Health & Human Services and Public Safety Committee Agenda

Tuesday, April 10, 2018, 5:30pm

Room 209, City Hall

Councilor Belinda Ray, District 1, Chair

Councilor Brian Batson, District 3

Councilor Pious Ali, At-Large

1. Announcements
2. Review And Approval Of Minutes From March 20, 2018 Meeting

   Documents:

   HHS PS MINUTES MAR 20 2018 DRAFT.PDF
3. Oxford Street Shelter

   - Shelter Director Rob Parritt will report how many people are staying in the shelter, how the move to 24-hour operations is working and give an update on the shelter design and planning process.
4. Portland Opportunity Crew

   - General Assistance Program Manager Aaron Geyer will discuss the final statistics from last year and funding levels and opportunities for FY19.
5. Public Health Programs

   - Director of the STD Clinic Dr. Christina DeMatteo will provide updates on the clinic and its partnership with MAINE Med;
   - Community Health Promotions Specialists Zoe Odlin- Platz and Lizzy Garnatz will give an update on the Needle Exchange Program and naloxone trainings.

   Documents:

   PUBLIC HEALTH DIVISION NEP NALOXONE REPORT 2017.PDF
   NEP ONE PAGER.PDF
6. Next Meeting: April 24

   - Public hearing on proposed paid sick leave ordinance

NOTE: Since there are no action items on the agenda, there will be no opportunity for public comment at this meeting. Please feel free to send comments to members of the committee on any issue at any time via email. Councilors email addresses are available on the city website: www.portlandmaine.gov

Keep up to date with the new shelter design and planning process at the City's website:

http://www.portlandmaine.gov/2098/Planning-for-a-New-Shelter

Portland, Maine Yes. Life's good here.

Health & Human Services and Public Safety Committee Minutes

Tuesday, March 20, 2018, 5:30pm, Room 24, City Hall

Committee Attendance:

Councilor Belinda Ray, Chair (District 1), Brian Batson (District 3), Pious Ali (At-Large)

City Staff: Licensing and Registration Coordinator, Jessica Hanscombe; Director of Health and Human Services, Dawn Stiles; Police Chief, Michael Sauschuck; Fire Chief David Jackson; Assistant Fire Chief, Keith Guatreau; Corporation Counsel, Anne Torregrossa; Director of Public Assembly Facilities, Andy Downs

Announcements: Fire Chief Jackson is retiring.

AGENDA ITEM 1 – Meeting Called to Order and Minutes Reviewed:
Meeting was called to order at approximately 5:35PM.
Chair moved to accept minutes with one correction to attendance. The motion was seconded with all in favor.

AGENDA ITEM 2 – Fire Department Facilities Assessment Presentation
The Functional Assessment of Fire Station Locations is available here:
https://www.portlandmaine.gov/AgendaCenter/ViewFile/Item/5963?fileID=32406

Chief Jackson explained that ESG and many grants to not give money for bricks and mortar construction. Opportunities that do pay for construction are applied for when they are available.

A new position will manage the Alan Ave rebuild and focus on Fire Department Facilities.

Councilor Ali asked about volunteer and reserve firefighters. The Chief explained such people exist as on-call members and are stationed on the Islands; they must be considered employees to be covered by workers compensation.

Report Overview:

- New buildings are sprinkled
- First engine must arrive in 4:00 minutes and the rest within 8:00
    - The average response time is 3:34
- Turnout time should be 80 seconds; EMS is 60 seconds
- Minimum of two engines: one ladder and a chief
- All stations are over 40 years old; all stations over 50 must be renovated
- Ambulances are so busy that engines are sometimes sent in their place as many have advanced medical and EMT at a minimum

- Railroad crossings can cost 3-5 minutes
- Life Risk is analyzed on page 21 categorized between high, moderate, and low risk where the highest risk are residencies and where people assemble
    - The fire stations are mostly located in high risk areas
- Personnel breakdown is on page 35
- Runs are difficult in areas without addresses
- North Deering strip mall areas are difficult to get to in time
- Woodfords corner is the geographic center of the city where all trucks can respond to within 8 minutes
- Codes and regulations have changed since construction, including women entering the workforce

Report Recommendations:

- To keep all stations
- Have two chiefs
- Increased staffing

All station locations are recommended to keep their locations; some need new buildings and some just need renovations. The amount of money spent on abatement means it would be more cost effective to build new. It is possible to keep the architectural style with new buildings. Central was recommended to be rebuilt; it does not meet ADA standards.

- Bramhall to keep location but be rebuilt
- Ocean avenue has a sinking floor and is recommended to be rebuilt or to move nearby and rebuild
- The station at Alan Avenue will be rebuilt and is going out to bid shortly; it will be the new standard
- Rosemont station is sinking
- Stations are in the areas they should be and should not move more than 0.5 miles from where they are
- Next step is to create a long-range plan that includes building plans that will meet future standards

Councilor Batson asked Chief Jackson to explain the Jetport firefighters' role. The Jetport adheres to FAA standards and is classified as a Class B Airport. The FAA does not prescribe personnel but does require an amount of foam and water be able to be moved a certain distance within a defined timeframe. The requirement is for 24 hours a day, so Jetport Fire cannot respond to EMS calls; in-town trucks must respond. Response happens within the 4:00 minute timeframe. More staff would be needed to respond to EMS calls using Jetport Fire.

Councilor Batson asked about call volume for Rosemont (it is in the middle of a high density, high risk area). Rosemont's quint truck has a ladder and water pump. It also has the third of the five busiest ambulances. Chief Jackson will circulate the call statistics.

Councilor Ali asked if we charge for fire response. Fire is a free service but EMS is not. Chief Jackson explained there is a mutual aid agreement in the Greater Portland area where the surrounding municipalities help each other without charge. The agreements are honored and abuses are addressed as they arise and are worked out.

Chair Ray asked how often other communities help, specifically if Portland must rely on Westbrook and Falmouth in the North Western part of the city. The City does not; Portland responds in time to address fires in those areas. The map appearing to show a lack of coverage is due to the Deputy Chief not making the time benchmark coming from Bramhall, not that closer stations are unable to quickly respond in those neighborhoods.

AGENDA ITEM 3 – Sound in the City

Chief Sauschuck explained next steps outlined in the memo Anne Torregrossa put together, available here:
< https://www.portlandmaine.gov/AgendaCenter/ViewFile/Item/5962?fileID=32404>

- Sound Oversight reviews all noise complaints, including monitoring and tracking where complaints occur
- Entertainment licenses automatically renew but now problem licenses can be reviewed by Council.
- The number of concerts have been reduced
- The workgroup is analyzing best practices
- There is work to do to make the Acentech data inform policy
    - Decibel Levels
    - Licensing Scheme: State got rid of the statute requiring licenses. Ordinance delineated between having or not having dancing. The group is looking to update this antiquated parameter to indoor/outdoor speakers, etc.
- Outdoor speakers are identified as an issue (Chapter 17 has a rule about playing music to attract business).
- Some historic sites have building code that relate to sound
- Acentech will meet with the City again and provide C-weighting at the three primary entertainment locations where data collection was interrupted for various reasons
- Chief Sauschuck explained the group would like to avoid piecemeal updates and give a holistic package that addresses licensing and zoning in a complete answer
- Now is the best time for outreach to the 120 businesses identified to talk about enforcement

Chair Ray said it is important to include Portland Downtown and the Chamber in business outreach. Ray asked about the existing enforcement ordinance, such as Chapter 17 prohibiting

outdoor speakers being used to attract business. Anne cautioned writing anything new until existing enforcement options are examined in practice.

- A citywide ordinance would require planning board review
- Limiting to entertainment licenses is where the group is moving to.
- Nuisance noise is in zoning code
- The group is looking at public versus private space

Chair Ray asked about the 100 foot rule. Chief Sauschuck views the 100 foot rule as a separate issue that addresses crowd dispersion and not sound.

Chair Ray thanked Jessica for listing all the entertainment licenses and lining the complaints to the corresponding license.

Is it possible to link sound oversight in other parts of the City Website?

- Police?
- Parks?
- HHS?

Chair Ray asked for a digital copy of the best practices.

Anne asked if the Councilors feel strongly that the workgroup should look at zoning or entertainment licensing. Chair Ray said that it is difficult to say as areas have become such strong mixes of residential uses. Anne asked if building code should be a part of this to make sure residential or hotel developers have realistic expectations in relation to exiting use.

Sound mitigation will be addressed.

Chair Ray summarized that there are education and enforcement pieces being put into place this season but that there is not a need to report to the full Council.

Education will kick off in May; the workgroup will meet and get possible dates to come back to the committee.

Don't report noise on the fix-it page and redirect to the appropriate area.

Councilor Ali asked where he should direct a constituent who has a noise problem with a truck; Chief Sauschuck said that is a community policing issue; an officer can talk with both parties to solve the problem.

Next meeting:
April 10th in Room 209.

Meeting adjourned.

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Portland Public Health Division
City of Portland, Health and Human Services Department

Portland Needle Exchange

Naloxone Distribution Report 2017

103 India Street
Portland, Maine
(207) 756-8024

The Portland Needle Exchange offers naloxone (or “Narcan”) and response trainings, free of charge, to anyone enrolled in the program who would like to gain the skills to recognize and respond to an opiate overdose. Staff have also presented a full-length version of this training (90 minutes) at a variety of settings throughout the state. The Needle Exchange has distributed naloxone since 2015, with a standing order through the clinic’s medical director. On January 1, 2017, a new data collection system was created in order to capture the efficacy of the program and better represent the experiences of drug users who are successfully reversing overdoses in their homes and in the community throughout Southern Maine.

When a person enrolls to receive naloxone they complete a *New Registration* form. They receive a 5-10 minute training on how to recognize an overdose, risk factors for overdosing, and how to properly administer the preparation of naloxone that they wish to receive. Nasal and intramuscular preparations are available, although supply is varied and currently by donation only. Each time a person returns to get a refill of naloxone, a *Refill* form is completed along with an explanation of what happened to the kit of naloxone that they were last given. If the client reports that they used it to reverse an overdose, more questions are asked about the reversal. All of the information that is received is anonymous- individual clients are tracked through the use of a unique anonymous code. This is the same code that is used for the Needle Exchange program. If the naloxone is being distributed at a community training the code attached to that form is “111111” . Participants are always given the option to decline a response to any question.

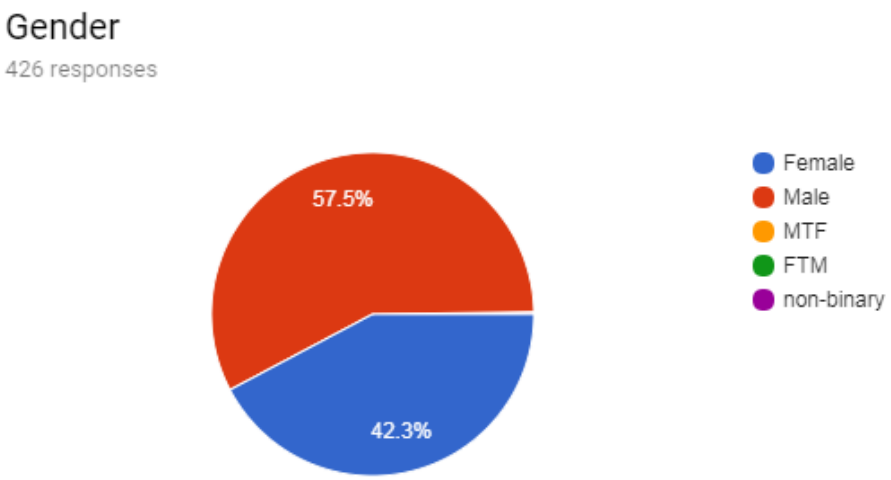
Overview

- 502 individual clients enrolled in the naloxone distribution program
- 562 refills of naloxone were provided
- 291 overdoses were reversed by enrolled clients
- A total of 2,791 doses of naloxone were distributed
- Staff presented over 100 “Overdose Recognition, Response and Naloxone” trainings to various groups and agencies including but not limited to: Cumberland County Jail, Maine Medical Partners Family Practices in York and Cumberland counties, The Opportunity Alliance, Oxford Street Shelter, Portland Recovery Community Center, York County Shelter Programs, Crossroads, Milestone Recovery and Portland Housing Authority.

New Registrations

Demographics

- The majority of new clients were male, with 57.5% identifying as male and 42.3% identifying as female. One client reported their gender as non-binary.



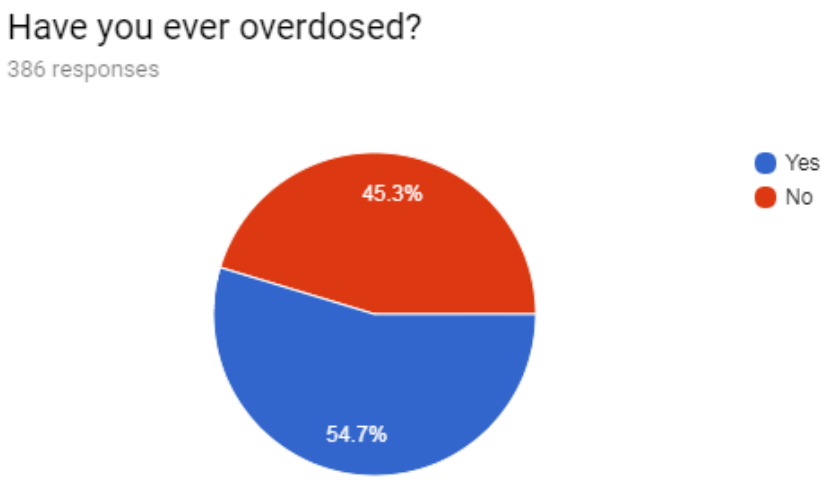
- The majority of new clients were white. The racial/ethnic breakdown was:
    - 97.4% White
    - 3.1% Latino/Latina/Hispanic
    - 1.4% Native American
    - 1.4% Black/African American
    - 0.5% Asian/Pacific Islander
- New enrollees were asked, “Last night, where did you stay?” About half of new clients (50.1%) reported that they had stayed in their own private housing (apartment or house). 22.9% reported staying in someone else’s housing (apartment, house). 13.4% reported staying in the shelter, 4.6% were outdoors (including car, camp, ect.), 2.2% where in a supportive housing or program, and 1.9% were in a hotel.
- People reported coming to the Portland Needle Exchange to receive naloxone from many different towns including: Biddeford, Caribou, Lewiston, Naples, Portland, Saco, South Portland, Westbrook, Scarborough, Lisbon Falls, Gray, Old Orchard Beach, Wells, Richmond, Windham, and towns in Massachusetts and New Hampshire.

Drug Use

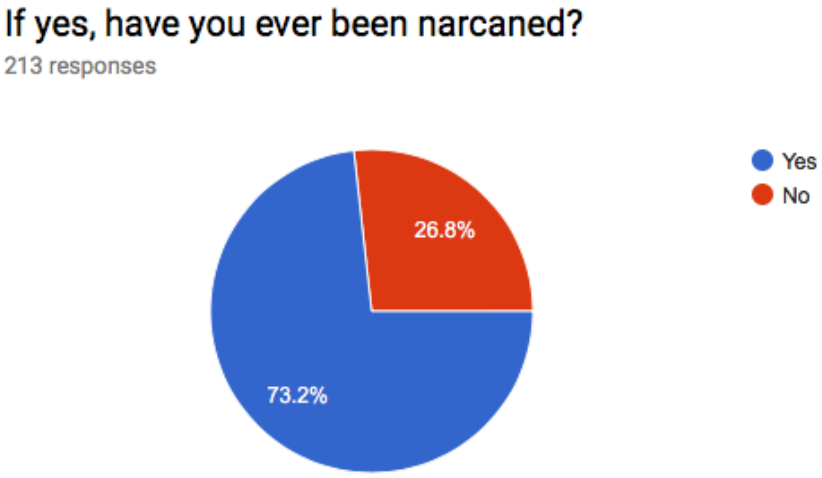
- The majority of people who received naloxone at the Portland Needle Exchange reported having used drugs within the last 30 days. Only 8.8% of clients reported no drug use in the last 30 days.
- Many enrollees used multiple drugs within the last 30 days. Below is a break down of the drugs that were reported.
    - 63% reported heroin use
    - 35.2% reported cocaine/crack use
    - 35% reported buprenorphine (suboxone, subutex) use
    - 19.7% reported pharmaceutical opioid use
    - 16.3% reported benzo use
    - 13.7% reported alcohol use
    - 13.5% reported methamphetamine use

Overdose History

Each new enrollee was asked if they had ever overdosed in their life.



Of the people that had experienced an overdose, 34.6% had overdosed once, 20.5% had overdosed twice, 12.7% had overdosed three times, and the remaining 32.2% reported having overdosed four or more times in their life. Of the people that had experienced an overdose, 73.2% reported that naloxone had been administered during their overdose.

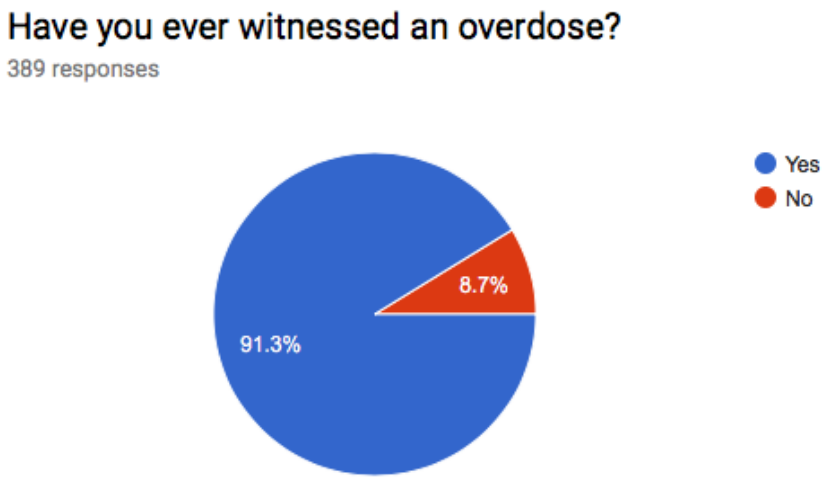


When asked who had used naloxone on them (Being “narcaned” is a common way for clients to describe an overdose incident. Referring to naloxone as “narcan” is also very common), 71.9% reported that a medical person (EMT, fire, police, doctor) had used naloxone on them at one time and 51.6% reported that a non-medical person had used naloxone on them at one time. Thus, many people had experienced both medical and non-medical naloxone administration.

When asked what drugs were taken the last time the person had overdosed. 90.1% reported taking what they assumed to be heroin, 14.3% reported benzos, 10.8% reported pharmaceutical opioids, 7.9% reported what they assumed to be cocaine/crack, 4.4% reported alcohol. Six months into data collection a unique category for “Fentanyl” was added and since July 1, 2017, 13.3% of people reported that they had taken what they assumed to be or was confirmed fentanyl the last time that they overdosed. Field testing by law enforcement, urine tests positive for fentanyl and reports inconsistent for heroin overdoses also help support this evidence.

Each new client was also asked if they had ever witnessed an overdose and 91.3% reported yes. Clients reported witnessing between 1 and 200 overdoses in their life, although the majority

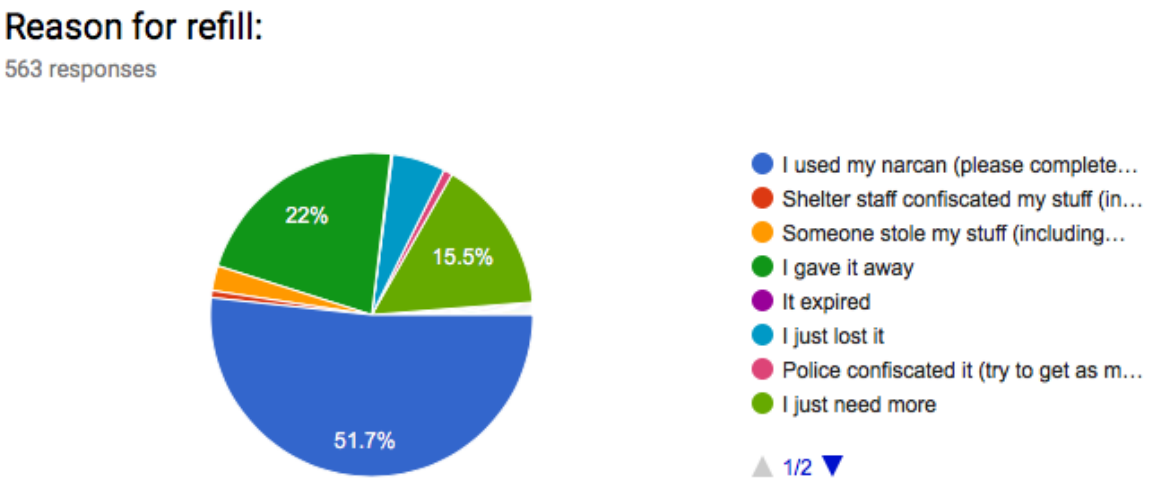
of people reported witnessing between 1 and 10 overdoses.



All new enrollees were asked, “What is your primary reason for getting this narcan today?” 90.2% of people reported getting naloxone because “friends/partner/neighbors/people in my community are at risk.” Additionally, 56.8% of people reported “I am at risk,” 4.7% of people reported “I have a family member at risk” and 2.9% reported “I am a service provider and I work with clients who are at risk.”

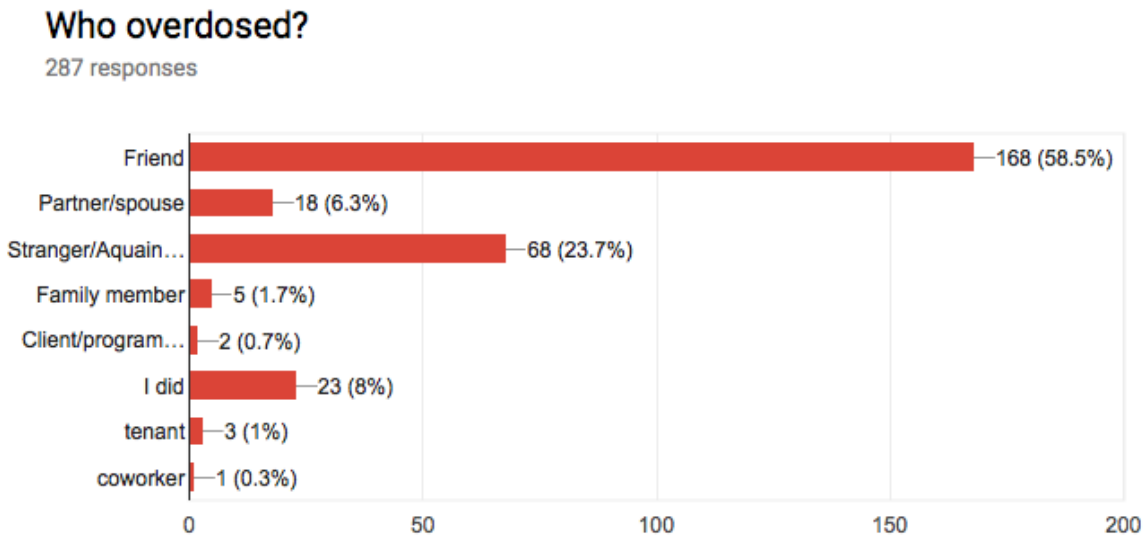
Naloxone Refills

When clients came back for a refill of their naloxone, staff asked them what happened to their last kit. 51.7% people reported that they had used their naloxone, 22% reported that they gave it away to someone, and 15.5% reported that they “just wanted or needed more.” 5.3% of people reported that they had lost it and 2.5% of people reported that someone had stole their stuff. 0.9% of people reported that the police confiscated their naloxone.

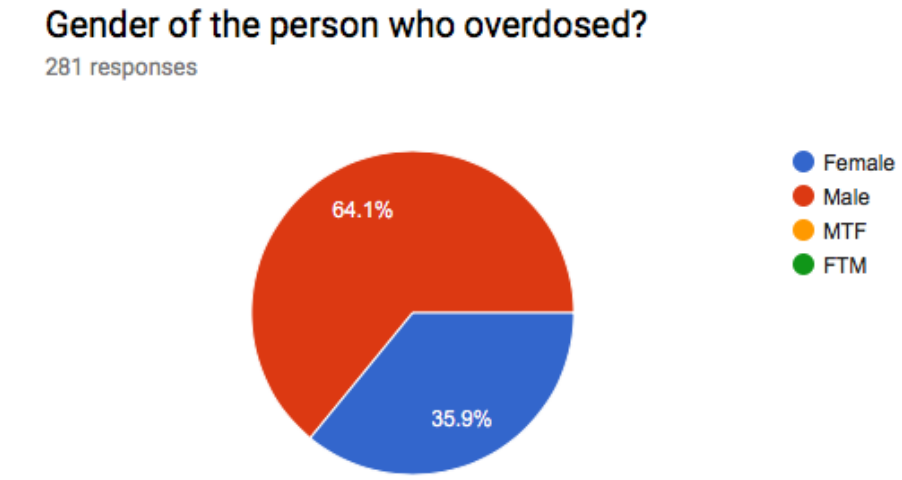


Overdose Information

If clients reported using their naloxone, staff asked who had overdosed. 58.5% of people reported that it was their friend who had overdosed and 23.7% reported that it was a stranger or acquaintance. 8% of people reported that they had overdosed and someone who was present had used their naloxone on them.



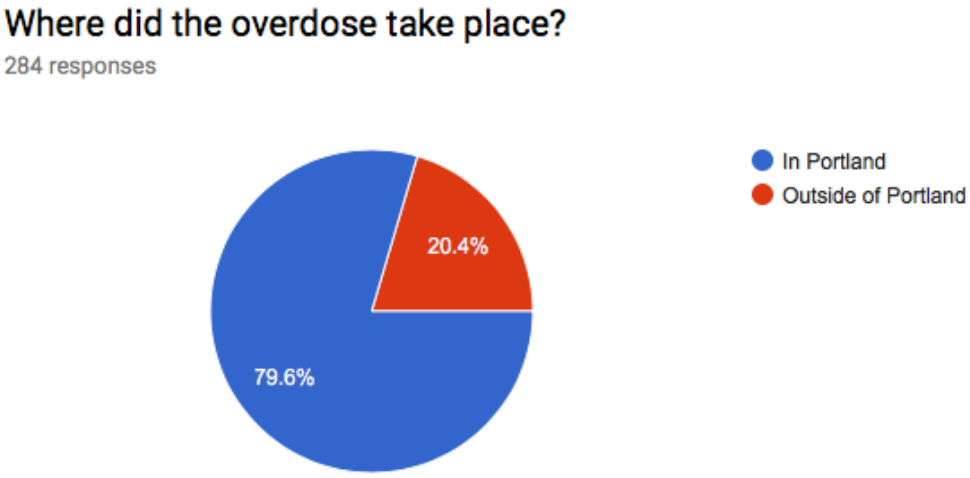
The gender of the person who had overdosed was 64.1% male.



When asked what drugs the person who overdosed had taken, clients were asked to state only the drugs that they were sure of. 92.9% of clients reported that the person had taken heroin, 13.2% of clients reported pharmaceutical opioids, 7.9% reported benzos, and 4.6% reported cocaine/crack. At the 6-month point in data collection a discrete category for “Fentanyl” was added; for the last 6-months of the year, 20% of clients reported that the person who overdosed had taken fentanyl. This was confirmed by the client’s report of the overdose, field testing by law enforcement or positive urine testing at a medical setting. Throughout the entire year there were a small number of reports that also included methadone, buprenorphine, alcohol, methamphetamine, spice, and gabapentin (generic name for Neurontin). Anecdotally, gabapentin use has steadily increased among Portland Needle Exchange clients since 2015.

Clients were asked where the overdose had taken place. 59.9% reported in a private house or apartment, 14.4% reported on the street/alley/camp, 8.8% reported in a car, 6.7% reported in or around the shelter, 3.5% reported in a public park, 2.1% reported in a public bathroom, and 1.8% reported in a hotel.

Location



79.6% of overdose reversals were reported in Portland. The remaining 20.4% of overdose reversals were reported throughout Maine and towns in Massachusetts and New Hampshire.

Responding To The Overdose

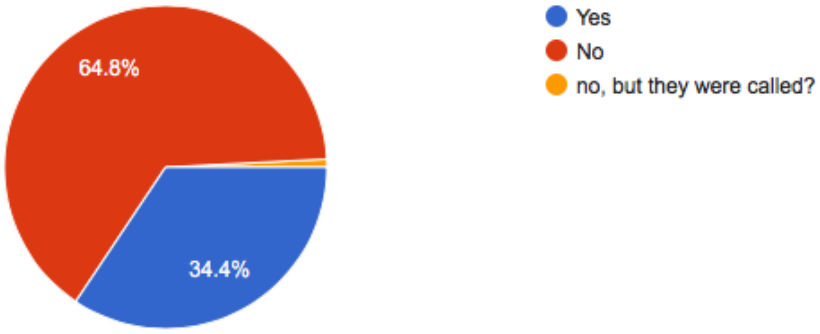
Clients were asked what they did during the overdose reversal in addition to giving naloxone:

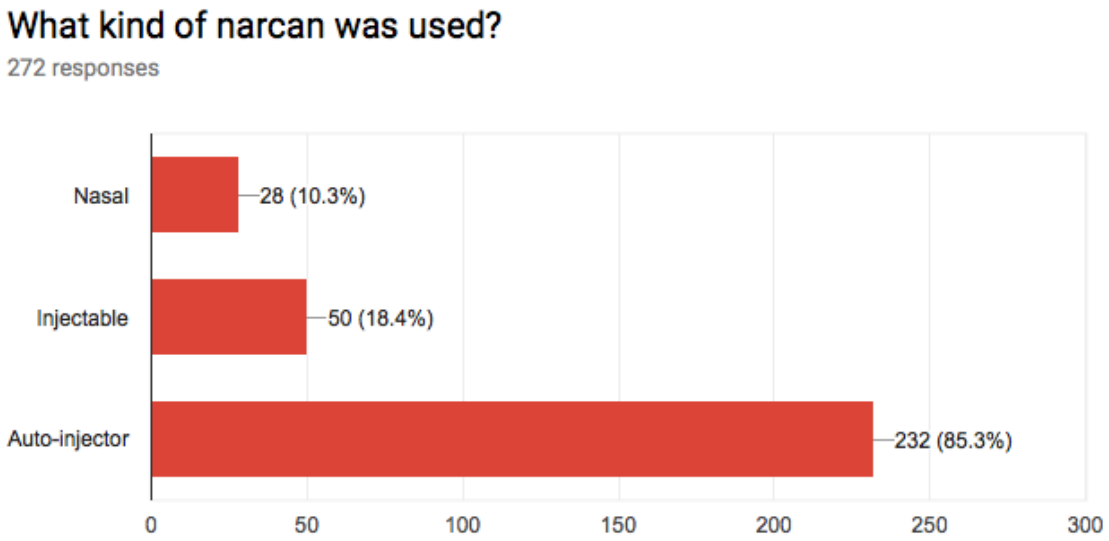
- 43.7% performed a sternum rub
- 32.6% called 911
- 28.3% performed rescue breathing
- 9% performed chest compressions

When asked, “Were EMS present at the overdose?” 64.8% of clients responded “no.” This is consistent with the previous question that only about 1/3 of people reported having called 911. One client reported that EMS was not present even though they were called.

Were EMS present at the overdose?

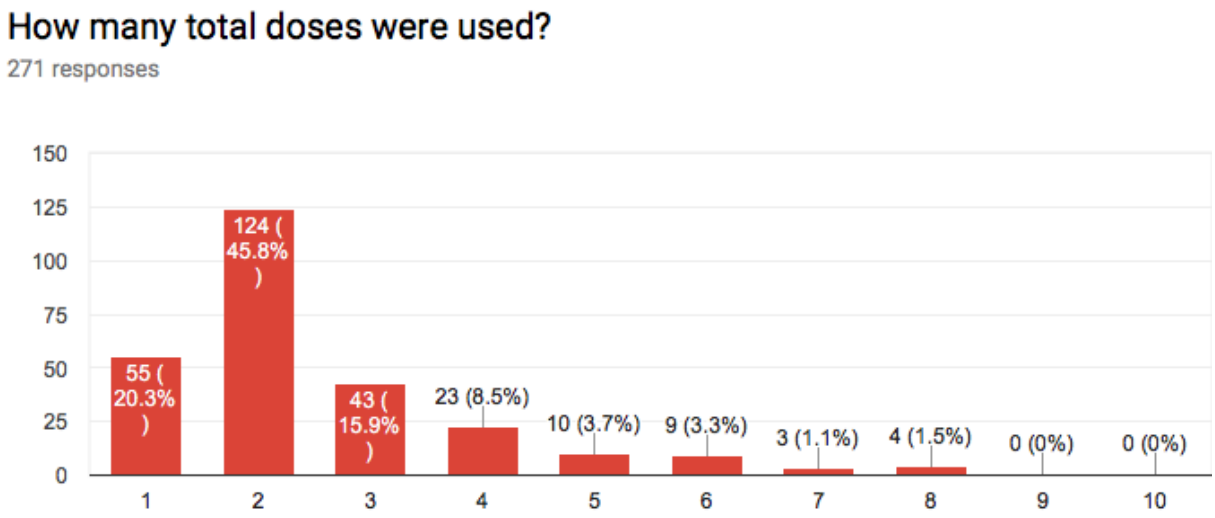
125 responses





The majority of clients administered naloxone intramuscularly using an auto-injector.

When asked about the number of doses administered, 45.8% administered 2 doses, 20.3% administered 1 dose, 15.9% administered 3 doses, 8.5% administered 4 doses, and the remaining 9.5% administered 5 or more doses.



Clients were asked how long it took for the naloxone to work. 45% of clients reported that it took over 5 minutes, 31.8% of clients reported that it took 3-5 minutes, 14% of clients reported that it took 1-3 minutes, and 6.2% reported that it took less than 1 minute.

Harassment

Clients were asked about their experiences interacting with EMS and the police when they were administering naloxone or present at the overdose. 1 client reported arrest of overdosing person or witness, 4 clients reported harassment by paramedics or the fire department, and 4 clients reported harassment by the police. The reported arrest was a client who was on bail conditions and "was not supposed to be around drugs." For one client who experienced harassment by the police, they shared that the police had threatened them saying "if you are here next time he overdoses we are throwing you in jail." Another client reported that she was mocked by the paramedics for knowing how to respond to the overdose. Although these experiences were limited, they reveal some of the challenges that drug users still face when administering naloxone and reversing overdoses.

Plans for 2018

Naloxone distribution and data collection will continue for 2018. There have been some changes to the type of naloxone available in the Portland Needle Exchange and those changes may affect rates of distribution. The company that donates auto-injectors has discontinued the 0.4 mg preparation and only offers a 2 mg preparation, which is a very high dose and not appropriate for opiate-dependant individuals. Because of this, staff at the Portland Needle Exchange will be switching to injectable naloxone administered with a syringe, which is a type the program has always stocked, but the auto-injectors were the preferred type by most clients and community members.

This report was compiled by Zoe Odlin-Platz and Anna McConnell, February 2018.

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City of Portland, Health and Human Services Department

Portland Public Health Division Needle Exchange Program

Since 2013, the Portland Needle Exchange Program (NEP) has seen an increase in the number of enrollees and exchanges made, due largely in part to an increase in enrollees reporting injecting heroin and synthetic opiates. The rise in opiate use is likely due to several factors including inconsistency in the strength of heroin on the street, stronger opiates like fentanyl affecting tolerance levels, more users switching from prescription opioids, and more users reporting no health insurance.

Table 1. Portland Needle Exchange Program Figures

	CY 2015	CY 2016	CY 2017
Number of enrollees	701	855	948
Number of exchanges	5,291	6,172	6,878
Number of needles exchanged	145,207	167,335	186,189

Source: Public Health Division, Health and Human Services Department, City of Portland.

People who identify as male make up about 60% of the enrollees, with the majority of all enrollees identifying as white/non-hispanic. About 70% of the enrollees report being Hepatitis C positive and about 1% report a positive HIV status. This is consistent with state figures, as Maine has a very low-incidence rate of HIV. 35% of enrollees report being homeless or transient and 85% report having no form of health insurance.

In addition to providing clean needles and injection equipment to active drug users, NEP provides testing for hepatitis C and HIV and makes referrals for hepatitis A and B immunizations, sexually transmitted disease testing, primary care, recovery resources, and mental health case management. Staff distributed over 2,500 doses of naloxone, did over 150 agency trainings and NEP clients reversed 291 overdoses from January 1-December 31, 2017.

Source: Public Health Division, Health and Human Services Department, City of Portland.

Last revised 4/2/2018.