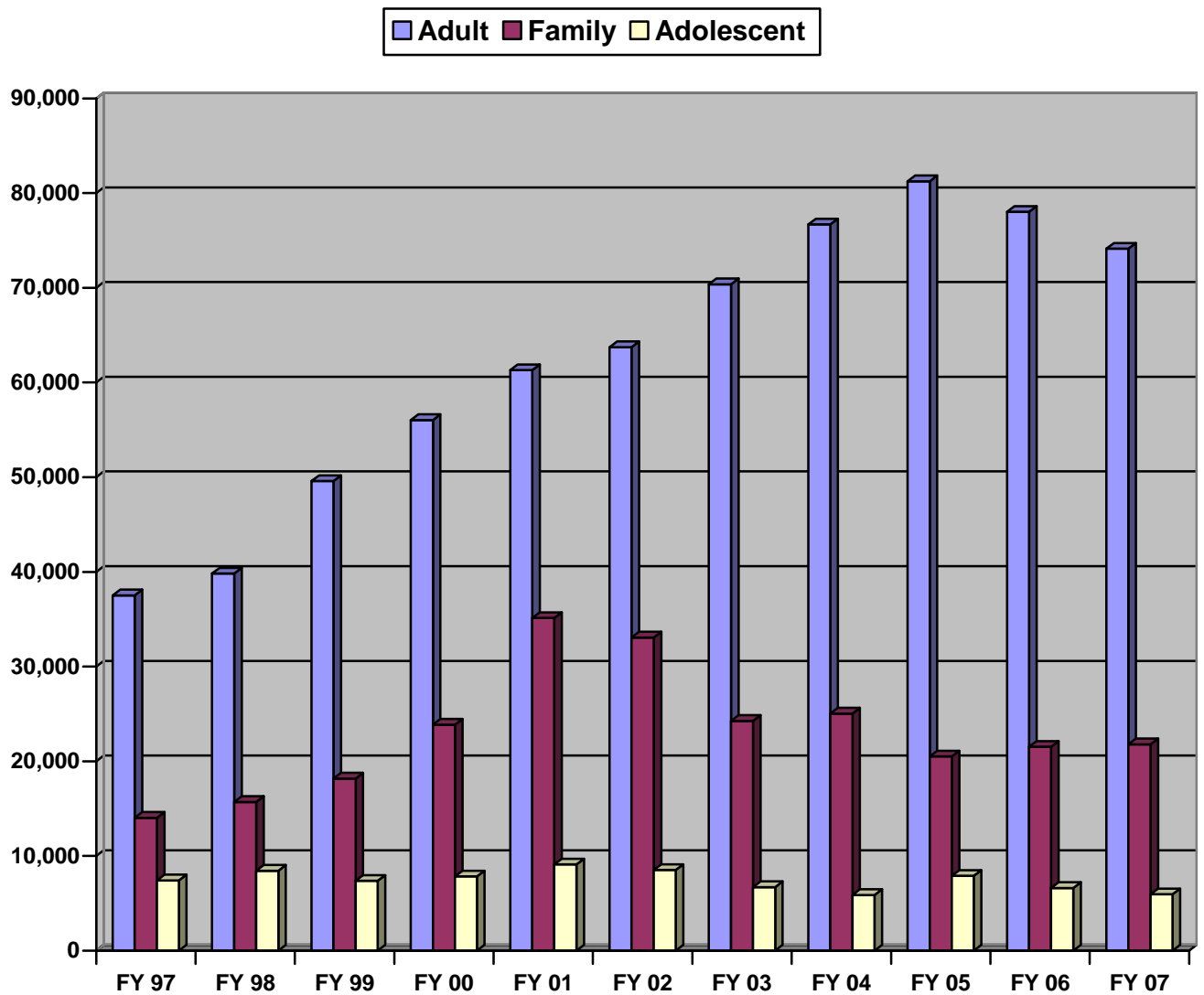


Point-in-Time Survey of Homelessness in the City of Portland, Maine

2007

Annual Shelter Bed Usage in the City of Portland: 1997 - 2007



	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03	FY 04	FY 05	FY 06	FY 07
Adult	37,525	39,827	49,591	56,040	61,299	63,726	70,372	76,697	81,250	78,026	74,136
Family	14,031	15,695	18,172	23,852	35,117	33,067	24,260	25,040	20,503	21,524	21,793
Adolescent	7,413	8,442	7,378	7,840	9,107	8,512	6,702	5,872	7,901	6,622	5,949

Acknowledgements

I would like to take this opportunity to acknowledge our coordinating community partners and individuals residing in homeless shelters who participated in this year's Point-in-Time Survey. The data we capture assists in developing strategies for reducing homelessness and in planning for alternative housing options for the future. Thank you for your participation in this.

Robert Duranleau, Administrator
City of Portland, Health & Human Services Department, Social Services Division

Data Collection

Ingraham, Inc.
Bridge

Family Crisis Services
Family Crisis Shelter

City of Portland
Health & Human Services Department
Social Services Division
Family Shelter & Oxford Street Shelter

Preble Street
Lighthouse Shelter
Homeless Voices for Justice

Milestone Foundation, Inc.
Milestone Shelter

MAPS/My Choice
My Choice Shelter

Youth Alternatives, Inc.
Reardon's Place

YWCA of Greater Portland
Women's Shelter

Survey Production & Editing

Heather Feamster
City of Portland
Health & Human Services Department
Social Services Division

Palmer Peters
City of Portland
Health & Human Services Department
Social Services Division

Data Analysis & Report Production

Anne B. Gass
ABG Consulting

Special Thanks to:

Melany Mondello, Shalom House, Inc.
Balance of State Continuum of Care Chairperson

Cindy Namer & Scott Tibbitts
Maine Housing

Table of Contents

	<i>Page Number</i>
Executive Summary	4
Introduction	6
Homelessness	8
Definition of Homelessness; Survey Eligibility & Participation; Shelter Capacity and Occupancy	
Demographics	10
Shelter Type; Age, and Sex; Racial & Ethnic Identification; Veterans	
Disability	15
Self-Identification; Disabling Conditions; SSI/SSDI	
Health	18
Mental Health & Other Conditions; Access to Oral Health Care; Health Care Coverage; Source of Health care	
Income: Safety Net, Public Assistance & Employment	23
Portland’s Safety Net and General Assistance (GA); Public Assistance; Food Stamps; Employment; Monthly Income; Poverty Status; Service Utilization	
Regionalization of Homelessness	28
Town & State of Last Permanent Residence; Reasons for Leaving Last Permanent Residence; Reasons for Inability to Pay Rent	
Shelter Occupancy	31
Children in Shelters; Length of Time Homeless; Length of Residence at Current Shelter	
Housing	32
Desired Housing; Portland’s Rental Market	
Appendix	34
Survey Questionnaire	

Executive Summary

The 2007 Point-in-Time Survey (PIT) was conducted on January 30, and was again this year completed in cooperation with the Balance of State and the Penobscot Continuums of Care. The survey is a count of all homeless individuals and families living in emergency shelters, on the streets or encampments, in cars, or in places unfit for human habitation. Surveys were administered by volunteers drawn from shelter and service providers.

Homeless people were asked to complete detailed surveys to learn more about their housing history, health and employment status, and future needs. Of 256 homeless people in Portland the night of the survey, 232 were eligible to complete the survey and 187 agreed to answer at least some questions (an 81% response rate).

With PIT survey results from 2004 and 2006, we now have three years of data to compare. While it is risky to draw firm conclusions of trends based on surveys completed on one night of the year, it is still constructive to look at patterns. Some of these are summarized below:

- ◆ There were substantially fewer guests in Portland's shelters in 2007 than in 2004, 256 versus 300, which is very positive;
- ◆ The percentage of chronically homeless is down for the third year in a row; in 2007 only 19% of adults fit this definition, compared to 26% in 2006 and 37% in 2004. This reflects, in part, the continued success of Logan Place in keeping chronically homeless individuals stably housed.
- ◆ The number of homeless adults reporting having no health insurance dropped 35% between 2006 and 2007, from 34% to 22%.
- ◆ Perhaps in part due to the increase of those with health insurance, more respondents (61% in 2007 versus 55% in 2006) reported using physicians' offices, public health clinics or Health Care for the Homeless for their regular health care instead of a hospital emergency room. Use of emergency rooms for primary care decreased slightly from 28% to 24% of those responding.

Still, some of the positive changes seen between 2004 and 2006 appear to have eroded a year later. In particular:

- ◆ Of the 96 individuals in 2007 who reported having a condition that limited their ability to work, only 18% reported receiving SSI or SSDI. This is a negative shift from the 2006 PIT survey, when 56% of disabled respondents said they were getting these benefits. The 2007 results are closer to those of 2004, when 80% of disabled individuals said they were not receiving SSI/SSDI.
- ◆ In 2007, fewer respondents reported receiving General Assistance (GA), food stamps, or housing subsidies (Section 8 vouchers, BRAP, Shelter+Care, or RAC+) than in 2006. The largest percentage decreases were in GA (55% decrease) and in Food Stamps (40% decrease).

- ◆ The employment picture also appears to have worsened. Fewer respondents in 2007 reported being employed for wages than either in 2006 or 2004. In addition, since 2004 the percentage reporting they are unable to work at all has risen steadily; in 2004 only 16% said this was true. This rose to 23% in 2006, and 27% in 2007.
- ◆ A slightly higher percentage of homeless people reported that their last regular residence was in Portland (32%); fewer came from other Maine towns (27%) or from out of state (35%). Only about half said they would prefer to remain in Portland; of the remainder, about half had no geographic preference and half identified another town, state, or country.

Introduction

Point-in-Time Methodology

The U.S. Department of Housing and Urban Development (HUD) requires that each Continuum of Care for the homeless participate in an annual count of the homeless called the Point-in-Time Methodology. This year HUD mandated that the Point-in-Time Survey be conducted nationwide on one evening during the third week in January 2007. The State of Maine's Continuums selected January 30th, 2007 as the Point-in-Time Survey day for Maine.

The Survey Committee selected Point-in-Time (PIT) methodology because it is currently the best-known method to depict the composition of the homeless population on a given night. Performing a Continuum of Care-wide census, versus a sampling of the homeless population, provides an accurate picture of the number of people who were homeless, and the issues contributing to their homelessness, at a specific point in time. Portland is a relatively small city in which the community of care providers is well defined and accustomed to working collaboratively. As a result, members were confident that they could plan and implement a PIT survey that would provide a highly accurate "snapshot" of homeless youth, adults, and families; both sheltered and on the streets.

The survey was conducted between 4pm and 5am on the evening of January 30th/31st. Each individual homeless person over the age of 18 (or younger if in a youth shelter) was approached to be interviewed. The response rate (eligible individuals who agreed to be interviewed) increased from 72% in 2006 to 81% in 2007.

Emergency Shelter Assessment Committee (ESAC) – In 1987, the United Way of Greater Portland and the City of Portland formed the Emergency Shelter Assessment Committee (ESAC) in response to community concerns regarding the lack of shelter services for Portland's homeless population. ESAC's mission is to monitor the usage of shelter beds and support services, identify gaps or emerging issues, and develop a plan for addressing them. Portland's City Council, in 1996, designated ESAC the official planning body for the Continuum of Care for the Homeless, as required for funding from the Department of Housing and Urban Development (HUD). ESAC is a collaborative of service providers, consumers, local and state government representatives, advocates, and other community members working to ensure the safety and well being of people who are homeless in Portland. Through planning, coordination, and advocacy, ESAC promotes a continuum of care and support for people experiencing homelessness.

HUD Continuum of Care – HUD, under the Clinton Administration, defined a series of best practice goals for service provision to the nation's homeless population, with the ultimate goal of "alleviating homelessness." In 1994, these goals resulted in HUD's Continuum of Care services delivery system, which fosters community-based processes that respond comprehensively to the variable needs of homeless individuals and families. Through its consolidated funding mechanism, HUD's Continuum of Care encourages communities to coordinate emergency, transitional, and permanent housing with social services and homelessness prevention activities. Community-based Continuums of Care participate in regular capacity-building efforts that focus on planning and evaluating services.

The lead entity for the Portland Continuum of Care is the City of Portland's Health & Human Services Department, Social Services Division. The organizations involved in the Portland Continuum of Care include the City of Portland Health & Human Services Department, Social Services Division; Preble Street, Youth Alternatives; My Choice; Milestone Foundation; Portland West; Ingraham, Inc.; Shalom House, Inc.; Avesta Housing Development Corporation; and Maine's Department of Health & Human Services.

In 2007 HUD awarded the City of Portland \$2,641,233 for homeless services in Portland. The funds will provide permanent housing for chronically homeless adults, employment counseling and training, transitional housing, counseling and case management services for parenting teens, transitional housing and services to homeless youth, employment services, and a Homeless Management Information System. The Point-in-Time Survey, a HUD recommended assessment technique, is a vital planning tool employed by Portland's Continuum of Care to monitor population needs and evaluate the performance of our community's response to homelessness.

Definition of Homelessness

The definition of homelessness controls who may receive services paid for by the Department of Housing and Urban Development (HUD), which is the primary federal agency funding housing and services for homeless people. HUD defines homelessness to include individuals, and families with children, who are:

- ◆ sleeping in an emergency shelter;
- ◆ sleeping in places not meant for human habitation, such as cars, parks, sidewalks, or abandoned or condemned buildings;
- ◆ spending a short time (30 consecutive days or less) in a hospital or other institution, but ordinarily sleeping in the types of places mentioned above;
- ◆ living in transitional/supportive housing but having come from streets or emergency shelters;
- ◆ being evicted within a week from a private dwelling unit and having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing; or
- ◆ being discharged from an institution and having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing.¹

HUD recognizes, within this broad category of homeless people, that there is a subset that has a long history of homelessness. Since the Bush administration has a goal of eliminating chronic homelessness by 2012, many resources are directed towards those who have been **chronically homeless**, which HUD defines as--

An unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last 3 years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.²

Note: that the chronic homeless definition specifically excludes families, although there is federal legislation pending that would add families to the definition. Both definitions exclude people who lack a permanent residence of their own and instead stay temporarily with a series of friends or family members. This is far more common in rural Maine where emergency shelters are long distances away and there is no public transportation. This survey was conducted on the streets and in the shelters of Portland; thus by definition all respondents met HUD's criteria for homelessness, and some were chronically homeless.

¹ http://www.hud.gov/offices/cpd/homeless/library/spc/resourcemanual/section2/spcmanual2_2.cfm

² <http://www.hud.gov/offices/adm/grants/nofa07/gensec.pdf>

1. 2007 Point-in-Time Survey Participation for Homeless & Chronic Homeless

Table 1: 2007 Portland PIT Survey Participation

	#
# homeless people found in shelters	258
# of unsheltered homeless	9
# survey eligible homeless adults	232
# participating in the survey (this is the total, though many participants did not answer every question)	187
# of all single adult homeless that were chronically homeless	44*
% of all single adult homeless that were chronically homeless	19%

* This is based on individuals' self reports of incidence or duration of homelessness and disability

2. Shelter Capacity, Occupancy, and Survey Participation, by Shelter and Shelter Type

Table 2: 2007 Portland PIT Survey Participation by Shelter

Shelters	Response Rate	Survey Participation	Survey Eligible	Shelter Occupancy	Shelter Capacity
Adult					
Portland's Oxford Street Shelter	83%	116	140	140	154
Milestone Foundation	70%	26	37	37	41
Ingraham Bridge	63%	5	8	8	12
Total Adults	77%	147	185	185	207
Family					
Family Crisis Services	42%	5	5	12	14
Portland's Family Shelter	100%	11	11	35	77
My Choice (Maine Adoption & Placement Services)	100%	6	6	6	10
Total Family Members	100%	22	22	53	101
Adolescent					
Preble Street Lighthouse	100%	11	11	11	16
*Youth Alternatives Reardon Place	100%	7	7	7	10
Total Adolescents	100%	18	18	18	26
Total	100%	187*	232	256	334

* Youth Alternatives Reardon Place is located in South Portland.

3. Participants by Shelter Type, Age and Sex, with Counts of Sub-Populations

Table 3: Breakdown of Respondent Age, Gender, and

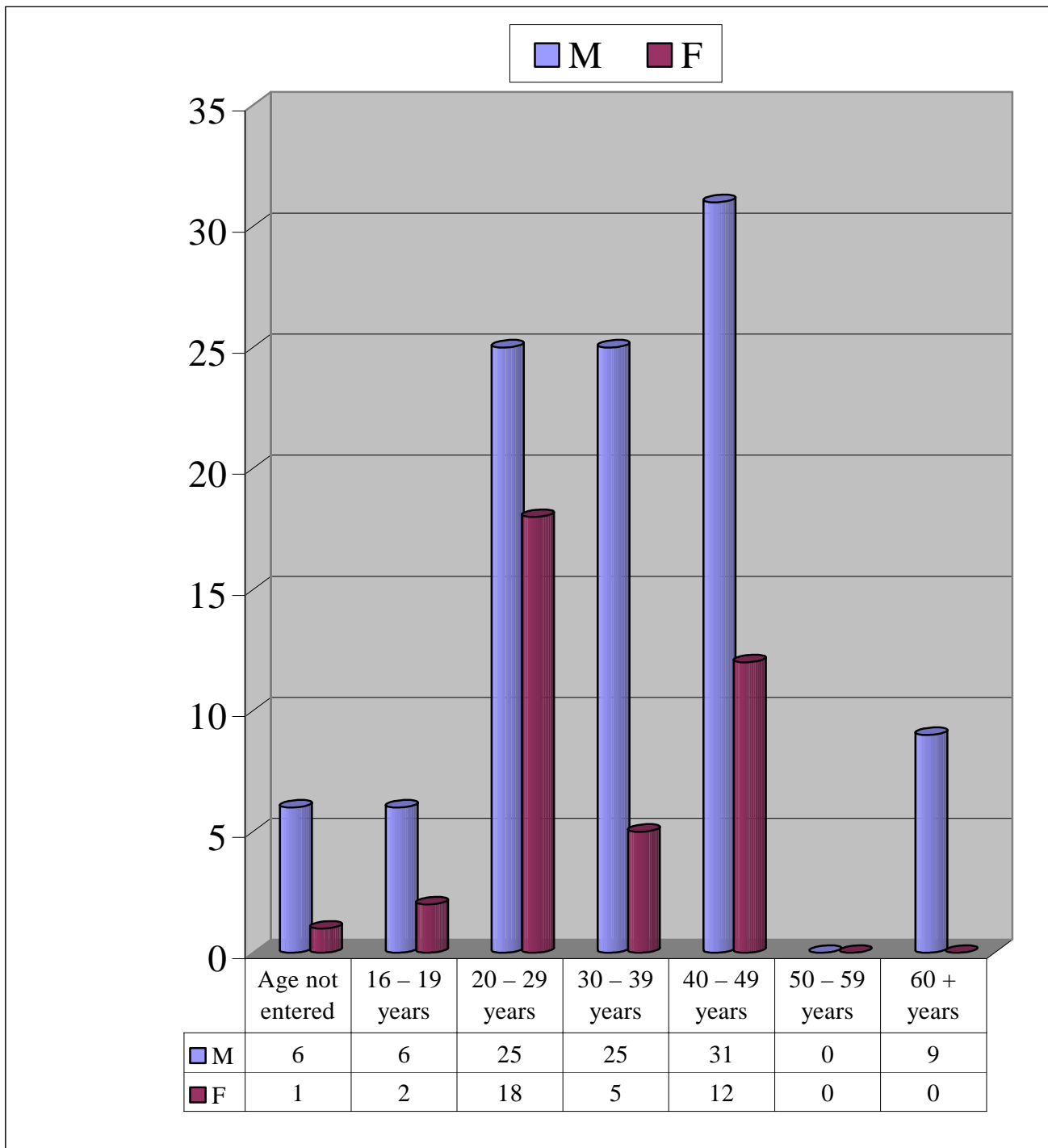
Respondents by Shelter Type, Age and Sex	Total	M	F
Family Members			
Age not entered	2	1	1
Members < 5 years	9	5	4
5 – 11 years	4	4	0
12 – 14 years	2	1	1
15 – 17 years	0	0	0
Subtotal < 18 years (<i>not</i> survey respondents) ⁽¹⁾	17	11	6
Age not entered	2	1	1
17 – 19 years	2	1	1
20 – 29 years	13	2	11
30 – 39 years	4	1	3
40 – 49 years	2	1	1
50 – 59 years	0	0	0
60 + years	0	0	0
Subtotal 18 + years (survey respondents)	23	6	17
Total in Family Shelters	40	17	23
Youth			
Total in Youth Shelters (survey respondents < 19 years)	18	14	4
Adult			
Age not entered	5	5	0
16 – 19 years	6	5	1
20 – 29 years	28	22	6
30 – 39 years	24	22	1
40 – 49 years	41	30	11
50 – 59 years	33	30	3
60 + years	9	9	0
Total in Adult Shelters (survey respondents)	146	126	24
Total Completing Survey (Family 18+ / Youth / Adult)	187	144	43
Special Populations (As Self-Reported) ⁽²⁾			
Chronically Homeless	37	32	5
Substance Abuse (SA)	31	24	7
Mentally Ill (MH)	39	31	8
Dual Diagnosis of MH & SA	10	6	4
Veterans	34	33	1
Persons with HIV/AIDS	1	1	0
Victims of Domestic Violence	6	0	6

(1) Age was not provided for 2 children accompanied by adults; also, Family Crisis Services did not complete surveys on children so they are not included in this table. ⁽²⁾ 17 survey respondents provided no response to the length or frequency of homelessness.

4. Age & Gender of Adult Respondents

Figure 1: 2007 Portland PIT Survey, Age & Gender of Adult Respondents

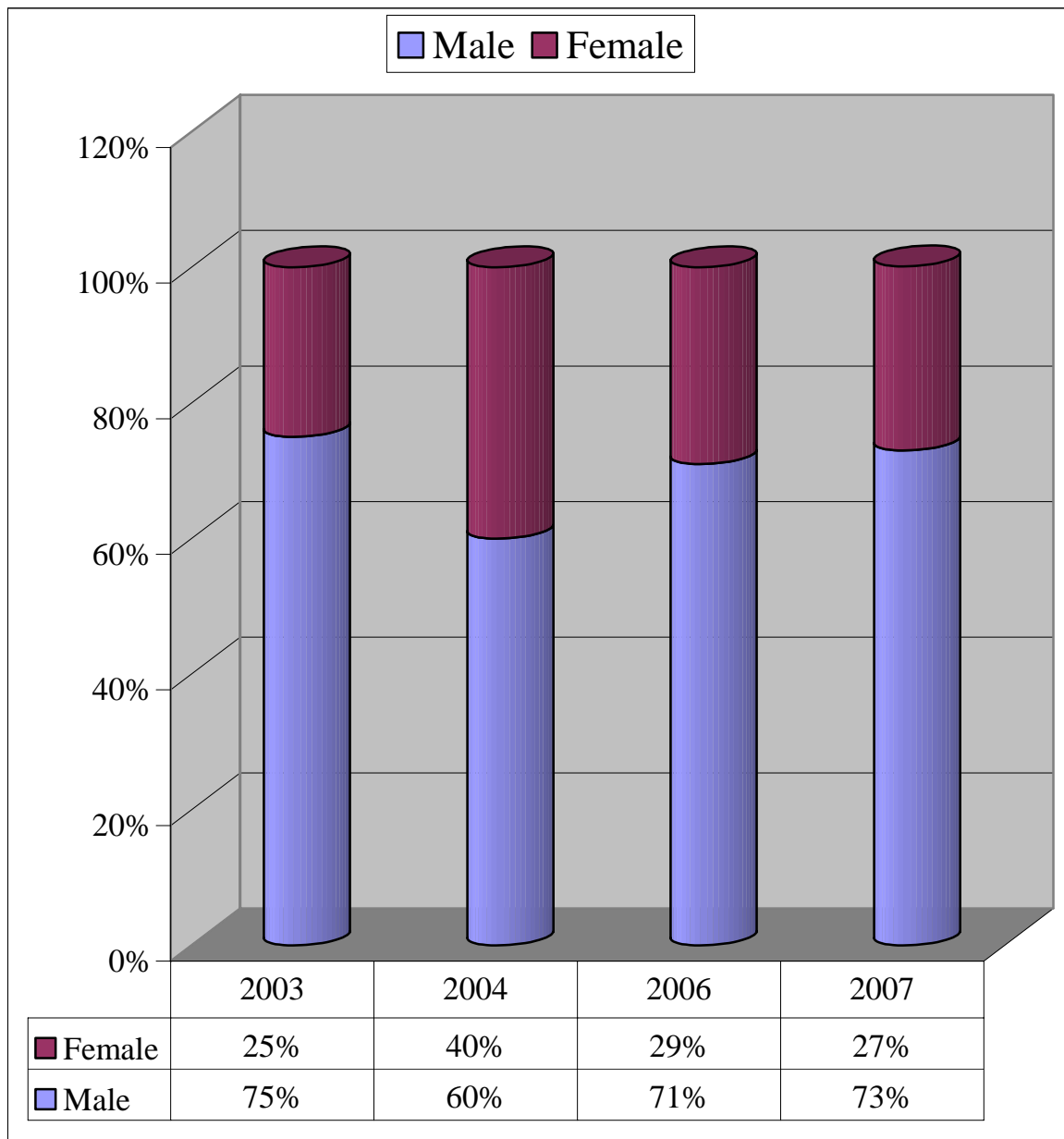
n = 166



In contrast to the 2006 PIT survey, in which the age distribution was concentrated in the 30-60 year age group, in 2007 the most frequent ages ranged from 20 – 50. The median age for a male was 43 years, while for women the median age was 29.5.

Figure 2: 2007 Portland PIT Survey, Gender of Adult Respondents

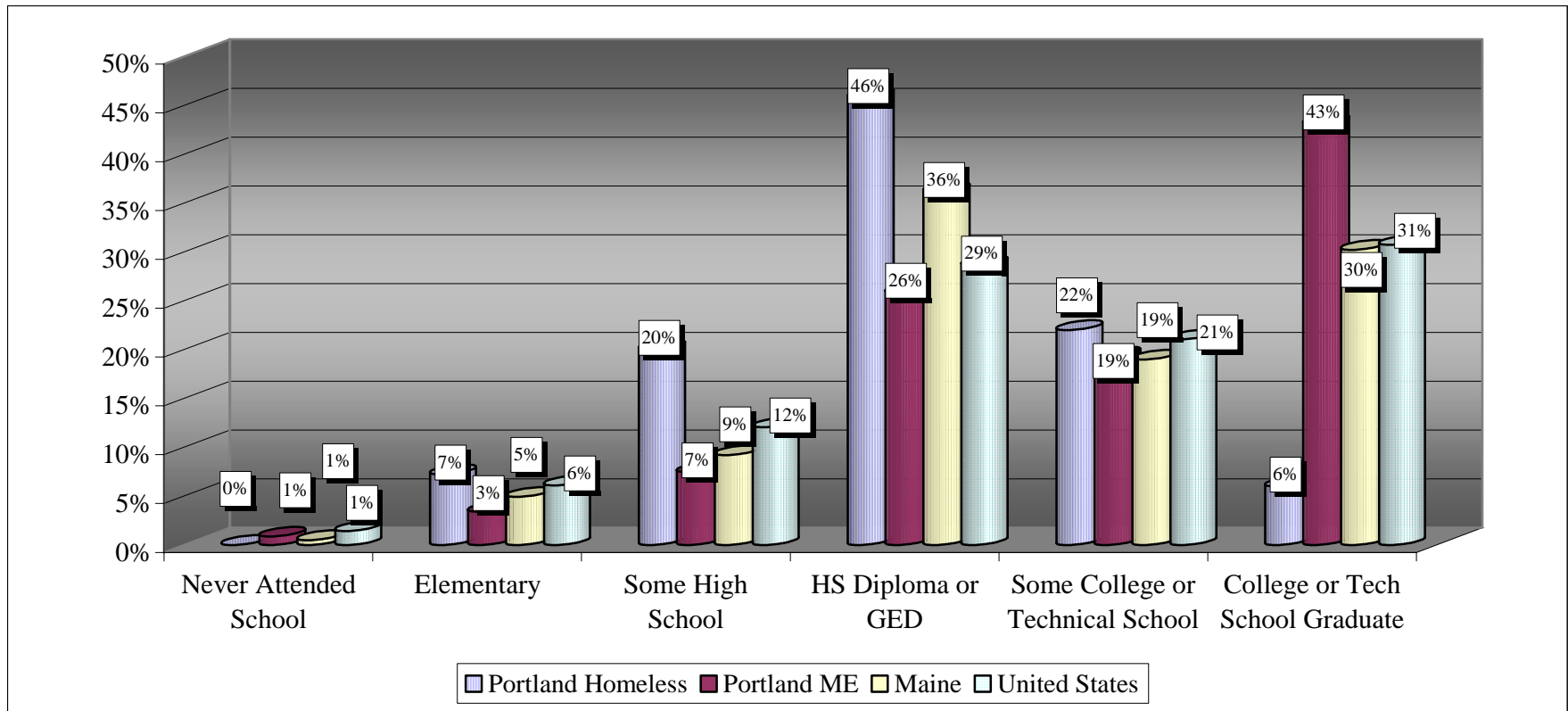
n = 166



The breakdown between men and women has remained fairly consistent over several years, with the exception of 2004, when the split was 60% men to 40% women. This year tracked more closely to 2003 and 2006, with a split of 73% men and 27% women.

5. Educational Attainment of Participants Ages 25 and Over

Figure 3: 2007 Portland PIT Survey, Educational Attainment of Adult Respondents

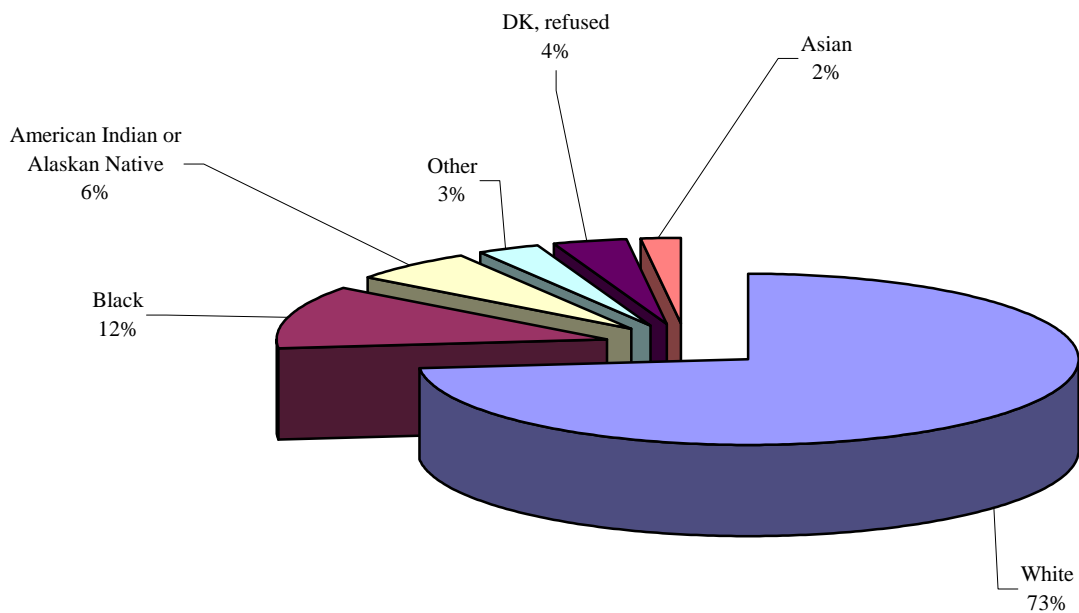


Relative to the general populations of the City of Portland, the State of Maine, and the nation as a whole, Portland's homeless had a lower level of educational attainment overall. Fully 73% had a high school diploma or GED or less, compared to 37% for Portland, 51% for the State of Maine, and 48% for the US. This is consistent with the results of previous PIT surveys; lower educational attainment reduces employment options, making people more vulnerable to homelessness.

In 2006, 72% of homeless respondents reported having a high school education or less.

6. Survey Participants by Race & Ethnic Identification

Figure 4: 2007 Portland PIT Survey, Race

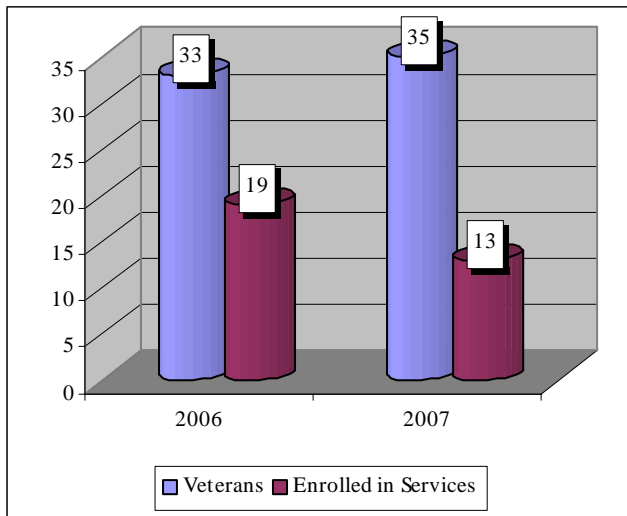


In 2007, almost three quarters (73%) of respondents indicated they were Caucasian or Euro-American, 8% fewer than in 2006. The next biggest categories were Black or African American (12%) and American Indian or Alaskan Native (6%); these were both similar to 2006.

A total of 15, or 9%, of the respondents, reported they were Hispanic.

7. Veteran Status

Figure 5: 2007 Portland PIT Survey: Veteran Status



The number of veterans was similar to 2006; however, there was a decrease in the percentage that reported being enrolled in VA services (58% in 2006 versus 37% in 2007).

8. Disabilities- Self Reporting

A total of 96 (58%) respondents admitted to having some sort of disability, with the most frequent being physical health, mental health, and substance abuse.

Table 4: 2007 Portland PIT Survey: Disabilities

Survey Question n=165	#/% of Yes Responses
<i>Are you limited in your ability to work or carry out activities of daily living because of any of these conditions?*</i>	
Chronic Physical or Mental Condition	56 (34%)
Severe Mental Health Condition	42 (25%)
Serious Developmental Condition	7 (4%)
Chronic Substance Abuse (Drugs or Alcohol)	31 (19%)
HIV/AIDS	1 (.01%)
Vision, Hearing, or Mobility Problems	24 (14%)
Others	3 (.02%)
None	68 (41%)

* Note: Respondents could select more than one disability, so the percents do not total to 100%.

As has been seen in past PIT surveys, 68 (41%) of respondents initially denied having any condition that limited their ability to work or to carry out activities of daily living. The survey asks disability questions a number of different ways, however, and responses revealed that an additional 48 individuals had serious impairments.

Table 5: 2007 Portland PIT Survey: Disability Analysis

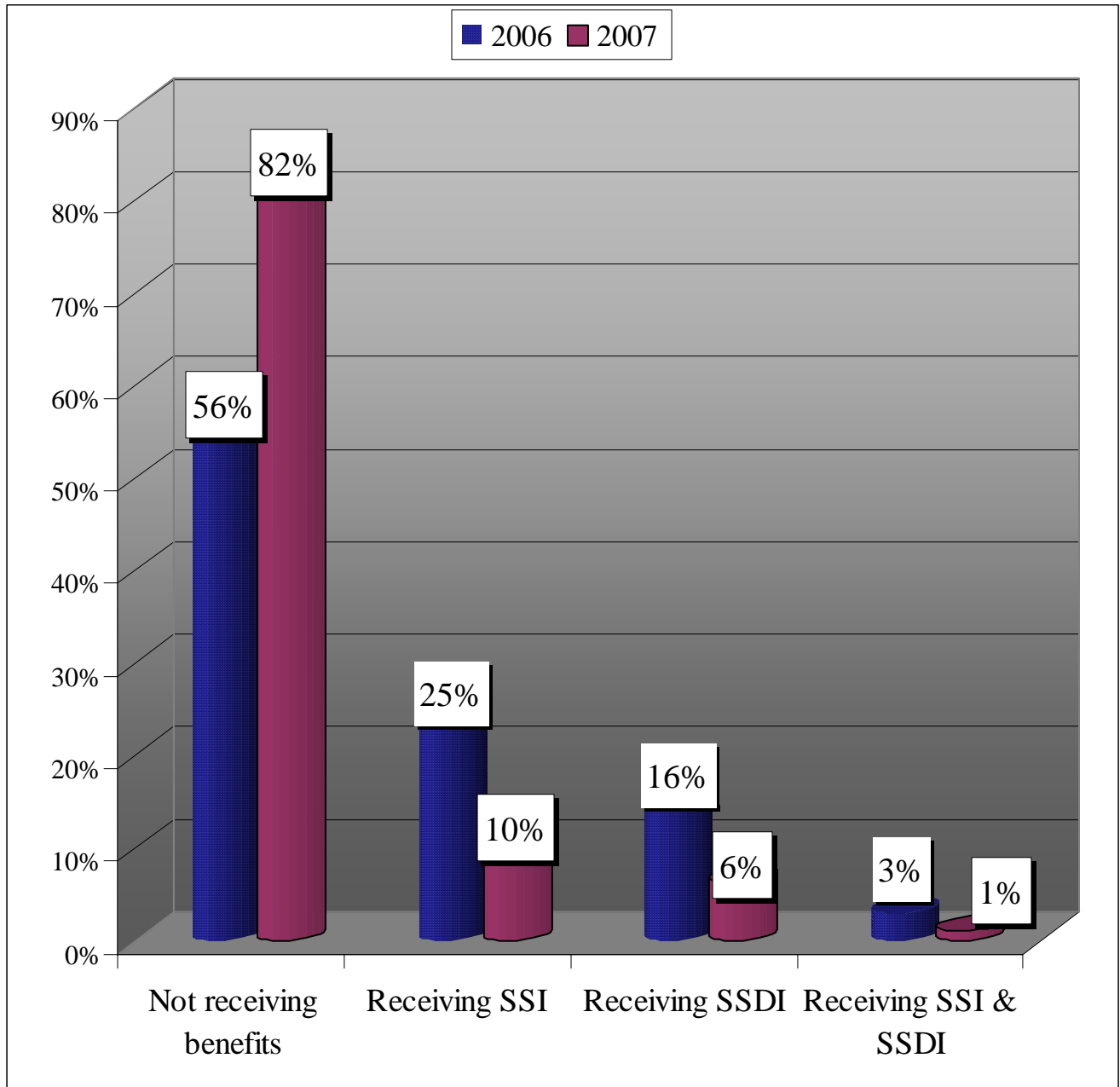
Survey Question	“No” to previous question but “yes” to this question	Cumulative Total
Do you have a disabling condition?		96
In shelter due to disability, mental health, or substance abuse issues	19	115
Are you currently using, or do you need, mental health & substance abuse services?	20	135
Do you have depression or anxiety?	9	144
Do you receive income from SSI/SSDI?	3	147
Total with disabilities		147
Total without disabilities		18
n		165
% of respondents with disabilities		89%

As the table above demonstrates, initially 96 people agreed that they had disabling conditions. Of those who denied this, an additional 19 admitted to being in the shelter the night of the survey as a result of a disability, mental health, or substance abuse issue. When asked whether they needed mental health or substance abuse services, 20 more who had previously denied any impairment said that they did. After answering no to all of the above questions, nine respondents admitted to suffering from depression and anxiety. Finally, 3 individuals reported they received income from SSI or SSDI. Through this process, a total of 89% of the respondents were determined to have mental health substance abuse, or physical impairments.

These results demonstrate that shelter residents tend to underreport their disabilities. Care is needed to frame questioning in such a way as to elicit the full story.

9. SSI/SSDI Benefit Status

Figure 6: 2007 Portland PIT Survey: SSI/SSDI Benefit Status

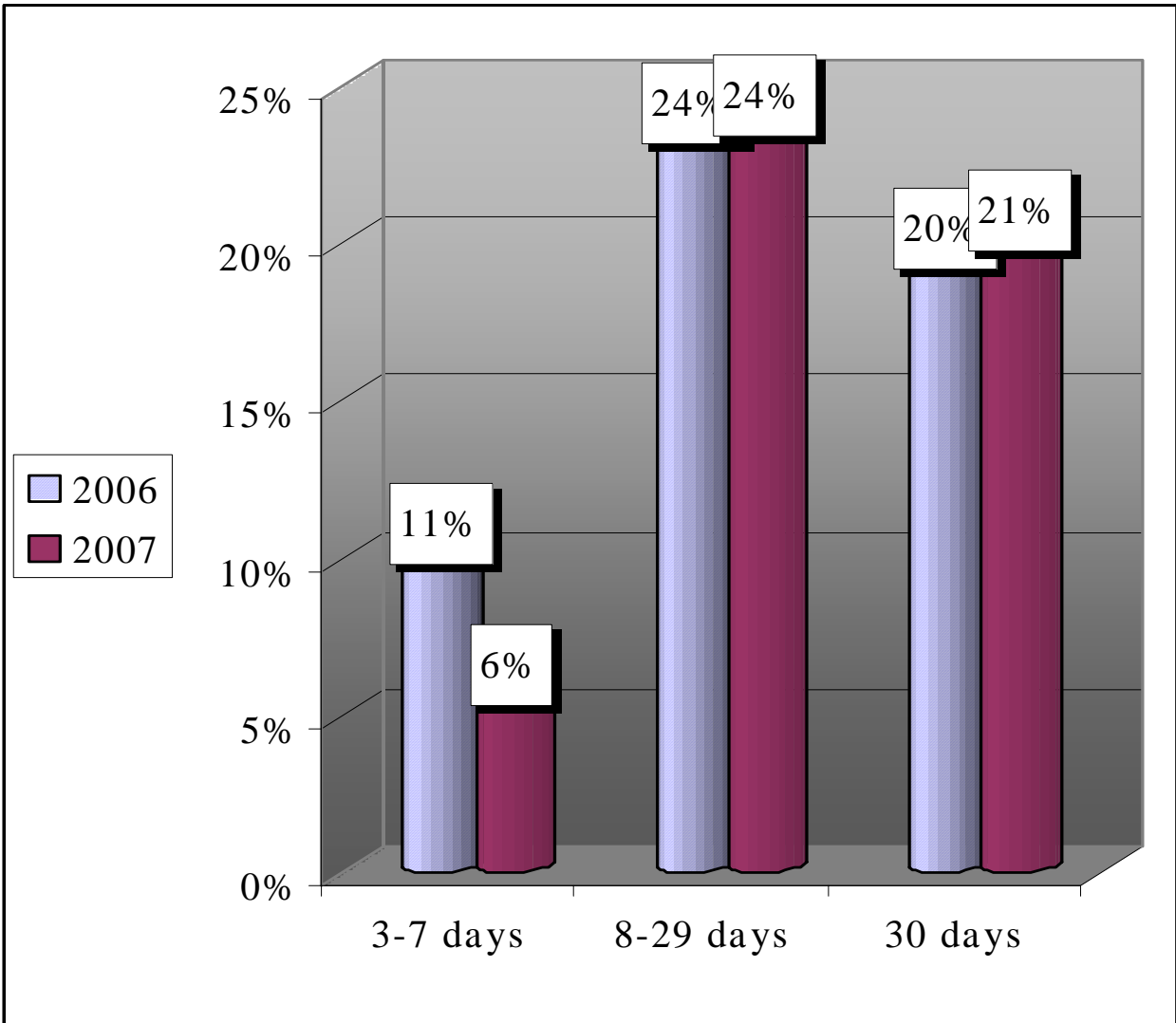


Of the 96 individuals who reported having a condition that limited their ability to work, slightly less than one out of five reported receiving SSI or SSDI. This is a negative shift from the 2006 PIT survey, when more than two out of five respondents said they were getting these benefits.

The 2007 results are more similar to those of 2004, when 80% of those reporting a disabling condition said they were not receiving SSI or SSDI.

10. Mental Health Days

Figure 7: 2—7 Portland PIT Mental Health Days



Respondents were asked how many days out of the preceding month their mental health was “not good”, considering feelings of stress, depression, and problems with emotions. About 40% reported poor mental health for at least half of the last 30 days.

Compared to 2006, the number of homeless people reporting significant problems with poor mental health in the last 30 days remained stable in 2007.

11. Frequently Cited Health Problems

Following the trend established in the last two PIT surveys, the most common condition cited by participants was depression, with 85 (12%) of individuals complaining of this. Anxiety, which this year was asked separately from depression, was identified as an issue by 69 respondents.

A new condition listed this year was “past head trauma”, which 31 (19%) of respondents identified as a condition that troubled them.

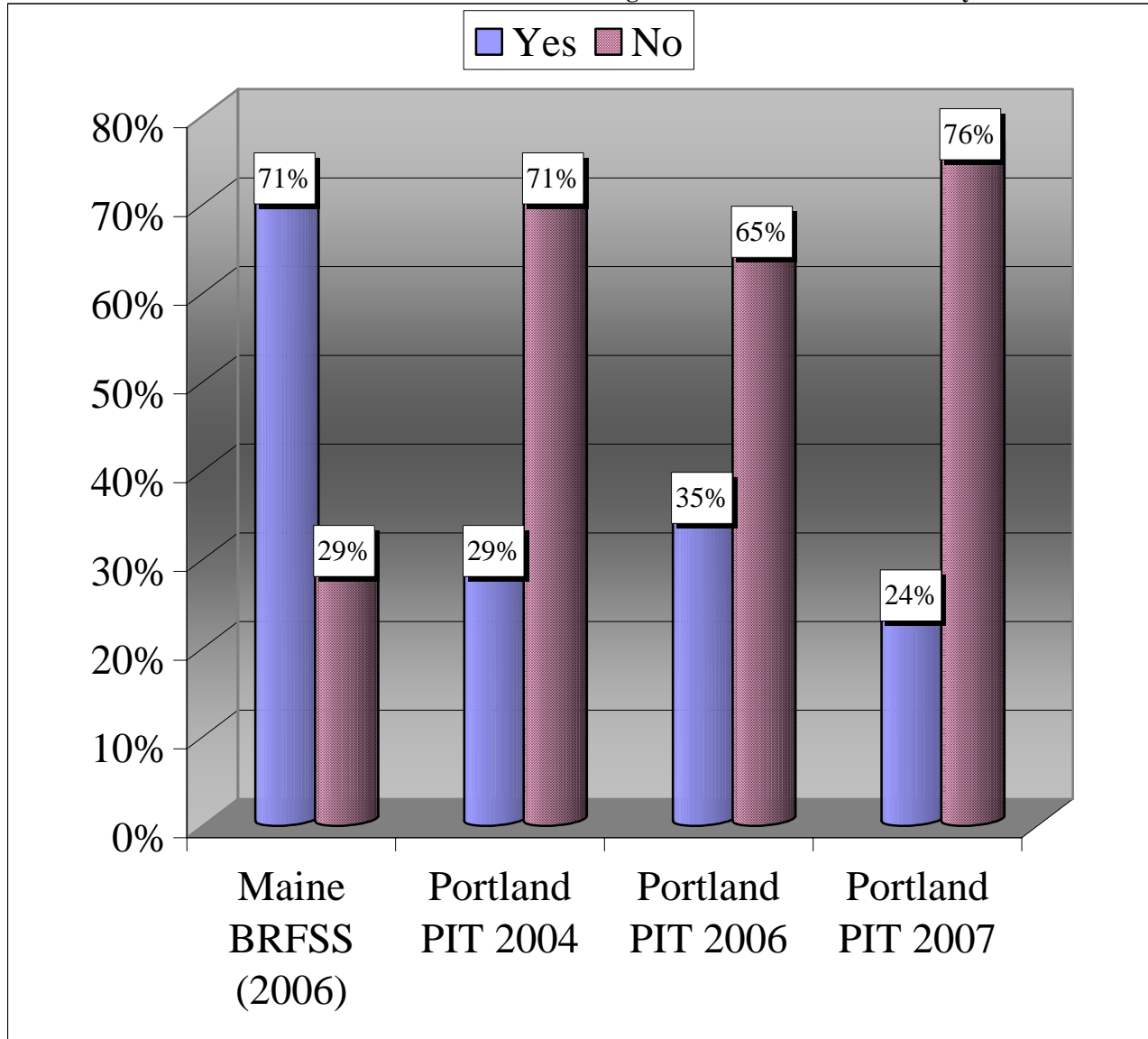
Table 6: 2007 Portland PIT Survey: Health Conditions Cited by Respondents

Conditions	n = 165	
	# of Mentions	% of Participants
Depression	85	52%
Anxiety	69	42%
Dental	65	39%
Eye or vision problem	58	35%
Back or Neck	54	33%
Fractures, bone, or joint injury	51	31%
Walking/Mobility Problem	43	26%
Arthritis	40	24%
Allergies	39	24%
Lung/Breathing/Respiratory Problem	38	23%
Past Head Trauma	31	19%
Hypertension/high blood pressure	31	19%
Diabetes ("sugar")	22	13%
Hearing	21	13%
Seizures	21	13%
Heart	14	8%
Hepatitis	13	8%
Stroke problem	9	5%
Liver disease	8	5%
Pregnancy	5	3%
Tuberculosis	5	3%
Cancer	1	1%
HIV	0	0%

Of some concern is that in 2006 only 9 (4.9%) of respondents listed diabetes as a condition, but in 2007 this number doubled to 22 (13%).

12. Dental Visit in the Last 12 Months

Figure 8: 2007 Portland PIT Survey – Dental Care

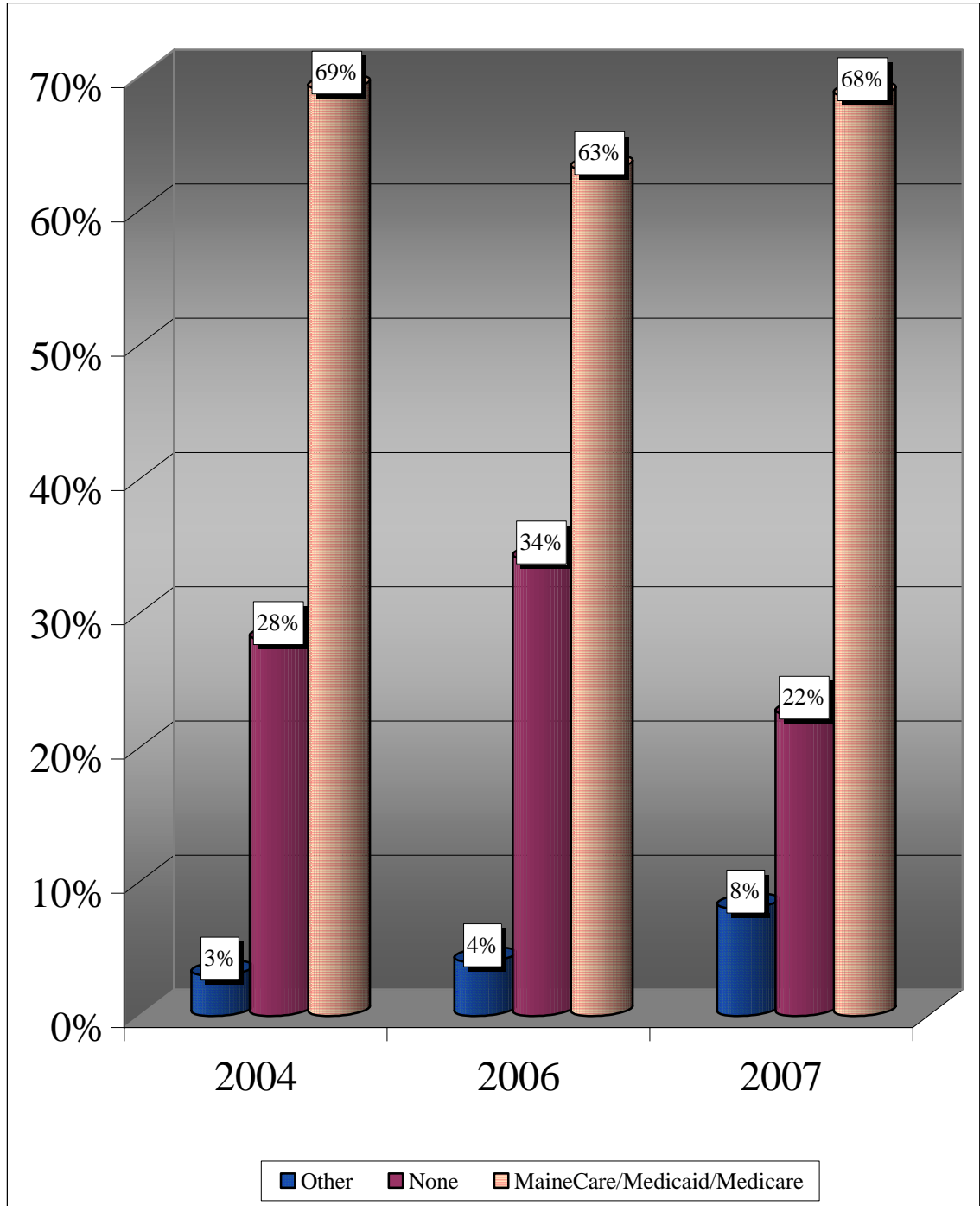


Homeless individuals in Portland continue to access dental care at far lower levels than their mainstream counterparts. While 71% of Mainers visited the dentist at least once in 2006, only 24% of homeless respondents reported doing so. This has been a consistent pattern over the last several years, with a slight improvement in 2006.

Note: The Maine figures were taken from the Center for Disease Control's [Behavioral Risk Factor Surveillance System](#) (BRFSS).

13. Health Care Coverage

Figure 9: 2007 Portland PIT Survey: Health Care Coverage

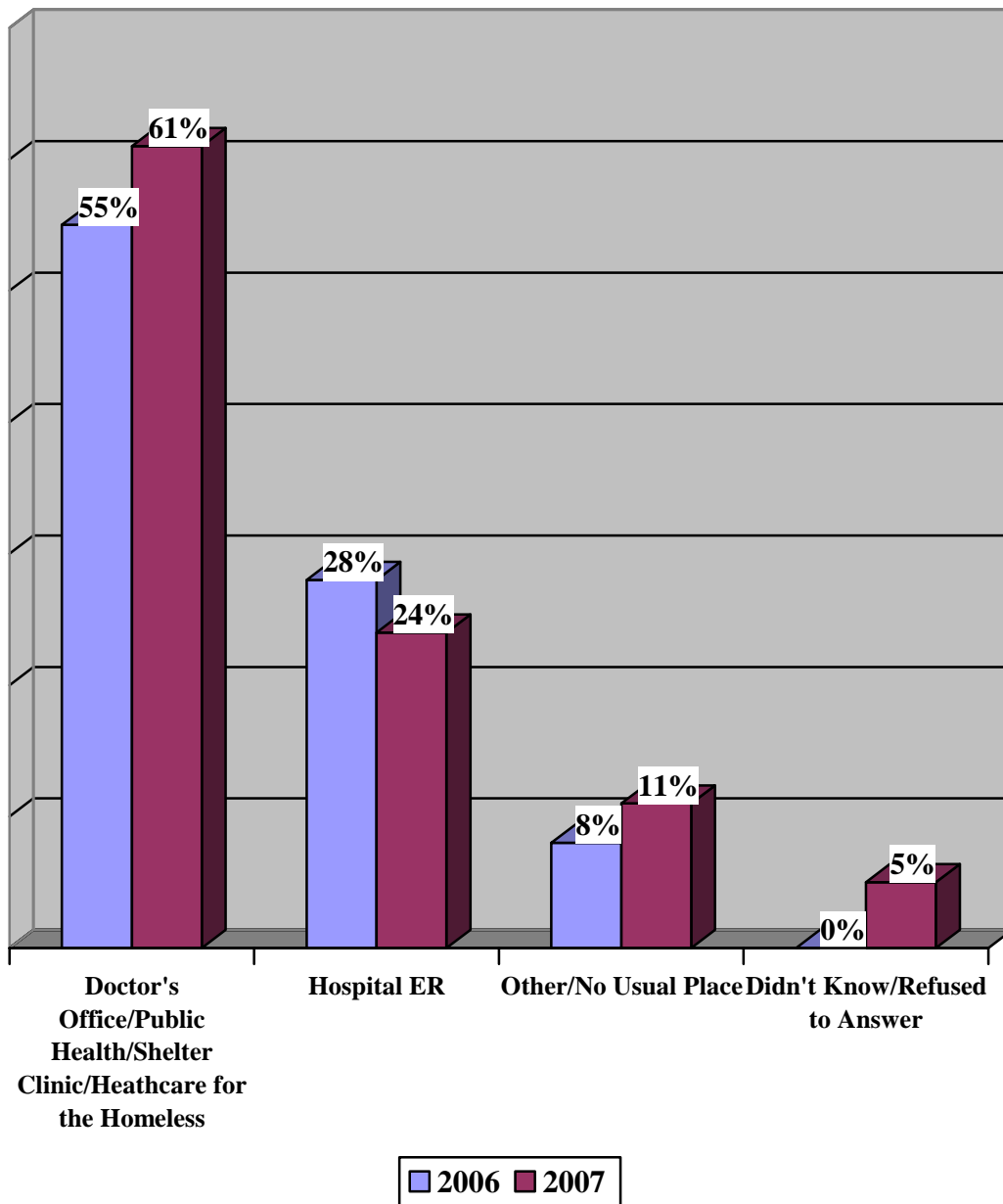


While the percentage of homeless respondents who are insured through public programs (MaineCare, Medicaid, and Medicare) has remained little changed in the last several years, the number insured through other programs has doubled. The “other” category includes Veterans (6%) and private insurance or HMOs (2%). There were no homeless people insured through Dirigo.

The number of uninsured homeless people dropped by 35% between 2006 and 2007, a substantial improvement.

Source of Regular Health Care

Figure 10: 2007 Portland PIT Survey: Source of Health Care Coverage



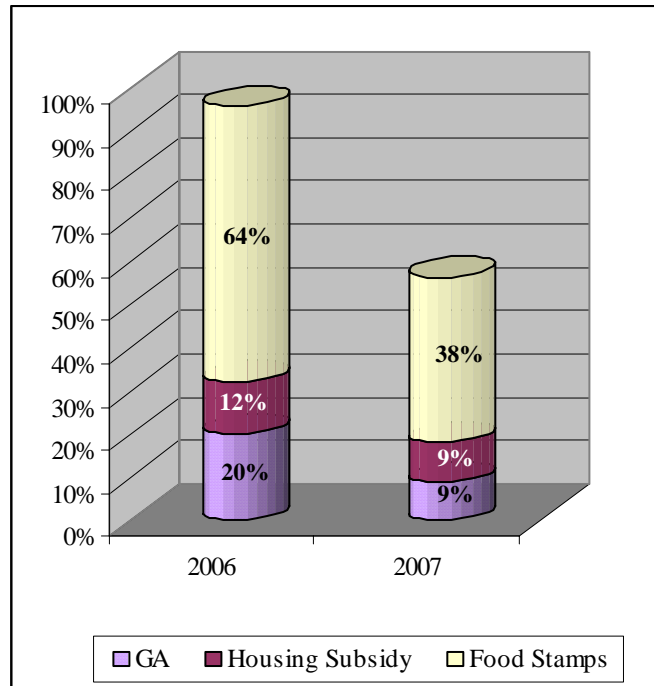
This question asked people where they usually go when they are sick or need advice about their health. Relative to 2006, an increased percentage of homeless people responding to this survey use established clinics or doctor's offices for their primary health care. Correspondingly, a slightly lower percentage in 2007 (24%) report seeking primary health care from hospital emergency rooms compared to 2006 (28%).

14. Public Assistance

In 2007 fewer respondents reported receiving General Assistance (GA), food stamps, or housing subsidies (Section 8 vouchers, BRAP, Shelter+Care, or RAC+) than in 2006.

The largest percentage decreases were in GA (55% decrease) and in Food Stamps (40% decrease). About 25% fewer individuals reported receiving housing subsidies in 2007 than in 2006.

Figure 11: 2007 Portland PIT Survey: Public Assistance



Other Public Assistance

As in previous surveys, a relative handful of respondents reported receiving public assistance from sources other than GA, housing subsidies, food stamps, or SSI/SSDI. These other sources included:

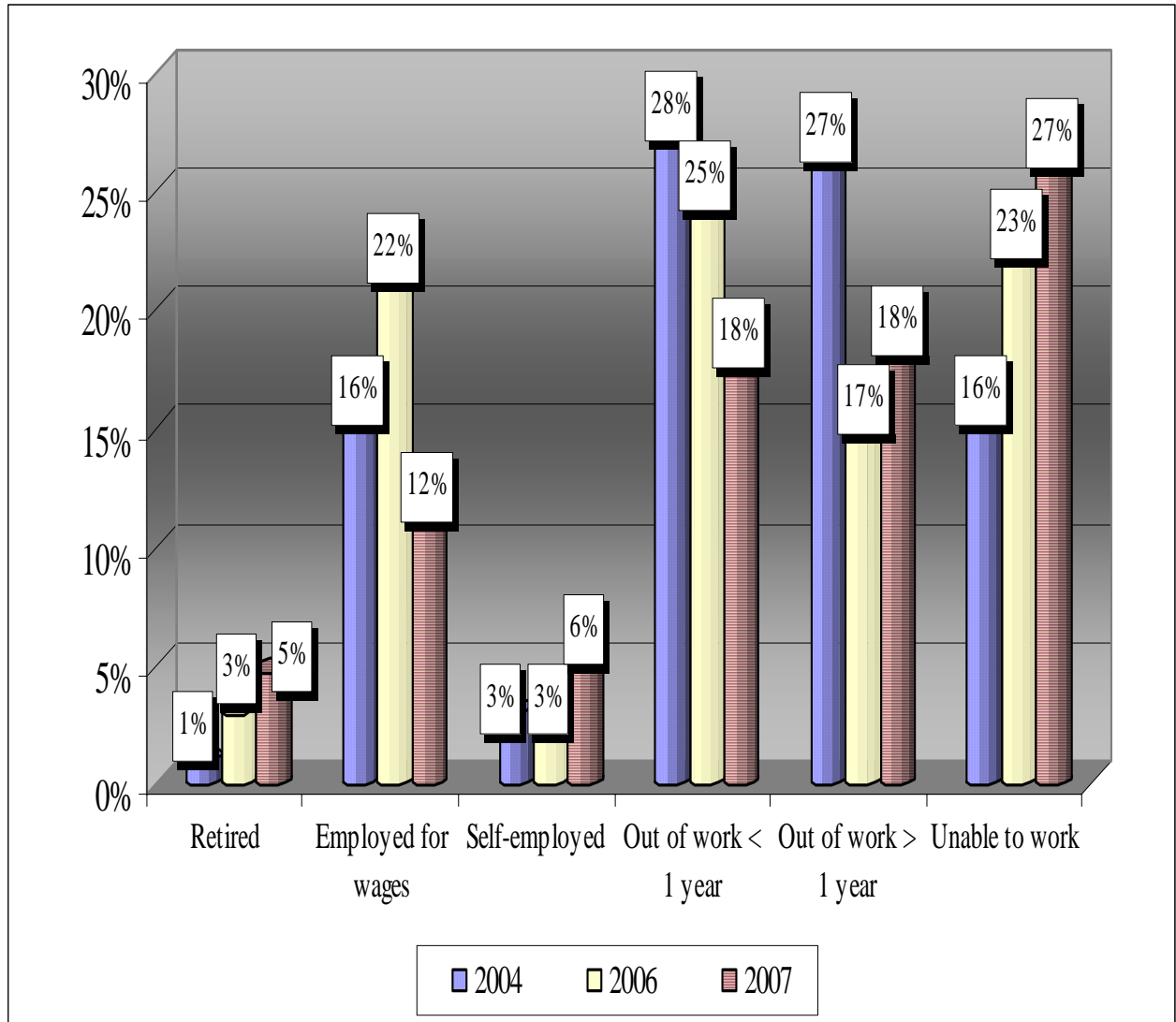
- ◆ Temporary Assistance to Needy Families (TANF)
- ◆ Unemployment insurance
- ◆ Workers' compensation
- ◆ State supplemental check
- ◆ Vocational/job training program stipend
- ◆ WIC Special Supplemental Income
- ◆ VA disability benefits

Of the above categories the most frequently mentioned was TANF, received by 11 (7%) of the respondents. This was similar to 2006 when 15 (8%) reported receiving TANF.

The biggest change in this area was the reduction in respondents reporting that they received no assistance from any public resources. In 2006 about 100 (54%) said they received no assistance, while in 2007 only 69 (41%) reported this to be the case.

16. Employment Status

Figure 12: 2007 Portland PIT Survey: Employment Status

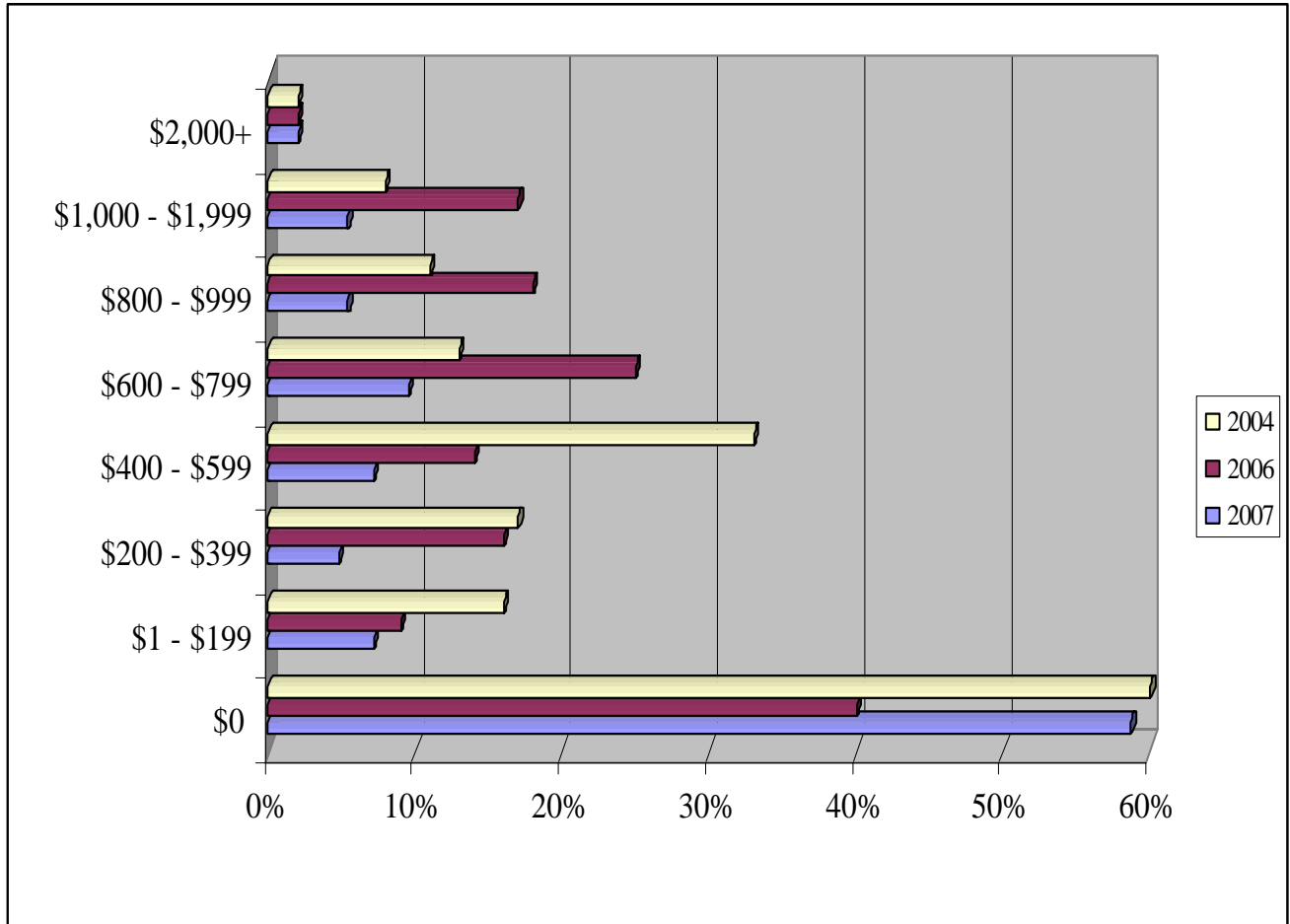


Relative to the last two surveys conducted, the employment picture appears to have worsened. Fewer respondents in 2007 reported being employed for wages than either in 2006 or 2004. The percentage of those unemployed for less than a year decreased 7% from 2006 and was down 10% from 2004, but those unemployed for a year or more edged up slightly. Over the last three years the percentage reporting they are unable to work at all has risen steadily; in 2007 27% respondents believed this to be the case. This conflicts with federal government policies that are placing greater pressure on Continuums of Care to help homeless people to become employed.

17. Monthly Income

Results from the 2007 PIT survey track more closely with 2004 than with 2006. In 2004, 60% of respondents said they had no income at all, while in 2006 only 40% reported this. In 2007 once again, 98 (59%) of those completing the survey said they had no income.

Figure 13: 2007 Portland PIT Survey: Monthly Income of Respondents



Slightly more than a third (35%) reported incomes of under \$800 the previous month, which is just under the federal poverty guidelines of \$9,800 annually for a one-person household. With Portland's high housing costs this amount is insufficient to rent units in the private market, and even with housing subsidies individuals would struggle to make ends meet.

18. Service Utilization

Table 7: 2007 Portland PIT Survey: Utilization of Services

n = 168

Service	Past		Current		Need	
Basic Needs						
Shelter	5	3%	133	81%	12	7%
Food/Hot Meals	4	2%	104	63%	19	12%
Showers	1	1%	117	71%	8	5%
Drop-in Center	6	4%	76	46%	9	5%
Interpreter	2	1%	4	2%	4	2%
Transition Needs						
Outreach Services	6	4%	50	30%	11	7%
Case Management	9	5%	58	35%	25	15%
Transitional Housing	4	2%	12	7%	35	21%
General Assistance	13	8%	19	12%	35	21%
Storage	1	1%	40	24%	26	16%
Life Skills Classes	6	4%	14	8%	9	5%
Health Needs						
Health Care/Medication	6	4%	49	30%	25	15%
Mental Health Services	10	6%	34	21%	25	15%
Alcohol/Substance Abuse Services	15	9%	13	8%	14	8%
Veterans Services	2	1%	8	5%	5	3%
Immigration/INS	1	1%	0	0%	2	1%
Domestic Violence Services	10	6%	6	4%	3	2%
Stabilizing Needs						
Job Location Help	7	4%	19	12%	29	18%
Job Training Program	11	7%	5	3%	35	21%
Housing Location help	4	2%	35	21%	53	32%
Housing Subsidies	4	2%	19	12%	73	44%
Household Budgeting	1	1%	8	5%	22	13%
Transportation	2	1%	28	17%	39	24%
Continuing Ed.	9	5%	8	5%	35	21%
GLBT Supports	0	0%	0	0%	7	4%
Wheelchair/Adaptive Equipment	1	1%	2	1%	2	1%
Legal Assistance	9	5%	10	6%	10	6%
ESOL Classes	2	1%	2	1%	7	4%
Childcare	1	1%	2	1%	10	6%
Parenting Assistance	0	0%	4	2%	7	4%

This question asked respondents to identify which services they had used in the past, were currently using, or needed but could not access. There is some questions as to whether these distinctions were entirely understood, and sometimes cells were not checked; 15 individuals, for example did not respond to the emergency shelter question although all but nine of the respondents were in a shelter at the time the survey was administered, and 12 indicated that they needed shelter but could not access it. It is possible that the category of “need” was interpreted as “continuing to need.”

As such, these results should be interpreted with some caution. The following points are worth noting:

- ◆ The majority of respondents appeared to be getting their basic needs met, including shelter (81%), showers (71%), and meals (63%). It is a little surprising that only 63% indicated they were getting help with food, and 19 (12%) said they needed but could not get it.
- ◆ Relatively small percentages reported receiving outreach and case management services, 30% and 35% respectively, which is a bit surprising since they are available at all shelters. Twenty-one of the 25 individuals saying they needed case management were at Oxford Street at the time of the survey.
- ◆ A significant number, 35 or 21%, said they needed transitional housing and General Assistance and could not get it.
- ◆ The need for storage was identified, with 26 (16%) saying they were having difficulty with this.
- ◆ Twenty-five respondents (15%) indicated that they needed health care/medication or mental health services; eight of these said they needed both.
- ◆ Not surprisingly, housing subsidies emerged as the most critical need, with 73 (44%) saying they wanted but were not receiving this assistance. The need for housing location help was identified by 53 (32%) of respondents, and transportation was needed by almost one in four respondents.
- ◆ Job location help, 29(18%) and job training, 35 (21%) were also significant needs, not surprising since about 36% of the participants were unemployed.

19. Regionalization of Homeless Services

Since 2004 the percentage of homeless people coming to Portland from other Maine towns or from other states has decreased, while the percentage coming from Portland increased slightly between 2006 and 2007.

Readers should understand that this question merely asked respondents to name the town, state, or country where they had their last “regular residence”. They may have been from Maine originally and be returning from an out-of-state stay, or they may be new to Maine; this question does not distinguish between the two.

Of the 147 people responding to this question, more than half said they had left over a year before. Responses ranged from 1 to 40 years, with a median of 4 years.

Table 8: 2007 Portland PIT Survey: When left last residence?

	No.	Percent
< 3 months	18	12%
3 - 12 months	45	31%
12 months +	84	57%

Fifty-three (32%) of the respondents said their most recent residence was in another state.

The largest percentage of these was from the Northeast. Given that the survey was administered at the end of January, when Maine temperatures are frigid, it is somewhat surprising that fully half of the individuals were from the southeast and southwest regions of the United States.

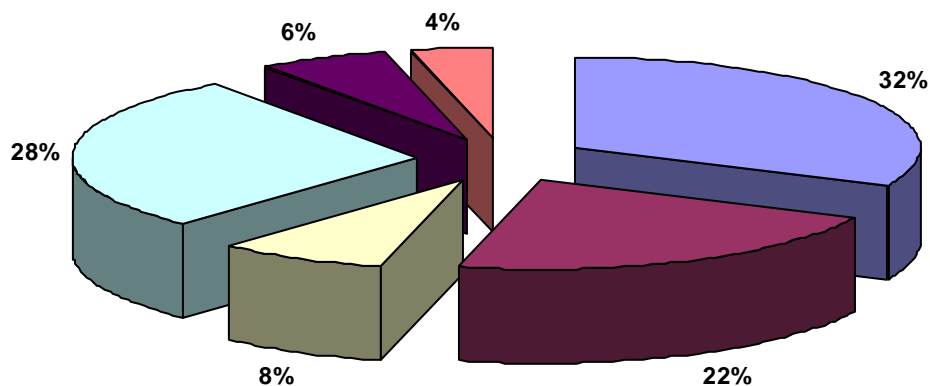
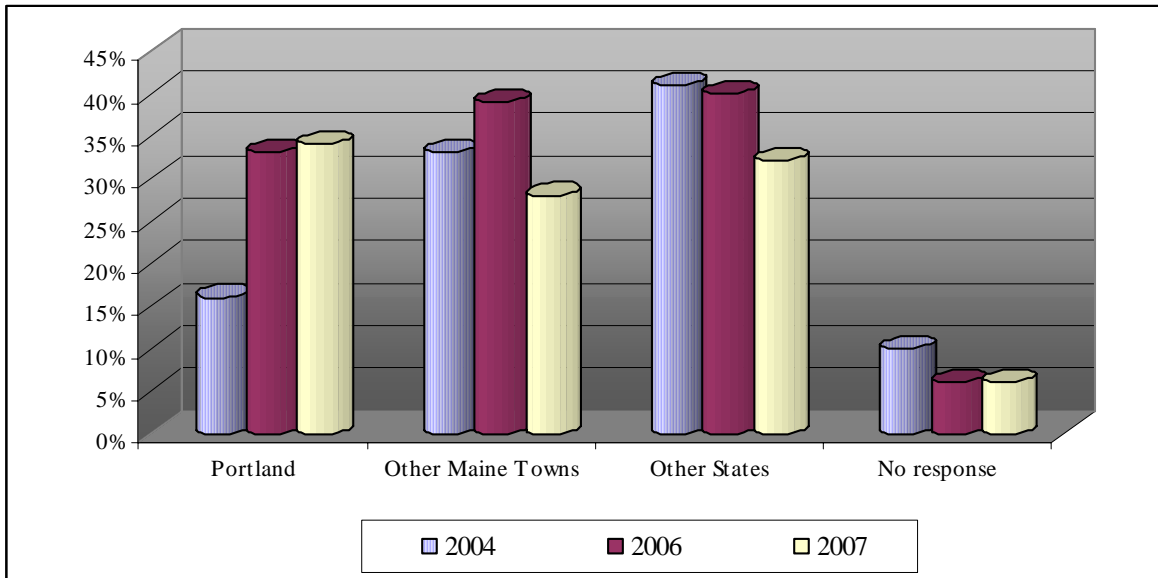


Figure 14: 2007 Portland PIT Survey – Most Recent Residence

Figure 15: 2007 Portland PIT Survey: Most Recent Residence



Forty-six (28%) of respondents said their last regular residence was in another Maine town. The same caveat mentioned earlier applies here. Respondents may have been from Portland originally and be returning to live here, or they may be new to the City. About one-third of respondents came to Portland from Westbrook, Biddeford, or Lewiston.

Table 9: 2007 Portland PIT Survey: Most Recent Residence- Maine Towns

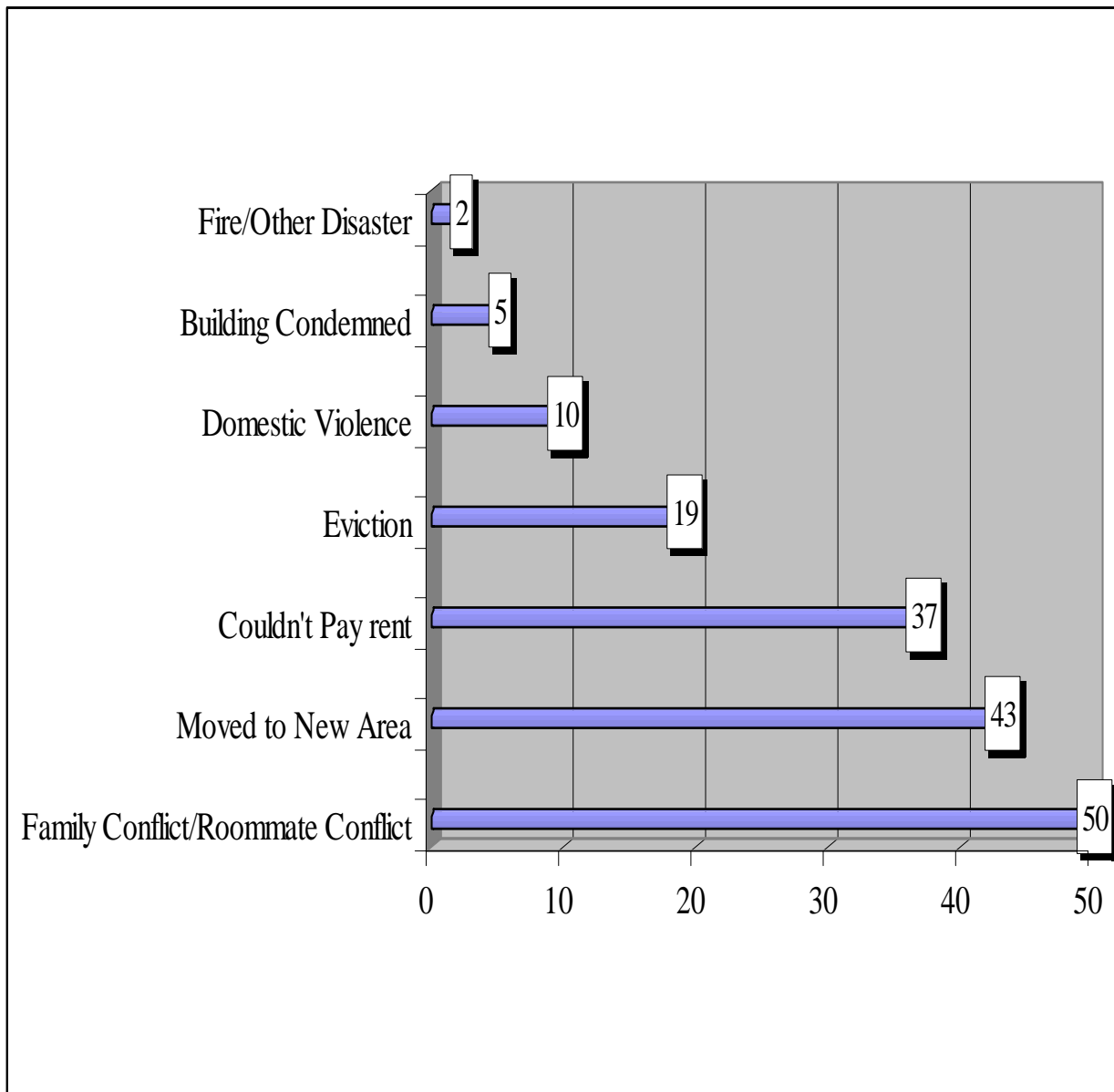
Town	Last Residence	Town	Last Residence
Auburn	1	Lyman	1
Augusta	1	Old Orchard Beach	2
Bangor	1	Pownal	1
Benton	1	Presque Isle	1
Biddeford	5	Raymond	1
Bowdoinham	1	Saco	2
Brunswick	3	Scarborough	1
Buxton	2	So. Portland	1
Caribou	1	South Portland	2
Ellsworth	2	Westbrook	6
Gray	2	Windham	3
Lewiston	4		

20. Reasons for Leaving Last Residence

For the first time, the top reason for leaving the last residence was family or roommate conflict (50), followed by a move to a new area (43). Not being able to pay rent slipped to third place as a contributing factor, with 37 stating this as a reason.

In addition, two respondents left their last residence because they had gone to jail.

Figure 16: 2007 Portland PIT Survey- Reasons for Leaving Last Residence



Although only 37 individuals identified their inability to pay rent as the reason they were homeless, 44 individuals responded to the question of why they could not pay rent. Again this year, the top reason was job loss, followed by increases in housing payments that were unaffordable.

Table 10: 2007 Portland PIT Survey: Why Couldn't Pay Rent

Reasons Why Couldn't Pay Rent	No.	Percent
Lost Job	30	68%
Could Not Pay Increased Rent/Mortgage	11	20%
Loss of Public Assistance/Rent Subsidy	6	11%
Medical Problems/Costs	5	9%
Became Disabled	3	5%

21. Children in Shelters

Table 11: 2007 Portland PIT Survey- Children in Shelters

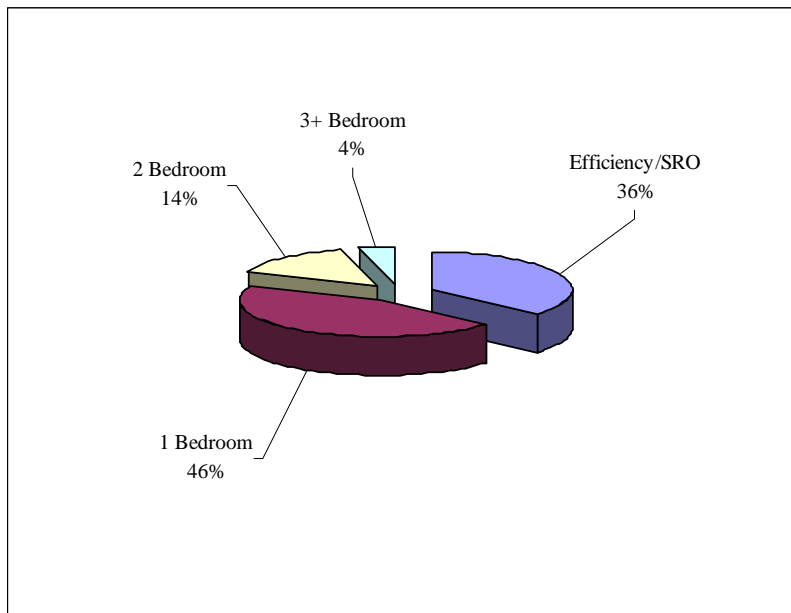
Respondents by Shelter Type, Age and Sex	Total
Children in Family Shelters (accompanied by a parent)	
Age not entered	2
Members < 5 years	9
5 – 11 years	4
12 – 14 years	2
15 – 17 years	0
Total Children in Family Shelters	17
Children in Youth Shelters (unaccompanied by a parent)	
16 - 23 years	18
Total Children Affected by Homelessness	35

On the night of the survey there were 35 children in homeless shelters. Of these, 26 (74%) were of school age, which is problematic because homelessness may disrupt school attendance and lead to future academic problems. Five (19%) of the school aged youth indicated they were missing school due to their homelessness.

22. Desired Housing

Figure 17: 2007 Portland PIT Survey- Desired Housing

About 146 respondents indicated a preference for the size of unit they would prefer. Reflecting the fact that the majority of respondents were single individuals, 82% of the requests were for efficiency/SRO or 1-bedroom units.



Respondents were also asked where they would prefer to live. Interestingly, only about half of them said Portland; the others said they would prefer to live elsewhere in Maine or in another state or country. Around a quarter of all respondents had no geographic preference.

Not surprisingly, single individuals were more willing to relocate; families preferred to stay in Maine.

Table 12: 2007 Portland PIT Survey- Respondents' Preferred Apartment Size and Location

	Portland	Other Maine Town	Other State/Country	No Geographic Preference	Total
Efficiency/SRO	28 (53%)	4 (8%)	8 (16%)	13 (25%)	53
1 Bedroom	33 (50%)	14 (21%)	8 (12%)	11 (17%)	66
2 Bedroom	15 (71%)	5 (24%)	0	1 (5%)	21
3+ Bedroom	3 (50%)	1 (17%)	0	2 (33%)	6

Portland Rental Market

While there is some belief that Portland's overheated rental market is cooling, rental listings from early July suggest that prices still have not fallen dramatically; there may be more units to choose from, however. There is wide variation among the units available; some include utilities in the rent, for example, or a washer and dryer in the unit.

In 2006 the average rent for a studio was \$600, and a one-bedroom was \$730.

Table 13: 2007 Portland PIT Survey- Apartment Availability and Price

Unit Size	# Listings	Average Rent	Range
Studio/Efficiency	7	\$605	\$510 - \$625
One-bedroom	22	\$725	\$545 - \$1075
Two-bedroom	38	\$950	\$725 - \$1400
Three-bedroom	23	\$1,100	\$780 - \$1500
Four-bedroom	1	\$1,800	-

Listings obtained from Maine Sunday Telegram, July 8, 2007