

**Remote HHS and Public Safety
Meeting Agenda**
January 10, 2023 at 5:30 PM
Remote Meeting



MEMBERS
Councilor April Fournier, At-Large, Chair
Councilor Anna Trevorrow, District 1
Councilor Victoria Pelletier, District 2

To submit written public comment on an agenda item, email HHSPS@portlandmaine.gov. Submissions must be received by 12:00 pm the day before the Health & Human Services and Public Safety meeting to guarantee their inclusion in the agenda packet. All submissions must include the commenter's name and legal address. To help ensure your comment is submitted for the correct item, please include the name of the agenda item (see below).

The Health & Human Services and Public Safety Committee will conduct this meeting remotely via Zoom pursuant to the Remote Meeting Policy adopted by the Portland City Council. Allow your computer to install the free Zoom app to get the best meeting experience. If you are not able to attend live either in person or via Zoom, a recording will be available in the [Agenda Center](#) following the meeting.

Hi there,

You are invited to a Zoom webinar.

When: Jan 10, 2023 05:30 PM Eastern Time (US and Canada)

Topic: Remote HHS and Public Safety Meeting

Please click the link below to join the webinar:

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1. Announcements
2. Review and Approval of Minutes from October 11, 2022
 - a. October 11, 2022 Draft Minutes

3. 2023 Goal-setting
 - a. Welcome and Gratitude
 - b. Understanding Values and Social Change Ecosystem Roles & Archetypes
 - c. Creating a Consensual Process that Honors Interconnectedness
 - d. Past Accomplishments
 - e. Future Goals
4. Next Meeting: February 14, 2023



Health & Human Services and Public Safety Committee Minutes

Tuesday, October 11, 5:30pm, Remote Meeting

Committee Attendance: Tae Chong, Chair (District 3), Mark Dion (District 5), & Victoria Pelletier (District 2). Anna Trevorow (District 1)

Councilors in Attendance: Mayor Kate Snyder, Councilor Roberto Rodriguez (At large)

City Staff:

Kristen Dow, Director of HHS; Adam Harr, Executive Assistant for Social Services; Heath Gorham, Interim Police Chief; Amy R. McNally, Associate Corporation Council

Invited Guests: Sarah Farrugia, Executive Director of Decriminalize Maine; Selma Holden, MD

Meeting called to order at 5:30 PM.

Announcements and Approval of Minutes

- Councilor Dion moved to approve the minutes and Councilor Trevorow seconded and the motion passed 4 – 0.

HHS Updates

- Sheltering about 1,000 people per night which is down as families moved from GA hotels to the hotel contracted with the State in Saco which is managed by Catholic charoites.
 - While it seems like the numbers are going down, they do not reflect the number of families coming to the state seeking shelter.
- ERA funding for the state is on pause.

- - Administered by cap agencies like The Opportunity Alliance and Prosperity ME.
- General Assistance Program is fully staffed.
- Prevention and Diversion Program diverted 38% of people presenting for emergency shelter to another place to stay.
- Needle Exchange
 - Total number of needles collected is less than the total number of needles distributed due to the one to 100 exchange policy change.
 - Gave out 1,000 doses of Narcan.
 - 64% of needles were collected in community sharps boxes.

Committee questions and discussion.

- Councilor Chong said that we Portland has a population of 67,000 people and housed about 2,000 people experiencing homelessness last year and have been successful due to the organizations working together.
 - Several states and cities have contacted Director Dow asking for technical assistance and how Portland did this. Portland is unique for taking the lead initially until we couldn't do it on our own.
- Councilor Dion said he hopes we start 2023 with information on directing NEP clients to other resources; his constituents see the NEP as enabling and would like data.

Decriminalize Maine Presentation

- Sarah Farrugia, Executive Director of Decriminalize Maine and Dr. Selma Holden.
- Decriminalize Maine is a nonprofit community-based organization seeking to decriminalizing the possession, adult use, and cultivation of plants and fungal medicines that have psychedelic effects, sometimes called entheogens.
 - Psilocybin containing mushrooms
 - DMT containing plants: Ayahuasca
 - Mescaline containing cacti, such as San Pedro
- Decriminalize Maine's commitments are to equity & inclusion, education, and decriminalization.
- 99 active clinical trials on the therapeutic benefits of psychedelic use. Research as looked at:
 - End of life
 - Anxiety, depression, suicidal ideation
 - PTSD
 - Alcohol use disorder
 - Tobacco use
 - Opioid use

- In the general population, correlative research saw a reduction in mental health issues and opioid use disorder.
- Safety and potential harm.
 - 2014 showed psychedelics have extremely low levels of toxicity and physical dependence.
 - “Bad Trips”
 - Set and setting are important.
 - Fear of arrest leads to unsafe use.
 - Potential for adulterated plants/fungi.
 - Creates an increase in symptoms and suicidality.
 - Arrest rates for psychedelics are low in Maine.
 - Fear of arrest is impacting outcomes.
- Diversity, equity and inclusion.
 - Educate on historical roots, appropriation, sustainable growing and harvesting.
 - Paid BIPOC consultant to direct all aspects of their work.
- Give, Gather, Grow legislative model.
 - Allows individual and co-ops to give, gather, and grow outside of a medical context.
 - Upholds best practices for the state.
- Sample Language from Cambridge.
 - Preamble acknowledges Covid pandemic made things worse.
 - City manager is requested to decriminalize entheogenic plants and fungi.
 - Possession of controlled substances would be understood as an issue of public health.
 - Lowest law enforcement priority of the City.
 - No City department shall assist in the enforcement of the laws for entheogenic plant use by adults.
 - City Council does not authorize or enable:
 - Commercial Sale,
 - Use on school grounds
 - Operating under the influence or disorderly conduct.

Committee questions and discussion.

- Mayor Snyder asked what other communities have adopted similar resolutions.
 - Cambridge, MA
 - Denver, CO
 - Oakland, CA
 - Santa Cruz, CA

- - An Arbor, MI
 - Hazel Park, MI
 - Detroit, MI
 - North Hampton, MA
 - East Hampton, MA
 - Somerville, MA
 - Port Townsend, WA
 - Seattle, WA
 - Washington, DC
- Councilor Chong said we would need to study it from the many department perspectives, have public comment, etc. and could take this up next year.
- Mayor Snyder confirmed that this is an initial presentation and more councilors talking about his would be needed to move forward.
- Councilor Pelletier asked what the next steps would be: a 2023 committee goal or within last couple of meetings? It can and should be prioritized with next steps.
 - Committee level would flesh language.
 - Staff input from each department.
 - Research and staff recommendations.
 - Public comment.
 - Vote if the committee would recommend to the full council.
 - There are not enough meetings left this year,
- Councilor Dion is concerned on legality.
 - Medical Marijuana passed in 1999 by popular referendum and adult use passed in 2016.
 - It would take 5 years to work out how rules would be applied in communities.
 - 1977 the state legislature made simple possession a civil infraction vs a crime.
 - It takes time for the community to change and we might not be there yet on psychedelics.
 - No city funds or resources assisting enforcement.
 - Councilor Dion is part of a working group that have taken 15 months trying to answer if this can be applied to cannabis.
 - It is not an equitable distribution of the law: treating people in Portland different than those on other communities.
 - Councilor Dion asked what outreach has been done at the state level and what our district attorney thinks of the legal questions of the City taking a position contrary to the law.

- Equity and fairness comes at the State legislature.
- Councilor Chong said there are still issues being worked out on marijuana after decades of progress and that is seen with addressing implementation issues of adult use ordinance.
- Councilor Pelletier asked Decriminalize Maine what outreach they gave already done at the State legislature.
 - LD 1582 was psilocybin patient care act.
 - Took the Oregon model of medical cannabis fashioned to psilocybin; this medical route is different from decriminalization.
 - Limited to psilocybin and not other entheogens.
- Councilor Pelletier looks forward to having this return in 2023.
- Councilor Pelletier asked Corporation Counsel what the legal issues are.
- Councilor Trevorrow is in favor of keeping this on the work plan.
- Mayor Snyder said the charter mandated goal setting work shop is in December and it would be helpful to talk about how this fits in with Council goals, having input from all the councilors.

Discussion with Associate Corporation Counsel of City Code Chapter 35 (Cannabis Businesses)

- Associate Corporation Counsel McNally said the memo is limited to the question of whether Chapter 35 is preempted by Maine State law or violates Maine State law, specifically caregivers and Maine's Medical Cannabis Act.
- Chapter 35 is likely is not preempted by Maine State law.
 - The City enjoys Home Rule.
 - Maine's adult use and medical marijuana laws convey the City authority to regulate adult use and medical marijuana in their preambles.
 - It is presumed that the City's regulations are valid with few exceptions.
 - The Supreme Judicial Court have specified the exceptions:
 - Maine's Cannabis Retail Act gives municipalities broad authority to regulate.
 - Medical cannabis law has a prohibition on limiting the number of caregivers.
 - As written it likely does not preempt the City's regulations.
- Home Rule gives municipalities authority to regulate commerce.
- Councilor Pelletier asked about the deliveries to patients in "qualifying circumstances."
 - If there is an existing relationship between a small scale caregiver/medicinal retail store and a qualifying patient and has verified in-person the written certification of medical use.
 - Are we able to amend the in-person requirement?

- - There is nothing in State law that would pre-empt this, but there may be other regulations at play with delivery.
- Councilor Dion Requested that Corporation Counsel draft a memo on the history of the caregiver status.
 - Intended to facilitate access to cannabis for patients who were incapacitated by various medical conditions such as cancer and MS.
 - Home Rule presupposes we regulate activities within municipal boundaries.
 - Entities outside our municipal bounds have relationships with patients in our municipal bounds.
 - A patient in Portland currently cannot receive deliveries from outside of Portland.
 - Can only sell out of a fixed and licensed location.
- Would a delivery service in Windham, licensed under Windham's ordinance; would they get reciprocal acknowledgement from the City of Portland with our regulation?
 - Eliminating the fixed location and allowing entities with a fixed location outside of Portland to become licensed and regulate their number of deliveries, patients, etc. in Portland.
- Chapter 35 is ok as it stands but is open to amendment.
- The State recently passed a statute that allowed caregivers to enter municipalities that are unwelcoming to deliver medicine.
 - Caregivers think their conduct is protected by the State until local regulations say no.
 - Councilor Dion asked if it is a possibility to modify Chapter 35 to allow some kind of licensing model to allow this.
 - Yes; it is not preempted by the State.
- Councilor Trevorrow is open to pursuing an amendment.

HHS&PS Work Plan Review

2022 Workplan:

- Advocacy around resettlement of asylum seekers to other communities throughout Maine - in particular towns with large ELL populations or ELL infrastructure
 - We have collaborated with other towns for resettlement that then created ELL programs.
- Advocacy on General Assistance Reform – 211 model – United Way of Greater Portland
- Conference or task force on resettlement – Southern Border experts
 - Achieved.

- Looking at best practices from other cities that are facing similar homelessness levels – especially asylum seeker populations.
 - We have created the best practice model.
- Educational review of the Police Department best practices – including de-escalation training.
 - Did not do; Councilor Rodriguez requested the Council observe a de-escalation training.
- Needle Exchange Program introduction and communication – what other harm reduction models can city of Portland do.
 - NEP absorbed the other sanctioned needle exchange clients.
- Shelter licensing
 - Approved by the previous council and was reconsidered. This committee could take on again if wanted.

The meeting adjourned at approximately 6:40 PM.

DRAFT