Legislative/Nominating Committee Agenda
October 31, 2023

MEMBERS
Mayor Kate Snyder, Chair
Councilor April Fournier
Councilor Pious Ali
Councilor Regina Phillips

REMOTE ACCESS INFORMATION:

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I. Call to Order

II. Approval of Meeting minutes

a. Minutes from the meeting of Sept. 19, 2023

III. Legislative Update

a. Discussion: LD 1896 (*An Act to Index Workers' Compensation Benefits to the Rate of Inflation*)

b. Discussion: Committee on Health and Human Services 10/25 Work Session

IV. Other Business

a. Review of staff testimony to Maine Recovery Council, re: top priorities for opioid settlement funds (Alfredo Vergara, Public Health Administrator)

V. Adjournment

Legislative/Nominating Committee Minutes
September 19, 2023

MEMBERS
Mayor Kate Snyder, Chair
Councilor April Fournier
Councilor Pious Ali
Councilor Regina Phillips

I. Call to Order

The meeting was called to order at 8:04 am. In attendance were Mayor Kate Snyder (Chair), Councilor Regina Phillips, Councilor April Fournier, Councilor Pious Ali, City Manager Danielle West, Chief of Staff Dena Libner, Kate Knox (Bernstein Shur), Chris Feeney (Bernstein Shur), and Alysia Melnick (Bernstein Shur).

II. Approval of Meeting minutes

a. Approval of minutes from the meeting of June 20, 2023

Councilor Fournier made a motion to approve the minutes, seconded by Councilor Phillips, vote (4-0).

III. Legislative Update

a. Update from Bernstein Shur

Kate Knox confirmed cloture was scheduled for Sept. 29, 2023.

Councilor Fournier asked that the last bill tracker be updated to reflect what LDs were carried over into the upcoming legislative session. Kate Knox confirmed.

Regarding timing of meetings, Committee members discussed scheduling upcoming meetings on only October 17 and November 21 for the remainder of the 2023 calendar year, with more frequent meetings to resume in January 2024.

IV. Other Business

a. Breakfast Meeting with Portland Delegation (Mayor Kate Snyder, Chair)

Committee members discussed rescheduling the 9/22 breakfast for either 10/6 or 10/27 at 9:00am. Committee members will reach out to delegates to confirm the best date, as well as ask if they have any legislative proposals to share with the City prior to action by the Legislative Council.

V. Adjournment

Councilor Fournier made a motion to adjourn the meeting, seconded by Mayor Snyder, vote (3-0, Councilor Ali was absent). The meeting was adjourned at 8:

131st MAINE LEGISLATURE

FIRST SPECIAL SESSION-2023

Legislative Document **No. 1896**

S.P. 767 In Senate, May 4, 2023

An Act to Index Workers' Compensation Benefits to the Rate of Inflation

(AFTER DEADLINE)

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 205.

Reference to the Committee on Labor and Housing suggested and ordered printed.

DAREK M. GRANT
Secretary of the Senate

Presented by Senator NANGLE of Cumberland.
Cosponsored by Senator: TIPPING of Penobscot, Representatives: MALON of Biddeford, ROEDER of Bangor, SKOLD of Portland.

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 39-A MRSA §205, sub-§10 is enacted to read:

10. Inflation adjustment. Compensation under this Act must be annually increased to account for inflation by the amount of increase in the Consumer Price Index compiled by the United States Department of Labor, Bureau of Labor Statistics for the most recent 12-month period for which data are available.

SUMMARY

This bill requires benefits awarded under the Maine Workers' Compensation Act of 1992 to be annually increased to account for inflation by the amount of increase in the Consumer Price Index compiled by the United States Department of Labor, Bureau of Labor Statistics.

City of Portland | Executive Department
Danielle P. West, *City Manager*

To: Senator Tim Nangle, Representative Holly Stover, and Members of the Committee on Health and Human Services
From: Danielle P. West, City Manager
Date: October 24, 2023
Re: City of Portland General Assistance Information

PatriThe following information is shared to assist the Maine Legislature's Health and Human Services Committee in its consideration of changes to the General Assistance Statute.

General Assistance (GA) in City of Portland

It is a well-known fact that the City of Portland is the largest service provider in the State, responding to a growing demand for shelter year over year (see table below). This growing demand, particularly in recent years, is attributed to the arrival of an increasing number of asylum seekers, as well as the end of the Emergency Rental Assistance (ERA) Program.

Fiscal Year	People Served	City Cost	State Cost
2023	4,141	$9,822,193	$22,918,451
2022	4,103	$9,768,347	$22,792,811
2021*	2,925	$5,040,044	$11,760,102
2020	3,296	$2,980,872	$6,955,369
2019	3,146	$2,195,393	$5,122,583

Between FYs 2019 and 2023, the number of people who received GA through the City of Portland increased by about 32%. Costs to the City and State have increased by about 347%, due to the increased reliance on hotel rooms to temporarily shelter GA-eligible individuals and families, which began in April 2020.

**In FY21, the total number of people served by GA in the City of Portland declined, due to the impact of COVID-19 and social distancing requirements on shelter capacity. The City continued to accommodate many individuals by providing temporary shelter in hotel rooms, resulting in a significant increase in expenses.*

Between FYs 2019 and 2023, the average length of an individual's stay at the City's emergency shelter increased by approximately 23%. This data does not include the average length of stay of families at the City's Family Shelter, or individuals / families temporarily sheltered in hotels.

Fiscal Year	Average Length of Stay at Shelter (days)
2023	54.23
2022	59.06
2021	54.90
2020	48.32
2019	44.26

Fiscal Year	Total Shelter* Guests	Clients with Last Known Address in Portland	Clients with Last Known Address in Other Maine Municipality	Clients with Last Known Address Outside of Maine
2023	1,549	313	354	882
2022	1,391	395	515	481
2021	926	327	359	240
2020	1,258	401	497	360
2019	1,765	516	699	550
TOTAL	6,889	1,952 (28%)	2,424 (35%)	2,513 (36%)

**These numbers are related to clients at the emergency shelter for individuals only, and do not include Family Shelter clients or those sheltered temporarily in hotels.*

Implementation Challenges with Current Statute

Challenges recognized in the implementation of the existing GA statute include, but are not limited to: 1) inconsistency in municipal administration across the State; 2) insufficient reimbursement rates, given the broad eligibility criteria and growing demand in each municipality/state-wide; and 3) the lack of a centralized, state-wide database to facilitate information sharing between GA offices throughout the State.

Unaddressed Need: Transitional Housing

By default, due to a shortage of supportive/transitional and permanent housing in Maine, emergency shelter has become a de facto transitional housing resource, resulting in overwhelming increases in cost to the City of Portland and the State.

We recognize the many barriers to the development of transitional housing. Until there is a meaningful change in the availability of transitional housing, however, it is likely that GA costs will continue to reflect the unmet need.

Recommendations

As part of its consideration, we respectfully request that the Committee consider the unintended consequences that changes to the GA Statute may have. For example, changes intended to restrict individuals' eligibility, the items that are eligible for reimbursement (i.e. housing, etc.) or reimbursable costs are likely to result in an increase in the number of unsheltered individuals in the State of Maine.

To prevent such consequences, we recommend that the Committee consider compensating for such changes with other or new State-created and administered programs and funding.

Earlier this year, the Portland City Council's Legislative/Nominating Committee had expressed support for LD 1664 (*An Act to Increase Reimbursement Under the General Assistance Program*) and LD 1732 (*An Act to Expand the General Assistance Program*), both of which would address core weaknesses in the statute and its implementation. We respectfully suggest that the Committee reconsider the merits of those policy proposals.

November 2, 2024

Testimony to the Maine Recovery Council on use of the Opioid Settlement Funds.

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

Both overdoses and mortality are on the increase in the U.S. and in Maine [1], and Maine has the fifth highest rate of opioid overdose deaths per population [2]. In 2021 50,943 persons died in the U.S. due to a drug overdose, in comparison, 41,000 occurred due to automobile accidents that year [3]. Mitigating mortality related to drug use should be a national priority. To mitigate the effects of overdose and mortality, Portland Public Health currently provides the following services:

- Syringe Service Program, where individuals can access harm reduction supplies and education
- HIV/HCV Testing, vaccinations, and wound care
- Mobile outreach to individuals experiencing homelessness
- Patient navigation to connect individuals to shelter and housing, treatment, and other basic needs
- Naloxone distribution and overdose prevention, recognition, and response trainings

Our Public Health projects addressing Substance Use Disorders total $2.3 million in State and Federal grants. This includes being a Narcan distributor for Cumberland and York Counties, with a catchment population of approximately 526,000, as well as providing sterile syringes and other safe use supplies, testing for HIV and Hep C and basic care needs for People Who Use Drugs (PWUD). A large proportion of those living without permanent shelter are PWUD (25% use opiates and other stimulants). We also recently started work through a Federal CDC grant (Overdose Data to Action – OD2A), that focuses on coordinating overdose prevention efforts across the region, improving overdose surveillance data for action, and increasing harm reduction education and resources to rural, BIPOC, LGBTQ+, and unsheltered populations. We also aim to better serve this population by understanding barriers they face to accessing treatment and recovery supports, and creating more tailored referral pathways.

One of the biggest needs to be addressed is **treatment** for PWUD. Individuals with opioid addiction especially face tremendous barriers to access and be retained in treatment. Barriers to care need to be reduced as much as possible, support given to the greatest extent possible, and **intensive follow up** with the patient needs to be provided. This is made exponentially more difficult when patients are unsheltered. For these reasons our team identified the following as key areas where immediate additional support is needed: **Shelter, outreach,** and **case management**, and **increased access** to a variety of treatment services made available in the locations that PWUD frequent and in the most effective manner.

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[1] Mattson CL, Tanz LJ, Quinn K, Kariisa M, Patel P, Davis NL. Trends and Geographic Patterns in Drug and Synthetic Opioid Overdose Deaths — United States, 2013–2019. MMWR Morb Mortal Wkly Rep 2021;70:202–207. DOI: http://dx.doi.org/10.15585/mmwr.mm7006a4

[2] Centers for Disease Control and Prevention. State Unintentional Drug Overdose Reporting System (SUDORS). Final Data. Atlanta, GA: US Department of Health and Human Services, CDC; [2023, October, 17]. Access at: https://www.cdc.gov/drugoverdose/fatal/dashboard

[3] https://www.cdc.gov/transportationsafety/

This can be outlined as an intensified effort to provide wraparound services in the locations where they are effective (creating trust, respecting human agency and dignity, and improving the lives of PWUD). This means providing **shelter, food, water, basic health care needs, counseling and education, and emergency overdose services along with a variety of treatment options** that are suitable for specific people with drug use disorders.

What we would like to see prioritized with opioid settlement funds:

1. Focus coordination on providing access to treatment in the places where people are and of the form that they need. This includes increasing the number of medically- supervised detoxification programs and clinics that provide medication for opioid use disorder that accept MaineCare.
2. Invest in treatment retention dollars for those engaged in treatment programs, such as social services and basic needs, peer support, and housing navigation services.
3. Increase sustainable funding for syringe service programs across the state, especially in rural areas that currently lack such services.
4. Create continuing education requirements for the healthcare workforce related to harm reduction, stigma reduction, and cultural sensitivity when working with people who use drugs.
5. Center the voices of those with lived experience when creating programs and interventions meant to serve them. Understand barriers they face when trying to access healthcare and other support services, and invest funds toward addressing these barriers.
6. Create wraparound services and/or opportunities for warm handoffs to different services, including harm reduction, behavioral health and substance use treatment, and basic needs and shelter. These should be seamlessly integrated, so as to minimize barriers to access.
    a. Increase the outreach and case management workforce across the state, including peer support and those with lived experience.
7. Build primary prevention programs targeting youth.
    a. Invest in school- based programs that focus on working with youth with Adverse Childhood Experiences (ACEs), and increase the amount of trauma- informed school staff.
    b. Invest in substance use prevention staff within local, county, and state health departments.

Respectfully,

Alfredo Vergara, PhD
Public Health Director, DHHS.
City of Portland, ME