Remote HHS and Public Safety Meeting Agenda
January 14, 2025 at 5:30 PM
Remote Meeting

MEMBERS
Councilor Anna Bullett, District 4, Chair
Councilor April Fournier, At-Large
Councilor Sarah Michniewicz, District 1
Councilor Wesley Pelletier, District 2

Public comment will be taken during the meeting on the proposal to move the Regulation of Explosives, Chapter 11, to Fire Prevention Rules and Regulations. To submit written public comment on an agenda item, email HHSPS@portlandmaine.gov. Submissions must be received by 12:00 pm the day before the Health & Human Services and Public Safety meeting to guarantee their inclusion in the agenda packet. All submissions must include the commenter's name and legal address. To help ensure your comment is submitted for the correct item, please include the name of the agenda item (see below).

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

Join from PC, Mac, iPad, or Android:
https://portlandmaine-gov.zoom.us/j/86883344615?pwd=EznepDtEdS1gIo7WMucK9FEGVigar4.1
Passcode:297493

Phone one-tap:
+13052241968,,86883344615#,,,,*297493# US
+13092053325,,86883344615#,,,,*297493# US

Join via audio:
+1 305 224 1968 US
+1 309 205 3325 US
+1 312 626 6799 US (Chicago)
+1 646 931 3860 US
+1 929 205 6099 US (New York)
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+1 719 359 4580 US
+1 253 205 0468 US
+1 253 215 8782 US (Tacoma)
+1 346 248 7799 US (Houston)
+1 360 209 5623 US
+1 386 347 5053 US
+1 507 473 4847 US
+1 564 217 2000 US
+1 669 444 9171 US
+1 669 900 6833 US (San Jose)
+1 689 278 1000 US
Webinar ID: 868 8334 4615
Passcode: 297493
International numbers available: https://portlandmaine-gov.zoom.us/u/kcLyvV3ji4

1. Announcements

2. Review and Approval of Minutes from November 12, 2024

   a. November 12, 2024 Draft Minutes

3. Department Introductions (Dena Libner and Greg Jordan, Assistant City Managers)

4. Presentation re: the Harm Prevention Center Working Group (Gordon Smith, Director of Opioid Response, Governor's Office of Policy Innovation and the Future)

   a. Resolve, to Study Methods of Preventing Opioid Overdose Deaths by Authorizing Harm Reduction Health Centers

5. 2025 Work Plan (Councilor Anna Bullett, Chair)

   a. 2025 Work Plan

6. Regulation of Explosives (Jason Grant, Fire Marshal)
   Proposal to move the Regulation of Explosives, Chapter 11, to Fire Prevention Rules and Regulations.

   a. Public Comment

7. Warming Shelter Update (Councilor Anna Bullett, Chair)

   a. First Parish Warming Shelter Update

8. Next Meeting: February 11, 2025

Tuesday, November 12, 2024, 5:30pm, Remote Meeting

Committee Attendance:

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

City Staff:

Adam Harr, Executive Assistant for Health and Human Services; Keith Gautreau, Fire Chief; Mark Dubois, Police Chief; Amy McNally, Associate Corporation Council; Dena Libner, Assistant City Manager; Caity Hager, Emergency Management Coordinator; Jason Grant, Fire Marshal; Maggie Mclaughlin, Director of Health and Human Services; Bridger Rauscher, Interim Director to Public Health.

Announcements

Review and Approval of Minutes from October 8, 2024
Minutes moved by first Councilor Trevorrow and seconded by Councilor Pelletier
Unanimous vote.

Regulation of Explosives

Chief Gautreau: The regulation of explosives has lived in Chapter 14, which is the Planning and Urban Development Chapter (as Article 22). These regulations should live in Chapter 10, with the Fire Department having the authority to regulate and enforce them. Fire is currently doing the enforcement, and we did updates in penalty fees. We also updated our Fire Prevention rules and regulations. For ordinance, it requires full council approval to move this.

Warming Shelter Update

Caity Hager: First Parish Church has offered their space, to be run by Common Space, and funded by Maine Housing to have a temporary warming shelter when the temperature meets the threshold. Activated when the daily low is 15 degrees Fahrenheit. Windchill will be taken into consideration.

Trevorrow and Pelletier - Concern with the 15-degree threshold, as it feels colder at higher temperatures too.

Dena: Over the last week the capacity at the HSC has been 10-20 available beds and that will continue to be a resource when there is capacity. So if cold nights don't trigger the activation, there is another option. An educational flier can be created with additional resources and options and shared with the public.

Update on Syringe Service Program Action Plan

Bridget Rauscher : The action plan is to reduce the number of improperly disposed needles in the community. Outcomes of the first quarter are showing improvements. Harm Reduction Ambassador program is launched with 3 members. A larger number of needles return to the number given out under the plan. Increased public health staff clean up, paying special attention to areas on the mapping, with additional containers localized and handed out.

After 3 months of implementation, it appears that the SSP Action Plan will be incrementally successful in helping reduce the syringe litter.

Bayside Update

Chief Dubois: 728 calls or service in October to 731 in September, indicating a decrease from month to month. Bayside is 30 percent of the cities arrests and 40 percent of the cities overdoses occur in the Bayside neighborhood.

Councilor Fourner is concerned about the increasing amount of shootings in the city.

Goodbye to Fire Chief Gautreau

Meeting adjourned at 6:18 pm

Next Meeting: January 14, 2024

APPROVED
JULY 27, 2023
BY GOVERNOR

CHAPTER
120
RESOLVES

STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND TWENTY-THREE

H.P. 878 - L.D. 1364

Resolve, to Study Methods of Preventing Opioid Overdose Deaths by Authorizing Harm Reduction Health Centers

Sec. 1. Governor's Office of Policy Innovation and the Future working group. Resolved: That the Governor's Office of Policy Innovation and the Future shall convene a working group to study methods of preventing opioid overdose deaths by authorizing harm reduction health centers. The office shall at a minimum invite as members of the working group the Department of Health and Human Services, the Department of Public Safety, a representative of the recovery treatment community, a municipal representative, a medical professional, a person who has experienced substance use disorder and a representative of an organization that advocates for persons with substance use disorder. The working group shall evaluate options for, identify barriers to and develop findings and recommendations regarding the prevention of opioid overdose deaths by authorizing harm reduction health centers in the State.

As used in this section, "harm reduction health center" means a facility that provides health screening, disease prevention and recovery assistance services and that allows persons to consume previously obtained controlled substances on the premises.

Sec. 2. Report. Resolved: That, on or before February 15, 2025, the Governor's Office of Policy Innovation and the Future shall submit a report, including the findings and recommendations, as well as any proposed legislation, of the working group under section 1, to the joint standing committee of the Legislature having jurisdiction over criminal justice and public safety matters. After reviewing the report, the committee may report out legislation related to the report to the 132nd Legislature in 2025.

Sec. 3. Appropriations and allocations. Resolved: That the following appropriations and allocations are made.

EXECUTIVE DEPARTMENT

Office of Policy Innovation and the Future Z135

Initiative: Provides one-time funding for a consultant for research, facilitation and report writing services.

GENERAL FUND	**2023-24**	**2024-25**

All Other	$0	$15,000
GENERAL FUND TOTAL	$0	$15,000

STATE OF MAINE
GOVERNOR'S OFFICE OF POLICY INNOVATION AND THE FUTURE
181 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0181

GORDON SMITH
DIRECTOR, OPIOID RESPONSE

April 27, 2023

Senator Pinny Beebe-Center, Chair
Rep. Suzanne Salisbury, Chair
Members of the Joint Standing Committee on Criminal Justice and Public Safety

Re: Opposition to L.D. 1364, An Act to Prevent Opioid Overdose Deaths by Establishing Safe Consumption Sites

Dear Senator Beebe-Center, Rep. Salisbury and Members of the Joint Standing Committee on Criminal Justice and Public Safety.

I appreciate the opportunity to submit this letter of behalf of Governor Mills in opposition to L.D. 1364, An Act to Prevent Opioid Overdose Deaths by Establishing Safe Consumption Sites

L.D. 1364 authorizes municipalities to approve safe consumption sites where individuals could self-administer drugs they previously had obtained. Such facilities would also have to provide an array of other harm-reduction services and appropriate referrals. The bill provides immunity from arrest or prosecution for clients and staff members acting in accordance with the provisions of the bill. Any municipality operating or authorizing such a facility would be responsible for participating in a peer-reviewed study conducted by a private, non-profit and nonpartisan research organization or a research university in the United States. The municipality and selected research entity are required to fund the study through private donations, grants or local funds. The entity doing the research would be selected by the Department of Health and Human Services and the department would submit the reports of the study of each approved site to the Legislature and the Governor's office.

While Governor Mills supports the goal of reducing both fatal and non-fatal overdoses and is committed to practical and legal options in this respect, she opposes LD 1364 for the following reasons:

1. Federal law prohibits the operation of such a "safe consumption site.[1]" While two such facilities have operated in New York City for one and one-half years, there has been no statement by the Department of Justice as to its intention regarding such facilities. Even if there were, this could change with a new administration without a change in the law. The Rhode Island legislature authorized the establishment of such a facility in 2021, but that facility has not opened and it is not scheduled to open until 2024. None of the other 48 states has an authorized safe consumption site operating.

[1] 21 U.S.C. § 856 (a) (2) makes it illegal to: "maintain any place, whether permanently or temporarily, for the purpose of manufacturing, distributing, or using any controlled substance; (2) manage or control any place, whether permanently or temporarily, either as an owner, lessee, agent, employee, occupant, or mortgagee, and knowingly and intentionally rent, lease, profit from, or make available for use, with or without compensation, the place for the purpose of unlawfully manufacturing, storing, distributing, or using a controlled substance." Various DOJ officials have written memoranda (e.g., U.S. Attorney's Office, District of Vermont, 2017) or op-eds (Lelling, 2019, Rosenstein, 2018) making this argument, and the U.S. Attorney for the Eastern District of Pennsylvania filed a preemptive injunction asking a federal judge to declare that Safehouse – the proposed supervised consumption site in Philadelphia – was in violation of the Controlled Substances Act. Although a federal judge ruled against the government, the case was subsequently overturned by the Court of Appeals (United States v. Safehouse, 2021), and the U.S. Supreme Court declined to hear the appeal. See recent RAND report, p. 227.

2. While there are many (proponents note at least 200) facilities operating in some other countries, there is no model that we are aware of that has operated in a primarily rural state.

3. The other services specified in the bill – specifically health service referrals – are supports already provided in eighteen recovery community centers across the state and in fifteen Syringe Service Programs. Only two counties, Somerset and Waldo, are presently without such recovery community centers and we are actively working with individuals and organizations in each of those counties to look at sites for a potential recovery community center.

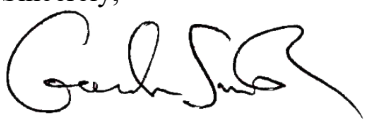
4. There is insufficient evidence to date that safe use sites encourage individuals to find a pathway to recovery. Given the lethality of the current drug supply, we should be doing all we can to encourage individuals to find a pathway to recovery, as continuing to use in this environment all too frequently results in a fatal overdose. Eighty percent of Maine's fatal overdoses last year involved fentanyl, which acts quickly and is 50 to 100 times more lethal than morphine. Only two milligrams of fentanyl is considered a potentially lethal dose. Given that an individual would be unlikely to – and may not be able to – use the facility in every instance (the NYC facilities are open only 12 to 14 hours per day and only 5 days per week), the establishment of such a site may actually increase the risk to users by creating a false sense of security in ongoing use.

In summary, the establishment of such a center would be premature and a violation of federal law. We will continue to review the performance and data associated with any centers that are operating in this country. In 2019, I visited the facilities in Montreal offering safe use and we will continue to review the data associated with these centers, as well.
But, in my opinion, there is not yet compelling data to justify any state action that may result in Mainers buying the most lethal substances ever trafficked in this country and putting them at risk. There are many other interventions that we can and do support, short of this type of facility, in order

to protect and care for people who are using drugs. These interventions include our syringe service programs, increasing both out-patient and in-patient treatment capacity and providing more recovery community centers, recovery residences and recovery coaches. And we will continue our robust distribution of the live-saving medication naloxone through the Maine Naloxone Distribution Initiative and expand our OPTIONS behavioral health liaisons program as announced by the Governor earlier this year.

In conclusion, a safe consumption site may be a life-saving option, but it's premature to know and, as designed, could put Mainers at considerable risk. I will make every effort to attend the work session on this bill.

Sincerely,



Gordon Smith, J.D.
Director of Opioid Response
Email: Gordon.Smith@maine.gov
Cell: 207-592-0859

City of Portland | City Council
Mark Dion, *Mayor*

The Portland City Council established its 2025 Common Goals (included below) on December 16, 2024, formally communicating its policy priorities for the coming year and setting a foundation for the development of Council committees' work plans.

The 2025 schedule currently includes 10 meetings for each committee, and the development of a single, original policy initiative typically takes two or three committee meetings. This includes conceptual discussion, review of a draft ordinance or other policy document, and a public hearing where the committee votes on whether or not to recommend that the City Council adopt the policy initiative. Based on those constraints, it is recommended that a committee work plan include no more than five original policy initiatives to start.

In addition to the development and consideration of original policy initiatives, committee work will also include consideration of items referred to a committee by the Council or brought by staff, as well as hosting panels or presentations as needed.

Health & Human Services Committee
2025 Work Plan

Policy Initiative	Related Council Goal	Priority Ranking
Safe Streets	N/A	
Childcare in Portland	N/A	
Built for Zero	#2	
Elders and Emergency Preparedness	N/A	
Overdose Prevention Centers	#2	

2025 City Council Common Goals

1. The Council will work to expand DEI practices through equity analysis, living wage initiatives and improving involvement in decision making processes.

2. The Council will work to implement solutions to the housing crisis, including building more working class housing, improved support for the unhoused community such as an overdose prevention center as well as continued support for warming shelters. Additionally conduct independent assessment of Efficiencies, Outcomes and Expenditures.

3. The Council will develop sustainability strategies to address sea-level rise mitigation and storm surge management for the Commercial Street Corridor.

4. The Council will explore creating an Office of Community Engagement, create opportunities for participatory budgeting, and evaluate the structural effectiveness of Council committees.

Health & Human Services Committee 2025 Calendar

As of January 10, 2025. Dates and topics are subject to change.

January 14: 2025 Work Plan Development

- Presentation on overdose prevention centers working group
- Develop 2025 Work Plan
- Warming Shelter Update

February 11: Childcare

- The state of childcare in Portland
    - Panel Discussion (invitees TBD)
    - Committee Discussion

March 11: Childcare, continued

- Policy Consideration re: the state of childcare
- Staff update re: Syringe Services Program

April 8: Opioid Overdose Epidemic

- Staff update re: Opioid Settlement Funds RFP
- Presentation on "substance use disorder pre-release" programs (invitees TBD)

May 13

- Staff update: Syringe Services Program
- Staff update: Charitable food distribution
- Policy Discussion: "Built for Zero"

June 10: Safe Streets

- Discussion re: speed cameras as a technology solution
- Discussion re: investment in maintenance and installation of street lights

July 8

- Discussion: Elder Residents and Emergency Preparedness

August: No meeting

September 9

- Staff update re: Syringe Services Program

October 14

- TBD

November TBD

- TBD

December: No meeting

Rules & Procedure for Public Testimony

Council committees use the City Council rules for public testimony. You can find the complete rules in the *Rules of Procedure for the City Council, Rule 31. Procedure for Addressing Council.* This document is available on the City Website:

http://www.portlandmaine.gov/DocumentCenter/View/1184

Below is a summary of the main points:

- If you wish to speak, please raise your hand or line up.
- When you are recognized by the Chair, you will have up to three (3) minutes to offer your comments. Please begin by stating your name and where you live.
- While someone is speaking, others in attendance will not interrupt.
- There should be no expressions approval or disapproval (applause, snapping, boos, hissing).
- Remarks shall be confined to the merits of the pending item.
- The Chair may limit or cut off any commentary that is not germane or that is scurrilous, abusive, or not in accord with good order and decorum.
- Any person who shall continue to violate these rules, after warning by the Chair, may be ejected for the remainder of the meeting then in progress.

January 10, 2025

First Parish Warming Shelter Update

Per request from the City Council's HHS Committee, please see the following update on the usage statistics, successes, and challenges of the project up to this point:

Participation

Commonspace has been operating an Emergency Winter Warming Overnight Shelter, with a primary location at First Parish Unitarian Universalist at 425 Congress St. and with funding from MaineHousing, since the onset of colder, winter-season temperatures.

The Warming Shelter is activated when the City's Emergency Response Plan is activated by a low temperature of 15 degrees or anticipated snowfall of more than 10 inches, or at the discretion of Commonspace and First Parish (with significant consideration to the finite resource, both human and financial, available to the project and the potential for depleting that resource prior to the end of the winter season if too many discretionary openings take place).

The Warming Shelter has been open 13 nights as of today. The first opening was on December 14th. Five of the Warming Shelter nights, all in December, utilized Commonspace's Portland Peer Center at 103 India St. as a back-up location, due to logistical complications related to holiday activities and events at First Parish. The eight other Warming Shelter nights took place at First Parish, and we anticipate that all remaining Warming Shelter nights this winter will take place at First Parish.

The lowest number of Warming Shelter guests on a given night was 50. The highest number was 107 (reached twice in the most recent 6-night stretch of openings, spanning January 4th-9th). **The average number of guests, to date, has been 80**. We have seen five unduplicated families, all New American families, ranging in household size from three to six. The largest number of families we have had on a given night was three, occurring on our most recent shelter night (Jan. 9th). It's important to note that the Warming Shelter is not designed for families as it is offered in an open, communal space. To meet this unexpected need safely, First Parish provided several

children's classroom on a separate floor. First Parish staff also helped connect families with local services and supplemented the food service provided by Commonspace.

While the Fire Marshall established an allowed guest capacity of 110 (at First Parish), Commonspace and First Parish identified a soft cap of 60, based on our assessment of the space, our planned use of only one floor-level, and what we estimated to be the outer limit volume within which staff could reliably maintain a safe and effective resource for guests. The census to date has demonstrated that this cap has indeed been a soft cap.

Successes

- The **communication strategy** for notifying those potentially in need of emergency warming shelter has been effective. The City notifies a large recipient group via email about an activation, with 48 hours' notice. Recipients include agencies working directly with unhoused and unsheltered individuals in the community, who work to get the word out to potential guests. Activation notices are also posted on the City's website and social media, and on the social media of Commonspace and First Parish (with multiple posting shares supporting distribution of the alerts).

- In spite of the challenges noted below, **the staff supporting the shelter** have been able to hold a highly complex space, balancing the need to enforce guidelines that maintain the safety of everyone in the space while maintaining a low enough barrier to retain the shelter as a resource for those most in need of its existence, and focusing their attention and responsiveness on maintaining a safe, welcoming warming shelter while working at the same time to prevent negative impact from the project on the surrounding area, with specific concern surrounding the proximity of Portland High School.

- The **Portland Police Department** has been a tremendously helpful partner in the project. On nights with higher census counts, duty officers have offered their temporary presence in the space, supporting staff and guests with establishing and maintaining an environment of order and safety. Officers have also supported staff, in the mornings, with attending to the alley that runs alongside First Parish and connects to Portland High School, ensuring that the students are not navigating any waste associated with guests who had exited the shelter and who temporarily utilized the area before moving on to other locations. Public Works has also recently started supporting the project with their assistance with any waste or debris in the general area.

- **Response to overdoses** and to medical events have been timely and effective. Attending Emergency Response officials have been great about fulfilling their response activities while being care-taking and mindful of the fact that many in the space are asleep and that

some guests have a baseline of anxiety regarding the arrival of their team. We have been very impressed by the care and skill of the responding teams.

- **First Parish** has, for a second year in a row (the first in partnership with Commonspace), been very accommodating and flexible concerning the operation of this project, which involves intensive use of their space and the displacement or alteration of other uses of the space, and which this year has included accommodations for sheltering families in sections of the space that had not been assigned to this project in the space use agreement.

Challenges

- The **challenges and limitations of the space and location** at First Parish were understood going into this project, which proceeded regardless of these concerns due to the lack of other viable community spaces being offered for this use. The recent, increased volume of guests and the frequency of shelter activation due to the bitterly cold start to this winter season have highlighted and exacerbated those challenges, the three greatest of which are:

  1) There are only two available **bathrooms** in the space intended for the overnight shelter, which is a barely adequate resource for 80 guests, and which is entirely inadequate for 107 guests.

     This reality has created a significant challenge. Guests arrive downstairs, where a meal is provided, and according to the project plan should then be brought upstairs to the shelter space for the balance of the evening. Instead, for two reasons, staff have had to operate the shelter on two floors (and occasionally on three, due to the presence of families). First, limiting the defined shelter space to the upstairs space would restrict guests to two available bathrooms; Second, a large segment of shelter guests, impacted by co-occurring disorders significantly complicated by stimulant use, do not sleep and do not comport themselves in a manner that is conducive to delivery of a sleep-supportive and safe shelter environment, which staff works to maintain upstairs.

     For upcoming activation nights, a determination will need to be made as to whether the Warming Shelter should maintain its plan of operating on only one floor, which would create a hard cap of 70 guests (per Fire Marshal's determination) and would create challenges regarding the effective operation of the space across the diverse needs of its guests, or, alternatively, to maintain operations across both floors. We've assessed that in order to more effectively maintain the latter option, we would need additional staff to safely monitor and manage the project. Emergency shelter spaces are often less than ideal, but compromised sight lines and accessible, off-limit areas across two floors render the space very challenging to manage for safety, especially with high volume use.

2) A compounding, related concern involves **guest safety as it relates to bathrooms**. None of the bathrooms are outfitted in any manner to promote safety in the form of overdose awareness and response. In addition to risks that we are challenged to mitigate, this reality also necessitates intense staff attention to bathroom use, which draws attention away from other facets of space management. Of the four bathrooms currently in use, we have determined that one needs to be taken off-line, as it deadbolts from the inside and staff cannot open it in the event of an emergency.

3) The **proximity of First Parish to Portland High School** heightens the need for attention to project impact to an extent that is taxing on the project team, and that has required the support of municipal partners (PPD and Public Works). Also, given that the mornings following a shelter night are frequently very cold, it is negatively impactful on the guests that they are required to leave the building and the premises by 7:00 am, in order to avoid impact on students' arrival at school.

Additional challenges

- Commonspace staff has experienced multiple **challenges in their efforts to uphold quite minimal safety and behavioral expectations** of guests within the space, including situations involving direct physical assault on staff by guests. In cases of major infractions or repeated refusal to comply with safety guidelines, guests have sometimes been asked to leave. It should be noted that guests who have been asked to leave on one shelter night have been welcomed to return the following night of activation, with the same minimal expectations for safety and behavior in place.

- Commonspace remains eager to utilize the Warming Shelter as an opportunity to leverage contact and relationships with guests to support access to more appropriate, every night shelter options for people who are currently unsheltered. Regional emergency shelters, including the Homeless Services Center and Milestone Recovery have, on activation nights, been operating at or very near capacity, which has worked to severely reduce our diversion options. The HSC responded to community pressure several months ago to extend their check-in curfew to 11:00pm. One consequence of this is that a clear picture of available beds at the HSC is not known until or after 11:00, when it is incredibly challenging to act upon. If, as an example, we learn at 11:30 that there are 7 male beds and 3 female beds available at the HSC, we have to determine whether we could and should notify or wake Warming Shelter guests in the hopes of identifying 10 individuals willing to transfer from the Warming Shelter to the HSC, and whether we could or should make such a transfer mandatory. These are currently unanswered questions. The short story is that the near capacity operation of regional shelters does not permit the type of diversion, and Warming Shelter census reduction, that would be optimal.