Remote HHS and Public Safety Committee Agenda
September 10, 2024 at 5:30 PM

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: Sep 10, 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 from July 9, 2024

a. Minutes July 9, 2024

3. Discussion: Distribution of Food on Public Property (Dena Libner, Assistant City Manager)
Staff seek Committee feedback on the concept of regulating the distribution of free food in Portland, in an effort to manage the proliferation of waste on streets, parks, and sidewalks, as well as to ensure food is prepared and stored safely.

a. Staff Memo

4. Syringe Services Program Update (Bridget Rauscher, Public Health)
Staff Memo

a. Staff Memo

5. Public Hearing - Allocating Opioid Settlement Funds (Chair Fournier)
Public comment will be accepted prior to the Committee's consideration of the item at hand.

a. Staff Memo
b. Public Comment
c. Public Comment

6. Public Hearing - Police UAS (Chair Fournier)
Public comment will be accepted prior to the Committee's consideration of the item at hand.

a. Staff Memo
b. FAQ
c. Draft Policy
d. MRS Title 25
e. Legislative Report

7. Next Meeting: October 8, 2024

Tuesday, July 9, 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; Keith Gautreau, Fire 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, Bridget Rauscher; Public Health, Nicole Albert; Legal Police.

1. Announcements

2. Review and Approval of Minutes June 11, 2024
Motion to approve by Councilor Rodriguez and Councilor Trevorrow
Unanimous Yes

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

Helpful tool (broke down applications)
Primary uses: Search and Rescue (used thermal imaging in woods) and (boater in water on July 4th), swat searches with a barricaded subject, and drone ties into the same system that are in place for recordings and are useful during accident reconstruction.

In January we had funds to use towards the drone, already allocated.
Have used drones in city through other agencies, but with a delayed response time
Operators are licensed pilots (FAA Approved)
Law enforcement may not deploy drones for surveillance per legislation
Requirement that legislature receive a summary for use in criminal aspects
Adds a layer to policing, robot is compromised, this allows for additional approaches, but limited

Councilor Pelletier is concerned for community response and impact community privacy and police imposing

Nicole Albert - 4th amendment law in criminal prosecutions - anything that constitutes a search needs a search warrant or exigent circumstances.
Use of facial recognition is not allowed.

Councilor Fournier - Permissible use and outlining the boundaries

Are training costs allocated?
What about licenses? Are they one time, or annual renewal?
Warranties? Repairs and maintenance?

Chief Dubois - Couple officers are licensed pilots already for personal use
Would budget for this, certifying a couple officers - it's a minimal cost
Believe that once licensed its for career
Benefit with Axxon company is that it is compatible with other tools we use like body cameras. Ability to review materials easily.

Mayor Dion - could be an asset to secure this, but expressed concern about civil liberties being violated. Create a FAQ for this to inform the citizens and ease concerns.

4. Bayside Update (Chief Mark Dubois, Police Department)

Chief Dubois- reassigned officers to cover more space and time
- June arrests 342 vs 247 in June of 2023
  - Violating conditions of release, 30% drugs, 20% disturbance
- Calls for service - June 783 - down from May at 911
  - Will focus on quality of life issues Created a guide for officers to assist with keeping area safe

5. Opioid Settlement Fund Allocations: Review of Initial Recommendations (Councilor Fournier, Chair)

Public hearing in September

Dena Libner - developed a memo that walks the committee through the criteria used for the funding available and expect to have available.
Criteria list was eligible alignment with one or more of the eligible uses established in the settlement materials.
Estimated cost of delivery relative to one another, and funding that is currently available.
Fiscal sustainability of each recommendation
Scope/ how complex they get off the ground, and impact.
Chose not to put estimates in memo as they are vague currently
Two strongest recommendations –
- On peninsula treatment centers
- Potential to establish day space on peninsula

Concerns addressed in memo
Fiscal impact-
- Settlement funds was 750k and ½ million more
- 1.2 million yet to be accepted or appropriate by council

Eligibility to meet criteria is broad -
Would need to evaluate costs and use this to most valuable response
Welcome the committee to provide options and priorities

Councilor Fournier - do we have enough money to pay past the upfront costs?
Providers relayed need for peer support and funding to support that.

Councilor Trevarrow- Theme of funds being used for emergency shelters?
Councilor Rodriguez- Will firmer numbers for costs be available in September?
Mayor Dion - Supports day space, but considers it a nexus for food distribution.
Efficient to provide meals at one spot and reduce litter at food stops.

Dena Libner - will create something more formal with all the feedback to have in September for discussion.

6. Staff Update: City of Portland Syringe Service Program (Dr. Alfredo Vergara, Director of Public Health)

Appendix A of memo - syringe program is a way to wrap around a number of services to help drug addicts.
Table at bottom of page 1 summarizes 2023 accomplishments
- Referrals list identified
- 2,309 people that were clients enrolled in program, providing an average of 337 per year.
- Less than 1 syringe per day for each client
- Objectives - decrease improper disposed syringes
  - Focus on stretching education on disposal
  - Develop approach to improve infrastructure for pickup
  - Increase number of personal sharps containers
  - Increase/expand community sharp container (identify hotspots)
  - Addressing problem by user community - input
- Second objective -
  - Standardizing data collection protocols
  - Staff being more active in community - proactive
  - Identity high exchange use data
  - Exploring different colored syringes - concerns with costs
- Community is fluid and locations are moving

Councilor Pelletier - Expansion of sharps containers, locations?
Councilor Travarro - Concerns on jurisdiction on state owned property/ private property and placement of containers.

Nicole Albert - Public funds can only be used for public purposes. However, given widespread disposal on all properties, the use of public funding, that passes legal, can be used on private property with permission from the property owner.

Mayor Dion - concerned about the report of 785,960 needles distributed, but only 537,297 returned. Where did the remainder go?

Need to track needles and distribution and circulation in the community.
When did we initiative needle exchange programs?
Dr Vergara - In place for 20 years
Body of data that relates needle exchange and bloodborne pathogens
Is there an equitable trade off in the current strategy and the public expectation for safe environments?
Is staff considering opening the conversation with the public as to their quality of life with discarding waste?

Councilor Fournier - Costs associated with tracking needles. Will advocate for quarterly check ins.
Would opioid settlement funds be available to use here, example colored syringes?

Meeting adjourned at 7:00pm

7. Next Meeting: September 10, 2024

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

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

DATE

September 10, 2024

AGENDA ITEM

Agenda Item #3 - Distribution of Food on Public Property

PURPOSE

To provide information regarding the impact of free food distribution in Portland and seek Committee guidance on moving forward to develop policy solutions.

COMMITTEE WORK PLAN ALIGNMENT

This matter is not part of its 2024 Work Plan, but directly relates to many of the other matters regularly discussed by the Committee, including addressing homelessness, services and resources for unsheltered individuals, and community impact.

BACKGROUND/ANALYSIS

Following a national trend and as a result of multiple factors, the number of unsheltered individuals in Portland has increased over the last several years. In response, the City, private nonprofits, and faith-based organizations have adjusted programmatic operations to meet individuals' needs.

Among those changes is an increase in the distribution of free food to individuals, some of whom are unsheltered, on public property. An increase in this activity as well as the promotion of distribution services have been observed by staff and residents, and is associated with an increase in the amount of food waste and litter at well-known distribution locations.

The City of Portland is committed to providing access to shelter and other services that encourage individuals to achieve self-reliance with dignity. However, the increase in unregulated food distribution has begun to negatively impact the accessibility, quality, safety, and cleanliness of parks, streets, and sidewalks. In addition, while the City has not received

reports of foodborne illnesses resulting from these services, staff would recommend being proactive in preventing such risks, which can be associated with the unsafe preparation and distribution of food.

The intent of a regulatory policy would not be to prevent food distribution, but to help ensure that customers are protected by health and safety standards similar to those that regulate commercial food operations (including, but not limited to, food trucks), as well as to ensure distributors effectively manage their impact on public property. Such regulations have been enacted by other municipalities already, including Miami, Newark, and Philadelphia. Staff recommend considering certain elements of those policies, including:

- No fee associated with the permit application;
- Requiring certain health and safety standards for food prep and/or distribution;
- Distribution events' dates and times identified by applicant; and
- Restricting distribution to only specific locations within the City.

If Committee members support moving forward with the development of a regulatory framework to address these issues, staff would work with Corporation Counsel to develop a local policy based on the needs of our community and inspired by policies adopted in other municipalities.

FISCAL IMPACT

N/A (If/when a policy draft is developed, staff will provide a fiscal impact note if needed).

CONCLUSION(S)

Staff is seeking guidance from the Committee regarding its interest in the development of policy to regulate the distribution of free food in the City of Portland. With the Committee's support, staff will draft a policy proposal for the Committee's eventual consideration and public input.

PRIOR COMMITTEE REVIEW

N/A

PREPARED BY

Dena Libner
Assistant City Manager
Executive Department

ATTACHMENTS

City of Portland | Health and Human Services
Maggie McLoughlin, *Director*
Shaza Stevenson, *Deputy Director*

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

From: Bridget Rauscher, *Interim Public Health Director*
Date: Sep. 10, 2024
Re: Progress on Syringe Services Program Evaluation

MEETING DATE
Sep. 10, 2024

AGENDA ITEM
Agenda Item #4 - Syringe Services Program Update

PURPOSE
To update the Health and Human Services & Public Safety Committee on progress made by HHS and other Departments on addressing syringe litter in the City of Portland.

COMMITTEE WORK PLAN/CITY COUNCIL GOAL 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
This memo provides an update on the action plan presented to the Committee in July 2024, which was developed to address concerns regarding syringe litter. Progress has been made toward each of the objectives, as summarized below. Analysis of progress will also be presented at the October HHS & PS committee meeting.

As discussed in July, the City of Portland has seen an increase in syringe litter, with the greatest concentration in the neighborhoods of Bayside, East Bayside, and Parkside. This has also led to an increase in reports by concerned citizens. In a July 2024 presentation to the Committee, staff shared a plan to decrease the number of improperly discarded syringes, strengthen data collection and data quality, and respond to community concerns regarding safety. The detailed plan, attached in Appendix A, includes timelines for implementation and/or completion of each objective.

Since January 2024, the Harm Reduction Services Program has seen a nearly 300% increase in demand for SSP-related services. This is reasonably associated, in part, to a temporary decrease in the provision of harm reduction services offered by Commonspace, Portland's only other certified SSP. However, this change does not alone account for the drastic increase in need. Other factors likely include, but are not limited to: an increase in overall clientele,

increased physical complications secondary to substance use disorder, and a lack of overall access to healthcare and other social services.

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
1.1 Progress: • Implemented SSP client education aimed at increasing safe syringe disposal. • Established a Harm Reduction Ambassadors program, which is now working to enroll SSP clients. This program will empower clients to act as leaders in their community, providing outreach and education, and be compensated in return. • Proposed a syringe buy-back pilot program modeled after successful programs in Boston and New York City. This proposal requires committee consideration and funding allocation.	
Strategy 2	Develop a multi-pronged approach to syringe pick-up operations
1.2 Progress: • Increased syringe clean-up by 5-7 hours/week. In addition to building in an extra hour each weekday, staff are also increasing syringe cleanup during scheduled outreach and other community-based work. • Establishing a dedicated Syringe Litter Hotline as a pathway to increase residents' options for reporting improperly discarded syringes, with a commitment to resolution of reports within one business day. • Added five community sharps containers in locations identified both as areas of need and within previously planned vault bathrooms.	
Strategy 3	Hold community conversations with Harm Reduction Program clients
1.3 Progress: • Planning to gather client input and feedback regarding barriers to usage of community and/or personal sharps containers via focus group discussions, as well as alternative solutions to reducing syringe litter that would be more manageable for clients, to begin September 16.	
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
2.1 Progress: • Held initial interdepartmental leadership meeting on 8/14 to discuss collaborative efforts to improve consistency in data collection and reporting related to syringe litter cleanup. • Scheduled additional meetings with frontline Parks, Rec & Facilities and Public Works staff directly involved with syringe litter cleanup, to begin September 12.	
Strategy 2	Improve client data collection efforts
2.2 Progress:	

- Incorporated municipality and/or zip code of residence into the data collection tool used for each exchange.
    - From 7/24 - 8/28, 92% (585 unique clients) of respondents reported living in a zip code within Portland. Of that, 78% (491 unique clients) report their zip code as 04101.
    - The remaining 8% (94 unique clients) report living in a municipality outside of Portland.
    - 6% of all respondents (38 unique clients) report living in either Westbrook or South Portland.
- Analyzing data comparing frequent exchange users reporting Portland zip codes and volume of syringes distributed to and collected from these clients in an effort to identify disposal trends.
- Adapted the patient navigator data collection tool to capture the completion of referrals.

Objective 3	Respond to community concerns re: safety
Strategy 1	Attend neighborhood association meetings in areas with increased reports of improperly disposed syringes to solicit feedback, share improvement plans, and present information on residential and business reporting and pick-up options.

3.1 Progress:

- Attended the Bayside Neighborhood Association meeting on 9/3, to address the problem at hand, provide education and safety strategies, answer relevant questions and concerns, and receive feedback from community members. Members of BNA inquired about scheduling an overdose recognition and response training.

FISCAL IMPACT

N/A

CONCLUSION(S)

With time, we believe the SSP Action Plan will be successful in helping reduce improperly disposed syringe litter. While several strategies have been implemented and early results are promising, additional time and more robust data are required to accurately measure the impact of this work.

PRIOR COMMITTEE REVIEW

Committee Discussion on June 11, 2024
Committee Discussion on July 9, 2024

PREPARED BY

Bridget Rauscher
Interim Public Health Director
Health and Human Services

Maggie McLoughlin
Director
Health and Human Services

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

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

DATE

September 10, 2024

AGENDA ITEM

Agenda Item #5 - Allocating Opioid Settlement Funds

PURPOSE

In accordance with the allocation process and timeline discussed by the Committee in April 2024, this memo reflects input from staff, private service providers, and Committee members, and is intended to facilitate public comment and the Committee's consideration of a recommendation to the Council as to how to allocate opioid settlement funds in FY25.

COMMITTEE WORK PLAN ALIGNMENT

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

BACKGROUND/ANALYSIS

At the Committee's July 9, 2024 meeting, members indicated their interest in pursuing staff recommendations (establishing a day space and investing in on-peninsula methadone treatment). Members also requested that funding to provide additional peer support be included in future allocation discussions. Additional details on these proposed investments are included below.

Day Space
A low-barrier day space would offer shelter-resistant, unhoused residents access to services similar to those available at the Homeless Services Center. In addition, it would provide respite from inclement weather, and could offer improved case management and access to services for Portland's most vulnerable residents.

Services offered as part of a day space could include:

- Access to housing navigation services;
- Access to harm reduction services, including safe syringe disposal;
- Access to meals, showers, and laundry;
- Access to health services;
- Access to medication-assisted treatment; and/or
- A robust referral and case management system.

Equal in importance to client-focused services is the day space's accountability to nearby residents and businesses. To help ensure accountability, staff recommend that day space operations include:

- A neighborhood advisory committee;
- A commitment to hosting recurring neighborhood meetings;
- Consistent staff presence in the immediate vicinity to prevent and respond to unintended consequences of the facility (e.g. accumulation of trash or waste, loitering, drug use, etc.);

The July 9, 2024 staff memo presented to the Committee outlined the criteria staff used to develop its recommendations: their alignment with one or more of the **eligible uses** (outlined in Exhibit E, attached); the estimated **cost of delivery** in the first year and out-years, if applicable; their **financial sustainability**, given lack of predictability in settlement funds year over year and the discontinuation of funds after FY39; the **scope and immediacy of impact**.

The financial feasibility of a day space depends on identifying an affordable location. Unfortunately, the funds available as part of the opioid settlement funds are not sufficient to lease or purchase a space, and no vacant City-owned facility is available on-peninsula. For that reason, staff would recommend ranking day space proposals submitted by applicants that already have access to a suitable space.

Alternatively, the Portland Housing Authority (PHA) has expressed willingness to consider leasing vacant property to the City for this purpose, at no cost. The property, located at 14 Baxter Boulevard, is zoned appropriately and would require minor interior renovation.

Of the three recommendations included in this memo, operating a day space would likely be the most costly.[1] However, it has the potential to employ multiple abatement strategies (as set forth in Exhibit E of the settlement agreement, attached), as well as to potentially deliver positive outcomes both quickly and in the long term. The financial sustainability of this option would be dependent on the details of respondents' proposals; preference would be given to operators that were committed to pursuing supplementary or alternative funding sources in the future, as well as those that already had access to an appropriately zoned and accessible location.

[1] The exact cost would be determined through a competitive bid process.

Peer Support Services
Peer support workers in harm reduction, substance use disorder treatment, and recovery are typically those with lived experience, who are trained to support other individuals in various stages of substance use and recovery. Some examples of peer support include: post overdose emergency department engagement, linkage to care, recovery planning, hosting support or self-help groups, and one-to-one support or mentoring.

As shared by service providers at the Committee's June 11, 2024 meeting, peers provide a unique perspective as part of the treatment process; however, providers referred to challenges related to funding these positions. In recognition of both the potential benefits and funding challenges, Committee members indicated that peer support be included as part of the final recommendations presented for their consideration.

According to the Substance Abuse and Mental Health Services Administration (SAMSHA), emerging research supports using Peer Support Services (PSS) to help meet the needs of people in substance use disorder treatment. PSS typically enhance a separate, broader program, and improve clients' ability to be successful within that program.

Settlement funds could effectively support PSS in several ways, including funding new peer support positions to enhance existing recovery or treatment programs, or covering the cost of certification for peer support workers and/or recovery coaches.

While acknowledging the value of peer support, Staff caution against using a temporary and limited funding stream to support the creation of new, permanent staff positions.

On-Peninsula Methadone Treatment
Methadone is one of three medications approved by the Federal Drug Administration (FDA) to reduce opioid use and the negative consequences of such use, including infectious disease transmission and criminal behavior.

There is no methadone treatment program currently located in Portland. The nearest program is located in South Portland, making it 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.)

"Medication-assisted treatment (MAT) distribution and other opioid-related treatment" is among the core strategies included in the list of eligible uses of opioid settlement funds (Exhibit E). Other government entities have already used settlement funds for this purpose:

- A nonprofit organization in Livingston County, New York, was awarded funds to build a methadone program within an existing outpatient location;

- The State of Massachusetts has allocated at least $1.2 million toward methadone treatment programs;
- The City of Philadelphia included the launch of Mobile Methadone as part of its settlement funds spending plan;
- Snohomish County, WA is investing $600,000 annually toward a mobile treatment van to provide methadone and other medications to patients.

In a report issued by the Legal Action Center in October 2020, fewer than half of facilities providing addiction treatment offered any medications for opioid use disorder in 2019. Only four percent offered methadone, buprenorphine, and extended-release naltrexone.

If this recommendation is prioritized by the Committee, staff recommend that funding seed the development of a methadone treatment program on-peninsula, with preference given to a program that would operate out of a brick-and-mortar location. However, staff would recommend a willingness to consider a program operated out of a new or existing mobile unit.

Syringe Buyback Pilot Project

This proposal was not included among the recommendations originally presented to the Committee in July 2014. However, based on recent Committee conversations and expressed concern regarding improperly-disposed syringes, staff have included this for consideration.

During COVID, the State increased the number of syringes that syringe service programs (SSPs) were allowed to distribute, per client. In addition, the exchange requirement was lifted so that clients did not need to provide a used syringe in order to receive a sterile one. In 2022, the Maine CDC issued a permanent rule change that allowed syringe service programs (SSPs) to distribute up to 100 syringes per client.

Since the COVID-era policy change, the number of syringes distributed by the City of Portland's SSP ("The Exchange") has increased anywhere from 10% to 83% each year. While the number of syringes collected each year has also increased, so too have reports of improperly disposed syringes on public and private property.

Some cities[2] have implemented a syringe buy program to incentivize clients to return used syringes to the SSP. Staff's proposal would carry a maximum annual cost of $52,000 and include a recommended payout of 5 cents per used syringe, resulting in the potential return of over 1 million syringes. Staff's proposal also includes the following caps:

[2] New York City's program began in June 2024. Boston's program ended in 2024 after about four years, when settlement funds that had supported the program were diverted toward a different cleanup initiative expected to include employment and workforce development.

Expense Type	Expense Cap
Daily per client payout	**$10.00 maximum**
Weekly per client payout	**$20.00 maximum**
Maximum program participants	**50**
Daily program payout	**$500 maximum**
Weekly program payout	**$1,000 maximum**

Table 1: Proposed payout structure for syringe buyback program. Based on these figures, the proposed program would cost up to $52,000 for one year.

Staff's proposal represents a year-long pilot, scheduled to begin on January 1, 2025. If this program were approved, staff would develop administrative policies and procedures regarding safety standards of participants and staff, equitable program access, data collection, program evaluation, and reporting.

Funding for Supportive Housing Development

This proposal was not included among the recommendations originally presented to the Committee in July 2024. However, based on federal funding opportunities recently made available, staff recommend the Committee consider allocating the settlement funds received to-date by the City of Portland toward the subsidization of supportive housing development.

Staff are currently reviewing opportunities to leverage City-owned property and funding to access federal grants in partnership with a private developer, and expect to be able to determine the feasibility of a project by mid-October. (This proposal would require consideration by the Housing & Economic Development Committee and full Council.) The allocation of settlement funds may improve the viability of such a project.

Staff recognizes that the lack of project details may make considering this option challenging at this time, and are happy to provide additional information when it is available, if requested.

FISCAL IMPACT

Staff recommend that the FY25 amount allocated toward one or more abatement strategies not exceed the settlement funding that has been received by the City. In that case, there would not be any unanticipated fiscal impact on the City's budget.

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 in settlement payments.

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

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

CONCLUSION(S)

Staff recommend that the Committee consider either:

1. Approving the allocation of all settlement funds received to-date to one or more of the following recommendations, as outlined above:

    a. Day space
    b. Seed funding for on-peninsula methadone clinic
    c. Syringe buyback program

    Grant awards would be made as part of a competitive application process. The Committee may want to consider prioritizing those recommendations to further guide the selection process.

2. Approving the allocation of all settlement funds received to-date to the development of supportive housing, with the condition that the funds must be committed by March 2025. If the funds are not committed by that deadline, staff should proceed with the grant process as described in option #1.

PRIOR COMMITTEE REVIEW

- April 22, 2024 (review of allocation process)
- June 11, 2024 (community partner panel)

PREPARED BY

Dena Libner Assistant City Manager Executive Department	Shaza Stevenson Deputy Director Department of Health and Human Services	Bridget Rauscher Interim Public Health Director Department of Health and Human Services

ATTACHMENTS

- Exhibit E (List of Opioid Remediation Uses)

EXHIBIT E

List of Opioid Remediation Uses

Schedule A
Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies ("*Core Strategies*").[14]

A. **NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES**

1. Expand training for first responders, schools, community support groups and families; and

2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. **MEDICATION-ASSISTED TREATMENT ("*MAT*") DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT**

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;

2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;

3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and

4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

[14] As used in this Schedule A, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

C. **PREGNANT & POSTPARTUM WOMEN**

1. Expand Screening, Brief Intervention, and Referral to Treatment ("*SBIRT*") services to non-Medicaid eligible or uninsured pregnant women;

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder ("*OUD*") and other Substance Use Disorder ("*SUD*")/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and

3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. **EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME (*"NAS"*)**

1. Expand comprehensive evidence-based and recovery support for NAS babies;

2. Expand services for better continuum of care with infant-need dyad; and

3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. **EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES**

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;

2. Expand warm hand-off services to transition to recovery services;

3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;

4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and

5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. **TREATMENT FOR INCARCERATED POPULATION**

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and

2. Increase funding for jails to provide treatment to inmates with OUD.

G. **PREVENTION PROGRAMS**

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);

2. Funding for evidence-based prevention programs in schools;

3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);

4. Funding for community drug disposal programs; and

5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. **EXPANDING SYRINGE SERVICE PROGRAMS**

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. **EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE**

Schedule B
Approved Uses

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder ("*OUD*") and any co-occurring Substance Use Disorder or Mental Health ("*SUD/MH*") conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:[15]

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment ("*MAT*") approved by the U.S. Food and Drug Administration.

2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("*ASAM*") continuum of care for OUD and any co-occurring SUD/MH conditions.

3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

4. Improve oversight of Opioid Treatment Programs ("*OTPs*") to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

[15] As used in this Schedule B, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("*DATA 2000*") to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.

14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication–Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services.

5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.

7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.

12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

14. Create and/or support recovery high schools.

15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.

5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.

6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

11. Expand warm hand-off services to transition to recovery services.

12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.

13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.

15. Engage non-profits and the faith community as a system to support outreach for treatment.

16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:

    1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative ("*PAARI*");

    2. Active outreach strategies such as the Drug Abuse Response Team ("*DART*") model;

    3. "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

    4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion ("*LEAD*") model;

    5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

    6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.

3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.

5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

6. Support critical time interventions ("*CTI*"), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome ("*NAS*"), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.

4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.

6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.

7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.

8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.

10. Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).

2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

3. Continuing Medical Education (CME) on appropriate prescribing of opioids.

4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("*PDMPs*"), including, but not limited to, improvements that:

1. Increase the number of prescribers using PDMPs;

2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

7. Increasing electronic prescribing to prevent diversion or forgery.

8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.

2. Corrective advertising or affirmative public education campaigns based on evidence.

3. Public education relating to drug disposal.

4. Drug take-back disposal or destruction programs.

5. Funding community anti-drug coalitions that engage in drug prevention efforts.

6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("*SAMHSA*").

7. Engaging non-profits and faith-based communities as systems to support prevention.

8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.

2. Public health entities providing free naloxone to anyone in the community.

3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.

4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.

6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.

8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.

13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment

intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.

2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.

2. Research non-opioid treatment of chronic pain.

3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).

7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring ("*ADAM*") system.

8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.

9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

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September 9th, 2024

Dear Chair Fournier and Esteemed Members of the Health and Human Services and Public Safety Committee,

On behalf of Spurwink Services, I am writing to express our strong support for the City's recommendations on how to allocate opioid settlement funds.

City staff members engaged in a process of comprehensive community outreach and engagement and used information gathered to develop a series of recommendations we believe will meaningfully address some of the most complex sequelae of the opioid crisis. Low-barrier day space with comprehensive support, peer delivered services, on-peninsula access to methadone, and supportive housing are the priority needs of our community. We also appreciate the City's creative recommendation to reduce syringe waste while preserving access to harm reduction supplies.

We appreciate the City's commitment to using funds in a way that will meet the needs of our community.

Thank you for your time and consideration.

Sincerely,

Eric Meyer
President and CEO

September 10, 2024

Official Comment re: Health and Human Services & Public Safety Committee Agenda Item #5 – Allocating Opioid Settlement Funds

Hon. Chair Fournier and Committee members,

I'm writing on behalf of Commonspace, where I serve as Executive Director, to offer comment related to the recommendations and guidance offered by the City's Health and Human Services Department, regarding priorities for the City of Portland's allocation of opioid settlement funds. Commonspace provides a range of programs and services for individuals and families in Portland who are impacted by substance use and homelessness, including the operation of a low barrier, drop-in Peer Community Center at 103 India St. (which incorporates harm reduction services, including a certified syringe exchange program), and supported housing programs for individuals who have experienced chronic homelessness and complex substance use disorders. The community we serve will be profoundly impacted by the decisions made regarding the allocation of this resource, and we are grateful to the City's HHS Department, and to this committee and to the city council, for engaging in this thoughtful and deliberative process.

We are deeply in agreement with the HHS Dept.'s findings and recommendations. As we stated before this committee as part of the June 11th community partner panel, we consider the highest priority for the community to be the establishment of a thoughtfully developed and managed day space that is right-sized, well-located, and appropriately resourced to fulfill the unmet needs of the large volume of individuals who are unhoused and present on the peninsula during the day. We further agree with the HHS Dept.'s contention that such a day space could not and should not be solely funded through settlement funds, and that the RFP process that is developed should require an applying agency or collaboration to demonstrate the resources it will utilize to support the build-out and sustainability of the project. A well-run, program-focused day space would create a service center for the individuals who currently spend their days in the parks and on the streets, distant from the resources they need to make positive steps towards housing and recovery.

While we see the other presented allocation options as highly relevant and valuable, we believe that a low-barrier day space would have by far the most positive and lasting impact on the recovery trajectories of Portland's unhoused community members. As an agency that is rooted in

www.commonspacemaine.org info@commonspacemaine.org

peer support, and as true believers in the unique impact of the model, we nonetheless share the HHS Dept's concern regarding the creation of new, permanent peer support staffing positions that do not have pathways for sustainability. As for the other recommended priorities, it seems at least possible that the day space RFP process could yield leveraged funding from a successful applicant to a degree that remainder funds could be available to support seed funding for on-peninsula methadone treatment, and/or a syringe buy-back pilot project, either or both of which could potentially be centrally or peripherally supported by or within the developed day space/service center.

We therefore offer our strongest endorsement for the allocation of this resource towards the development of a low-barrier day space. It is especially interesting and compelling to know about the potential location at 14 Baxter Boulevard, given that the issue of where to thoughtfully site a program of this nature has been one of the greatest challenges involved. We also believe that the allocation of these funds for the development of this day space would represent meaningful alignment with the intention of the opioid settlement, as it would provide our struggling community members with resources that will support their safety while offering pathways to recovery, housing, and wellness.

Respectfully submitted,

Brian Townsend

Brian Townsend
Executive Director, Commonspace
103 India St.
Portland, ME 04101

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

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

MEETING DATE
September 10, 2024

AGENDA ITEM
Agenda Item 6 - 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 public comment as well as discussion and direction from the committee on recommending City Council 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
The information provided below was presented to the Council Committee at its July 9, 2024 meeting. During that meeting, Councilors requested additional information from staff on measures to ensure protection of privacy and avoid misuse, acquisition costs and annual recurring expenses, and development of a communications piece to address public questions and concerns. **Attachments A** includes information in response to these questions and requests for additional information. **Attachment** B includes the Police Department's proposed policy on UAS use, and **Attachments C and D** outline statutory requirements for using this technology.

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 serious crashes involving police vehicles. 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 $40,486. 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. Renewal of software maintenance and licensing agreements after 3 years would cost $20,837 in FY 2027-28. Other than minor annual training/certifications expenses, no material annual recurring costs to support the UAS are anticipated. **Attachment A** includes a cost breakdown. 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

Health & Human Services and Public Safety Committee -July 9, 2024 (Introduction)

PREPARED BY

Mark Dubois
Chief of Police
Police Department

Greg Jordan
Assistant City Manager
Executive Department

ATTACHMENTS

Attachment A - Draft FAQs for Public Information on UAS Use
Attachment B - Portland Police Department draft policy for UAS
Attachment C - MRS Title 25, §4501. Regulation of Unmanned Aerial Vehicles
Attachment D - MRS Title 25, §4501. Annual Legislative Report on UAV use.

Attachment A
Portland Police Department
Drone FAQs

How will this drone be used by the Portland Police Department?

For at least some of the purposes below, Portland PD reaches out to other agencies to borrow their drones, however, this often results in significant delays which can be crucial when lives are at stake.

- Search & Rescue operations - the use of the drone could be crucial in time-sensitive searches for missing children, endangered persons, and suicidal individuals, as well as persons believed to be in the waters in and around Casco Bay.
- Active assailant/school shooter scenarios - the drone would be able to assist law enforcement to determine where in a building the assailant is in a school/workplace assailant event and give them an advantage in ending the scenario without loss of life.
- Accident reconstruction - Currently, reconstruction of fatal and other serious crashes require roads to be closed for up to 5 hours, including the time required to conduct scans with reconstruction equipment (faro scanner - a laser scanner which provides 3D measurements and imagining, and cameras) which can take up to 2 hours when done on the ground. With a drone equipped with the appropriate software (the faro software, which we already own, and which will be compatible with the Axon drone*), the necessary scans can be accomplished in 15 to 30 minutes, drastically reducing the amount of time police will need to close roads. In the past 12 months, our Crash Reconstruction Team has been called out for reconstructions nine times.
- Barricaded suspects - The Special Reaction Team (SRT) is often (28 total calls for service since the beginning of the year) called upon when a criminal suspect has barricaded themselves - sometimes with other individuals - inside a residence or other location. This creates tension when it is unknown whether that individual is armed and will harm themselves or others. A drone can be used in this situation to look through upper windows to provide police with a view of whether weapons are present or not, potentially saving civilians and police from harm.
- Hazardous Devices Investigations - The Hazardous Devices Unit (“Bomb Squad”) is tasked with investigating possible explosives and other hazardous devices. Bomb squads around the country commonly use drones for an initial approach on suspicious packages, which protects the human bomb techs from having to make an initial approach, and is much faster than using a robot. Drones can also be used to clear locations where there are suspected boobytraps, and searching and clearing areas of suspected IEDs (improvised explosive devices) during large gatherings and/or bomb threats.

- Crime scene reconstruction - This often shuts down streets while scans and photographs are taken. As an example, the last homicide scene was approximately 3.5 city blocks inside apartments and stretching across two major avenues of the City- and across the busiest intersection in the entire State. We had to use the State Police drone to cover the faro scans and waited an additional 2.5 hours for the drone to be brought from the middle of the State to assist.
- Train vs pedestrian reconstruction- almost all of these scenes are extremely long in distance - usually up to a ¼ mile in length, which is about the distance a train takes to stop its momentum after a collision. As with accident and crime scene reconstructions, a drone would make this process much faster and limit the disruption to train and vehicle traffic.
- Fire scene assessment - drones can be used in conjunction with the fire department when responding to large calls, or to assess a large scene after a fire.
- Storm and flood damage assessment - use of a drone will be helpful in assessing damage to the shoreline and properties along the shore after severe storms and flooding, such as the devastating January 2024 storms, and depending on availability of the drone and a pilot, we could assist other City departments with this task.

How will this drone not be used by the PD?

- Use of the drone will be governed by Police Department Standard Operating Procedures, which in turn follow Maine state law regarding the use of unmanned aerial vehicles (drones) (25 M.R.S. § 4501). As with all activities engaged in by law enforcement, use of the drone will also be governed by the principles of the constitutions of the State of Maine and of the United States.
    - Generally speaking, the Fourth Amendment of the United States Constitution requires that police obtain a search warrant before searching private property looking for evidence of criminal activity. Those same protections apply to the use of drones by law enforcement in Maine.
    - Police cannot use drones to conduct surveillance of private citizens peacefully exercising their right to free speech and assembly.
    - In accordance with Portland City Code, police in Portland will not be able to use any type of facial recognition software for any purpose through use of the drone (Portland City Code Sec. 17-131).

Attachment A
Portland Police Department
Drone FAQs

Anticipated costs of drone ownership and operation:

- Up front costs:
    - Drone purchase price: $16,500
    - Software licenses: $12,700
    - 3-year service contract: $5,250
    - In person, hands-on training Classes (one-time): $1,666
    - Extra batteries (2): $738
    - Data storage (unlimited) with Axon for three years: $2,337
    - *Subtotal: $39,191*

    - Pilot license training ($110 x 5 max) (right now we have 3 qualified pilots): $550
    - Fee to take test ($149 x 5 max): $745
    - Ongoing training - no cost
    - *Subtotal: $1,295*

    - Total: $40,486**

- Year 4:
    - Software license (3 year): $12,700
    - Service contract (3 year): $5,250
    - Data storage contract (3 year unlimited): $2,337
    - Total: $20,287

- Repair/replacement costs (as needed) :
    - 1 time free, 2nd and 3rd are prorated (if drone/sensor damage/loss is accidental):
    - 2nd: drone $1,650/sensor:$974
    - 3rd: $2,956/sensor: $2975

* The drone we plan to acquire is an Axon product and will therefore be compatible with existing body camera and cruiser camera systems and software.

**Funds to cover the initial costs have already been allocated (November 2, 2023 Council meeting) from federal forfeiture funds.

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).

STATE OF MAINE
Department of Public Safety
MAINE CRIMINAL JUSTICE ACADEMY
15 Oak Grove Road
Vassalboro, Maine 04989

Janet T. Mills
Governor

Michael J. Sauschuck
Commissioner

Jack D. Peck, Jr.
Director

April 1, 2024

Senator Pinny Beebe-Center, Senate Chair
Representative Suzanne Salibury, House Chair
Joint Standing Committee on Criminal Justice and Public Safety
Room 436 State House
Augusta, Maine 04333-0003

Re: 25 M.R.S. § 4501

Senator Beebe-Center, Representative Salisbury and Committee Members:

On July 2, 2015, Chapter 307 Public Law (L.D.25 and now 25 M.R.S. §4501) "An Act to Regulate Domestic Unmanned Aerial Vehicle Use" was enacted. This new law requires the Maine Criminal Justice Academy Board of Trustees to develop the mandatory standards for a policy, if a law enforcement agency chooses to use an Unmanned Aerial Vehicle (Drone) for law enforcement purposes. The Board adopted the Minimum Standards on March 10, 2017. This law also requires these agencies to report their use to the Commissioner of Public Safety each year. The agencies then reported their UAV use to the academy with their annual reporting requirements, as outlined in 25 M.R.S., Chapter 341. The Academy on behalf of the Commissioner reports the following information to the Legislature as part of Chapter 307 Public Law in this annual report to include: a summary description 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.

There are 153 law enforcement agencies in the State of Maine and each chief executive officer must file an annual report to the Academy. For 2023, only 22 agencies reported that they had a UAV, and all 22 agencies had a policy in place that met the MCJA Board Minimum Standards.

	Criminal	Non-Criminal
1. Auburn Police Department	2	7
2. Brunswick Police Department	0	52
3. Cumberland County Sheriff's Office	4	21
4. Ellsworth Police Department	3	18
5. Fairfield Police Department	0	2
6. Gorham Police Department	0	15
7. Hampden Police Department	0	3
8. Lewiston Police Department	0	11
9. Lincoln County Sheriff's Office	5	17
10. Maine Forest Service	2	191
11. Maine State Police	50	33
12. Maine Warden Service	0	16
13. Old Orchard Beach Police Department	2	3
14. Oxford Police Department	1	4
15. Penobscot County Sheriff's Office	7	5
16. Piscataquis County Sheriff's Office	0	0
17. Saco Police Department	2	8
18. Scarborough Police Department	0	9
19. Thomaston Police Department	0	0
20. Westbrook Police Department	0	3

21. Windham Police Department	3	22
22. York Police Department	7	15

Summary of UAV Deployments for Criminal Investigation

Auburn Police Department

1. Search for fleeing suspect at golf course. Flight did not infringe on any private property.
2. Flight over property looking for mass shooter at property owner's request.

Cumberland County Sheriff's Office

1. Assisted ESU and Westbrook PD in suspect search.
2. Assisted the Crash Reconstruction Team with a crash investigation that resulted in a prosecution.
3. Assisted Westbrook PD with attempting to locate an armed suicidal subject.
4. Assisted the Crash Reconstruction Team with a crash investigation that resulted in a prosecution.

Ellsworth Police Department

1. Fleeing Burglary Suspect that had been shot at by the homeowner. Unknown if hit or injured
2. Armed suspect on a traffic stop, threatening to shoot himself.
3. Domestic Violence Strangulation investigation. Searched area around the residence.

Lincoln County Sheriff's Office

1. Checked wooded area for a burglary suspect - unable to locate.
2. Searched wooded area for trespassing suspect - unable to locate.
3. Checked residential driveway for suspect vehicle in a DV/PFA violation case - vehicle located.
4. Assist to SP in search of wooded area for fugitive - suspect not located.
5. Searched wooded area for fugitive suspect's vehicle - unable to locate.

Maine Forest Service

1. 03/25/2023. Total of .7 hour flight with 7 take off and landings with Ranger 986 to assist the Waldo County SO with an escapee from police custody.

2. 11/19/2023. Requested to respond to a developing situation regarding a bomb threat at the Presque Isle Walmart and a suspect in the surrounding woods possibly armed with a 'sniper rifle'. Presque Isle PD requested the drone for aerial support for ground forces in searching for the subject in the woods. I worked alongside of US Customs and Border Patrol and we were awarded a Special Governmental Interest (SGI) Certificate to operate sUAS systems near the Presque Isle International Airport (KPQI). The local woods the subject was thought to be in was searched using thermal infrared cameras but was not located. The subject was reportedly apprehended by Presque Isle PD at his residence later that same evening.

Maine State Police

1. Crime scene, motor vehicle homicide scene.
2. Crime scene, documentation fatal snowmobile crash
3. Crime scene, shooting death scene
4. Highway mapping for crime scene

5. Crime scene, suicide on Public Trail
6. Mapping scene of Officer Involved Shooting and a prior assault. Location was woods road
7. Documentation of fatal hit and run MV crash
8. Homicide scene documentation Knox St
9. Flew overpass for Troop G scene pictures, attempted suicide scene
10. Crime scene, attempted murder
11. Crime scene, attempted murder
12. Crime scene, officer involved shooting. Assisting AG's Office
13. Crime scene mapping, Schemengees bar
14. Crime scene mapping, Spare Time Recreation
15. Crime scene mapping, Maine Recycling
16. Crime scene, homicide
17. Crime scene
18. Assist Augusta PD with DV Warrant Arrest, subject fled into woods and was armed. Located a short distance down road.
19. Search for suspect in multiple areas. 9 Flights – Lewiston / Lisbon area
20. Search for burglary suspect, assisted canine track
21. UAV flown to scout parking lot for Tactical Team deployment
22. UAV flown to talk suspect out of home, Tactical Team deployment
23. UAV flown to communicate with armed suspect from safe distance. Tactical Team Deployment
24. Tactical Team deployment
25. Crime scene, search warrant at homicide scene
26. Crime scene, flight to map shooting scene
27. Crime scene, Major Crimes Unit North assist
28. Crime scene, homicide scene
29. UAV flown to scout exterior of apartment building, Tactical Team deployment
30. UAV flown to scout exterior of property. Unable to reach due to signal. Tactical Team Deployment.
31. UAV flown exterior of a residence to look into broken window. Deceased male observed on thermal. Tactical Team Deployment.
32. UAV flown from driveway inside to soften interior. UAV crashed when trying to get up narrow stairwell. Tactical Team deployment.
33. UAV flown to help hold perimeter of target residence with thermal. Tactical Team deployment.
34. UAV flown to scout residence and landed in driveway to hold doorway. Tactical Team deployment.
35. UAV flown to scout exterior. Tactical Team deployment.
36. UAV flown interior to soften and hold a doorway. Tactical Team deployment.
37. UAV flown to soften interior. Tactical Team deployment
38. UAV flown during search warrant. Tactical Team deployment
39. UAV flown to hail on speaker. Tactical Team deployment
40. Tactical Team deployment.
41. Tactical Team deployment.
42. Tactical Team assist to Major Crimes South for wanted suspect.
43. Tactical Team deployment
44. Tactical Team deployment
45. UAV flown to scout exterior, observe inside window and an attempt to fly through a curtain inside the trailer causing a UAV crash. Damage only to prop and prop guards.
46. Tactical Team deployment
47. UAV flown to scout for exterior hazards.
48. Tactical Team deployment
49. Crime scene, active shooter
50. Assist to Tac Team with a suspect armed with a handgun. UAV was deployed to provide visual to the team members on the ground.

Old Orchard Beach Police Department

1. A suicidal male locked in his apartment. The male was possibly armed with a firearm. The drone was utilized to fly over the beach as his dwelling was located on adjacent to the beach. the zoom feature was used to observe the male at his back door while officers spoke with him on the phone. Subject did not come out of the room, but it was determined there was not enough probable cause to place him in protective custody. Units cleared without incident and there were no issues during flight. Day time hours, cold and clear conditions.
2. Officers were attempting to locate a male who was in possession of a stolen motor vehicle. Male fled on foot and Officers were trying to locate him in a housing development. Drone was utilized to scan the area and follow the K9 Officer and K9 during the track of the suspect. The suspect was not located on the K9 track or by the drone. Officers cleared the scene without incident. No issues during the flight.

Oxford Police Department

1. Searching for a shoplifter at Walmart.

Penobscot County Sheriff's Office

1. Active stand-off with suspect in vehicle while stopped on Street.
2. Search woods for stolen property, no warrant.
3. Track suspect who fled into woods after vehicle chase.
4. Track suspect who fled into woods after vehicle chase.
5. Search Warrant to assist PCSO Special Response Team.
6. Search Warrant to assist PCSO Special Response Team.
7. Search for stolen items while conducting a search warrant.

Saco Police Department

1. Public roadway with blood evidence regarding a shooting. Imagery captured used to document the portion of the crime scene that was in the roadway.
2. Deployed to fly over the Saco River looking for evidence in a shooting investigation.

Windham Police Department

1. Shooting at Bingas on Route 202 and River Road. April 22nd. Mapped the scene.
2. Shooting on the causeway in Naples on July 4th. Mapped the scene.
3. Shooting on Hemon Cobb Road on December 31st. Mapped the scene.

York Police Department

All of the criminal investigations flights were due to assisting Southern Maine SRT with the York County EMA Drone Team. The were:

1. SRT call out Wells, ME, Littlefield Road - subject with gun.
2. SRT call out Bridgeton, ME, S. High Street - search warrant
3. SRT call out South Berwick, ME, York Woods Road – surveillance
4. SRT call out South Berwick, ME, York Woods Road – warrant
5. SRT call out Sanford, ME, New Dam Road - search warrant
6. SRT call out Eliot, ME, State Road - arrest warrant
7. SRT call out Lewiston, ME - active shooter

On behalf of the Board of Trustees and Commissioner Michael J. Sauschuck, I want to thank the members of the Joint Standing Committee on Criminal Justice and Public Safety for all the hard work you do and for your support of the Department of Public Safety and the Maine Criminal Justice Academy.

Sincerely,

Jack Peck, Jr.

Jack D. Peck, Jr, Director
Maine Criminal Justice Academy

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