

City of Biddeford
City Council - Workshop
January 09, 2024 5:30 PM Council Chambers and Zoom

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Status:

- 1. Roll Call**
- 2. Pledge of Allegiance**
- 3. Mayor's Opening Remarks**
- 4. Presentations**
 - 4.a. Presentations by Regional Stakeholders - maximum 10 minutes per person**

Lived Experience

Jake Hammer, Community Engagement Specialist- BPD
Maeghan Lapierre, Substance Use Outreach Liaison- BPD
Chris Indorf, Assistant Superintendent -Biddeford Schools
Joyce Reny, Volunteer- Sprinkle
Vassie Fowler, Executive Director - Seeds of Hope
Guy Gagnon, Executive Director – Biddeford Housing Authority
Abigail Cioffi Smallwood, Homeless Response Service Hub Coordinator -YCCAC
Carter Friend, CEO - YCCAC

5. Discussion and Questions

5.a. Council Discussion

Consultant, WestEast Social Impact Studio- Biddeford and Saco
[Biddeford and Saco Unhoused Services Analysis December 2023](#)
[Legislative Walkthrough FINAL](#)

6. Mayor's Closing Remarks/Next Steps

7. Adjourn

Biddeford and Saco Unhoused Services Analysis

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About Social Impact Studio

WestEast Design's Social Impact Studio (SIS) is spearheaded by a licensed master social worker, dedicated to undertaking comprehensive projects in the realm of human service initiatives. Our work includes but is not limited to homeless facilities encompassing emergency shelters, supportive housing options, and transformational campuses. Our commitment to excellence and social welfare drives us to employ a multidimensional approach that addresses diverse societal challenges.

The SIS takes pride in its research-driven designs, particularly in the domain of trauma-informed design (TID). We delve into contemporary literature on TID and actively involve existing consumers of affordable housing in our investigations. We assimilate the valuable consumer perspective through focus group sessions, ensuring that the design and function of these communities resonate with the needs and preferences of their inhabitants.

At the heart of our endeavors lies an ambition to serve as a catalyst in addressing social crises and cultivating thriving communities. By applying our meticulously honed methodologies and leveraging our team's expertise, we aim to effectuate positive change on a significant scale.

The SIS firmly believes that fostering healthy and supportive environments can contribute substantially to the betterment of society as a whole. With an unwavering commitment to social impact, we persistently strive to improve the lives of those we serve and shape a brighter, more inclusive future for all.

Our Values

Trauma-Informed: We understand the impact of trauma on the human experience and this understanding permeates every phase of our process

Person Centered: We value the worth and dignity of all people

Recovery-Oriented: We understand that each person is unique and should be supported in making their own decisions regarding what recovery means for them

System-Perspective: We understand the complexities of social issues and the need for multi-sector and multi-system approaches to analyzing and solving them

Evidence-Based: We incorporate peer-reviewed research into each phase of our process, allowing us to continuously learn and improve

Section 1: Overview of Unhoused Services Scope of Work

The City of Biddeford released a Request for Proposal (RFP) on March 20, 2023. The contract was awarded to WestEast Design's Social Impact Studio to conduct the technical analysis of Biddeford's unhoused population and its needs. During the contract discussions, the City of Biddeford decided to partner with the City of Saco to include both jurisdictions in the analysis.

The goals of the engagement were to conduct a gap analysis to determine the scope of the needs for those that are unsheltered and provide policy options to address the gaps and ongoing needs of the community. Specifically, the Scope of Work requested in the RFP is as follows:

Phase 1: Independent Review of Population, Support Network, and Service Gaps

- Identify the population totals for the unhoused, including demographic profiles, and to the degree that it is feasible, provide an estimate for future projections.
- Provide an analysis of the support services network, capacity challenges, and gaps.
- Determine strategies for a regional and statewide approach to improve outcomes.
- Summarize barriers for accessing services and treatment.
- Include various perspectives across the community during the discovery phase of the project.

Phase 2: Develop Range of Policy Options and Related Costs

- Provide policy options for the city to consider in adopting solutions to address the needs of the unhoused.
- Include projections on the individuals that can be served through the policy options, service level needs, staffing, and cost considerations.
- Identify the cost of not shifting the current policy response.

It is vital that in addressing issues associated with homelessness in Biddeford and Saco that focus is placed on dealing with the structural challenges associated with homelessness such as access to affordable housing, rather than crafting reactive policies that are rooted in perceptions and stereotypes. Evidence-based policy options for reducing homelessness require root cause approaches, including reforming housing plans, scaling alternative response models, leveraging capacity through cost diversion mechanisms, and taking a regional, data driven approach to homelessness.¹ Unfortunately, the federal response and funding for homeless intervention is primarily accessed through urban centers. This approach leaves far fewer resources available for smaller and rural jurisdictions, thus making it more imperative that these communities look to policy solutions and a regional approach to maximize scarce resources.

Biddeford and Saco are taking a leadership role in moving the homeless response system in these directions. To do so effectively, it is imperative that these communities move from informal, segmented systems, to a more formal and structured system approach with multi-sector collaboration and robust data collection at the core. Moving in this direction will inform systemic solutions.

¹ Love, Hannah and Hadden Loh, Tracy. The Brookings Institution (December 7, 2023). Homelessness in US cities and downtowns: The perception, the reality, and how to address both. Accessed at: <https://www.brookings.edu/articles/homelessness-in-us-cities-and-downtowns/>

Section 2: System Analysis Design

The following provides an overview of the design of the analysis, including the process for selecting participants, the development and administration of the data collection instruments, and the review of additional archival data.

Participant Interview Selection

During the design phase of the project, staff from the City of Biddeford and the City of Saco provided a list of local entities to participate in individual interviews as the primary means of gathering information. The chart below includes the name of the organization, the participant's name, and their title.

Interview Participants				
No.	Affiliation	Name of Organization	Participant's Name	Participant's Title
1	Homeless Taskforce	Seeds of Hope	Vassie Fowler	Executive Director
		Biddeford & Saco School District	Chris Indorf	Assistant Superintendent
		Biddeford & Saco Housing Authority	Guy Gangon	Executive Director
		York County Community Action	Abigail Smallwood	Homeless HUB Coordinator
		Biddeford Police Department	Jake Hammer	Community Engagement Specialist
		Saco Police Department	Rebecca Lyons	Community Engagement Specialist
		Volunteers of America-Northern New England	Brian Bouthot	Manager of Veterans' Services
		PATH Outreach	Rebecca Smart	N/A
		City of Saco	Emily Nicole-Prescott	City Planner
		City of Biddeford	Gail Wilkerson	HUB Director, Biddeford
2	Faith Community Advocates	Seeds of Hope	Rev Shirley Bowen	Former Executive Director (retd.)
		United Baptist Church	Rev Beverley Lowell	Reverend
3	Access to Food	Saco Meals	Carmen Gawronski	President
		Bon Appetit Meal Program	Jim Cortright	Program Director

4	Maine Housing	Maine Continuum of Care	Scott Tibbitts	Planning & Grants Coordinator
		Maine Continuum of Care Board	Cullen Ryan	President
		Maine Continuum of Care Board	Vicky Merrill	TriChair
5	Person with lived experience	City of Biddeford	Randy Seaver	Person with lived experience
6	Maine Housing	Maine Continuum of Care	Tara Hembree	Maine Continuum of Care TriChair
		Maine Continuum of Care	Kelly Watson	Maine Continuum of Care TriChair
7	City of Biddeford Staff and Public Library	Biddeford Police Department	Chief JoAnne Fisk	Chief of Police, Biddeford
		McArthur Library	Jeff Cabral	Public Library Director
		McArthur Library	Melanie Taylor Coombs	Adult Services Supervisor
8	Code Enforcement	City of Saco	David Twomey	Director of Code Enforcement
		City of Biddeford	Roby Fecteau	Director of Code Enforcement
9	City of Saco Staff and Public Library	Saco Police Department	Chief Jack Clements	Chief of Police, Saco
		Office of General Assistance	Jane Maynard	General Assistance Director
		Dyer Library	Leslie Rounds	Executive Director
10	Main Street Programs	Heart of Biddeford	Delilah Poupore	Executive Director
		Saco Main Street	Angie Presby	Executive Director

The survey responses were collected from the following organizations:

1. Southern Maine Health Care
2. Biddeford Food Pantry
3. The Maine Way, Inc.
4. McArthur Library
5. Seeds of Hope Neighborhood Center
6. Volunteers of America NNE
7. Maine Behavioral Healthcare
8. York County Community Action

Instrument Design

Once the assessment methods were determined, the consultants proceeded to develop the interview instrument. The content of the interviews were focused on gathering information related to the themes summarized below. The complete document is included in appendix 2.

Focus Groups and Interview Themes

1. Community Strengths: Homelessness, Mental Health, Substance Use and Addiction, Physical Health and Overall Health Care
2. Understanding service gaps and community barriers
3. Partnerships and Local Environment
4. Integration of Government Entities: Law Enforcement, First Responders, Hospitals, and County Courts

Survey Themes

In addition to the interviews, a survey was developed to gather more detailed information from individual organizations providing services in the community. The following themes were included in the survey. The complete survey is included in appendix 3.

1. Organizational Service Delivery
2. Service Delivery Documentation Capacity and Practices
3. Organizational Staffing and Needs
4. Implementation of Evidence-Based Practices

Instrument Administration

Interviews and Focus Groups

After the assessment instruments were selected, the consultant scheduled sessions with the 8 organizations listed above. Participants were assured the individual information was confidential and only a summary of key findings and recommendations would be reported.

Interviews were scheduled via Zoom for about 60 minutes and discussion centered around the 4 themes listed above. Interviews were recorded only to facilitate transcription. A total of 12 group interviews were conducted with 1-3 participants attending. A separate focus group was conducted with 10 members of the Homeless Task Force.

Interview audio files were then uploaded to rev.com, an online transcription service, which provided an MS Word file with a verbatim transcript of the interview.

Survey

It is not feasible to collect specific organizational information through a focus group setting; therefore, the survey was developed to collect community-level data. The survey focused on four themes, as detailed above, with a total of 26 questions. There was a combination of open-ended questions and selections from a pre-populated list. The survey was posted on an online survey tool, Survey Monkey. The weblink was emailed by city staff to providers who offer services to unhoused people in Biddeford and Saco. Organizations were given a 7-day window to complete the survey.

Analysis Structure

Due to the type of the data collected through interviews and focus groups, a qualitative approach was required. The qualitative analysis software, NVivo, was utilized to store the data. The software requires that all data be uploaded and organized in order to begin coding. The data was organized using the following structure:

1. Community Strengths: Homelessness, Mental Health, Substance Use and Addiction, Physical Health and Overall Health Care
2. Understanding service gaps and community barriers
3. Partnerships and Local Environment
4. Integration of Government Entities: Law Enforcement, First Responders, Hospitals, and County Courts

Responses were categorized based on their alignment with each of these themes. Once every interview had been appropriately categorized, the data was reviewed within each theme to identify patterns and common references across responses, then summarized further. These two separate levels of coding by two different consulting staff provides the opportunity to cross-reference codes and themes to ensure consistency and a thorough analysis. The interview findings were included in the analysis to identify alignment in the responses, along with determining additional emerging themes that are addressed further in Section 3.

Archival Data

Archival data is considered any information that is gathered in the form of supporting program documents or available research for reference purposes. This is included in the analysis to provide context and background information for the data gathered directly from the interviews. The reference list is available in Appendix 4. The categories of references included available reports or studies related to homelessness, housing, community data, healthcare availability, and behavioral health.

This information was reviewed and condensed in alignment with the themes utilized for the interviews. The multi-layer analysis provides additional context with information available through internal reports, publicly available data, as well as peer-reviewed journals to further structure the analysis.

Limitations

The project scope did not allow for on-site engagement or physical presence in the meetings, focus groups, and subsequent planning. The consultants utilized a variety of methods to engage the contacts and obtain information. While our community informants were forthcoming with their experiences and perspectives on addressing the needs of the unhoused residents, the natural limitation of engaging with people through remote means creates a layer of separation that is critical to disclose.

Section 3: Interview Findings

This section will outline the key findings in each of the themes described throughout Section 2. These findings are based on the feedback obtained through each of the interactions with interview participants. Such findings are divided into the following categories:

1. Community Strengths: Homelessness, Mental Health, Substance Use and Addiction, Physical Health and Overall Health Care
2. Understanding service gaps and community barriers
3. Partnerships and Local Environment
4. Integration of Government Entities: Law Enforcement, First Responders, Hospitals, and County Courts

Community Strengths: Homelessness, Mental Health, Substance Use and Addiction, Physical Health and Overall Health Care

There was general agreement that homelessness is on the rise while resources are relatively scarce. There was a common theme that both communities take a caring and compassionate approach and agencies are collaborating and doing their best to create solutions and build capacity. Several participants felt this may change if homelessness continues to increase in the communities.

In the area of homeless intervention, the addition of Social Workers in both cities' police departments (PD) is commonly referred to as an innovative and effective intervention helping to create additional capacity in the system. These positions are often the first line of early intervention, de-escalation, and referrals to resources in the areas of homelessness and behavioral health and help to diffuse responsibility from officers. While the addition of these social workers is viewed as a tremendous asset to the communities, there may be a growing over-reliance on PD to fill existing gaps in the system.

Another community strength that emerged as a recurring theme was the availability of behavioral health training. Many of the community partners are trained in Adverse Childhood Experiences providing a deeper understanding of the impact of trauma on mental health which helps in identifying and managing some mental health needs. Police officers receive Crisis Intervention Team (CIT) training and Integrating Communications, Assessment and Tactics (ICAT) training, better equipping them to assess and intervene in situations involving mental illness and other critical incidents.

Interviewees reported a positive shift of state-wide involvement in homeless intervention at the local level. For example, the Statewide Continuum of Care (CoC) is increasing capacity through the creation of Statewide HUBs, local HUB coordinators, and the future addition of Housing Stability Workers at the HUBs. The CoC is also implementing the Built for Zero model. The State has also passed legislation relaxing zoning and land use restrictions for affordable housing development and the use of accessory dwelling units. MaineHousing added a six-point incentive on the Qualified Allocation Plan for homeless impact projects through the Low-Income Housing Tax Credit program.²

² MaineHousing (2023). 2023-2024 Low income housing tax credit Qualified Allocation plan. Accessed at https://www.mainehousing.org/docs/default-source/qap/2023-2024-qap.pdf?sfvrsn=71818415_2.

Service Gaps and Community Barriers

Law enforcement and other interviewees report a significant increase in the presence of encampments in the community caused by a lack of availability in shelters. The 9th Circuit Court on *Martin vs. Boise* ruled that people experiencing homelessness cannot be criminally punished for sleeping outside on public property if there are no available alternatives. Law enforcement cannot break up the encampments and shelters cannot meet the rising demand. A lack of available shelter services also creates pressure on other parts of the system such as hospitals and law enforcement. Seeds of Hope was commonly cited as a great community resource but lacks capacity. Capacity can include financial resources, staffing, and physical space. The nearest emergency shelter is the York County Shelter Program in Alfred. However, this shelter has limited capacity and does not accept anyone under the influence or experiencing acute mental distress. Transportation is also a significant barrier in accessing this resource.

Another prevalent theme was the lack of affordable housing at all income levels. Respondents cited increased popularity of the region as one of the reasons for rapid population growth. The increased population growth led to saturation of the housing market which in turn led to significantly increased costs to acquire housing, both rental and ownership. The escalating cost of housing is displacing people that lived in these communities for years and is contributing to the number of unhoused people locally.

Associated with the lack of shelter and housing options is a lack of available supportive services. There are limited options of service provisions and very limited capacity across all domains of homelessness, mental health, and substance abuse. As a result, more informal systems of care, such as the local libraries and businesses, have become the de facto support systems.

Another community barrier cited in the interviews was the lack of data management systems for tracking demographic information and helping coordinate service systems. Existing data management systems are informal and overly reliant on personal relationships among service providers and the connection to other partners across the intervention system. Since most service providers are not funded by the CoC, there is no requirement to participate in the Homeless Management Information System (HMIS), the CoC data platform. As a result, a lack of local data limits the ability to identify demographic characteristics of the unhoused and limits employing predictive analytics for future changes in the number and types of homelessness experienced in the community.

Respondents indicated local healthcare systems lack capacity in the areas of primary care, mental health care, and care for substance use disorders. As a result, the local hospital became the de facto resource for these issues, which is costly. Respondents cited staffing shortages in the healthcare industry, further exacerbating the problem. Without local resources, people in need are forced to seek services outside of the immediate region, though transportation is an issue in accessing these supports.

Partnerships and Local Environment

Local coordination is apparent through developed partnerships and strong relationships. While the current systems are informal, there is a high level of motivation among the sectors involved to maximize existing resources and to be resourceful and creative in developing interventions on a case-by-case basis as new situations arise.

The local Homeless Taskforce is a key component to local partnerships and service coordination. This Taskforce has broad involvement of the service sector and people engaged at the operational level of the work. However, there is a lack of executive-level inclusion from many systems involved in addressing homelessness, including PD, criminal justice, behavioral health providers, and leaders with the ability to shift organizational priorities. To effectively accomplish system integration and coordination, the involvement of executive level participation across all the systems involved in homeless response is crucial.

Meal service providers and the local libraries reported an increased number of unhoused people accessing resources at their respective sites. These entities are supportive and welcoming to the unhoused, but there is no formal engagement with the rest of the helping systems. The fact that unhoused people are accessing these resources is an opportunity to engage them through formal outreach efforts at these sites.

On the statewide level, a closer partnership with the Statewide CoC is emerging through the creation of regional hubs and future plans to deploy Housing Stability Workers as a component of each HUB. While these additions help to create better coordination with the CoC, still very few direct housing resources trickle down from the CoC to the local communities.

Integration of Government Entities: Law Enforcement, First Responders, Hospitals, and County Courts

Interviewees indicated district attorneys and courts began to work with PD to shift from criminalization to treatment of homelessness, mental illness, and addiction, thus diverting people from incarceration to more appropriate treatment/intervention options. While these relationships/processes are relatively informal now, there is movement made toward standardizing these practices. To successfully create these types of diversion systems, it will be crucial to expand both bed and service capacity in each of these areas. Overall, the community seems to understand that law enforcement is not the solution for homelessness, nor is it the solution for people with substance use disorders or mental health challenges.

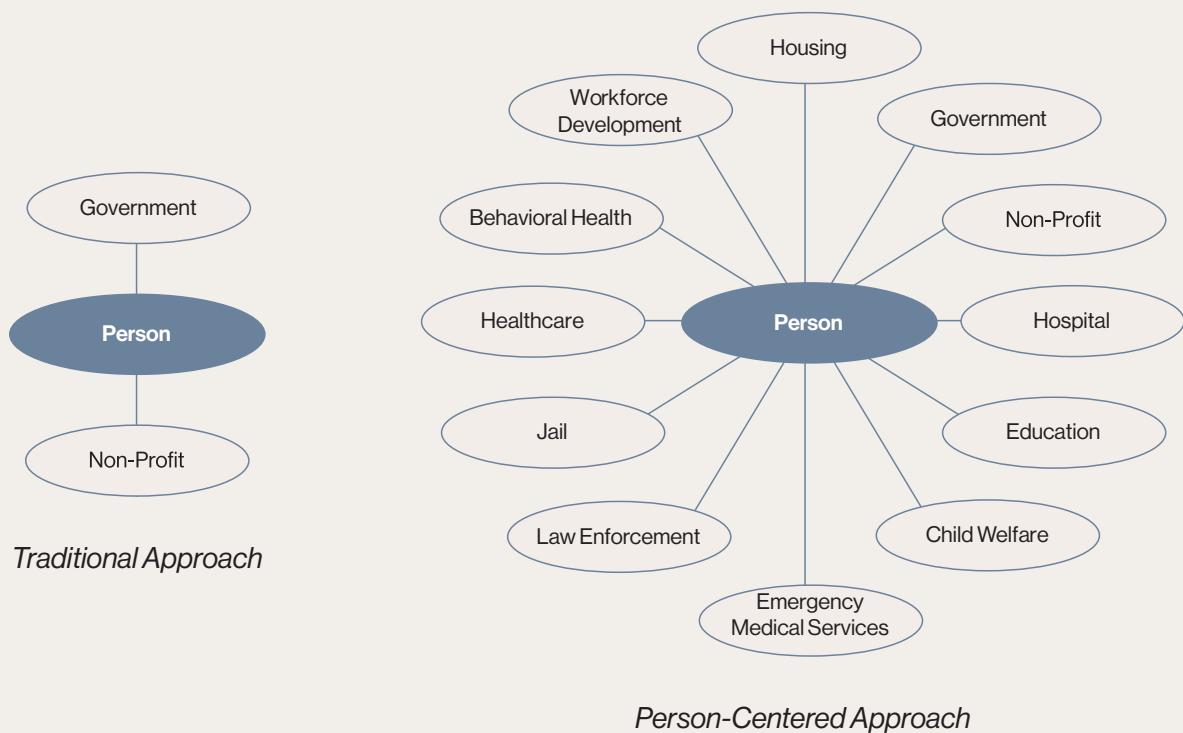
Respondents indicated that the hospitals are an important resource for both medical care and behavioral health care of unhoused individuals. However, the hospitals lack capacity, particularly for behavioral health needs, and are thus at times forced to make decisions for admission based on capacity versus acuity of needs. Respondents also indicated that many of the unhoused use the hospitals for primary care needs because of a lack of capacity of primary care providers, which is an expensive intervention. Overall, respondents felt there is an overreliance on the hospitals due to the lack of other treatment options.

An overarching theme that came across was that law enforcement, first responders, hospitals, and the courts are key entities in addressing and intervening in homelessness in the community but efforts tend to be siloed and not a part of a larger integrated and coordinated system.

Section 4: Archival Data Findings

Systems Thinking and Homelessness

Often, when we look at issues associated with unhoused people in communities, we tend to view them through a lens of the unhoused individuals themselves and the ‘traditional’ helping systems such as nonprofits and government. To address homelessness at the municipal, county, or state level, a broader awareness of the context of the issue is required. Multiple sectors need to be engaged and aligned to address the issues. This encapsulates a systems approach in thinking about and responding to issues associated with homelessness. The diagram below illustrates the systems thinking approach that will be used throughout the description of homelessness in Biddeford and Saco.





Systems Thinking Approach

As the diagrams represent, addressing homelessness as a system requires engaging various sectors and working towards aligning priorities to remove institutional barriers that prevent people from obtaining access to community services. The following provides a list of entities to consider including in formalized group-level conversations:

- Local Crisis Response: Law Enforcement, Emergency Medical Services, Hospital Emergency Department, County Jail
- Social Service Systems: Health Care, Behavioral Health, Child Welfare, Education, Housing, Workforce Development, Homeless Response System
- State Systems: Housing, Health and Human Services, Workforce, Education, Criminal Justice, Veterans Commission, Family and Protective Services

There are also multiple levels of engagement that need to be considered when designing the composition of these groups:

1. Executive Level: These discussions will focus on the long-term structural and systemic transitions that are needed to drive change. The decisions are based on addressing system solutions for individual challenges.
2. Strategy Level: These typically involve mid-level managers who are focused on taking the executive-level priorities and developing specific actions and strategies to efficiently solve the identified challenges. These strategies then inform the approach to daily operations.
3. Operations Level: These typically involve direct care staff focused on emergent and immediate situations. The decisions are based on individual needs, based on client interactions. The direction should be connected to longer-term strategies and informing the desired system-based solutions.

Scale of Need

As the city grapples with the increasing number of unhoused residents, it is important to understand how current data is collected, who is counted, and the variations in that data. The primary method used nationally for tracking people experiencing homelessness is a process managed by the Continuum of Care. In Maine, the Continuum of Care (CoC) is MaineHousing. They are designated by the U.S. Department of Housing and Urban Development (HUD) as the governing body for allocating federal dollars across the state to qualified service providers, supporting the coordination of the response, and managing the software for submitting federal reports, the Homeless Management Information System (HMIS).

In order to be eligible for HUD programming, clients need to meet the federal definition for homelessness. The federal definition includes four categories listed below. However, CoC funds generally can only be used for clients meeting Category 1 or 2 criteria. Certain limitations apply for documenting eligibility.³

1. Literally Homeless
2. Imminent Risk of Homelessness
3. Homeless Under Other Federal Statutes
4. Fleeing/Attempting to Flee Domestic Violence

Each year, the CoC is required to conduct a count of persons experiencing homelessness on a date selected in the month of January. It includes a sheltered count and an unsheltered count. The following provides the counts provided by the City of Biddeford.

³ HUD Exchange. "Eligibility Requirements for CoC and ESG Programs." Accessed at: <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/four-categories/homeless-eligibility-requirements-by-coc-and-esg-program-model/>

Biddeford Point-In-Time Counts, 2016-2020			
Year	Unsheltered Adults	Couch surfing or unstable housing*	Total
2016	13	21	34
2017	17	26	43
2018	18	22	40
2019	11	21	32
2020	11	15	26

Source: City of Biddeford

It is important to note that couch surfing is not considered literally homeless for the purpose of the HUD count. Further, the local school districts are required to monitor the students and families experiencing homelessness, yet the definition for McKinney-Vento does consider couch surfing and doubling-up as homeless. Below are the numbers provided by the school districts. Based on the information provided, here are a few key findings:

Biddeford

- In Biddeford, it took 10 years between 2009-2018 to double the homeless count from 23 to 44. Yet it took only 7 years between 2018-2024 for that number to nearly double again from 44-80.
- In comparing the numbers provided by the school district and the point-in-time count, there are nearly 3 times more that are considered homeless through a different definition.
- This speaks to the diversification of those experiencing homelessness in the community. People that are unsheltered are disproportionately represented as needing treatment to address mental illness and substance use. However, the data from the school districts also represent families and children that do not have access to stable housing.

Saco

- The 2023 point-in-time count for Biddeford and Saco totaled 18. The count was not separated by community.
- The increase in homelessness in the school district has increased by nearly 550% in 6 years from 21 to 115 between 2018-2023.
- The difference in the count from the point-in-time version to the school district is 97.
- This is an indication of barriers to affordable housing, job instability, and other challenges experienced by families in the community.

Families Experiencing Homelessness in Biddeford School District			
School Year	Total Enrollment	Homeless Count	Percentage of Student Population
2024	2391	80	3%
2023	2288	58	3%
2022	2333	60	3%
2021	2334	60	3%
2020	2454	73	3%
2019	2417	60	2%
2018	2431	44	2%
2017	2403	39	2%
2016	2413	35	1%
2015	2444	41	2%
2014	2465	40	2%
2013	2517	46	2%
2012	2616	47	2%
2011	2591	31	1%
2010	2664	34	1%
2009	2370	23	1%

Source: Assistant Superintendent, Biddeford School District

Families Experiencing Homelessness in Saco School District Collected October 1 st of the respective school year			
School Year	Pre-K - 8th Grade	9th - 12th Grade	Total
2023-2024	94	21	115
2022-2023	89	27	116
2021-2022	13	16	29
2020-2021	8	10	18
2019-2020	9	9	18
2018-2019	12	9	21

Source: Assistant Superintendent, Biddeford School District

This data supports the information provided in the interviews and surveys on the variation of people experiencing homelessness in Biddeford and Saco. Many of the interactions residents have with the unhoused are typically with those with severe mental illness and/or substance use disorders, commonly referred to as chronic homelessness, but they do not represent the full community of those that are unhoused. The unhoused in the community include:

- Single adults
- Families with children
- Senior adults and couples
- People with mental health and substance use treatment needs
- Veterans
- Asylum seekers

Data Limitations

As referenced in Section 3, much of the work that is currently taking place through service providers is not consistently documented in a client management system that can produce reports and analyze trends. Many collect information on paper or spreadsheets causing significant limitations in identifying the needs across the community. Since the non-profits are not funded by MaineHousing through their CoC allocation, they are not contractually obligated to use HMIS.

Without clear local guidance on how homelessness is defined and tracked across community partners, the available data will be limited, creating an environment where projections are not feasible.

Housing and Affordability

The housing stock represents multiple uses and meanings for community life which collectively compose the neighborhoods across a city. The diversity of the types of housing, from single-family, small multi-family units, and larger complexes provide various options for identifying suitable housing in a community. However, these options must be made available at each of the income levels, as represented in the diagram to ensure everyone has a place to call home and has access to the appropriate services to sustain their housing.

Lack of affordable housing in communities can lead to homelessness. When housing costs are affordable, there is a lower likelihood of people becoming homeless, and those that do fall into homelessness have a greater likelihood of overcoming homelessness more quickly with fewer returns to homelessness. A consistent theme we heard from our Phase 1 interviews was the rising housing costs in both cities and a lack of affordable housing. The table below shows Area Median Incomes (AMI) for York County and the level of affordability based upon AMI. With average rental cost in Biddeford at \$1558/month and \$2113/month in Saco (RentCafe, July 2023), it is clear to see the increasing unaffordability of rental housing in both communities.

Area Median Income (AMI) levels for York County, Maine in 2023.		
These income levels are crucial for determining eligibility for various housing assistance programs. Keep in mind that these figures are specific to a three-person household.		
AMI %	Maximum Income	Maximum Affordable Rent
0-30% AMI Supportive Services	\$12,010	\$300
31-50% AMI Affordable Housing	\$24,020	\$601
51-80% AMI Affordable Housing	\$36,030	\$901
81-120% AMI Workforce House	\$48,040	\$1,201
121-160% AMI Market-Rate Housing	\$60,050	\$1,501
161%+ AMI Market-Rate Housing	\$240,200	\$6,005

A statewide report was published in October 2023 identifying the housing needs and provided the following findings:⁴

- In order to purchase a home in Maine, family income needs to be over \$100,000.
- The coastal region of Maine will need a total of 45,400-49,000 units by 2030 to meet the future housing demands as a result of the historic underproduction of units.

Housing, Homelessness, and Life Span

Perhaps the most critical factor in taking a more comprehensive, systemic approach in addressing the unhoused residents in Biddeford and Saco is related to the mortality rates. As of 2020, the Centers for Disease Control estimated that Mainer's life expectancy is 77.8 years.⁵ The current life expectancy for adults in the United States, as of 2022, is 76 years.⁶ However, the average age of death for a person experiencing homelessness is between 42-52 years.⁷ This represents a life cut short by at least 24 years due to not having stable shelter.

The reality of homelessness is that people are dying. People are dying in public spaces throughout the community in plain sight. The source of the discomfort that many communicate is that they are watching people die. They are not thriving. They are barely living.

The report cited above further states, "premature death is more highly associated with acute and chronic medical conditions than with either medical illness or substance abuse. The tri-morbidity of substance abuse and mental illness together with one or more chronic medical illnesses appears to increase the risk of early death."⁸

A study was conducted between 2000-2009 in Boston, MA, to assess the mortality rate for unsheltered adults. While the average age of death was similar to data from previous studies, there were other critical findings that concluded, "mortality rate for the unsheltered cohort was almost 10 times higher than that of the Massachusetts population and nearly 3 times higher than that of the adult (sheltered) homeless cohort."⁹ The report further indicates the common causes of death as "noncommunicable diseases (e.g. cancer and heart disease), alcohol use disorder, and chronic liver disease."¹⁰

4 Maine State Housing Authority, et. al. "State of Maine Housing Production Needs Study Executive Summary. October 2023." Accessed at: https://www.maine.gov/future/sites/maine.gov/future/files/inline-files/State%20of%20Maine%20Housing%20Production%20Needs%20Study_Executive%20Summary_Final_10.3.23.pdf

5 U.S. Centers for Disease Control. "National Center for Health Statistics: Maine." Accessed at: <https://www.cdc.gov/nchs/pressroom/states/maine/me.htm>

6 Arias, E.A., PhD, Tejada-Vera, B., M.S., Kochanek, K.D., Ahmad, F.B. "Provisional Life Expectancy Estimates for 2021." Report No.23. August 2022. Accessed at: <https://www.cdc.gov/nchs/data/vsrr/vsrr023.pdf>

7 O'Connel, James J., M.D. "Premature Mortality in Homeless Populations: A Review of the Literature." December 2005. Accessed at: <http://sbdww.org/wpcontent/uploads/2011/04/PrematureMortalityFinal.pdf>

8 Ibid

9 Jill S. Roncarati, ScD, MPH, PA-C; Travis P. Baggett, MD, MPH; James J. O'Connell, MD; Stephen W. Hwang, MD, MPH; E. Francis Cook, ScD; Nancy Krieger, PhD; Glorian Sorensen, PhD, MPH. JAMA Intern Med. Mortality Among Unsheltered Homeless Adults in Boston, Massachusetts, 2000-2009. 2018;178(9):1242-1248. doi:10.1001/jamainternmed.2018.2924 Published online July 30, 2018.

10 Ibid

Integration of Recovery Principles

The recovery movement is reshaping approaches to the treatment of mental illness, substance abuse and traumatic stress. However, the principals of a recovery approach still have not been well integrated into homeless service systems, despite the prevalence of co-occurring disorders and histories of trauma among people experiencing homelessness.¹¹

In their 2010 article, authors Laura Gillis, Gloria Dickerson and Justine Hanson provide a compelling rationale as to why a recovery approach, inclusive of trauma-informed care, is critical in working with people experiencing homelessness:

“People experiencing homelessness are living with a multitude of losses, including the loss of a home, employment, economic security, family, health, and personal security. People who are homeless have lost the protection of home and community, are marginalized and stigmatized within the larger society. Once homeless, a person loses the right to privacy, safety, reassuring routines, a place to keep personal belongings, and connections to community. People who are homeless experience disruptions in attachments and relationships with others including family members, friends, pets, and neighbors. Excluded from society, people experiencing homelessness live in abject poverty.

Observing that “life on the streets can come close to causing a civil death, in which people cease to be fully social human beings,” the anthropologist Richard Desjarlais argues that being homeless constitutes a loss of personhood, which he defines as “the state of being a socially recognized and engaged human being, acknowledged by law as the subject of rights and duties and the bearer of faculties of communication, reason, and moral judgment”. In cities, street dwellers tend to be viewed as shadowy untouchables living on the margins of society. Labeled as vagrants, drunks, or crazy, people without homes are described in the aggregate as “the homeless,” nameless and faceless. For people experiencing homelessness, this creates the sense of being a ghostly nonperson, absent and silent in the world of others.

The homeless population is heterogeneous. While not all individuals experiencing homelessness struggle with mental illness and/or addiction, a significant percentage are facing these challenges, along with traumatic stress disorders. The 2007 US Conference of Mayors “Hunger and Homelessness Survey” of 23 cities found that 22.4 percent of people who are homeless surveyed have a mental illness. Among adults using homeless services, 31 percent reported a combination of mental health and substance use problems (alcohol and/or drugs). According to the 2007 survey, approximately 37.1 percent of homeless individuals are dealing with substance abuse issues.

11 National Healthcare for the Homeless Council (2016). Standards for medical respite programs. Retrieved from: https://www.nhchc.org/wpcontent/uploads/2011/09/medical_respite_standards_oct2016.pdf

In addition to these conditions, many people experiencing homelessness are suffering from traumatic disorders. The experience of homelessness is traumatic, with homelessness being a risk factor for emotional disorder. Homeless women and veterans, in particular, tend to have significant trauma histories. In one study, 92 percent of homeless women studied reported experiencing severe physical and sexual assault and 25 percent reported experiencing random violence during their lifetime 66 percent of the homeless women reported severe physical violence during their childhood and 43 percent were sexually abused before the age of 12 years old. For children, homelessness has been found to be experienced as a traumatic event, and roughly one-fifth of homeless children experience separation from their immediate family.”¹²

A person-centered planning approach is needed to effectively get ‘buy-in’ from a person served. Too often, treatment plans and service plans are constructed from a deficit-based model. Rather than promoting an individual’s strengths, abilities and desires, plans instead often promote compliance to the service providers’ goals (e.g. abstinence, compliance with medication, compliance with service provider visits). Person centered planning gives people the chance to envision and talk about what is important to them and the outcomes they want to achieve in their lives. It is a shift from traditional service delivery that centers the staff goals for the client, rather than the client directing the services. When people are in charge of their own lives and plans they are more likely to own the plan and take the needed steps to achieve their visions.

Finally, this model needs to have extensive peer support services. Peer support services are integrated into parts of provider networks but primarily in mental health and addiction recovery services. Certified peer support specialists are an integral part of the service delivery model for communities. Advocacy is needed to get more peer support specialists in the homeless service systems and ultimately as a part of the staffing model for the community.

¹² Gillis, L., Dickerson, G., Hanson, J. (2010). Recovery and homeless services: New directions for the field. *The Open Health Services and Policy Journal*, 2010, 3, 71-79.

Section 5: Policy Options

As stated in Section 1, the path forward for Biddeford and Saco is based on adopting a regional, data-focused approach to collaboration and integration of services to leverage existing relationships and interest in addressing the needs for the unsheltered residents in the community. While there are many components involved in taking a systems approach, each with limited direct authority, government entities are able to use their influence to stimulate change in this work.

Create a Community Response Coordinating Council

Since the federal mechanism for addressing homelessness and allocating funding is based in the CoC structure at the state level in Maine, it leaves a gap in smaller communities that are not aligned for cross-industry partnerships, as well as scarce resources. In order to overcome these limitations, the primary policy option to start the work is to create a Community Response Coordinating Council (CRCC). This entity can be responsible for establishing the system framework and infrastructure that needs to be setup to identify appropriate interventions. The representation on the CRCC should include the following:

City Government	Housing	Philanthropy
County Government	Healthcare	Business Community
Continuum of Care	Education	Faith Community
State- Maine Housing	Employers	Service Providers

Establishing a formal governance structure, membership, bylaws, and sub-committees can lead to more intentional engagement and alignment across each of these separate entities for the purpose of determining how each one can contribute resources, policy changes, and thought leadership.

Since data is not consistently collected or coordinated to determine the number of unhoused people accessing services, this alignment will help to gather additional information to document the community trends over time, set goals, and engage community partners to ensure progress is made. Much of the current efforts are led by passionate, well-meaning service providers, and this structure can help lift the burden of over-reliance on non-profit organizations to solve this highly complex need. The initial goals of the CRCC can include:

- Design a regional approach to address the varied needs of the community and people experiencing homelessness.
- Integrate a systems approach to navigating gaps and identifying solutions to ensure capacity is created in the areas that will provide the most impact.
- Identify a client management system to consistently document services, client progress, and community referrals. This will provide the information necessary to track population trends and impact of services over time.
- Create a long-term plan to increase capacity across the response system.
- Formalize partnerships and engagement across sectors
- Monitor work in the community and efforts to support unhoused residents
- Maintain oversight of funding allocations to support expanding the capacity of service providers
- Identify expenses currently allocated to high cost interventions and redesign processes for more appropriate levels of care
- Determine cost diversion strategies to redirect how funding is currently spent across each of the sectors represented in the table above

There are several benefits of pursuing this approach that merit consideration as a means of addressing the multi-sector engagement that is required to tackle many of the policy options that are outlined in the following section.

1. Initiate practices to obtain accurate cross-sector data.
2. Create institutional alignment to address priorities focused on supporting the unhoused residents in the community.
3. Provide information needed to document the scale of demand for services, as well as seasonal trends, to obtain external funding through non-traditional systems and establish cost diversion practices.
4. Engage in regional coordination to create additional capacity to solve local challenges at a larger scale.

Municipal Policy Options

As mentioned above, there are many policy interventions that are needed across sectors to address the wide-ranging needs of unhoused residents. The following section outlines options that are within the purview of municipal government.

Housing

- Consider applying to MaineCare to become a Permanent Supportive Housing (PSH) Community Care Team (CCT) provider and receive per member/month reimbursements for people served.

The MaineCare Permanent Supportive Housing Community Care Team is a program that provides housing support to MaineCare members with disabilities and chronic health conditions, including substance use disorder, who are experiencing homelessness. The program aims to develop a Medicaid benefit to support housing sustainability, improved health outcomes, and reduce overall costs of care.¹³ Becoming a PSH CCT provider will help increase community capacity for services to the unhoused with little direct cost to the local community since services are billed through Medicaid.

- Utilize the six homeless bonus points in the Qualified Allocation Plan (QAP), partner with the county and developers to build affordable housing and include PSH.

Under the Maine Low-Income Housing Tax Credit program's Qualified Allocation Plan, populations that qualify for the Special Needs section are awarded six points for projects that set-aside at least 20% of the total units, but not less than four units, for persons experiencing homelessness or persons who have disabilities, are victims of domestic violence, or have other special housing needs. The intent is to create permanent supportive housing for persons who require that level of intervention within the special needs populations. According to the plan, the applicant must set aside units for the specific population(s) that qualify for the set-aside, maintain a separate waiting list for these units and make appropriate, voluntary services available through a qualified third-party provider other than the resident service coordinator required under Section 5.L. Additional funding from the Housing Trust Fund and/or Project based Vouchers will be made available as necessary. Further, MaineHousing is working with communities to pair developers with PSH providers to assist in the Low-Income Housing Tax Credit PSH development process.¹⁴

¹³ State of Maine Department of Health and Human Services (2021). MaineCare community care teams. Retrieved from HH-CCT-Slides-Public-Presentation-04.29.2021.pdf (maine.gov)

¹⁴ MaineHousing (2023). 2023-2024 Low income housing tax credit qualified allocation plan.

- Incentivize the use of Accessory Dwelling Units (ADU's) to provide housing for the unhoused.

Create local incentives such as property tax cuts to incentivize residents to build ADU's for use in housing unhoused people. The State Legislature, through H.P 1489- L.D. 2003 has already provided guidance for greater relaxation of codes and zoning standards for ADU's.¹⁵

- Rewrite local ordinances to reduce barriers to creating new housing and prioritize development of affordable housing.

Consider revising existing zoning requirements connected to single-family only districts to expand opportunities for alternative housing options.

- Use city-owned land for affordable housing development.
- Explore new housing models to include single-room occupancy units, tiny homes, and accessory dwellings.

Service Delivery

While the city does not directly provide services, city contracts with service providers can be amended to include the following requirements. Additionally, the city can allocate funding to provide access to training and certification opportunities.

- Incorporate evidence-based practices of Recovery-Oriented Systems of Care, Trauma-Informed Care, Person-Centered Planning, and Peer Support service into the service delivery system.
- Deploy outreach to the 'informal' service provider locations such as the libraries and meal service providers.

Cross-Sector Partner Policy Options

The following policy options are outside the traditional scope of municipal government and are aligned with other cross-sector partners. Through the implementation of the CRCC, the city can collaborate with these partners to coordinate access to services, communicate community challenges, and develop innovative solutions to meet the needs of the unhoused residents. Each of the areas covered below are in response to the information collected in Sections 3 and 4.

Behavioral Health

- Consider alternative staffing models such as the Living Room model and use of LPC's and LCSW's to increase capacity in the mental health system. Use of these models will lessen reliance on psychiatry as the only mental health response.
- Increase capacity of behavioral health beds.

¹⁵ 130th Maine Legislature (2022). An act to implement the recommendation of the commission to increase housing opportunities in Maine by studying zoning and land use restrictions. Retrieved from getPDF.asp (mainelegislature.org)

Temporary Shelter

- Increase capacity of emergency shelter beds.

The lack of bed availability for sheltering people experiencing homelessness is, in part, due to changes in federal policy by the U.S. Department of Housing and Urban Development. The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) amended the McKinney-Vento Homeless Assistance Act, revising the Emergency Shelter Grants Program in significant ways and renaming it the Emergency Solutions Grants (ESG) program. The ESG Interim Rule took effect on January 4, 2012.¹⁶ This legislative change reallocated funding previously dedicated to funding emergency shelter and related services to strictly permanent housing options, now referenced as the Housing First approach. Housing First is an approach intended to offer permanent, affordable housing as quickly as possible for individuals and families experiencing homelessness, with supportive services and connections to community-based supports people need to keep their housing and avoid returning to homelessness. Under the ESG Interim Rule, communities were mandated to reallocate their previous emergency shelter funds to permanent housing, causing many communities to either downsize or eliminate their emergency shelter capacity. This shift in funding priorities required any organization receiving federal homeless funding to shift their operations towards permanent housing or risk losing a primary resource in an already limited environment for homeless services. In turn, these beds now have limited availability and, even if emergency shelter beds were available, the historic model of emergency shelter provided only shelter with little attention to or funding of services needed to address the complex barriers people face in overcoming homelessness.¹⁷

While the resources from the HUD Continuum of Care Program no longer provide funding for emergency shelter, it is nonetheless still a vital part of a community's homeless response system, particularly in communities such as Biddeford and Saco where a Housing First approach will falter due to lack of affordable housing availability and housing availability generally.

A recent study estimates that each person living unhoused costs municipalities approximately \$40,000 per year.¹⁸ The regional coordinating body in Bakersfield, CA, estimated the following:¹⁹

- Encampment cleanups cost \$36,476 annually based on calculating city staff time allocated to these efforts
- Police time spent on responding to homeless-related calls totaled \$2,048,574

Criminal Justice System

- Formalize the existing relationship between the District Attorneys and PD's LCSW's to create a specialty court to divert the unhoused from the criminal justice system.

¹⁶ U.S. Department of Housing and Urban Development (2017). Emergency solution grants program. Retrieved from <https://www.hudexchange.info/programs/esg/>

¹⁷ Ackerson, Scott (2018). Health Management Associates Roundup article. Unpublished.

¹⁸ Morley, Veronica. Breaking Down the Cost of Homelessness. July 12, 2021. Accessed at: <https://www.turnto23.com/news/homeless/breaking-down-the-cost-of-homelessness>

¹⁹ Ibid.

In 2003, the American Bar Association (ABA) adopted an additional policy supporting the development and implementation of homeless specialty courts. In 2006, the ABA adopted additional policy outlining the principles for the homeless specialty courts. The policies are available at the link provided in the footnote.²⁰ The advantages of homeless specialty courts are efficient access to justice, reduced recidivism, and alternative sentencing which creates cost savings both in the judicial process as well as costs associated with incarceration. One study out of Los Angeles suggested a jail diversion program reduced spending on county services with cost savings per participant at approximately \$6,200 per year.²¹

- Identify opportunities to develop jail diversion programs focused on treatment and rehabilitation

People that are incarcerated as a result of homeless-related legal violations incur additional system costs. A University of Texas Study concluded that overnight jail stays over a two-year time frame costs taxpayers \$14,480 per person. Additionally, a prison bed at the state or federal facilities costs \$20,000 per year.²²

Hospitals

- Begin tracking the number of unhoused patients to establish a baseline and begin to quantify associated costs.

Research indicates that individuals lacking stable housing are more likely to use the emergency department as their regular source of care which is a very expensive form of primary care.²³ Further, homeless patients are admitted to inpatient units five times more often and have average lengths of stay that are longer than those of non-homeless persons. In one study, homelessness was associated with four additional hospital days per admission at a cost of \$2,000-\$4,000 per day.²⁴ Another study in 2013 by the National Institute of Health study put the median cost at \$1,233.²⁵ Navigators dedicated to high utilizers of emergency departments and inpatient hospitals can significantly reduce these costs by providing the supports and services necessary to impact the Social Determinants of Health for these patients, particularly housing.

20 American Bar Association. "Homeless Courts: Taking the Court to the Street." Accessed at: https://www.americanbar.org/content/dam/aba/administrative/homelessness_poverty/one-pagers/homeless-court-one-pager.pdf

21 Los Angeles Daily News (2022). Jail diversion program for LA County homeless saved \$6,200 per person, study finds. Accessed at: <https://www.dailynews.com/2022/08/16/jail-diversion-program-for-la-county-homeless-saved-6200-per-person-study-finds/>

22 National Prevention Science Coalition. "Fact Sheet: Cost of Homelessness." April 6, 2016. Accessed at: <https://www.npscoalition.org/post/fact-sheet-cost-of-homelessness>

23 Lang T., Davido A., Diakite B., Agay E., Viel F., Flicoteaux B. (1997) Using the hospital emergency department as a regular source of care. *Eur J Epidemiol.* 1997;13: 223–228. Retrieved from <https://link.springer.com/article/10.1023/A%3A1007372800998>

24 Salit, S, Kuhn, E, Hart, AJ, Vu, J., Mosso, A. (1998) Hospitalization costs associated with homelessness in New York City. *New England Journal of Medicine.* 1998; 338: 1734-40. Retrieved from <http://www.nejm.org/doi/full/10.1056/NEJM199806113382406>

25 Caldwell, N., Srebotnjak, T., Wang, T., & Hsia, R. (2013). "How Much Will I Get Charged for This?" Patient Charges for Top Ten Diagnoses in the Emergency Department. *PLoS ONE*, 8(2), e55491. <http://doi.org/10.1371/journal.pone.0055491>

Faith Based Community

- Allow access to land for affordable housing.

Many faith organizations seek to support the unhoused through various programs, access to services, and in some cases, through financial contributions. Some communities have started to explore the feasibility of using church-owned land to build affordable housing. Through partnering with city government, some have been able to develop housing focused on addressing a specific need or gap in the community.²⁶

Each of the policy options will require partnerships and collaboration. While the city cannot fix, solve, or address the needs of the unhoused residents on their own, they do have a responsibility to be part of a community response through cross-sector coordination and eliminating policy barriers.

The current practices for addressing homelessness are expensive and have many hidden costs, as documented throughout this section. However, through intentional coordination and documentation of data and trends, it is possible to ensure all people in Biddeford and Saco have a place to call home and extend their life expectancies, as well as their quality of life.

26 Reinhard, Rick. "What if Houses of Worship Helped Build More Affordable Housing." November 14, 2021. Accessed at: <https://kinder.rice.edu/urbanedge/what-if-houses-worship-helped-build-more-affordable-housing>

Appendix 1. Interview Participants

Interview Participants				
No.	Affiliation	Name of Organization	Participant's Name	Participant's Title
1	Homeless Taskforce	Seeds of Hope	Vassie Fowler	Executive Director
		Biddeford & Saco School District	Chris Indorf	Assistant Superintendent
		Biddeford & Saco Housing Authority	Guy Gangon	Executive Director
		York County Community Action	Abigail Smallwood	Homeless HUB Coordinator
		Biddeford Police Department	Jake Hammer	Community Engagement Specialist
		Saco Police Department	Rebecca Lyons	Community Engagement Specialist
		Volunteers of America-Northern New England	Brian Bouthot	Manager of Veterans' Services
		PATH Outreach	Rebecca Smart	N/A
		City of Saco	Emily Nicole-Prescott	City Planner
		City of Biddeford	Gail Wilkerson	HUB Director, Biddeford
2	Faith Community Advocates	Seeds of Hope	Rev Shirley Bowen	Former Executive Director (retd.)
		United Baptist Church	Rev Beverley Lowell	Reverend
3	Access to Food	Saco Meals	Carmen Gawronski	President
		Bon Appetit Meal Program	Jim Cortright	Program Director
4	Maine Housing	Maine Continuum of Care	Scott Tibbitts	Planning & Grants Coordinator
		Maine Continuum of Care Board	Cullen Ryan	President
		Maine Continuum of Care Board	Vicky Merrill	TriChair
5	Person with lived experience	City of Biddeford	Randy Seaver	Person with lived experience

6	Maine Housing	Maine Continuum of Care	Tara Hembree	Maine Continuum of Care TriChair
		Maine Continuum of Care	Kelly Watson	Maine Continuum of Care TriChair
7	City of Biddeford Staff and Public Library	Biddeford Police Department	Chief JoAnne Fisk	Chief of Police, Biddeford
		McArthur Library	Jeff Cabral	Public Library Director
		McArthur Library	Melanie Taylor Coombs	Adult Services Supervisor
8	Code Enforcement	City of Saco	David Twomey	Director of Code Enforcement
		City of Biddeford	Roby Fecteau	Director of Code Enforcement
9	City of Saco Staff and Public Library	Saco Police Department	Chief Jack Clements	Chief of Police, Saco
		Office of General Assistance	Jane Maynard	General Assistance Director
		Dyer Library	Leslie Rounds	Executive Director
10	Main Street Programs	Heart of Biddeford	Delilah Poupore	Executive Director
		Saco Main Street	Angie Presby	Executive Director

Appendix 2. Interview Themes

Community Strengths

1. What is working well in your local community's response in the area of homelessness?
2. What is working well in your local community's response in the area of mental health?
3. What is working well in your local community's response in the area of substance use and addiction?
4. What is working well in your local community's response in the area of physical health and overall health care?

Understanding Service Gaps and Community Barriers

1. What are the biggest gaps in the homeless system?
2. What barriers are present in the community?
3. How do clients access services in the community? What is the process for community referrals for multiple service needs?
4. How do you conduct street outreach?

Partnerships and Local Environment

1. Describe community-level partnerships to support persons experiencing homelessness.
2. Are there any best practices that are used across the community?
3. How do you coordinate with local providers to provide services?

Integration of Government Entities

1. How is law enforcement involved in working with people experiencing homelessness, mental illness, and addiction?
2. How are first responders involved in working with people experiencing homelessness, mental illness, and addiction?
3. How are local hospitals involved in working with people experiencing homelessness, mental illness, and addiction?
4. How are county courts involved in working with people experiencing homelessness, mental illness, and addiction?

Appendix 3. Organizational Survey Questions

Organizational Service Delivery

1. Please enter your organization's name.
2. How does your organization serve persons experiencing homelessness?
3. How many clients does your agency serve each year?
4. Please provide a short description of the service area where you are able to deliver services.
5. What are the most common client barriers for accessing temporary shelter?
6. What are the most common client barriers for accessing housing?
7. What are the most common client barriers for accessing medical care?
8. What are the most common client barriers for accessing mental health treatment?
9. What are the most common client barriers for accessing substance use treatment?

Service Delivery Documentation Capacity and Practices

1. How does the organization track client cases?
2. Does your organization enter client information into HMIS?
3. Describe how your organization works with clients over time.
4. Are there any restrictions on the clients that you are able to serve?
5. What assessments or questions does the organization use to determine client needs?
6. List the available services that can be accessed by persons experiencing homelessness in your community?

Organizational Staffing and Needs

1. How many staff does the organization employ?
2. Based on your previous response, please indicate the types of employees at your organization.
3. Please indicate the source of funds that your organization receives for homeless services.
4. What are the primary organizational challenges?
5. What limitations does the organization have in expanding services?

Implementation of Evidence-Based Practices

1. Has your organization implemented Trauma-Informed Care?
2. Does your organization hire staff with shared lived experience?
3. How does the organization involve persons with shared lived experience in decision making across the organization?
4. How do you involve persons with shared lived experience in decision making with the organization's board of directors?
5. Do you have any written agreements or contracts with other local service providers to coordinate services?
6. Please provide any additional comments or information that was not addressed in the survey.

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Homeless Children

2X More likely to be a New Mainer (Biddeford). 10X in Saco.

The majority of homeless students are the most vulnerable to learning loss. One-third are early elementary students.

1/3

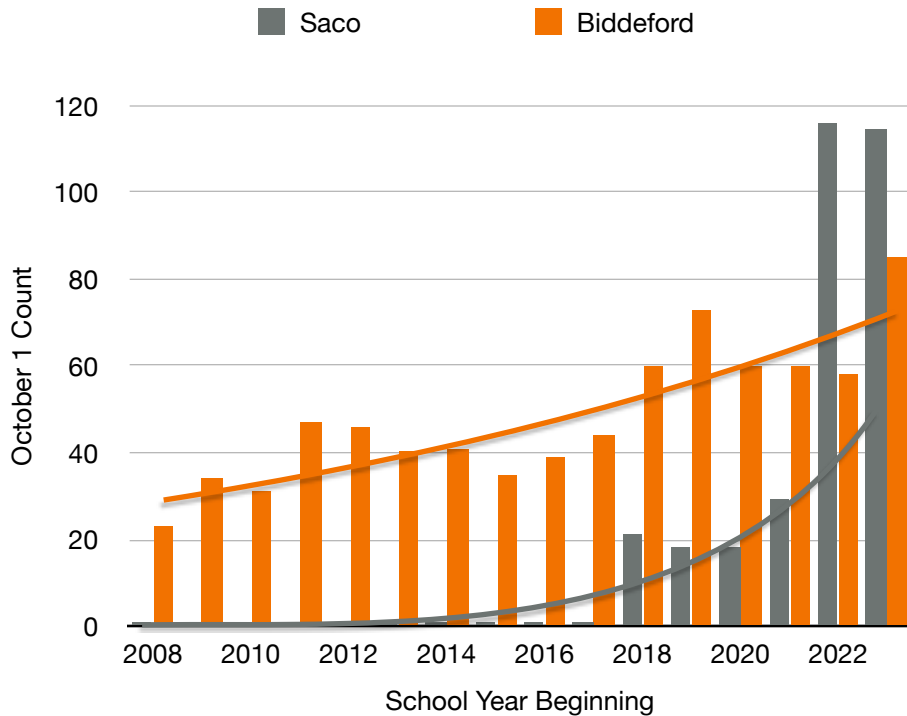
59% Of homeless youth are chronically absent from school so far this year.

Homeless Students Are

- 20% less likely to meet academic benchmarks
- 14% less likely to graduate
- Suffer higher rates of chronic health conditions
- Experience higher rates of anxiety, depression, PTSD and other trauma-related conditions
- Face social stigma and isolation
- More likely to be unemployed, involved in the criminal justice system

*This is an October 1 snapshot. 2-3x this number of students are identified during the school year.

"Moment in time" (MIT)* Number of Homeless Students



Percent of Student Population Homeless MIT

