

Response to Dawn Stiles’ “Corrections to the ‘Homeless Services Center Canvasser Script’”

Responses in blue



Corrections to the “Homeless Services Center Canvasser Script”

The City of Portland values public dialogue and in this spirit we open the Barron Center to the community and the Nason’s Corner Neighborhood Association for their meetings regarding the City’s recommendation to locate the Homeless Services Center on the Barron Center Campus.

With that said, it is critical that members of the public have access to accurate information. The information included in the “Canvasser Script” contains several inaccuracies to which we have responded below: (see [Appendix A](#) for “Canvasser Script”)

Dawn Stiles (Director of HHS Dept.):

- The Oxford Street Shelter has a total bed capacity of 229. There are 154 beds at Oxford St. and an additional 75 beds located in the Preble Street Resource Center that we staff each night when there are more than 154 individuals who need shelter.

Canvass Group:

We mostly agree. There is no inaccuracy in the script. In our script we are describing the bed capacity at the physical location of Oxford Street Shelter (OSS). In the script we state “The City has proposed to replace the 154 bed Oxford Street Shelter.” You have stated above “There are 154 beds at Oxford St.” It appears we agree that the bed capacity at the Oxford Street Shelter location is indeed 154 beds. Overflow beds at the Preble Street Resource Center (PSRC) are lumped under the category of “Oxford Street Shelter,” as you state in your first sentence. The script does not make any statements about the overflow capacity of OSS or the overflow capacity of the proposed Barron Center megashelter. To our knowledge, the City has not shared information about the overflow capacity of the proposed megashelter.

Additionally, to the extent that Portland citizens may be confused about the capacity of OSS, the City can look inwards. As you are aware, the Health & Human Services Department publishes the monthly Emergency Shelter Assessment Committee (ESAC) statistics. The ESAC report does not distinguish between bed-nights at Oxford St. and overflow at PRSC. It is all lumped together under the banner of "OSS." You can examine your own ESAC reports to verify.

Although it is irrelevant to our script (since we are describing bed capacity at the physical location of OSS), we disagree with your assertion that the total bed capacity of OSS is 229. On January 29th, 2018 OSS sheltered 248 individuals. In fact, OSS sheltered more than 229 people on 9 days during January 2018; 12 days during February 2018; and 4 days during March 2018. Again, you can verify in your own ESAC reports.

- **Follow-Up Question:** What will be the overflow capacity of the proposed megashelter?

Dawn Stiles (Director of HHS):

- "A." The Homeless Service Center proposal does indeed follow best practices for ending homelessness, including operating 24 hours, 7 days per week with all meals and individual services on site. We have on-site housing counselors who develop a housing plan with each guest and meet with them regularly to assist them in finding long-term housing. We follow-up, in person, with every individual on a monthly basis to assure they are stable and their housing is not at risk. We also provide the landlords with contact information to contact us before an individual gets to the point of losing housing. We work closely with all Housing First developments, sitting on the screening committees to assure that our neediest guests get housed. The new building will be designed to provide a floor plan for the maximum safety of guests. Transportation will be easily accessible, and the atmosphere will be respectful and the grounds and facility safe. We will develop plans with the neighborhood and provide 24-hour phone response to the neighborhood.

Canvass Group:

You can't drive your car towards a cliff and say you're following 'best driving practices' just because your hands are at 10 and 2. Building a megashelter at the Barron Center is driving towards a cliff. You can include meals, on-site counselors and a 24-hour hotline for neighbors, but...***you're still driving towards a cliff.*** The Poverello Center in Missoula, MT teaches us that lesson. The fact that no one can find a successful model for this proposal should teach us that lesson. It's common sense that you don't drive towards cliffs, and it's common sense that you don't build a megashelter in a massive, heavily-wooded residential area 177 ft. from the nearest home; 200 ft. from an

Alzheimer's/dementia unit; 200 ft. from a senior/disabled independent living community; 500 ft. from the I-95 drug corridor; 500 ft. from two cheap motels; 700 ft. from a low-rent public housing community with many refugees and asylum seekers; 0.3 miles from the former 'Tent City' campground; 0.5 miles from 10 miles of trails within 400 acres of forest; and 1.6 miles from the nearest MEDCU station. And you *especially* don't do this in the midst of a substance abuse epidemic.

The 'best practices' that you list above are emergency shelter best practices according to your own January 4, 2017 memo (which lacks citations).¹ The first point on your best practices memo is "Single floor, open concept design style with clear lines of sight." And yet, the City ultimately chose a site where it cannot fit a single floor building and is now planning to build a two-story building. So it appears that not all of the best practices in the memo matter.

More importantly, we are unsure if you are being careless with language or intentional by stating above that this "proposal does indeed follow best practices for **ending homelessness**" (emphasis added). The woman who wrote the book on this topic, Dr. Deborah Padgett, would disagree with you:

*"We have had 40 years of shelters. They don't work," said Deborah Padgett, a New York University professor of social work and psychiatry who in the early 1990s collaborated with the father of Housing First, Sam Tsemberis, and recently wrote a book on the subject, "Housing First: Ending Homelessness, Transforming Systems, and Changing Lives."*²

As you are aware, the City's own Shelter Planning Task Force conducted a review of best practices for emergency shelters in 2015 and came to the same conclusion as Dr. Padgett. The task force reviewed over 50 articles and websites and found the following: *"Programs and studies consistently emphasized the same approach: moving away from emergency shelter and toward coordinated triage and assessment, emphasizing housing first/permanent supportive housing for the chronically homeless, and rapid re-housing for the more short-term homeless."*³

- **Follow-up Questions:** Why is the City focusing financial efforts on a new emergency shelter instead of coordinated triage/assessment, expansion of Housing First approach and supportive services, and rapid re-housing, as outlined in the Shelter Planning Task Force 'Best Practices Review' document? By putting "single floor, open concept design" as the first point on your 2017 memo, did you intend for that to be the most important point on the list? Why is it acceptable to ignore that best practice? How many best practices can be ignored before a proposal no longer follows the spirit of best practices?

¹ Emergency Shelter Best Practices (January 4, 2017). Retrieved from: <http://www.portlandmaine.gov/DocumentCenter/View/17471/Best-Practices-for-New-Shelter>

² Le Coz, E. (November 29, 2015). No easy solution on homelessness. Herald-Tribune. Retrieved from: <http://extra.heraldtribune.com/2015/11/29/no-easy-solution-on-homelessness/>

³Shelter Planning Task Force (June 10, 2015). Best Practices Review. Retrieved from: <http://www.portlandmaine.gov/AgendaCenter/ViewFile/Item/2272?fileID=8845>

Dawn Stiles (Director of HHS):

The shelter model proposed should not be characterized as “warehousing” individuals as this is an emergency shelter and the focus is on making sure stays are transitional. To the contrary, guests will receive more individual services because the providers will be on-site so appointments won’t be missed. Substance use, mental illness and physical illnesses will all be treated on-site through a health clinic operated by Greater Portland Health which will also offer dental care.

Canvass Group:

We have spoken with local individuals who were previously homeless who characterized your proposed shelter as “warehousing” due to its large size. The connotation of a warehouse does not depend on the length of stay or on-site services. It is related to the fact that 200+ humans will be sleeping 18” away from each other in a large open air room.

- **Follow-up Questions:** Has the City conducted surveys and/or interviews with people experiencing homelessness to understand their perceptions of a shelter of the proposed size? If so, may we review your research methods, questions, and transcripts of unprocessed responses?

We understand the City plans to have an on-site health clinic at the proposed shelter and this clinic will be operated by Greater Portland Health (GPH). However, this information is not included in the script because it is unclear if the City has secured a partnership with GPH, and if the on-site clinic will be able to effectively meet the healthcare needs of 200 shelter clients, many of whom struggle with substance abuse. Based on conversations we have had behind the scenes, we are skeptical of GPH’s capacity to provide the level of resources that you are promising at your shelter. GPH has invested heavily in its 63 Preble St. location, and it also participates in the MMC-Preble Street Learning Collaborative at 20 Portland St.

- **Follow-up Documentation:** Please provide a detailed contract with GPH demonstrating their commitment to the on-site health center at your proposed emergency shelter.
- **Follow-up Question:** As stated in Portland’s Plan 2030¹, 83% of individuals cited substance abuse as their major reason for being homeless. Will the proposed on-site clinic be able to provide effective drug treatment² for 83% of

the clients at the proposed shelter at any given time (200*.83 = 166 individuals (+overflow))?

¹ City of Portland. (2017). Portland's Plan 2030: Appendices - Housing. pg. 209. Retrieved from: <http://www.portlandmaine.gov/DocumentCenter/View/18269/Portlands-Plan-2030-with-Appendices>

²National Institute on Drug Abuse. (2018). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). Retrieved from: <https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/675-principles-of-drug-addiction-treatment-a-research-based-guide-third-edition.pdf>

- This evidence-based document by the National Institute on Drug Abuse outlines 13 key principles of drug addiction treatment. Among these 13 principles, the document states that effective drug treatment includes addressing “the individual’s drug abuse and any associated medical, psychological, social, vocational, and legal problems,” “most addicted individuals need at least 3 months in treatment to significantly reduce or stop their drug use,” and that drug abuse often co-occurs with mental illness “and when these problems co-occur, treatment should address both (or all), including the use of medications as appropriate.”

Dawn Stiles (Director of HHS):

- “B.” The statement that “heavily wooded areas invite increased drug activity and other violent crimes” is a concern rather than a fact that is substantiated by any data.

Canvass Group:

There is evidence for this statement from peer-reviewed articles, national organizations, and our own local newspapers that examine the rise of drug activity and crime in parks (i.e. heavily wooded areas). Please review the example references below:

- *Peer-reviewed articles:* A study conducted in Philadelphia, PA examined the relationship between parks and crime.¹ The study is grounded in environmental criminology theories such as the ‘eyes on the street’ concept and includes data collection at 249 neighborhood parks. The study found that “neighborhood parks are associated with increased levels of crime in the surrounding area.” In addition, the study found that “parks with adjacent streets, which were *exclusively residential* or which were *primarily residential with some commercial*, had higher violent and significantly higher disorder crime levels than those of parks in *nonresidential settings*.”¹ As the City is already aware, the Fore River Sanctuary, Evergreen Cemetery, Sagamore Village playground, Rowe Elementary playground, the former Tent City, and the heavily wooded streets of Nason’s Corner neighborhood are all within 0.5 miles of the proposed megashelter site.

- *National organizations:* The National Recreation and Park Association published an article in 2017 that describes how the opioid epidemic is affecting public parks with an increase in drug use, drug sales, and litter of drug paraphernalia including used syringes.²
- *Local newspapers:*
 - An August 2015 Press Herald article discussed the rise in drug activity in Portland parks such as Peppermint Park (which was referred to by one resident as “Needle Park”) and Deering Oaks Park.³ Current Assistant City Manager Michael Sauschuck was quoted in the article as stating Deering Oaks Park had become a “hotspot” for injection drug use.³
 - An August 2016 Press Herald article discussed a stabbing at Tent City — 0.3 miles from your proposed megashelter site — and stated: “Police revealed recently that they have responded to an increasing number of incidents in Tent City this year, including domestic violence, arson, and people with outstanding arrest warrants.”⁴
 - A July 2018 Bangor Daily News article discussed the dismantling of a homeless encampment in Bangor: “The work, which begins Wednesday morning, is aimed at dismantling a longstanding camp of about 40 people that in recent weeks has erupted in a series of violent assaults, arsons and most recently a stabbing Friday night, according to city officials and police. ‘It just gets to a point where it gets too dangerous, and you just have to do something,’ Dana Wardwell, Bangor’s director of public works, said. The camp is located along a trail between lower Dutton Street and the Interstate 395 bridge. In the past, after repeated acts of violence, the city cleared out the people living in the encampment, but before long, they moved back in.”⁵
- **Follow-up Question:** Do you have any data that would contradict the findings cited above?

¹ Groff, E. & McCord, E.S. (2011). The role of neighborhood parks as crime generators. *Security Journal*, 1 (24).

² Ibrahim, M.S. & Jones, C. (June 1, 2017). Confronting the Opioid Outbreaks in Our Parks. *National Recreation and Park Association*. Retrieved from: <https://www.nrpa.org/parks-recreation-magazine/2017/june/confronting-the-opioid-outbreak-in-our-parks/>

³ Miller, K. (Aug 4, 2015). Opiate danger spikes in Portland with 14 overdoses in 24 hours. Portland Press Herald. Retrieved from: <https://www.pressherald.com/2015/08/04/portland-sees-14-overdoses-in-24-hour-period-as-heroin-takes-toll/>

⁴ Staff Report (Aug 23, 2016). Portland police say woman stabbed man in 'Tent City'. Portland Press Herald. Retrieved from: <https://www.pressherald.com/2016/08/22/portland-police-on-scene-of-incident-on-outer-brighton-avenue/>

⁵ Ferguson, C. (Jul 24, 2018). Bangor makes move to cut back homeless encampment. Bangor Daily News. Retrieved from: <https://bangordailynews.com/2018/07/24/news/bangor/bangor-makes-move-to-cut-back-homeless-encampment/>

Dawn Stiles (Director of HHS):

- “C.” A scattered shelter model would be more expensive and increase property owners taxes. Additionally, it will be more logistically challenging for shelter staff and guests, and it would decrease the number of services the shelter guests could receive on-site because our local service provider partners do not have the resources to staff 5 or 6 different locations.

Canvass Group:

We do not make any statements about the cost or logistics of a scattered shelter model in the canvassing script. We state that “A scattered shelter model would better support the individual needs of people experiencing homelessness.” Indeed, the City’s own Emergency Shelter Sub Group from 2012, created under the Homelessness Prevention Task Force, reported in meeting notes the following vision for Portland’s emergency shelter system: “*Our community has safe, quality places for people needing emergency shelter. The shelter system is less concentrated and dispersed so that people can access services in multiple locations throughout Greater Portland in neighborhoods that are supportive and thriving.*”¹

Almost every single person we have talked to within the service provider community and homeless advocacy community agrees that the scattered site model is more effective and more humane. As recently as October 2016, Belinda Ray was in support of the scattered site model.²

- **Follow-up Questions:** Has a detailed permutational cost analysis been carried out of the scattered site vs. single site models? Has an analysis been carried out of the potential property tax impact of the additional marginal cost incurred by the scattered site model? Has a term-differentiated cost analysis been carried out that examines the possibility of the diminishing costs of a scattered site model, which can deliver services more effectively? Has the City considered alternative funding sources for the additional marginal cost, such as a small ‘gentrification tax’ on all high-end development projects in Bayside over the next 5-10 years, or increased fees on short-term rentals? To what extent is the City making this proposal based on principles of fiscal

responsibility? Is the City ignoring evidence-based public health and urban planning guidelines in order to save money?

- **Follow-up Documentation:** Please provide the cost analysis that supports the statement above that “a scattered shelter model would be more expensive.” Please highlight the building/rental cost, annual operational cost, and projected long-term impact costs in the cost analysis. Please provide a property tax impact analysis. We expect the long-term impact cost indicators to be similar to those reported in a 2007 cost analysis of permanent supportive housing in Portland that was funded in part by the Department of Health and Human Services (such as cost of publicly funded emergency services, cost of incarceration, cost of healthcare services, etc.)³

¹ Emergency Shelter Sub Group. (May 8, 2012). *Updates*. Homelessness Prevention Task Force. Retrieved from: <https://www.portlandmaine.gov/DocumentCenter/View/2282/Emergency-Shelter-Sub-Group-050812-Update>

² Staff Report (Oct 24, 2016). Portland is considering allowing homeless shelters to open across the city. Bangor Daily News. Retrieved from: <https://bangordailynews.com/2016/10/24/news/portland/portland-is-considering-allowing-homeless-shelters-to-open-across-the-city/>

³ Mondello, M., Gass, A.B., McLaughlin, T., & Shore, N. (2007). *Cost of Homelessness: Cost Analysis of Permanent Supportive Housing*. State of Maine – Greater Portland.

- “E.” “Crime and other incidents.” It’s important to note that shelter guests are often the victims rather than the perpetrators. In the current shelter model, guests are forced to leave the facility many times throughout the day to seek services and meals. The new shelter model will allow them to access a variety of services, meals, and outdoor space on-site rather than exposing them to predators.

Canvass Group:

First, you are not building a jail. People will leave the proposed shelter whenever they like, and they will go where they choose.

Second, per your own statistics, 83% of shelter guests suffer from substance abuse addictions.¹ You may co-locate a small clinic, but the drug traffickers will co-locate as well. We would of course never imply that all shelter guests are criminals. But you cannot get out from under the fact that the heavy concentration of poverty, homelessness, and drug addiction in a single location will attract criminality. There is absolutely no way to spin out of it. The predators and prey may oscillate on a daily basis, but criminality will follow the shelter. We recommend you read a groundbreaking ethnography called “Righteous Dopefiend”² if you would like to have a more nuanced understanding of the ecosystem surrounding homelessness and drug addiction:

“Representing the Edgewater homeless solely as worthy victims for the sake of a positive politics of representation misrepresents the painful effects of marginalization, poverty, oppression, addiction, and violence...The suffering of homeless heroin injectors is chronic and cumulative and is best understood as a politically structured phenomenon that encompasses multiple abusive relationships, both structural and personal. Our exploration of drug consumption, domestic violence, sexual predation, interpersonal betrayals, and interpersonal hierarchies examines these abusive phenomena in their relationship to political-economic, cultural-ideological, and institutional forces, such as the restructuring of the labor market, the ‘War on Drugs,’ the gentrification of San Francisco’s housing market, the gutting of social services, the administration of bureaucracies, racism, sexuality, gender power relations, and stigma.

Third, locating the proposed megashelter at the Barron Center campus will make everyone in the area more vulnerable, *especially* shelter guests, because of the nearby turnpike I-95 exit, several cheap motels, and the unpoliceable landscape. These characteristics of the proposed megashelter location put shelter clients at risk greater risk for drug/sex/human trafficking. There are two 2-star motels within 500 ft. of the Barron Center campus — Motel 6 directly to the west and the Inn at Portland directly across the street. Additionally, a Hampton Inn is currently under construction within 500 ft. of the Barron Center campus. Within 0.5 miles of the Barron Center campus is one additional 2-star motel — Super 8 — as well as two 3-star hotels: the Ramada Inn and the Fireside Inn. According to the Department of Homeland Security - *“Traffickers often take advantage of the privacy and anonymity accessible through the hospitality industry. Hotels and motels can be especially attractive locations for all forms of trafficking.”*³ According to the US Drug Enforcement Agency, certain transnational criminal organizations *“pose a significant threat to the domestic drug trafficking landscape in mainly the East Coast of the United States, with their strongest influence concentrated in areas of the Northeast located along the I-95 interstate corridor.”*⁴

- **Follow-up Questions:** Has the City considered the risk of placing this megashelter within 500 ft of an I-95 exit and two budget motels? Does the City expect shelter guests to never leave the grounds of the proposed new shelter? Has the City considered what will happen when shelter guests start hanging out in the Barron Center lobby and its adjacent rooms? Has the City considered the re-emergence of Tent City? Does the City plan on having a safe injection facility at the Barron Center site? If not, how will it manage to

deal with a 200+ population of which 160+ are suffering from substance abuse issues? Where will they use, if not at the Barron Center?

We state in the canvassing script that “Crime and other incidents have escalated at the present shelter.” This is undeniable. The June 2013 ESAC meeting minutes clearly shows that the Oxford Street Shelter started facing an increase in crime and other incidents alongside the rise of injection drug use and increase in shelter capacity:⁵

–Josh [O’Brien, OSS Director 2004-2014] stated that they’ve been struggling with the increase in very serious incidents at the shelter since January; critical incidents peaked this winter and into the spring time. Josh provided examples of some critical incidents that have recently occurred at Oxford Street, including serious physical altercations, fights, threats, and incidents where weapons have been involved such as bricks, needles and tasers.

-Josh stated that the increase in critical incidents have increased as the numbers [of guests] have.

-Rob [Parritt, current OSS Director] stated that they’re seeing more hand IV drug usage than ever before.

-Rob added that they’ve always been proud that they haven’t needed these additional security measures in the past, but with the sheer number of incidents, which have more than doubled, it has become an unfortunate necessity.

Moreover, according to your own Social Services Division slide deck, the City has observed: “Individuals choosing to sleep on the streets and not seeking shelter in order to continue substance use, [and] increased calls for service for PPD from assaults.”⁶

- **Follow-up Question:** Does the City acknowledge that crime and other incidents have escalated at Oxford Street Shelter (OSS) since 2013 when the opioid epidemic took root?⁵ If not, why didn’t the City issue a condemnation of the Press Herald’s “Bayside hits rock bottom” in May 2018?

¹ City of Portland. (2017). Portland’s Plan 2030: Appendices - Housing. pg. 209. Retrieved from: <http://www.portlandmaine.gov/DocumentCenter/View/18269/Portlands-Plan-2030-with-Appendices>

² Bourgois, P. and Schonberg, J. (2009). *Righteous Dopefiend*. California: University of California Press.

³ Department of Homeland Security. *Human Trafficking and the Hospitality Industry*. Retrieved from: <https://www.dhs.gov/blue-campaign/hospitalityindustry>

⁴ Drug Enforcement Agency. 2017 National Drug Threat Assessment. Retrieved from: https://www.dea.gov/sites/default/files/docs/DIR-040-17_2017-NDTA.pdf

⁵ Emergency Shelter Assessment Committee. (June 20, 2013). *Meeting Minutes*. Retrieved from: <http://www.portlandmaine.gov/AgendaCenter/ViewFile/Minutes/06202013-62>

⁶ City of Portland Social Services Division. (?). Emergency Shelter. Retrieved from: <https://www.portlandmaine.gov/DocumentCenter/View/17472/Emergency-Shelter-April-11-GPCOG-with-Maine-Towns>

Dawn Stiles (Director of HHS):

- The safety plan developed in partnership with the Portland Police Department is sound and brings more public safety staff into the area than has been in the past, thus providing a faster response time and more proactive interventions.

Canvass Group:

- **Follow-up Documentation:** Please provide documentation of this safety plan.
- **Follow-up Questions:** How many conversations has the City had with the City of Missoula Police Department (since the City cites the Poverello Center as a model for this proposed shelter)? If so, who has the City spoken to? What did the City of Missoula PD say?

We appreciate the fears and concerns, and are committed to working together to address the need for information and on-going communication. City staff will be rolling out additional information at an upcoming community forum on September 8 from 11 AM - 1PM at Hannaford Hall at the University of Southern Maine.

Sincerely,

Dawn Stiles, Director
Health & Human Services Department
City of Portland

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Canvass Group:

Thus far, there is no indication that the City genuinely appreciates our concerns. If that were true, the City would pull the proposal off the table rather than double-down.

Please understand that the Canvass Group is not synonymous with the Nason's Corner Neighborhood Association. The opposition to this proposal extends well beyond NCNA and well beyond Nason's Corner. This is not about one neighborhood not 'wanting' the shelter. This is about citizens calling out the negligence of this ill-conceived proposal as a matter of public health and urban planning.

Appendix A: Canvasser Script

Homeless Services Center - Canvasser Script

For the safety of all residents please work in pairs when canvassing your area.

Hi, my name is _____ and I am supporting the Nason's Corner Neighborhood Association.

Question 1: Have you heard about the City's proposal to build a 200-bed Emergency Homeless megashelter on the Barron Center Campus for people struggling with homelessness? We are collecting signatures to show the City Council the extent of opposition to this proposal.

- **No** - explain the Homeless Services Center proposal.
 - The City has proposed to replace the 154 bed Oxford Street Shelter that currently exist in the Bayside neighborhood with a 200 bed megashelter on the corner of Brighton and Holm Avenues.
 - Go to **Reasons Against** below.
- **Yes** - Continue to Question 2.

Question 2: Do you oppose or support this proposal?

1. **If Opposes** - That's great! We'll need all the support we can get with this issue.
 - a. Ask to sign the resolution sheet. *Important - remind them they may be asked to sign a formal petition at a later time to block this proposal.*
 - b. Ask if there is another registered voter in the household who can also sign.
2. **If Supports** - Unfortunately we do not support this proposal. Here is some additional information and we encourage you to learn more at our website PortlandShelters.org.

Reasons Against:

- a. The proposal does not follow best practices for ending homelessness. A new 200 bed shelter would warehouse individuals and not support individual needs, which is no different than the current failing Oxford St Shelter model. It does not address substance abuse, mental illness, and physical limitations that can cause homelessness.
- b. 80% of the shelter residents have substance abuse issues. Placing the proposed shelter between 2 turnpike exits in a heavily wooded area invites increased drug activity and other violent crimes.
- c. A scattered shelter model would better support the individual needs of people experiencing homelessness. This model also complies with the City's "One Portland" initiative, having the whole city share in providing the services and amenities for the homeless, instead of just one neighborhood.
- d. More than one-third of Nason's Corner households have children under 18 - the highest percentage in Portland. The neighborhood is also home to the new Rowe Elementary School which is less than a mile from the proposed site.
- e. Crime and other incidents have escalated at the present shelter. Safety issues have not been addressed or properly budgeted by this proposal.

Continue to Question 2.