Remote HHS and Public Safety Committee Agenda
July 9, 2024 at 5:30 PM
Remote via Zoom

MEMBERS
Councilor April Fournier, At-Large, Chair
Councilor Roberto Rodriguez, At-Large
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).

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You are invited to a Zoom webinar.
When: Jul 9, 2024 05:30 PM Eastern Time (US and Canada)
Topic: Remote HHS and Public Safety Meeting

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1. Announcements

2. Review and Approval of Minutes June 11, 2024

   a. June 11, 2024 Minutes

3. Proposed Police Department Acquisition of Unmanned Aerial System (UAS) (Chief Mark Dubois, Police Department)

The committee will discuss the Police Department's proposal to acquire a UAS ("Drone") to support operations.

a. Staff Memo

b. Police SOP

c. State SOP

4. Bayside Update (Chief Mark Dubois, Police Department)
Staff will provide an update on enforcement operations and calls for service in the Bayside neighborhood.

5. Opioid Settlement Fund Allocations: Review of Initial Recommendations (Councilor Fournier, Chair)
The Committee will discuss recommendations for FY25 opioid settlement fund allocations, as presented by staff.

a. Staff Memo

6. Staff Update: City of Portland Syringe Service Program (Dr. Alfredo Vergara, Director of Public Health)
Staff will provide additional information regarding the impact and operations of the City of Portland program.

a. Staff Memo

b. Staff Memo from June 11, 2024

7. Next Meeting: September 10, 2024

Tuesday, June 11, 2024, 5:30pm, Remote Meeting

Committee Attendance:

April Fournier, Chair (At-large), Anna Trevorrow (District 1), Roberto Rodriguez (At-Large), Victoria Pelletier (District 2), Mark Dion; Mayor.

City Staff:

Jessie Lemieux, Executive Assistant for Fire Department; Sean Donaghue, Fire Division Chief; Mark Dubois, Police Chief; Dena Libner, Assistant City Manager/Interim Director of HHS; Greg Jordan, Assistant City Manager. Alfredo Vergara; Director of Public Health, Caity Hager; Emergency Management Coordinator.

Announcements

Review and Approval of Minutes from May 14, 2024

Moved by Councilor Rodriguez, seconded by Councilor Trevarrow. Approved x3

Public Hearing: Repeal of Section 17.5 of City Code (re: Cruising).

Public Comment: Each given 2 minutes

George Rheault - Against removal of ordinance from city code. It is a tool for police when used to help the quality of life in neighborhoods, especially Bayside.

Sarah Michniewicz - Agrees with George. If there is any utility of it to prevent harm to women, or the trans population, then this should be explored before removing.

Jim Hall - If this is not being used to combat trafficking of humans and drugs, it should be. If an adjustment needs to be made to clarify that this is not to prosecute on and to protect professions, classes of people, or demographics, that's fine.

Councilor Rodriguez- How did this come up?

Mayor Dion- Approached by a constituent who was concerned that this ordinance may have/ had been applied in a manner that suggested that it was used to target certain individuals in a community, the presumption that they might be gay, transexual or otherwise. Requested the city to reconsider the ordinance.

This is a civil infraction. It is not a crime. This is a bad ordinance that had the right intentions, but agree that it sends a particular message that wasn't helpful in creating a respectful community. At the time of this written ordinance, it was considered good police work, validated by the community and courts. But could have been written better.

Councilor Trevorrow- recommending a repeal of this code to the council.

Councilor Fournier - In favor of moving this forward.

Motion on taking this appeal - Moved by Councilor Trevorrow -Seconded by Councilor Pelletier

Councilor Rodrigues - no

Councilor Pelletier - yes

Councilor Trevarrow - yes

Councilor Fournier - yes

3-1 so this will move forward to the full council.

Cooling Shelter Update (Caity Hager, Emergency Management Coordinator)

Locations, activation triggers and process for opening shelters

Portland Public library is open Mon - Sat 10am-6pm

City facilities are emergency options, Troubh Ice Arena, Community Centers at Riverton and East End Elementary and Ocean Gateway (based on availability and specialty credentialed staff).

Activation Triggers used - National Weather Service issues a heat advisory (heat index of approx 95 degrees Fahrenheit or higher) that lasts 2 hours or longer. Also an excessive heat warning (when heat index is expected to reach 105 or higher degrees Fahrenheit) lasting 2 hours or more and/or when there is a heat wave where nighttime temps do not dip below 75 degrees Fahrenheit.

Process for opening cooling centers if criteria is met, will contact Fire Chief Gautreau (Emergency Management Director). Make notifications to the shelters. Notify the Director of Communications (sends email, texts, and social media platform announcements), Cumberland County Emergency Management, Maine Emergency Management, and 211.

Heat index is a combination of temperature and relative humidity.

The National Weather Service provides data and states if extreme or not (Real Feel).

Bayside Update (Chief Mark Dubois, Police Department)

There are detailed assignments in targeted areas with 2 officers per day.

Calls for service specific to Bayside have increased 46% from May of 23 to May of 24.

Officers assigned on footbeat have increased self initiated calls by 50%.

Arrests increased 29% year to date and 53% in the month of May alone.

Example of data - warrants, violation of bail, drugs, and disorderly/nuisance crimes.

Officer initiated calls for 2024 was 2031 vs 2023 it was 1577.

911 calls for this location have also increased.

The Crime Reduction Unit has increased presence to assist with reevaluating and deterring criminal behavior.

Discussion: Syringe Service Program (Councilor April Fournier, Chair)

Mayor Dion - One issue put before me is discharged syringes. Has a public health resource become a public safety hazard? Nationally, syringe exchange programs have become a level of dogma.

Is there any data that the program has reduced the frequency of blood borne disease?

Can those diseases be addressed with antiviral medications instead of needle intervention?

How many referrals have originated from the exchange transaction itself ?

Can this committee seek out a path where we might modify existing state rule on the issue of distribution ratio? (1:100)

We have staff trained to retrieve needles, but the public has to deal with it themselves on their own property.

Dena Libner - Memo gives overview of Cities SSP Funded by Maine CDC.

Rules and regulations are set by Maine CDC and have changed since the pandemic in response to public concerns at state and local level. The number of needles someone can receive increased and the criteria that they needed to surrender needles was removed. We went back to the 1:1, but currently we are at 1:100 at state level and Portland implemented it locally too. City cannot track each syringe it

distributes, and that is a problem as we cannot predict where the needles end up. We also don't have data on how many needles come in from outside city boundaries or leave.

Councilor Rodriguez- Would the council be able to change total allowance without jeopardizing the funding?

Dena Libner - Council can make changes.

Mayor Dion - 2024 has 75k needles that are unaccounted for. We should consider the amount of needles in the exchange.

Alfredo Vergara - Lots of data nationally that needle exchanges do reflect a reduction in HIV and other transmissions.
Needles in the city come from pharmacies, other entities, and ourselves.
When we collect needles, we consistently collect up to 97% of the needles, only 3% are out in the public.
There are collection boxes in other cities, South Portland, Westbrook to which we don't have data for.
Referrals - made over 533 referrals, and saw about 400 unique clients.

Ben Strick - It's hard to measure something that doesn't happen.
HIV cluster in Bangor that seems to be associated with needle exchange.

Opioid Abatement Strategies Landscape: Panel Discussion (Councilor April Fournier, Chair)

Brian Townsend - Common Space - operate the other needle exchange and recovery center housing. Formally Amistad.
Lack of a day space - need to consolidate and create a place with intention

Ben Strick - Spurwink - have Living Room shelter, and Comprehensive Community Behavioral Health Clinic (CCBHC), ongoing extension of care, and provide a range of services to homeless communities.
Early childhood intervention - positive youth development would be the biggest bang for your buck.
This has grown from just opiods to opioids and other factors.
Methadone on the peninsula and combined with a day space.
Contingency management - Using incentives to mark the target behavior. Incentive for testing negative.

Tom Doherty - Milestone - substance abuse treatment facility serving people through Home Team who can transport.
Accelerating admissions velocity in the past few weeks.
Need options for people.
Need ultra low barrier opportunities to do outreach.
Partners, pets, and psychiatry needs.
Housing is the largest obstacle.

Joe Everett - Opportunity Alliance - community action agency.
Youth Development- power of early intervention, safe space.
All 10 families work together - funded by Flex Funds to cover rent, food, clothing.
Need more peer recovery coaches.
273 licensed Psychiatrists in the State of Maine.

Dr Kristen Silvia - Maine Medical - Maine behavioral health care serving 200 patients.
Not having a methadone clinic on the peninsula creates a barrier
Transportation to facilities would be helpful
Uber Health, bus passes, will make a difference
People who don't think they have a problem have a higher percentage of death - need to build relationships/trust. Only 10% want help.
Don't currently have a lot of residential treatment programs close to us. Higher levels of care closer.
60% to70% of suboxone first time treatments are successful. Without proper support it's 20%.

Councilor Fournier - Lightning Round of investments made: (if you had one choice)
Townsend - a thoughtful, intentional dayspace
Strick- methadone on peninsula and contingency management
Doherty - dayspace to cluster people and get service to them
Everett - strategic partnership, positive youth development
Silvia - funding outreach workers in the interim of the dayspace

Meeting adjourned at 7:35

Next Meeting: July 9, 2024

City of Portland | Police Department
Mark Dubois, *Police Chief*

To: Health and Human Services and Public Safety Committee
Councilor April Fournier, *Chair*

MEETING DATE
July 9, 2024

AGENDA ITEM
Agenda Item 3 - Proposed Police Department Acquisition of Unmanned Aerial System (UAS)

PURPOSE
The committee is asked to consider the Police Department's proposal to acquire a UAS ("Drone") to support operations. Maine state law (25 M.R.S.A. §4501) requires that the governing body of a governmental unit approve any acquisition of an unmanned aerial system (UAS) by a law enforcement agency.

This item is for discussion and input from the committee. Staff recommend additional review of this issue, and a public hearing, at the committees' September meeting. Pending committee action, this item would be considered by the City Council for approval in October.

COMMITTEE WORK PLAN/CITY COUNCIL GOAL ALIGNMENT
This item is not directly identified in either the committee's work plan or the City Council's 2024 priorities.

BACKGROUND/ANALYSIS
As Council is acutely aware, the Portland Police Department is significantly understaffed. In order to maintain public safety in an efficient manner, it is imperative that we utilize technology to the fullest extent.

The use of Unmanned Aerial Systems (UAS) in law enforcement is not new. Municipal and state law enforcement agencies have utilized the technology for more than a decade while all five U.S. Department of Justice law enforcement components (FBI, ATF, DEA, Marshal's Service and Bureau of Prisons) use UAS in support of their operations.

Portland Police Department has requested mutual aid from surrounding communities utilizing their UAS in search and rescue operations,during motor vehicle accident reconstruction needs, and during high risk warrant applications.

UAS usage by law enforcement is well-regulated in Maine and the applicable statutory language as well as rules imposed by the Maine Attorney General's Office are incorporated into the department policy. Additionally, UAS operations are regulated by the Federal Aviation Administration (FAA) to include the requirement that officers assigned as UAS pilots must be licensed by the FAA.

Purchasing a UAS will enhance police operations during search and rescue operations. A UAS can search areas, both land, coast line, and waterways much faster and more efficiently than personnel. UAS will supplement tracked and wheeled robots for searches involving barricaded subjects. Those vehicles are restricted when obstacles prevent them from freely moving or climbing staircases.

Portland Police traffic unit reconstructs motor vehicle traffic accidents when there is serious bodily injury, death, or when police vehicles are involved. The use of an UAS to plot the scene is completed in a fraction of the time and more accurately, which results in significant savings of time and money. Using a UAS to map a crash scene allows opening the closed roadway much faster than using traditional methods, resulting in less impact to the public.

In terms of officer safety, using a UAS during a barricaded suspect incident allows the Incident Commander to search interior spaces before sending in personnel. This creates a significant tactical advantage for officers and alleviates the need to put personnel in extremely dangerous situations. This operation is currently done with robots, which have some significant limitations. Robots are unwieldy, expensive to repair, and limited in their maneuverability.

The UAS system identified is from Axon Corporation which is the vendor for our body camera and in-car camera system. The UAS is compatible with this system allowing all video to be recorded and secured on our dedicated evidence storage platform.

FISCAL IMPACT
The one-time cost to acquire the UAS is estimated to be $39,000. Sufficient funding was appropriated as part of the appropriation request in January 2024 using proceeds from the US Department of Justice's Equitable Sharing Program. No annual recurring cost to support the UAS is anticipated. The UAS system has an estimated useful life of 5-7 years.

CONCLUSION(S)
Approving the purchase of a UAS allows Portland Police to train and deploy the system when appropriate and in compliance with our policy. Currently, when the need arises we utilize mutual aid from surrounding agencies. Having our own UAS allows better control, faster response, and a more skilled and knowledgeable pilot. Having a department UAS allows us to utilize technology to improve the service we provide to our community.

PRIOR COMMITTEE REVIEW
N/A

PREPARED BY

Mark Dubois
Chief of Police
Police Department

Greg Jordan
Assistant City Manager
Executive Department

ATTACHMENTS

Attachment A - Portland Police Department draft policy for UAS
Attachment B - MRS Title 25, §4501. Regulation of Unmanned Aerial Vehicles

PORTLAND POLICE DEPARTMENT
STANDARD OPERATING PROCEDURE

	Subject:	**USE of SMALL UNMANNED AIRCRAFT**	**Policy #:**	**47B**
	Distribution:	**Internal/External**	**Effective:**	**/ /2024**
	By Order of:	**Chief of Police**	**Revised:**	

I. PURPOSE

The purpose of this policy is to establish guidelines for the use of Small Unmanned Aerial Systems (sUAS), commonly known as drones.

II. POLICY

The Portland Police Department will utilize sUAS in a safe and efficient manner to facilitate the Department's mission of protecting lives and property when other means and resources are not available or may be less effective. Any use of sUAS will be in accordance with 25 M.R.S. §4501 (Regulation of Unmanned Aerial Vehicles) and all applicable Federal Aviation (FAA) requirements and guidelines.

III. DEFINITIONS

A. **Unmanned Aerial Vehicle (UAV)** : an aircraft operated without a physical human presence within or on the aircraft that, in the manner in which the aircraft is used or the manner in which it is equipped, is capable of performing audio or visual surveillance.

B. **Unmanned Aerial System (UAS**): A UAV along with the elements necessary to operate the UAV in a safe and efficient manner. These elements may include, but are not limited to a control station, data links, communications and navigation equipment.

C. **Small Unmanned Aerial System (sUAS)**: a UAS which features a UAV weighing less than 55 pounds on takeoff.

D. **Federal Aviation Administration (FAA)**: The federal authority charged with regulating all aspects of civil aviation.

E. **Remote Pilot in Command (RPIC)**: A member of the Portland Police Department holding a current FAA certification to operate an sUAS and designated to exercise control over a flight. The RPIC is directly responsible for and is the final authority as to the operation of the sUAS.

F. **Surveillance:** with respect to an owner, tenant, occupant, invitee or licensee of privately owned real property, the observation of such persons with sufficient visual clarity to be able to obtain information about their identity, habits, conduct, movements, or whereabouts.

IV. PROCEDURES

A. General

1. Only sUAS specifically authorized by the Chief of Police may be deployed in support of Portland Police operations or requests for mutual aid. When operating the sUAS in support of another agency, officers will follow the policies and procedures of the Portland Police Department.

2. Department authorized sUAS may only be operated by PPD employees who hold a current remote pilot airman certification from the FAA and have been trained in the operation of the specific Department-owned sUAS. Non-certified personnel may manipulate the flight controls of the sUAS under the direct supervision of a certified PPD remote pilot in command, however the RPIC must maintain the ability to immediately take direct control of the sUAS.

3. All sUAS operations will be conducted in accordance with 25 M.R.S. §4501 (Regulation of Unmanned Aerial Vehicles), all applicable Federal Aviation (FAA) requirements and guidelines to include 14 CFR Part 107 - Small Unmanned Aircraft Systems and the minimum standards established by the Maine Criminal Justice Academy Board of Trustees.

4. The Remote Pilot in Command (RPIC) is the final authority as to the operation of the sUAS and is solely responsible for determining whether or not to conduct or abort a requested mission as well as the specifics of the mission to include altitude, speed, and flight path.

5. The sUAS and related equipment shall be maintained in a state of operational readiness. Remote Pilots shall inspect and test the sUAS prior to deployment to ensure proper functioning and shall use reasonable care when operating the equipment. Equipment malfunctions shall be brought to the attention of the Traffic Sergeant.

B. Deployment

1. The Chief of Police or their authorized designee must give prior approval before an sUAS is deployed. When determining whether to approve a deployment, the Chief or designee shall consider whether the deployment will result in an excessive number of UAV's at the same location or same event at the same time.

2. If multiple licensed PPD remote pilots are on scene at a deployment, the most senior will serve as the RPIC for the mission, unless they expressly delegate the RPIC role to another licensed remote pilot.

3. The RPIC will conduct a pre-flight inspection of the sUAS equipment and follow the established pre-flight checklist prior to deployment.

4. As required by 25 M.R.S. §4501(5)(C), the RPIC will obtain the approval of the appropriate prosecutorial authority (Cumberland County District Attorney's Officer or Maine Attorney General's Office) prior to deploying the sUAS for criminal investigation purposes.

5. The RPIC will notify Emergency Communications upon launch and recovery of the sUAS and dispatch will enter those times in the appropriate CADCALL.

6. When operating the sUAS over locations that the RPIC believes are irrelevant to the purpose of the deployment, they will operate the the sUAS in accordance with the following parameters:
   a. At a minimum altitude of 200 feet above ground level; and

b. At a minimum horizontal speed of 5 miles per hour; **unless**
c. Operating the sUAS in accordance with subparagraph a and b above, would jeopardize the objective of the UAV deployment or violate FAA regulations.

7. In order to minimize the impact of inadvertent recording on third parties, the RPIC shall limit use of the sUAS mounted audio or video recording equipment to those locations where the RPIC believes utilizing audio or video recording technology could support the purpose for which the UAS is deployed.

8 The RPIC must maintain the ability to adequately track the location of the sUAS at all times as failure to do so could prove hazardous to persons and property on land and in the air.

C. Permissible Uses
1. The sUAS may be used for the following:
a. Search and Rescue
b. High-risk tactical operations (hostage/barricade incidents, high-risk warrants, active assailant incidents etc)
c. Accident scene reconstruction
d. Crime scene reconstruction
e. Disaster Response
f. Searches for suspects and/or evidence.

2. The sUAS may be used for real time monitoring of mass gatherings for situational awareness and to ensure the safety of participants.

3. The sUAS may be used for a criminal investigation purpose only when:
a. The appropriate prosecutorial authority has approved use of the sUAS; and
b. A warrant has been obtained or an recognized exception to the warrant requirement exists.

D. Prohibitions on Usage of sUAS
1. The sUAS shall not be used for criminal investigation without a warrant except as permitted by a recognized exception to the warrant requirement.

2. Absent a warrant or exigent circumstances, the Remote Pilot shall not intentionally record or transmit images of a location where a person would have a reasonable expectation of privacy (e.g. inside a home, a fenced yard or an otherwise enclosed area).

3. The sUAS shall not be used to conduct random surveillance or to conduct surveillance of private citizens peacefully exercising their constitutional rights of free speech and assembly.

4. The use of enhancement technology such as night vision technology, high powered zoom lenses, video analytics, and thermal imaging is prohibited unless the Chief or designee explicitly authorized the use of those technologies when authorizing deployment of an sUAS.

5. The use of facial recognition technology is strictly prohibited.

6. The sUAS will not be equipped with weapons of any kind including, but not limited to firearms, lasers, impact projectiles, chemical agents or irritants, or any other lethal or non-lethal weapon.

E. Privacy Considerations

1. The decision to deploy an sUAS requires that PPD carefully weigh public safety needs against privacy concerns.

2. When there are specific and articulable grounds to believe the sUAS will collect evidence of criminal wrongdoing or if the sUAS will be used in a manner that is likely to intrude upon the reasonable expectation of privacy, the Department shall obtain a search warrant prior to deployment.

3. Any time an sUAS is deployed:
   a. The sUAS will be operated at an altitude, speed and with a planned flight plan that minimizes any invasion of privacy of a third party.
   b. The Remote Pilot shall make a reasonable effort to record only the target of the operation (accident scene, disaster area, etc) and to avoid other areas as much as possible.

F. Documentation and Reporting

1. Any deployment of an sUAS, other than for training, shall be documented in a call for service.
2. A supplemental incident report shall be completed by the RPIC anytime an sUAS is deployed in support of a criminal investigation.
3. Additionally, the details of each sUAS deployment must be documented on a form or database designed for that purpose within 14 days of the deployment. Documentation will include, at a minimum:
   a. The date of the deployment;
   b. The name of the RPIC;
   c. The purpose of the deployment; and
   d. The duration and flight path of the deployment.
4. The Traffic Sergeant will ensure that all sUAS deployments are properly documented and will report deployment related data to appropriate governmental bodies as required.

V. MISUSE OF AN sUAS

A. Any PPD employee who intentionally uses an sUAS in violation of this policy shall be subject to disciplinary action up to and including termination.

B. Additionally, a violation of the minimum policy standards established by the Maine Criminal Justice Academy Board of Trustees and included in this policy may constitute grounds for the Board to take disciplinary action against a law enforcement officer's certificate of eligibility pursuant to 25 M.R.S. §2806-A(5)(J) or seek a civil penalty against the a law enforcement officer pursuant to 25 M.R.S §2803-(C).

§4501. Regulation of unmanned aerial vehicles

1. Findings. The Legislature finds that evolving technology regarding unmanned aerial vehicles presents a potential economic driver for the State, an opportunity for research and development and a very real benefit for security, for search and rescue efforts and for disaster prevention and relief, as well as a tool for the investigation of serious crimes, but the technology also presents a potential threat to the privacy of citizens of this State if used by law enforcement in the conduct of criminal investigations without appropriate guidelines and supervision.
[PL 2015, c. 307, §1 (NEW).]

2. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Law enforcement agency" has the same meaning as in section 3701, subsection 1. [PL 2015, c. 307, §1 (NEW).]

B. "Unmanned aerial vehicle" means an aircraft operated without a physical human presence within or on the aircraft that, in the manner in which the aircraft is used or the manner in which it is equipped, is capable of performing audio or visual surveillance. [PL 2015, c. 307, §1 (NEW).]
[PL 2015, c. 307, §1 (NEW).]

3. Acquisition of unmanned aerial vehicles. The acquisition of an unmanned aerial vehicle by a law enforcement agency must be approved by the governing body of the governmental unit overseeing the law enforcement agency seeking to make such an acquisition or, in the case of a state agency, by the commissioner of that agency.
[PL 2015, c. 307, §1 (NEW).]

4. Law enforcement agency operation of unmanned aerial vehicles. A law enforcement agency's operation of an unmanned aerial vehicle must fully comply with all Federal Aviation Administration requirements and guidelines, including the acquisition of a certificate of authorization or waiver from the Federal Aviation Administration. Additionally, a law enforcement agency's use of an unmanned aerial vehicle is governed by the following provisions.

A. A law enforcement agency may not use an unmanned aerial vehicle before adopting standards that meet, at a minimum, the standards set forth in subsection 5. [PL 2015, c. 307, §1 (NEW).]

B. Except as permitted by a recognized exception to the requirement for a warrant under the Constitution of Maine or the United States Constitution, a law enforcement agency may not use an unmanned aerial vehicle for criminal investigations without a warrant. [PL 2015, c. 307, §1 (NEW).]

C. Notwithstanding paragraph A, a law enforcement agency may use an unmanned aerial vehicle for the purpose of a search and rescue operation when the law enforcement agency determines that use of an unmanned aerial vehicle is necessary to alleviate an immediate danger to any person or for training exercises related to such uses. [PL 2015, c. 307, §1 (NEW).]

D. Notwithstanding paragraph A, a law enforcement agency may use an unmanned aerial vehicle for purposes other than the investigation of crime, including, but not limited to, aerial photography for the assessment of accidents, forest fires and other fire scenes, flood stages and storm damage. [PL 2015, c. 307, §1 (NEW).]

E. In no case may a weaponized unmanned aerial vehicle be used or its use facilitated by a state or local law enforcement agency in this State. [PL 2015, c. 307, §1 (NEW).]

F. A law enforcement agency may not use an unmanned aerial vehicle to conduct surveillance of private citizens peacefully exercising their constitutional rights of free speech and assembly. [PL 2015, c. 307, §1 (NEW).]

G. Notwithstanding paragraph A, a law enforcement agency may use an unmanned aerial vehicle for an emergency use approved by the chief administrative officer of the agency or the Governor. [PL 2015, c. 307, §1 (NEW).]

[PL 2015, c. 307, §1 (NEW).]

5. Minimum standards for law enforcement. The Board of Trustees of the Maine Criminal Justice Academy, in consultation with the Office of the Attorney General, shall establish minimum standards for written policies and protocols for use of unmanned aerial vehicles by law enforcement agencies. The standards must include at a minimum:

A. Training and certification requirements for a person operating an unmanned aerial vehicle; [PL 2015, c. 307, §1 (NEW).]

B. Requirements for prior authorization for the use of an unmanned aerial vehicle by the chief administrative officer of the law enforcement agency seeking to use such a vehicle; [PL 2015, c. 307, §1 (NEW).]

C. Approval by the Attorney General or chief prosecuting attorney for the appropriate jurisdiction for the deployment of an unmanned aerial vehicle for criminal investigation purposes; [PL 2015, c. 307, §1 (NEW).]

D. Restrictions on the use of night vision technology, high-powered zoom lenses, video analytics, facial recognition technology, thermal imaging and other such enhancement technology; [PL 2015, c. 307, §1 (NEW).]

E. Procedures to minimize the inadvertent audio or visual recording of private spaces of 3rd parties who are not under investigation; [PL 2015, c. 307, §1 (NEW).]

F. Procedures for destroying any unnecessary audio or visual recordings without further duplication or dissemination; [PL 2015, c. 307, §1 (NEW).]

G. Recommended minimum altitudes and speeds at which an unmanned aerial vehicle may be flown in order to minimize the invasion of privacy of 3rd parties who are not under investigation; [PL 2015, c. 307, §1 (NEW).]

H. Methods to minimize the number of unmanned aerial vehicles deployed at any one time in any one area or at any one event; [PL 2015, c. 307, §1 (NEW).]

I. Procedures to avoid hazards to persons and property on land and in the air due to the operation of unmanned aerial vehicles; [PL 2015, c. 307, §1 (NEW).]

J. Methods for tracking and recording the flight of each unmanned aerial vehicle; [PL 2015, c. 307, §1 (NEW).]

K. Requirements for regular statistical reporting of all uses of unmanned aerial vehicles, including the purposes, the results and the duration of such uses, to the appropriate governmental bodies; and [PL 2015, c. 307, §1 (NEW).]

L. Accountability of a law enforcement agency for any mistake in deployment or misuse of an unmanned aerial vehicle, including sanctions as provided in section 2803-C or section 2806-A, as applicable. [PL 2015, c. 307, §1 (NEW).]

[PL 2015, c. 307, §1 (NEW).]

6. Data collection. On or before July 1, 2016 and July 1st of each subsequent year, the Commissioner of Public Safety shall submit to the Legislature a report containing the number of instances in which an unmanned aerial vehicle has been deployed by any law enforcement agency in the State with summary descriptions of the number of deployments for investigative purposes, the general nature of those investigations and the number of search warrants sought and the number of search warrants obtained for the deployment of unmanned aerial vehicles.

[PL 2015, c. 307, §1 (NEW).]

SECTION HISTORY

PL 2015, c. 307, §1 (NEW).

City of Portland | Health & Human Services Department
Dena Libner, *Assistant City Manager/Interim HHS Director*

Staff Memo To:
Health and Human Services & Public Safety Committee
Councilor April Fournier, Chair

DATE

July 9, 2024

AGENDA ITEM

Agenda Item #5 - Opioid Settlement Fund Allocations: Review of Initial Recommendations

PURPOSE

In accordance with the allocation process and timeline discussed by the Committee in April 2024, this memo represents staff's consideration and recommendation of eligible uses for opioid settlement funds received by the City of Portland as of January 1, 2024.

Based on Committee feedback and guidance, staff will prepare a final document for additional Committee discussion and/or consideration in September 2024.

COMMITTEE WORK PLAN ALIGNMENT

The Committee's 2024 work plan includes consideration of the allocation of opioid settlement funds.

BACKGROUND/ANALYSIS

The recommendations included in this memo were generated through conversations with City of Portland Public Health and Social Services staff, as well as law enforcement and emergency responders. They also reflect conversations with various community partners that operate programs related to substance use treatment and prevention, as well as feedback provided by community partners at the Committee's June 11, 2024 meeting.

Those recommendations were evaluated based on several criteria, including:

- Their alignment with one or more of the eligible uses (outlined in Exhibit E);
- The estimated cost of delivery in the first year and out-years, if applicable;

- The fiscal sustainability of each recommendation, given lack of predictability in settlement funds year over year and the discontinuation of funds after FY39;
- Scope and immediacy of impact[1].

Recommendations (June 25, 2024)				
Service/Program	Approved Use Category	Core Strategy Categories	Intended Outcome	Expense
Methadone treatment on peninsula	Treatment	Medication-assisted treatment (MAT) distribution and other opioid-related treatment	Facilitate access to methadone for those who cannot reliably access South Portland service providers	Unknown
Day space	Treatment	MAT distribution and other opioid-related treatment; expansion of warm hand-off programs and recovery services	Provide access to essential programs and services to shelter-resistant individuals on peninsula	$$$
Outreach workers	Treatment	Expansion of warm hand-off programs and recovery services	Build relationships with unsheltered individuals to improve access to resources	$$
Youth prevention	Prevention	Prevention Programs	Prevent or reduce the likelihood of opioid addiction and dependence.	Unknown
MAT shuttle from to South Portland MAT provider	Treatment	MAT distribution and other opioid-related treatment	Improve access	$$

Over the course of our evaluation, staff determined that the best course of action would be to contract out the implementation of most, if not all, of these recommendations. As a result, while we were able to roughly determine how costly each program/service would be relative to the others, we are unable to provide definite figures. In addition, in case any of these

[1] Given the limited availability of funding (see Distribution Schedule), staff evaluation also considered scope and immediacy of impact. This takes into account the service/program that could execute multiple abatement strategies simultaneously, as well as those that may yield a positive impact in both the short and long term.

recommendations are put out to competitive bid, we have omitted specific cost estimates related to the services/programs.

FISCAL IMPACT

Distribution of settlement funds will occur over 18 years, starting in 2022. As of July 1, 2024, the City of Portland had received $1,234,243.87 in settlement payments. This funding has not yet been accepted or appropriated by the City Council.

The average annual amount projected to be received between FY25 and FY39 is estimated at approximately $235,000. The actual amount will fluctuate significantly year over year, due to the different payout periods agreed to in the various settlements.

The Distribution Schedule (enclosed) includes the estimated amounts expected to be received year over year, through FY39. However, these amounts are subject to change.

Ultimately, staff recommend that the FY25 amount allocated toward one or more abatement strategies not exceed the settlement funding accepted and appropriated by the City Council, thereby resulting in no significant fiscal impact or increase in the mill rate.

CONCLUSION(S)

Based on the criteria outlined above, staff recommend that the day space and on-peninsula methadone treatment recommendations be prioritized by the Committee for further evaluation.

Day Space
A day space would offer wraparound services similar to the City of Portland Homeless Services Center, but be more accessible to shelter-resistant individuals in its proximity to the peninsula and the lack of a requirement that clients also be guests of the overnight shelter.

While its operational details have not been confirmed, staff envision services including meals on site, housing navigation services, harm reduction services, and MAT (depending on the availability of those contracted services and any licensing requirements). We also envision laundry and shower services being offered onsite.

Our initial analysis of this recommendation yielded several questions that have not yet been sufficiently answered, including the fiscal sustainability of this option year over year, what locations are available and optimal for this type of use, and how to best manage and mitigate impact on the surrounding community.

However, staff analysis showed this option is one of the few that has the potential to actively employ several abatement strategies and address the epidemic and its consequences in multiple ways.

On-Peninsula Methadone Treatment
Methadone is a long-acting opioid agonist, reducing opioid craving and withdrawal and blunting or blocking the effects of opioids. According to the United States' Substance Abuse and Mental Health Services Administration (SAMHSA), methadone helps individuals achieve and sustain recovery and to reclaim active and meaningful lives.

Currently, there is no methadone clinic in the City of Portland. The nearest clinics are located in South Portland, and are difficult for many to access on the consistent basis required for treatment to be effective. (According to the National Institute on Drug Abuse publication Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition), the length of methadone treatment should be a minimum of 12 months.)

Although staff agree facilitating methadone treatment on-peninsula would benefit many local and area residents with substance use disorders, additional research and analysis would be required to determine the most effective way to contract or partner with a private partner to provide this service. Additional analysis would also determine if, like the day space option, establishing an on-peninsula clinic could implement numerous abatement strategies.

Depending on the Committee's guidance, staff would further evaluate the feasibility of each recommendation above, and present the Committee with its findings in September 2024, at which time public feedback may also be solicited.

PRIOR COMMITTEE REVIEW

- April 22, 2024: Reviewed staff memo on settlement funds timeline and recommended allocation process.
- June 11, 2024: Panel of community partners discussed abatement landscape and systemic gaps.

PREPARED BY

Dena Libner
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ATTACHMENTS

- April 22, 2024 staff memo (Appendix A)
- Exhibit E (Appendix B)
- Distribution Schedule (Appendix C)

City of Portland | Health & Human Services Department
Dena Libner, *Assistant City Manager / Interim Director*

Staff Memo To:
Health and Human Services & Public Safety Committee
Councilor April Fournier, Chair

DATE
July 9, 2024

AGENDA ITEM
Agenda Item #6 - Syringe Service Program (SSP) Operations

PURPOSE
No policy action is proposed at this time. This memo is in response to the Committee's request for additional information on the distribution and collection of syringes in the City of Portland, following the June 11, 2024 meeting.

COMMITTEE WORK PLAN ALIGNMENT
While the committee's 2024 work plan does not include consideration of policies specific to syringe exchange, related topics, such as chronic homelessness and opioid settlement funds, have been or are scheduled for discussion over the course of the calendar year.

BACKGROUND/ANALYSIS
The City of Portland's syringe services program (SSP) is part of the City's suite of harm reduction services, collectively referred to as "The Exchange." Harm reduction is a key pillar in the U.S. Department of Health and Human Services' Overdose Prevention Strategy. The national model considers syringe exchange as vital for the health and safety of individuals who use drugs, instrumental to reducing the spread of infectious disease, and serves as part of the substance use disorder continuum of care.

From 11/1/2022-10/31/2023, SSP's reported accomplishments to the State of Maine included:

Indicator	Quantity	Type of Referrals	Number
Total enrolled, 2023	2329	Social Services	28
HIV Tests conducted	200	STD clinic	214
Total Referrals Made	2557	HIV/ HCV Testing	774
Syringes distributed, total	785960	Housing	41
Number of syringes collected	537297	General Medical	73
On average, 337 syringes were distributed to each client over the course of the 2022-2023 program year. This equals less than 1 syringe distributed per client per day.		Food Assistance	60
		General Assistance	28
		Immunizations	608
		Mental Health / addiction services	203
		Clothing, basic needs	528
		Total Referrals Made	**2557**

This data shows that the average number of syringes distributed to each client over the course of the program year is 337, or fewer than 1 syringe per day.

The June 11 Committee meeting raised questions and concerns regarding the Exchange's syringe distribution, program impact, and improperly disposed syringes, including the syringe distribution ratio of 1:100. Staff recognizes community concerns about syringe waste in public areas and is committed to improving practices to address this problem. We have developed an action plan that focuses on mitigating the public impact of the City of Portland's SSP, which is outlined below.

SSP Operational Improvement Plan	
Objective 1	**Decrease the number of improperly discarded syringes**
Strategy 1	Strengthen client education about proper syringe disposal and incentivize clients to return their used syringes
Strategy 2	Develop a multi-pronged approach to syringe pick-up infrastructure
Activities Include: • Increase amount of staff time spent on syringe waste clean-up • Enhance robust volunteer program with UNE and USM medical, nursing, and public health students	
Strategy 3	Increase and improve use of personal and community sharp containers
Activities Include: • Increase distribution of personal sharps containers in the field and at the Exchange • Expand number/accessibility of community sharps containers strategically located on public property	
Strategy 4	Hold community conversations with Harm Reduction clients
Activities Include: • Seek out client input on the current sharp containers map and make location changes based on their recommendations • Hear and explore barriers to utilizing containers	
Objective 2	**Improve data systems to provide more accurate information and evaluate program efficacy**
Strategy 1	Standardize information on syringes collected on City property by City personnel
Activities Include: • Conduct regular cross-functional meetings to implement and standardize data collection protocols • Improve collaboration and data sharing with Portland's other SSP	
Strategy 2	Promote syringe reporting resources to Portland businesses and residents
Activities Include: • Develop promotional materials, such as a door handle flier, social media posts, etc., to promote use of See, Click, Fix and relevant phone numbers	

Strategy 3	Improve client data collection efforts
Activities Include: • Attempt to confirm clients' municipality of residence at time of exchange • Continue to track rate of client referrals to various services and resources • Identify high exchange users to target disposal education efforts and gather input • Conduct more data analytics to improve syringe collection infrastructure	

Staff have also begun exploring the use of differently colored syringes to better measure how many of the improperly disposed syringes originated at The Exchange. Key factors of syringe identification include safety, quality, cost, and availability, and thus far staff have not found colored syringes that meet the standards of The Exchange.

HHS staff are committed to addressing this community concern and will utilize the above strategies and activities to critically evaluate their efficacy, at regular intervals beginning at three months, and over the course of one year.

FISCAL IMPACT
N/A (while the regular exchange and collection of syringes is associated with recurring operational expenses, this memo does not require the addition of new operational requirements or expenses).

CONCLUSION(S)
N/A (this memo does not include an evaluation of new policy proposals).

PRIOR COMMITTEE REVIEW
The 2024 HHS & PS Committee has not discussed this matter prior to the June 11, 2024 meeting.

PREPARED BY

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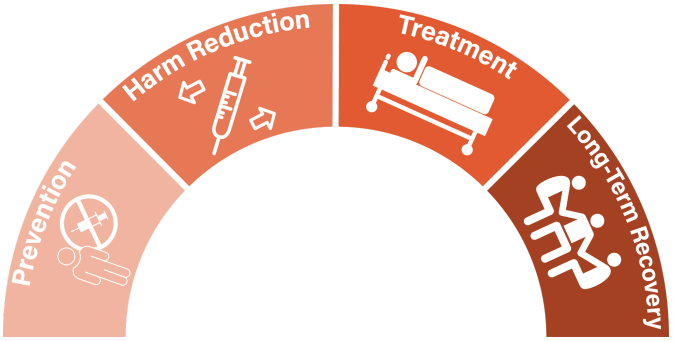
ATTACHMENTS
- Harm Reduction Program Model Background (Appendix A)
- June 11, 2024 HHS & PS Committee Memo

APPENDIX A
Background and rationale of the harm reduction program

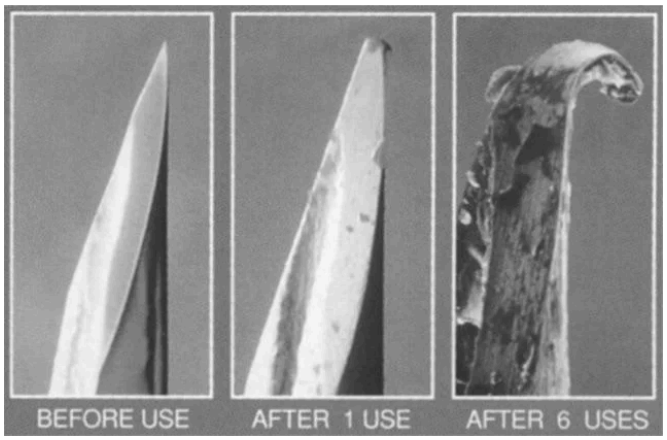
According to the federal CDC, syringe service programs/harm reduction programs not only prevent the spread of infectious disease but also save lives and are therefore vital to the health and safety of individuals who use drugs. The federal CDC reports over 30 years of research showing that these programs are safe and effective, cost effective, do not lead to increased crime or drug use, and reduce the spread of HIV, Hepatitis C, other infectious diseases, and overdose[1].

Harm Reduction is part of the care continuum of individuals with a substance use disorder (see graphic below).



Source: Metropolitan Area Planning Council

Reuse of a syringe, even just once, can result in severe vein damage and infections (abscess, cellulitis, endocarditis, sepsis) resulting in expensive hospitalization costs (median cost is currently $149,131 per person at Maine Medical Center for PWUD[2]).



Sharing a syringe with another person can result in increased risk of transmission of bloodborne pathogens such as HIV, hepatitis B, and/or hepatitis C. According to the federal CDC, Maine had the highest rates of acute hepatitis C in the country in 2022, as a result of sharing needles used for injecting drugs[3]. Maine is also experiencing an outbreak of HIV among people who use drugs in Penobscot County, an area that has had several disruptions in syringe service programming over the past year. According to the ME CDC, as of

[1] Syringe Services Programs (SSPs) | CDC.
https://www.cdc.gov/syringe-services-programs/php/index.html
[2] Injection drug use and care charges for infective endocarditis
https://knowledgeconnection.mainehealth.org/cgi/viewcontent.cgi?article=1029&context=jmmc)
[3] 2022 Viral Hepatitis Surveillance Report | CDC
https://www.cdc.gov/hepatitis/statistics/2022surveillance/index.htm

last week there were 10 new cases of HIV associated with injecting drugs in Penobscot County. On average Penobscot has about 1 new case per year.

Prevention of infectious diseases not only protects residents' health - it avoids costs associated with the lifelong treatment of preventable diseases. For example, the federal CDC estimates the lifelong treatment cost of HIV in the U.S. for one individual at $379,668[4]. By comparison, the City of Portland's Harm Prevention program spends roughly $86 per person annually on infectious disease prevention services, which are funded by Maine CDC and served over 2,329 clients in the last full program year.

The City of Portland Harm Reduction Program is regulated by the State of Maine, which limits the number of syringes an individual can obtain during each service encounter (up to 100 syringes) if the individual is not exchanging any syringes. The federal CDC[5] and multiple research studies support a needs-based model of syringe distribution, which allows for the individual to decide for themselves what amount of syringes they need in order to prevent them from having to reuse or share a syringe until they can next access services.

According to several studies, higher syringe availability has been found to strongly correlate with reductions in infectious disease transmission and increases in safe syringe disposal.[6,7]. A study comparing the prevalence of improperly discarded syringes in a city with an SSP (San Francisco) against a city without one (Miami) showed a marked difference - 44 syringes/1000 census blocks in San Francisco, and 371 syringes/1000 census blocks in Miami[8]. Finally, a Brown University study documents the health outcome risks of limiting SSP programs[9].

[4] HIV Cost-effectiveness | Guidance | Program Resources | HIV/AIDS | CDC)
[5] Needs-based distribution at syringe services programs
[6] Syringe Services Programs Needs-based distribution at syringe Programs | HIV.gov
[7] Higher syringe coverage is associated with lower odds of HIV risk and does not increase unsafe syringe disposal among syringe exchange program clients - PMC
[8] A comparison of syringe disposal practices among injection drug users in a city with versus a city without needle and syringe programs
[9] Suspending syringe services programs will result in an increase of HIV infections, study finds | Brown University

City of Portland | Health & Human Services Department
Dena Libner, *Assistant City Manager / Interim Director*

Staff Memo To:
Health and Human Services & Public Safety Committee
Councilor April Fournier, Chair

DATE
June 10, 2024

AGENDA ITEM
Agenda Item #7 – City of Portland Core Opioid Abatement Strategies

PURPOSE
This memo serves as an assessment of existing City activities that fall within core opioid abatement strategies, and is intended to support the Committee's discussion of programs and services provided by private partners.

No policy action is proposed at this time.

COMMITTEE WORK PLAN/COUNCIL GOAL ALIGNMENT
The Committee's 2024 work plan includes discussion and planning for the City's opioid settlement funding.

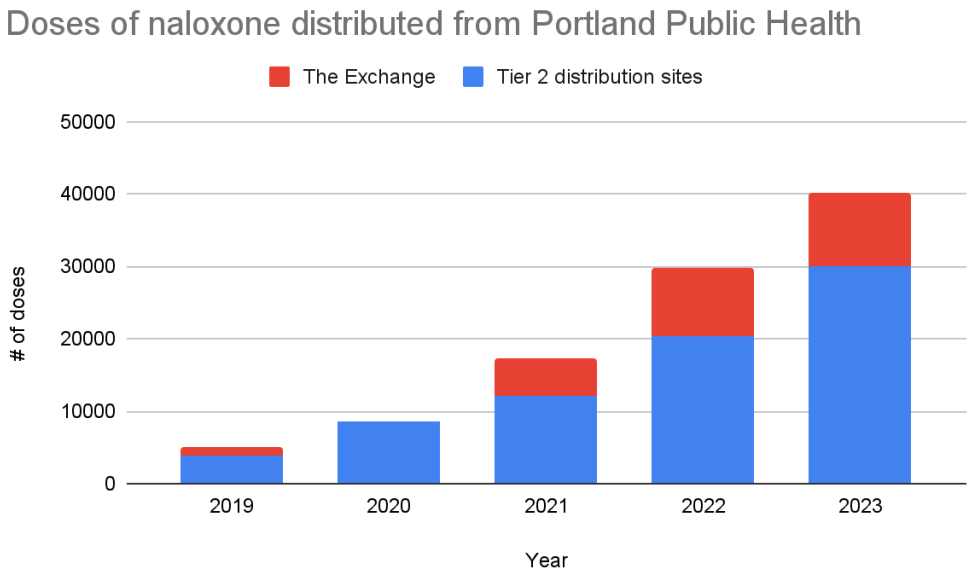
BACKGROUND/ANALYSIS
According to the national opioid settlements, at least 85% of funds should go directly to the abatement of the opioid epidemic. Opioid settlement remediation uses have been outlined as the 'core strategies' (see Exhibit E) and provide a framework for state and local consideration.

The following are existing City of Portland services and programs that are considered to be core abatement strategies, as defined in the settlements..

Naloxone or other FDA approved drugs to reverse opioid overdoses
Naloxone has been administered by City of Portland EMS personnel for decades. Starting in 2015, however, broad distribution of naloxone by City of Portland staff has been fundamental to the City's abatement efforts.

Naloxone is regularly used in emergency situations by staff at the Homeless Services Center (HSC), as well as by various emergency responders and service providers (Fire Department, its Mobile Medical Outreach unit (MMO), and Police Department). All HSC staff and emergency responders are trained in its usage.

In addition, the City of Portland's Public Health Division distributes naloxone to clients as well as secondary ("Tier 2") providers throughout Cumberland and York counties as part of its harm reduction program ("The Exchange"). As a result of increased year-over-year funding and the Division's regional leadership, nasal Narcan is now widely available in southern Maine (see chart below).



Medication assisted treatment (MAT) and other opioid related treatment
The City of Portland connects clients at the HSC with MAT in several ways:

- Treatment using Suboxone and Sublocade is directly provided to clients at the HSC through an onsite partner (The Greater Portland Health Clinic).
- Transportation to an offsite treatment center is provided twice daily for guests receiving methadone treatment by a private partner (Milestone's HOME Team).
- Private partners provide weekly onsite recovery support groups to those in MAT as well as virtual support services are offered to HSC guests by Groups Recover Together and Better Life Partners.

Pregnant & postpartum women
The City of Portland (Fire, MMO, and Public Health) has contracted with MaineMOM, a program of MaineHealth, to provide services to difficult-to-reach pregnant and postpartum women.

This collaboration, established in January 2024, allows bi-directional communication between medical providers and community-based paramedics.

Warm hand-off programs and recovery services/Connections to Care
City of Portland staff work closely across departments and with private partners to provide service referrals and warm handoffs as often as possible. That work is led by several City departments/divisions, including Social Services' Outreach and Engagement team, wraparound services provided onsite at the Homeless Services Center, the Public Health Clinic, Mobile Medical Outreach, and the Police Department's Behavioral Health response team.

Numerous referrals are made for housing, healthcare, treatment, and other services that promote a path to self-sufficiency.

Prevention programs
The Public Health Division's Substance Use Prevention Services (SUPS) works to prevent or delay the initiation of substance use in our youth and young adults ages 12-24. The Prevention Team has one staff member dedicated to SUPS.

The SUPS program's opioid-specific work has been fairly lean in the past year and a half due to funding constraints; as a result, the work has primarily focused on preventing "prescription drug misuse." However, the overarching goal of substance use prevention programming is to support youth and young adults in building community, increasing protective factors, and reducing adverse childhood experiences, which are linked to future use of opioids and opioid use disorder.

Syringe services programs
The Public Health Division operates a syringe service program at 39 Forest Ave., which is certified and funded by the Maine CDC. Its team of trained harm reductionists connect clients with overdose prevention supplies and services, typically serving between 150-200 individuals each week.

Data collection and research analyzing the effectiveness of abatement strategies
In August 2023, the Public Health Division received a five-year, $4 million grant from the Federal CDC's Overdose Data 2 Action- Local program (OD2A - local) to increase staffing, infrastructure and reach of abatement services throughout Cumberland County. One of the main objectives of the OD2A grant is to help build a tracking system of the City's progress in preventing opioid overdoses and providing services that help People Who Use Drugs (PWUD) successfully enter into treatment and find the stability needed to recover.

In addition, this funding will help evaluate and inform the implementation of City of Portland harm reduction programs. For example, mapping overdoses will allow staff to identify trends and more strategically allocate resources.

CONCLUSIONS(S)
N/A (this memo does not include an evaluation of new policy proposals).

PRIOR COMMITTEE REVIEW
The HHS & PS Committee has not discussed this matter prior to the June 11, 2024 meeting.

PREPARED BY

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ATTACHMENTS
Exhibit E (List of Opioid Remediation Uses - Core Strategies)