



CITY OF BANGOR

Advisory Committee on Homelessness

October 13, 2026 @ 5:15 PM

Council Chambers, City Hall, 73 Harlow St.

Agenda

1. Introductions (Name and Position Only)

2. Updates

- a. Warming Shelter
- b. Project HOPE
- c. Committee Appointments

3. Bangor Homeless Response System Roadmap

- a. Discussion of what the document is and isn't
- b. Feedback on components of the Roadmap- Are the right things covered/listed? What is missing?
- c. How to use this document moving forward to ensure the committee stays on track and provides a strategic plan in a timely manner.

4. Set discussion for next meeting (Oct 27th)

- a. What information is needed from city staff for the discussion?
- b. Are there any outside resources that should be requested?
- c. What measurable outcome should be the goal of the meeting?

Next Meeting- Oct 27th @ 5:15PM

BANGOR

Homelessness Response System Roadmap

Where Bangor stands, who the current system serves, and where the gaps fall



Purpose

Reframe Bangor’s homelessness landscape as an end-to-end response system. The roadmap identifies existing resources, the populations reached at each stage, and the points where limited capacity or missing connections allow people to remain homeless or return to homelessness.

Executive takeaway

Bangor has a broad provider network across outreach, shelter, health care, housing and coordination. The central issue identified on page 5 is not simply the absence of services. It is the system’s limited capacity, uneven accessibility and weak continuity between stages.

STRENGTH	BOTTLENECK	PRIORITY
Multiple entry points and experienced providers	Shelter, day-space, transportation and case-management capacity	Build continuity from first contact through housing retention

Prepared from page 5, “Landscape for Addressing Homelessness in Bangor,” in the September 22, 2026 Advisory Committee packet.

1. Bangor's Current Response System

The system functions as a sequence, but people may enter at different points and move backward when capacity, eligibility or ongoing support is insufficient.



2. Who Is Helped, and Where Gaps Appear

A. Prevention

WHO IS REACHED	RESOURCES IN PLACE	GAPS / PRESSURE POINTS
Households facing eviction; students experiencing housing instability; older adults and low-income renters at risk; people with complex health needs with current insufficient housing; Young adults leaving foster care	• City of Bangor eviction prevention • Hope House / Preble Street prevention • Bangor Area Shelter prevention • McKinney-Vento student support • Bangor Housing and other housing providers • Shaw House eviction prevention	• Rising housing costs for people on fixed incomes • Limited affordable inventory • Credit, criminal-background and pet barriers • Pet barriers

B. Street Outreach and Engagement

WHO IS REACHED	RESOURCES IN PLACE	GAPS / PRESSURE POINTS
People living outdoors, in encampments or otherwise disconnected from traditional services.	• PATH and HOME Team • City outreach and case management • Street Plus in the downtown area • Options Team and BCAT • PCHC street medicine	• People are geographically scattered • Case sizes reduce contact frequency • Workforce hiring, pay, training and burnout challenges

C. Emergency Shelter

WHO IS REACHED	RESOURCES IN PLACE	GAPS / PRESSURE POINTS
People needing immediate overnight safety, including adults and youth.	• Hope House • Bangor Area Shelter • Shaw House • Warming-center planning and funding	• Shelters are at capacity • No family shelter • People with pets or other barriers may not fit existing options • Shelters do not have resources to take people with complex health needs

2. Who Is Helped, and Where Gaps Appear (continued)

D. Daytime Services and Basic Needs

WHO IS REACHED	RESOURCES IN PLACE	GAPS / PRESSURE POINTS
People who are unsheltered, shelter residents during daytime hours, and individuals seeking a safe place to connect with services.	• Bangor Area Shelter • Bangor Public Library • The Well during winter • Brick Church two days per week • BARN and Together Place • Hope House day access for shelter residents	• No centralized service-navigation hub • Limited low-barrier day space • Laundry and shower access • Reliable phones and immediate transportation

E. Health, Behavioral Health and Recovery

WHO IS REACHED	RESOURCES IN PLACE	GAPS / PRESSURE POINTS
People with medical needs, severe mental illness, substance-use disorders, and specialized needs.	• PCHC street medicine • CHCS mobile crisis unit • Planned crisis receiving center • Domestic-violence supports through Partners for Peace • Veteran supports through VA and Preble Street	• People leaving detox may return to homelessness • Difficulty obtaining support or hospitalization for severe mental illness • Insufficient long-term stabilization and tenancy support

F. Transitional and Permanent Housing

WHO IS REACHED	RESOURCES IN PLACE	GAPS / PRESSURE POINTS
People moving from shelter or unsheltered homelessness into structured, supportive or independent housing.	• PCHC, Leading the Way and Wellspring transitional housing • Bangor Housing, CHOM, Theresa's Place, Waterworks and Maine Hall • DHHS / Preble Street / City permanent supportive housing • Project HOPE and Community Care Housing Support Services in process	• Not enough housing for demand • Housing barriers involving credit, criminal records and pets • Skills developed for outdoor survival may not translate to tenancy • Need for intensive, ongoing support after placement

3. Priority Gap Map

The following priorities convert the page 5 challenge list into a committee discussion framework. Priority levels are a proposed organizing tool, not a ranking contained in the source document.

#	GAP	WHAT THE SOURCE IDENTIFIES	WHY IT MATTERS	LEVEL
1	Emergency and family shelter capacity	Shelters are at capacity and Bangor has no family shelter.	Immediate safety and system access	CRITICAL
2	Centralized low-barrier service hub/day space	No single hub combines navigation, day space and basic needs.	Access, coordination and visibility	HIGH
3	Housing supply and housing access	Housing availability and screening barriers slow exits from homelessness.	System throughput	CRITICAL
4	Intensive support and housing retention	People need more frequent, ongoing support before and after placement.	Reduced returns to homelessness	HIGH
5	Behavioral-health and detox transitions	People may leave detox for homelessness and struggle to access higher-level mental-health care.	Stability and safety	HIGH
6	Transportation and basic-needs access	Limited evening/weekend transit and lack of immediate transport restrict service access.	Appointment and treatment access	HIGH
7	Provider workforce capacity	Hiring, burnout, pay and training constrain caseload quality.	Capacity across every stage	SYSTEM-WIDE
8	Public communication and stigma	Public discourse, stigma and uncertainty about inflow complicate shared action.	Community alignment	FOUNDATIONAL

Cross-system bottlenecks

 HANDOFFS People can lose connection when moving between providers or levels of care.	 CAPACITY Shelter, housing and caseload capacity limit system flow.	 ACCESS Transportation, phones, day space, laundry and showers affect participation.	 CONTINUITY Ongoing support is needed after placement to sustain housing.
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4. Committee Action Roadmap

A practical next step is to assign each gap to a workstream, establish the baseline, and identify which organization is responsible for convening the response. The actions below are recommendations developed from the mapped gaps.

0–90 DAYS	Clarify and organize • Validate provider names, eligibility, hours, referral paths and current capacity • Create one public-facing resource directory and one provider-facing referral map • Define baseline measures for shelter demand, unsheltered outreach, housing placements and returns to homelessness • Name a lead convener for each priority gap • Develop and recommend a communication plan for the City to share the resources available.
3–9 MONTHS	Close access and coordination gaps • Develop a service-hub / low-barrier day-space concept • Identify interim options for family shelter and winter overflow • Develop transportation coverage options for evenings, weekends and urgent appointments • Create formal handoff protocols for detox, crisis care, shelter and housing placement
9–24 MONTHS	Expand capacity and sustain housing • Advance additional affordable and supportive housing • Build a long-term funding model for intensive housing navigation and retention • Strengthen landlord participation and barrier-mitigation tools • Adopt a workforce strategy addressing hiring, training, compensation and burnout

Questions the Advisory Committee should be able to answer

- Where can a person go today, after 5:00 p.m., or on a weekend for shelter, navigation and basic needs?
- Which populations have no workable shelter option, particularly families and people with pets?
- Where do referrals fail because of eligibility, capacity, transportation or communication barriers?
- What ongoing support is available after housing placement, and for how long?
- Which gaps require new resources, and which can be improved through coordination or clearer public information?

Recommended committee framing

Bangor should evaluate success not only by the number of programs available, but by whether a person can move through the system without losing contact, waiting indefinitely at a bottleneck, or returning to homelessness after treatment or housing placement.

FY2026 Continuum of Care Funding Concern — Bangor and ARISE

From Christina Sapienza <mzzsapienza@gmail.com>

Date Thu 9/17/2026 5:34 PM

To Committee, Homelessness <Homelessness.Committee@bangormaine.gov>

WARNING: EXTERNAL EMAIL - DOUBLE CHECK THE SENDER'S ADDRESS BEFORE OPENING LINKS OR ATTACHMENTS.

Dear Bangor Advisory Committee on Homelessness,

I am writing after learning more about the FY2026 Continuum of Care funding changes and the potential impact on permanent supportive housing and rental assistance in Maine.

I am a Maine nurse, nursing educator, former healthcare leader, and the developer of ARISE — Access, Recovery, Independence, Support & Education. I have been listening to local organizations and community members working directly with homelessness, housing, recovery, healthcare, and related services in Bangor and Penobscot County.

I support treatment, recovery services, behavioral healthcare, education, employment preparation, case management, and helping people move toward independence. But these services should not come at the expense of safe, stable housing.

I would especially like to understand the local impact: how many Bangor-area individuals, families, children, permanent supportive housing units, vouchers, or programs could be affected by the FY2026 changes? What actions are Bangor and Maine's Continuum of Care taking, and what information or advocacy from community members would be most useful?

ARISE is being developed around a whole-person pathway connecting housing with healthcare, recovery, behavioral health, education, employment, case management, and long-term follow-through. Maine should not have to choose between housing people and helping them move toward recovery and independence. We need both.

I would appreciate any local data or guidance the Committee can share. I am continuing to learn from the organizations already doing this work and want to avoid duplication while understanding where the remaining gaps are.

Thank you,

Christina Sapienza, MSN, RN
ARISE — Access, Recovery, Independence, Support & Education
Maine

Resource Directory and Tonight's Meeting

From Pat Kealy <pat.togetherplace@gmail.com>

Date Tue 9/22/2026 5:05 PM

To Committee, Homelessness <Homelessness.Committee@bangormaine.gov>

Cc Jessica Taylor <jessica.taylor@sjhhealth.com>; JLolar@chcs-me.org <JLolar@chcs-me.org>

 1 attachment (73 KB)

Community Resources.2026.jt.xlsx;

WARNING: EXTERNAL EMAIL - DOUBLE CHECK THE SENDER'S ADDRESS BEFORE OPENING LINKS OR ATTACHMENTS.

Committee members,

My apologies for missing tonight's meeting.

I'm attaching an updated community-resource directory developed by Jessica Taylor and a team at St. Joseph Healthcare and shared by Jennifer Weatherbee Lolar, the Hub 7 Homeless Response Hub Coordinator.

It covers shelters, housing navigation, food access, transportation, crisis services, peer support, harm reduction, substance-use treatment, sober living, and other Bangor-area resources. The directory is intended to be continuously updated, so corrections or additional resources can be sent to Jessica Taylor at jessica.taylor@sjhhealth.com.

I thought it would be useful for the Committee's ongoing work and wanted to make sure everyone had access to it.

Peter "Pat" Kealy, CPRC
Penobscot County Overdose Response Team
Bangor Homelessness Advisory Committee

Peter "Pat" Kealy

Together Place Peer Run Recovery Center
2 Second Street - Bangor, ME 04401
207-941-2897
pat.togetherplace@gmail.com

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Peer Support and Case Management

Resource		Phone Number	Website
Bangor Area Recovery Network	Peer Support	207-561-9444	http://bangorrecovery.org
OPTIONS Team CHCS	Peer Support	947-0366	https://www.chcs-me.org/options/
Somerset House Shelter Family Violence Project	Peer Support	207-623-8637	http://www.familyviolenceproject.org/
Navigator Program Penquis Regional Linking Project	Peer Support/CM	207-941-2347	http://www.penquisregionallinkingproject.org/navigator-program.html
Maine Area Narcotic Anonymous	Peer Support	1-800-974-0062	http://namaine.org/index.html
Portland Recovery Community Center	Peer Support	207-553-2575	http://www.portlandrecovery.org/
Portland Central Service Office of Alcoholics Anonymous	Peer Support	207-774-3034	http://www.csoaamaine.org/
Maine Area Al-Anon and Alateen	Peer Support	207-284-1844	https://sites.google.com/a/maineaafg.org/ais/Home
Maine Mothers Network	Peer Support	1-800-244-6431	http://www.amhc.org/images/clientid_24/WCM%20program%20description%20flyer.pdf
United Recovery Fund	Peer Support		https://www.unitedrecoveryfund.org/
Guardian Recovery	Peer Support	877-831-2533	http://guardianrecovery.com/
Wabanaki Public Health and Wellness- Bangor	Peer Support/CM	1-844-844-2622	https://wabanakiphw.org/departments/
Save a Life Recovery Support Center- Lincoln	Peer Support	403-9100	https://www.thecenter207.org/
Maine Alliance for Addiction Recovery (MAAR) connects people accross the state with peer support	Peer Support	621-4111	https://wmari.org/resources/maine-alliance-addiction-recovery-maar/
Needlepoint Sanctuary	Peer Support	307-7588	https://www.needlepointsanctuary.org/
Courage Lives/St Andre Home	Case management	282-3351	https://www.saintandrehome.org/
Community Health and Counseling/CCBHC	Peer Support	947-0366	https://www.chcs-me.org/contact/
Bangor Public Health -Intensive Case Management	HIV CM	992-4530	https://bangorpublichealth.org/hiv-resources/
Maine CDC Street Medicine Coordinator- HIV	CM/Coordination	557-2106	
Shaw House- Youth Support (age 10-24)	CM/Coordination	941-2874	https://comcareme.org/shawhouse/
Intensive Case Management, Robert Boulier, recently incarcerated/transition to community	CM/Coordination	441-8935	www.maine.gov/dhhs/obh

Re: Hi Dave, Following-Up on This Evening's Brief BCAT Discussion After Advisory Committee Meeting

From Penobscot County Cares <penobscotcountycares@gmail.com>

Date Wed 9/23/2026 3:39 PM

To Bushey, David <david.bushey@bangormaine.gov>

Cc Hathaway, Mark <mark.hathaway@bangormaine.gov>; CityManager-WWW <city.manager@bangormaine.gov>; Councilors <councilors@bangormaine.gov>; Committee, Homelessness <Homelessness.Committee@bangormaine.gov>

 1 attachment (1 MB)

BCAT Harmful Practice, Contrary to Best Practices.jpg;

WARNING: EXTERNAL EMAIL - DOUBLE CHECK THE SENDER'S ADDRESS BEFORE OPENING LINKS OR ATTACHMENTS.

Hello again, Dave. I apologize for the additional e-mail, but this photo should have been included in the messages below. It's an example of a **worst practice** by **NON** law enforcement response teams.

Actions of this kind have reduced or eliminated trust with many individuals experiencing unsheltered homelessness in Bangor. Discounting this would be a serious mistake.

There is no requirement for the Police Department or City to follow best practices. You aren't required to care what numerous individuals in need of help are feeling and saying. You can choose to focus only on positive feedback about BCAT.

But doing those things would be very unfortunate and ultimately detrimental. We can all do better and I've never known of a government initiative that couldn't be improved. A quick five minute online search would reveal ample evidence of why closely involving BCAT in activities generally viewed as law enforcement is a **worst practice**.

As noted, I was among those urging the City Council to create a **NON** law enforcement response team long before BCAT was established. I'm a strong proponent of these approaches, but I want them to use best practices and operate in an optimal fashion.

BCAT appears to use best practices in some respects, and the initiative has accomplished a good deal, but worst practices are also being employed.

We can all do better. BCAT should not be taking actions broadly viewed as law enforcement and coercive in nature. It's been happening for quite some time and should be changed.

Thanks again,

Doug Dunbar
Penobscot County Cares (PCC)
(207) 299-5626



On Tue, Sep 22, 2026 at 9:03 PM Penobscot County Cares <penobscotcountycares@gmail.com> wrote:

Hi Dave. Thanks for your time following this evening's meeting of the Advisory Committee on Homelessness. I'm passionate about these issues, because many individuals experiencing

homelessness in Bangor have become my friends or friendly acquaintances.

The non-profit I oversee as a volunteer, Penobscot County Cares (PCC), began in 2021 to focus greater attention and resources on the crises of homelessness, SUD & overdose deaths, and other mental health concerns in Bangor and other communities.

In 2020 or 2021, I began contacting Mark Hathaway and the Bangor City Council to urge the creation of a **NON** law enforcement response to many calls handled by the police. Following my time in jail, I researched many issues, systems, and initiatives aimed at safeguarding the public by delivering better services to people suffering from a variety of challenges.

As you likely know, CAHOOTS in Oregon was the first and best known **NON** law enforcement response program in the country (https://whitebirdclinic.org/wp-content/uploads/2020/06/11x8.5_trifold_brochure_CAHOOTS.pdf).

I'm hoping you've read the e-mail below--and I encourage you to take another look. Just before attending this evening's Advisory Committee meeting, I provided transportation to an individual experiencing unsheltered homelessness in Bangor.

He noted, as others have done many times, that BCAT personnel are essentially police in plain clothes. That's a serious problem. Whether you and I share that view is NOT what matters. What matters is the perspective of people who need the services.

NON law enforcement responders serve the public best when NOT viewed as law enforcement. They lose the trust of individuals in need when considered police. That has been happening in Bangor. It's a significant concern. It should be addressed.

As just two examples, BCAT personnel should not be communicating police orders for people to move. BCAT should not be posting law enforcement related signage. We could be doing so much better. Please, if you would, re-read the message below. Thanks again for your time and for serving on the Advisory Committee.

----- Forwarded message -----

From: **Penobscot County Cares** <penobscotcountycares@gmail.com>

Date: Tue, Aug 4, 2026 at 2:48 PM

Subject: Thank You for BCAT Information: Following-Up to Share Concerns Offered by Many Individuals Who Are Unhoused and/or Suffering from Mental Health Disorders in Bangor

To: Bushey, David <david.bushey@bangormaine.gov>

Cc: Lear, Carollynn <carollynn.lear@bangormaine.gov>, CityManager-WWW

<city.manager@bangormaine.gov>, Councilors <councilors@bangormaine.gov>, Hathaway, Mark

<mark.hathaway@bangormaine.gov>, Gunderman, Jennifer

<jennifer.gunderman@bangormaine.gov>, <homelessness.committee@bangormaine.gov>

Thanks Dave. The information is helpful and appreciated. Having publicly advocated for a non-law enforcement crisis response model in Bangor for years before BCAT was established, I'm a strong

believer in the need for programs of this kind.

And while BCAT has done many good things and provided support for numerous individuals, it has evolved in a way that has at least one significant, unfortunate and counter-productive aspect.

As you may be aware, community response models should never be widely viewed as an extension of a municipality's police department. That was never their purpose. In fact, quite the opposite.

Unfortunately, too many people experiencing homelessness and/or suffering from mental health disorders in Bangor view BCAT as "police officers who aren't in uniform". Quotation marks are used because I've heard this comment over and over, as I spend a portion of each day attempting to provide services to individuals in these situations.

Community response models lose critically-important credibility and effectiveness when people increasingly believe they're an arm of law enforcement. These models were never intended to be viewed as such. In fact, they depend, in meaningful part, on the trust that develops when those in need know these programs **have little or no connection with a police department.**

There's ample research around this, as you likely know. Having long-advocated for community response models, I've been saddened to speak with person after person who has come to avoid or even fear BCAT (and Parks & Recreation), because they see these City of Bangor employees much like the police--part of the team that forces them to move from location to location, throwing away their belongings, and exhausting or harassing them.

Importantly, it doesn't matter much whether you or I or City Councilors view BCAT in this way. What matters is how individuals experiencing homelessness or mental illness view the program. Yes, some people have a good relationship with BCAT, but too many do not. It's a problem.

We can do better. We should. If you'd like more information about Community Response Models, please let me know. Thanks again.

Doug Dunbar
Penobscot County Cares (PCC)
(207) 299-5626

----- Forwarded message -----

From: **Bushey, David** <david.bushey@bangormaine.gov>

Date: Tue, Aug 4, 2026 at 10:59 AM

Subject: Re: Checking Back...Re: Requesting Handout Provided at Today's Meeting of Bangor Homelessness Advisory Committee

To: Penobscot County Cares <penobscotcountycares@gmail.com>

Cc: Lear, Carollynn <carollynn.lear@bangormaine.gov>

Good morning Doug,

I am attaching the BCAT data you requested with the reply. I somehow missed your previous email on the topic, my apologies!

Thanks,
Dave

David Bushey
Deputy Chief of Police
Bangor Police Department
P: (207) 947-7384
F: (207) 947-1856
David.bushey@bangormaine.gov



CITY OF BANGOR

From: Penobscot County Cares <penobscotcountycares@gmail.com>
Sent: Tuesday, August 4, 2026 8:54 AM
To: Bushey, David <david.bushey@bangormaine.gov>
Cc: Lear, Carollynn <carollynn.lear@bangormaine.gov>
Subject: Checking Back...Re: Requesting Handout Provided at Today's Meeting of Bangor Homelessness Advisory Committee

Good morning, David and Carolynn. Checking back on the message below from last Tuesday. If I should be contacting someone else to request this material, please let me know. I'd be happy to pick up a hard copy today, if that is easier for you than sending it by email. Thanks for your time. Have a good day.

Doug Dunbar
Penobscot County Cares (PCC)
[207-299-5626](tel:207-299-5626)

On Tue, Jul 28, 2026, 6:22 PM Penobscot County Cares <penobscotcountycares@gmail.com> wrote:

Hi David. Thanks for providing data from BCAT to the Advisory Committee and for providing general support. I'm writing this while you're speaking. Is it possible to obtain a copy of the handout by email or in hard copy?

Thanks again,

Doug Dunbar
Penobscot County Cares (PCC)
[\(207\) 299-5626](tel:(207)299-5626)

Re: Follow-Up: Public Safety, Accountability, and Access to Care in Bangor

From Courtney Meade <courtney.meade@maine.edu>

Date Mon 10/5/2026 6:00 AM

To Fish, Carolyn <carolyn.fish@bangormaine.gov>; Councilors <councilors@bangormaine.gov>

Cc Hathaway, Mark <mark.hathaway@bangormaine.gov>; Committee, Homelessness <Homelessness.Committee@bangormaine.gov>; Police-WWW <police@bangormaine.gov>

WARNING: EXTERNAL EMAIL - DOUBLE CHECK THE SENDER'S ADDRESS BEFORE OPENING LINKS OR ATTACHMENTS.

Councilor Fish,

Thank you for your response. My original letter outlined three requests for action from the City, all of which still stand.

My concern was never about confidentiality, but the judgment involved in sharing Jamie's complaint verbatim amid an increasingly volatile situation. In the City Hall footage, you acknowledged receiving multiple complaints about exploitation. Following up with Sokol could have involved addressing those concerns collectively rather than forwarding only Jamie's complaint, verbatim. The subsequent personal attacks against Jamie and Councilor Beck underscore precisely why the risk of further escalation deserved consideration.

Your reference to "a network of you, sharing these concerns" reduces people with experience, expertise, and genuine concern to an opposing camp. Our relationships are not the issue. The conduct prompting so many people to speak up is.

I respectfully ask that the Council consider my original requests regarding the handling of Jamie's complaint, public safety and enforcement, and protections for access to essential services.

Thank you for your time and consideration.

Courtney Meade

On Sun, Oct 4, 2026, 5:23 PM Fish, Carolyn <carolyn.fish@bangormaine.gov> wrote:

Dear Courtney

Just to clarify, I confronted Joe Sokol with Jamie Beck's concerns with a brief request for him to explain his activity with concern of the exploitation of the homeless and/or inciting potential violence. It wasn't a leak, or share, it was a direct confrontation of his activity as expressed and accused by a resident. Her email was not noted as, or requested to be, or classified to be confidential. I, for my 3 years, typically inquire directly to the person of issue to get information, unless requested to be confidential. Mr Sokol responded to that inquiry to

all of council, with his response. You may be aware, when he accosted me at city hall, I said directly to him, that i did believe he, at least on occasions, exploited our vulnerable population.

Mr Sokol has tried to reach me by my personal profile on FB, but that is not the platform I communicate, so I emailed him from my personal email as my gmail had his email contact, which was not available in my council email.

Regardless, my inquiry with him would have been exactly the same.

I understand, a network of you, sharing these concerns are requesting further inquiry to my intent so I am reaching back directly to you, as I would anyone else, to offer any clarity, and my direct cell should you like to contact me directly. 207-944-8466.

Sincerely

Councilor Carolyn Fish

Get Outlook for iOS

From: Courtney Meade <courtney.meade@maine.edu>

Sent: Sunday, October 4, 2026 11:16 AM

To: Councilors <councilors@bangormaine.gov>; Hathaway, Mark <mark.hathaway@bangormaine.gov>

Cc: Committee, Homelessness <Homelessness.Committee@bangormaine.gov>; Police-WWW <police@bangormaine.gov>

Subject: Follow-Up: Public Safety, Accountability, and Access to Care in Bangor

WARNING: EXTERNAL EMAIL - DOUBLE CHECK THE SENDER'S ADDRESS BEFORE OPENING LINKS OR ATTACHMENTS.

Members of the Bangor City Council and Chief Hathaway,

On September 7, I wrote to the Council about escalating hostility toward vulnerable people in Bangor and the potential for violence. As a person in long-term recovery and an advocate for evidence-based public health, I urged the City to confront its legitimate public-safety challenges without further stigmatizing people or undermining their access to essential services.

I later learned that Jamie Beck had raised similar concerns with City officials, including Bangor Police, the day before. She warned that confrontations involving Adam Stade and Joe Sokol were a "powder keg waiting to explode." On October 1, a confrontation outside Bangor Comprehensive Treatment Center occurred. The following day, police announced the arrest of a man accused of driving toward Sokol.

The allegations warrant legal scrutiny, but the arrest neither erases the earlier warnings nor resolves the concerns that prompted them.

Equally troubling is how Jamie's warning was handled.

According to correspondence in the Advisory Committee on Homelessness agenda packet, Councilor Carolyn Fish forwarded Jamie's complaint to her personal email the day she received it. Four days later, she shared it with Sokol, who responded with personal attacks against Jamie and her husband, Councilor Mike Beck. Shortly afterward, Stade posted an AI-generated image mocking the couple.

Jamie was trying to prevent violence. Instead, her complaint was shared with someone she had identified, and she subsequently became the subject of further ridicule.

I cannot presume Fish's motivation or an ethical violation, but her actions raise serious questions about impartiality, including whether Jamie's relationship to another Council member influenced how her complaint was handled. The disclosure also raises questions about what safeguards exist for others who submit complaints.

I am choosing to make this letter public because I want to decide when and how my concerns are shared. After seeing how Jamie's complaint was handled, I refuse to leave that decision to someone else. *She deserved the same consideration.*

Meanwhile, the broader concerns persist. Stade has publicly described efforts to deter suspected drug buyers, while videos and social media posts document repeated confrontations and public ridicule directed at advocates. Other accounts describe threats, unwanted following, people being followed to recovery meetings, and difficulties obtaining police assistance.

These reports deserve impartial assessment. Filming, journalism, and criticism may be constitutionally protected, but those protections do not excuse conduct that independently constitutes threats, stalking, harassment, or other unlawful interference. A camera is not a badge.

The consequences extend to healthcare. Discovery House has reportedly offered patients alternative locations to receive their medication in response to concerns about filming. Other accounts describe psychological distress, fear of exposure, and concerns that unwanted attention may discourage people from seeking treatment.

As someone in long-term recovery, I know how much courage it can take to seek help. I see people being publicly humiliated during some of the darkest moments of their lives, and I know that could have been me. The fear of being filmed or exposed could be enough to turn someone away from treatment, perhaps for good.

Through July, more than 60% of Penobscot County's reported fatal overdoses occurred in Bangor, while the region continues to confront an HIV outbreak. A draft federal CDC report has already identified displacement and interruptions to essential services as obstacles to the outbreak response.

We cannot determine whether these confrontations have contributed to any overdoses or infections. But we know that disrupting access to care creates risks, and Bangor cannot afford to gamble with lives already hanging in the balance.

The City's enforcement practices also deserve examination. On September 26–27, Bangor Police reported charging 21 people within 24 hours. How many were experiencing homelessness? Where

applicable, was the Homelessness Crisis Protocol followed, and were alternatives to enforcement or service referrals considered?

Twenty-one charges do not mean twenty-one solved problems. Penobscot County is already spending millions to house people in other jails, with costs that ultimately burden taxpayers. Calls for more arrests, often amplified by inflammatory videos and public outrage, rarely account for those expenses or whether incarceration addresses the underlying problems.

Enforcement has its place, but repeatedly cycling people through an overburdened criminal justice system is neither a sustainable solution nor evidence of improved public safety.

I am requesting three actions:

1. Review the handling of Jamie's complaint.

I ask the Council to consider a referral to the Board of Ethics under § 33-21 to examine Fish's handling of Jamie's complaint, including whether personal or political considerations influenced her actions. I also ask the City to review its complaint-handling procedures and establish clear safeguards for sharing complaints and protecting those who submit them.

2. Review enforcement practices and public-safety concerns.

I ask the Council to request a written review from Bangor Police addressing the September 26–27 enforcement activity, compliance with the Homelessness Crisis Protocol where applicable, and its response to reported threats, harassment, and interference with essential services. The review should also confirm when the protocol was last reviewed and whether service-referral information is current.

Findings should protect confidential information and be shared with the Advisory Committee on Homelessness. I ask the Council and Police Department to work with the Committee to identify improvements and give meaningful consideration to its recommendations.

3. Strengthen protections for access to essential services.

I ask the Council to have the City Solicitor evaluate Maine's medical safety-zone law, 5 M.R.S. § 4684-B, and whether additional legal protections are needed to prevent unlawful intimidation or interference with healthcare, addiction treatment, and harm-reduction services.

Bangor Police should also work with affected service providers to improve reporting procedures and ensure complaints are appropriately assessed.

Exploiting vulnerable people is not holding power accountable. When confrontations escalate, scrutiny cannot begin and end with the person who reacts while ignoring the conduct that led to it. Bangor must assess reports of harassment and intimidation impartially, including when they concern those behind the camera.

No one rises above the law by picking up a camera, and no one falls beneath its protection by losing their home.

Courtney Meade
Bucksport, Maine

Bangor Area Homeless Shelter

From Boyd Kronholm <boydk@bangorareashelter.org>

Date Mon 10/5/2026 3:22 PM

To Councilors <councilors@bangormaine.gov>; Committee, Homelessness
<Homelessness.Committee@bangormaine.gov>

Cc Gunderman, Jennifer <jennifer.gunderman@bangormaine.gov>

WARNING: EXTERNAL EMAIL - DOUBLE CHECK THE SENDER'S ADDRESS BEFORE OPENING LINKS OR ATTACHMENTS.

Dear Council members,

I am writing today out of frustration. While I am not a Bangor resident, I have been the Executive Director at the Bangor Area Homeless Shelter (BAHS) for over 10 years. During my tenure, I have never missed an opportunity to brag about how lucky I was to run a shelter in Bangor. Any interaction I had with the press, Statewide Homeless Council, or Maine Shelter Network I would sing the praises of every city department and how the city was on the forefront of assisting people experiencing homelessness with dignity and respect.

BAHS has always tried to align with the goals of the city. After a meeting with Bangor Public Health and Hope House in the fall of 2018, BAHS used private funding to open the first in the state warming center to assist with the 2- dozen unsheltered people experiencing homelessness at the time. We worked with City Manager Laurie to help send people back to their communities who were not from Bangor. We enacted a policy of serving only people from HUB 7. We have a current pilot project in Piscataquis County to help local municipalities develop a homeless response system to prevent them from having to send people to Bangor.

My seven years on the Statewide Homeless Council, I advocated for the state to assist Bangor as the city was picking up the burden of other towns. Some of that advocacy has led to Maine State Housing Authority (MSHA) offering to help Bangor with two successful programs, Yellen Pines and Project Hope. I was shocked to see the Council vote to not fund Project Hope. This project could have assisted 45 or more unhoused people attain housing and services, not just in Bangor but in surrounding communities. While this program did not "solve" homelessness, it has shown success in Portland. MSHA was going to cover 75% of the costs. Even with that I heard council members ask if it could only serve residents of Bangor. When asked what would happen to the money if Bangor did not fund this project, Public Health Director Gunderman replied it would go to other communities. One of the goals of this project is to get the local Emergency Shelter and Housing Assistance Program (ESHAP) to better communicate with one another. The money for this project will go to another community with ESHAP funded shelters. It will do nothing to assist Bangor. You sent this project to your newly created Homeless Committee for review. They recommended funding, you ignored them. This is one of the reasons I did not apply to sit on this committee. It was good to hear Councilor Mallard agree to fund the warming centers for this winter with some of the funding you denied to house people permanently.

Yellen Pines is a Home to Stay project that is also successful in Portland and there are 7-8 more projects being built around the state currently. There is a lot of confusion around what this project is and isn't. Bangor's only contribution was to sell the property, a TIF, and some other tax arrangement. The construction costs and programming cost will be paid for by state and federal money. This seems like the financial help with the homeless crisis the council has been requesting. It will house and provide services for 30 people currently on the streets of Bangor. According to the Coordinated Entry list of last

month, out of the top 30 names, 20 were from Bangor, another 5 from HUB 7, and the remaining were from northern Maine. Many of the people from outside of Bangor have been utilizing services here in Bangor for years. Many of the fears I am hearing from the council are based on fallacies.

1. Housing first does not work. Housing first is an evidence-based approach proven to be effective if done correctly. It can be cost prohibitive and will fail if the infrastructure for services are not in place. Preble Street is operating at least 3 of the same type of projects successfully.
2. HUD is saying Housing First doesn't work and might stop funding such projects, then Bangor taxpayers would have to pick up the tab. Currently the project is funded, if through the Continuum of Care HUD wants to change criteria down the road, Yellen Pines will adapt.
3. Yellen Pines is a "low barrier shelter". It is not; it is a housing program. This is not the same as using vouchers to house people with private landlords and referring them to outpatient services and hope they go. Services are on-site 24 hours a day. There will be a schedule of apartment inspections and rules that must be followed, just like the 3 other successful similar programs Preble Street runs.
4. Drug use is allowed and it will be a drug den. While drug use will not disqualify someone from entering the program, behavior while in the program may result in exit.

Regarding fallacies, Dorethea Dix has no useable space anymore, and even if they did, it costs over \$2,000 per day per bed. It is true we need more invested in treatment and rehabilitation programs, but there are many paths to recovery, programs like Yellen Pines and Project Hope can be some of them. BAHS has always been a "dry" shelter. We have people who are housing ready but unable to obtain a voucher. Programs like these would make vouchers available for people to use with private landlords.

I appreciate the time many of you put into trying to understand the homeless response system but am also discouraged with some of you who have not and continue to use excuses for not funding programs based on fallacies or things you "heard".

There is no one program that is going to fix the homeless crisis in Bangor, to deny the assistance you have been asking for makes little sense.

Thank you for your time.

Boyd A. Kronholm, LSW

Executive Director

Bangor Area Homeless Shelter

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Fw: Homelessness directly associated with mental illness.

From Seymour, Robin <robin.seymour@bangormaine.gov>

Date Tue 10/6/2026 8:22 AM

To Committee, Homelessness <Homelessness.Committee@bangormaine.gov>



CITY OF BANGOR

Robin M. Seymour (*she/her*)

Office Manager

City Manager's Office

73 Harlow St.

Bangor, ME 04401

(207) 992-4203

<http://www.bangormaine.gov>

From: Paul Edwards <bpd736@msn.com>

Sent: Tuesday, October 6, 2026 8:09 AM

To: Councilors <councilors@bangormaine.gov>

Subject: Homelessness directly associated with mental illness.

WARNING: EXTERNAL EMAIL - DOUBLE CHECK THE SENDER'S ADDRESS BEFORE OPENING LINKS OR ATTACHMENTS.

Dear Council Members,

WABI ran a story with statistics of the homeless population in Bangor that utilized winter shelters last year. 85 people every night and around 100 on 11 nights, I assume the coldest of days.

I am a retired lieutenant from Bangor PD expertly schooled in Crisis Intervention Training, a national model adopted by just about every police department in the country. I personally taught hundreds of first responders including, but not limited to, police officers, EMT's, emergency room nurses and security staff, correction officers, and every single person employed at every single organization that

had any contact with their respective homeless populations in Penobscot and Piscataquis counties. Not many have a better direct understanding of the mental health issues facing this city.

Born and raised in Bangor since 1964, from 109 Pearl Street, I know this city, particularly the east side, like the back of my hand. The first memories I have at a very young age, was being led around the property of BMHI with older friends. I was around 11-12. My older friends would tell me stories of the escape alarm going off, showed me the wire fences they would jump, and scared me into thinking I'd someday be attacked by one. My first lesson of the stigmatization of mental illness.

In August 1987, I fulfilled a childhood dream, and was hired at the Bangor Police Department. I was born compassionate to mental illness because I lived in it. I experienced it firsthand. Compassion ran through my body like my heartbeat. It was who I was and who I will always be. I care deeply about those affected with mental illness.

In the early 1970's then, BMHI, followed the nationwide trend of deinstitutionalizing their patients for many reasons of which are easily searchable. 1200 patients were admitted there in 1970. Today, they are utilizing 67 beds. If my math serves me, more than 1100 patients were simply released into the community, staying in boarding homes, assisted living, and couch surfing. Every single one of these patients, men and women of all adult ages were placed or not into facilities with outreach programs. We tried. It's all we had! It failed most of these people miserably. They were victimized from being stole from, assaulted, sexually abused, and occasionally murdered. Pushed from their one room apartments and onto the streets to be ignored and forgotten. Ask anyone, especially a cop with time on the job if they can describe the conditions at 143 Broadway. Please. Chief Mark Hathaway knows that building very well. Start with him. Ask him. We were partners in our early careers and he would agree that place was an inhumanely kept litter box, filled with mental illness and drug addictions. They were prey for the people with just enough more sanity to compromise them by stealing and assaulting them. It was unbelievable and disgusting. That was one building out of many! Where are they now? Imagine how many more than 1200 people that need help now in 2026!

I am begging you. On my hands and knees. Will you each reply to this email with a simple acknowledgment of receipt? That's all. And, maybe, just maybe, one or more of you can go even further and insist that the UNABLE TO CARE FOR SELF statute is enforced and show these 85 or so HUMAN BEINGS, some sympathy, empathy, compassion, or just a nod of your head that we can start there, at the bottom, and turn these people's lives around from being photographed, posted on line, laughed at, and disrespected for being physically and mentally SICK, and involuntarily commit these people to DDPC. The property hasn't changed enough that we couldn't find 85 beds where once over 1200 or more were! Be brave and willing to follow the laws on the books and force these people back to 24 hour rehabilitation. It works better than it did 50 years ago! Trust me.

Thank you for taking the time to read and hopefully respond and please click REPLY ALL, and keep this conversation alive.

This is the second email I've sent to you all. Two people responded. I still have no idea if the committee on homelessness, including Dr Ng, a very smart and respectful man at Acadia Hospital, has seen my concerns.

I would be more than happy to attend and discuss my position at any of their upcoming meetings. Could you pass that along please? Thanks.

Paul Edwards
78 Jennifer Lane

Sent from my iPhone