners were used to get the word out, especially to those who are most in need. The shelter has been at capacity since November 15th. No waiting list but tell folks to check back regularly. Far more than 28 inquiries before opening, but difficult to quantify how many since. It's a triage facility with hot meals, shower, clean bed, and supportive staff to help facilitate connections with other services. Common situations for residents are profound mental health issues, substance use disorders, significant trauma. Working to get benefits for which they may eligible (TANF, SSI) and get folks placed in supportive living, long-term care, or residential treatment. There is a shortage of beds available in all three categories, which makes it difficult to make those placements. From armory: When folks were at shelter for more than 7 days, 60% connected to case management in a meaningful way. There are some folks for whom it is difficult to make those connections due to mental illness.

Question: Are you seeing anyone who is moving from high-barrier shelter to this shelter, or is it new?

Answer: Mostly people who have been living outside. There are people from Lewiston who have gone other places to get shelter, but came back when an option opened up in Lewiston. There are people who have been excluded from other shelters who have inquired, and that was considered in accepting guests to ensure safety of guests and staff.

Question: What went into 28 bed shelter?

Answer: That was an agreement and conversation between facility and MEHousing for what could be managed.

Question: Are people leaving during the day?

Answer: Majority of guests spend most of the time on-site, which is helpful for access of case management and to mitigate COVID. There are exceptions, including people who are actively employed. If individuals need to get into town for appointments, some transportation can be provided for medical appts, but guests are using bus services to get around otherwise.

Question: Did MEHousing reach out to other facilities that would have more space?

Answer: They did explore other options last spring but were not successful.

Question: When will shelter be closed?

Answer: April 30th is last day it will be open.

Question: There have been safety concerns brought up at council meeting. How was community informed, especially in relation to school bus stop?

Answer: The school bus stop is at the opposite side of the property, and there is no interaction.

Question: Do each of the 28 guests have a case manager to help folks move into supportive permanent housing?

Answer: Guests are required to have case management. The shelter staff collaborate with different agencies to find the right fit for each guest.

Question: How is COVID testing work?

Answer: All guests must have negative test within 72 hours of coming to shelter. There are temperature screenings and questions asked to protect all guests. If someone refuses to be screened, they would not be accepted into 28 bed shelter. Wanted to make sure COVID was not an insurmountable barrier and partnered with B Street. Continually working to make it smooth for folks.

Bedbugs

Healthy Androscoggin is entering into a contract to provide lead poisoning education but will be adding bedbugs into that. While we can educate about it, we need more sustainable solutions. Talking about prevention is important. Also, bedbugs have been here forever – how are we getting resources into people's homes to help people understand what bedbugs look like.

A central community solution for bedbug treatment, like a mobile oven, to help individuals get all belongings treated would be helpful. There are examples of this in other communities. There may be a mobile oven in town but is only available to landlords who pay for it. It costs \$200 per unit. Bedbug issues end up being put on the property owner. Sometimes people refuse treatment because they don't understand the chemicals or miss appointments. At the City level, there are overly aggressive people who say it's on the landlord. There is not tenant accountability – no fines or anything for tenants. Serious financial impact to owners, so the idea of something public would be great. Education for tenants will be important. Landlords should be clear about expectations for tenants. Landlords can recoup that money from a tenant who doesn't comply with the procedures. Important to know that pest control understands how to treat it.

****It keeps coming up that we need an assessment of our situation, both housing and homeless – is this something we should strategize or is it already available?**

Next meeting: January