

**Remote HHS and Public Safety
Meeting Agenda
June 10, 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

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.

You are invited to a Zoom webinar!

When: Jun 10, 2025 05:30 PM Eastern Time (US and Canada)

Topic: Remote HHS and Public Safety Meeting

Join from PC, Mac, iPad, or Android:

<https://portlandmaine-gov.zoom.us/j/89654981836?pwd=nLjOqDn3JYKi8pYbLO6mG9rAgbzGi2.1>

Passcode:782585

Phone one-tap:

+13092053325,,89654981836#,,,,*782585# US

+13126266799,,89654981836#,,,,*782585# US (Chicago)

Join via audio:

+1 309 205 3325 US

+1 312 626 6799 US (Chicago)

+1 646 931 3860 US

+1 929 205 6099 US (New York)

+1 301 715 8592 US (Washington DC)

+1 305 224 1968 US

+1 689 278 1000 US

+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)

Webinar ID: 896 5498 1836

Passcode: 782585

International numbers available: <https://portlandmaine-gov.zoom.us/j/kbuB15halF>

1. Announcements

2. Review and Approval of Minutes from May 13, 2025
 - a. Draft Minutes

3. Discussion Re: Investment in Maintenance and Installation of Street Lights (Mike Murray, Director of Public Works)
 - a. Memo

4. HHS Annual Report (Maggie McLoughlin, HHS Director)
 - a. HHS Annual Report

5. Housing Options for People in Encampments (HOPE) Program Update (Aaron Geyer, Director of Social Services)
 - a. HOPE

6. Sprinkler Requirement for Single Family Homes (Chad Johnston, Fire Chief)
 - a. Memo

7. Next Meeting: July 8, 2025

Health & Human Services and Public Safety Committee

April 10, 2025, 5:30 PM Remote Meeting

Committee Attendance:

Anna Bullett, Chair (District 4), April Fournier (At-large), Sarah Michniewicz (District 1), Wesley Pelletier (District 2).

Councilor Attendance: Pious Ali, (At-large)

Mayor Mark Dion

City Staff:

Adam Harr, Executive Assistant; Mark Dubois, Police Chief; Dena Libner, Assistant City Manager; Maggie McLoughlin, Director of Health and Human Services; Chad Johnston, Fire Chief. Aaron Geyer, Director of Social Services;

Invited Panelists:

Amy Holland, Statewide Homeless Response System Coordinator; Nakesha Warren, Homeless Response Hub 2 Coordinator.

1. Announcements

- None.

2. Review and Approval of Minutes from April 10, 2025

- Councilor Pelletier Moved to approve the minutes and seconded by Councilor Michniewicz. The minutes were approved unanimously 4-0.

3. Built for Zero Panel Discussion (Councilor Sarah Michniewicz)

- Councilor Sarah Michniewicz explained how Portland takes an outsized role in the state's homelessness response. A statewide effort saw Maine divided into 9 homeless response service hubs, adopting the Community Solutions Built for Zero model to get to functionally zero homelessness. Tonight, will look at how Portland fits into this systems-level data driven approach.
- Amy Holland, The Statewide Homeless Response System Coordinator of the Maine State Housing Authority explained that the 9 hubs launched three years ago out of collaboration between the Statewide Homeless Council, The Maine Continuum of Care, and MaineHousing, with help from Community Solutions.
 - Each hub has a coordinator with a neutral employer of record so they work for the community, not just one provider in the hub.
 - Municipalities, General Assistance, Police, Health Providers
 - It is a theorized strategy proven to solve homelessness
 - A by name list for each person experiencing homelessness in each up, including their preferred housing solution,
 - A point in time counts once a year is not accurate or real time.

- At any point we can see how many people are experiencing homelessness in the hub and statewide.
 - Identifying barriers and advocating for resources to fill gaps.
 - Maine is one of five statewide BFZ initiatives.
 - We were the first state to implement the hub model.
 - Functional Zero is defined by a having more housing resources (Outflow) than enter homelessness (inflow).
 - 15 communities have achieved this.
 - Efficiently targets resources on the by-name list. With at least 90% on the list, we can understand full nuanced picture and solutions.
- Nakesha Warren, Homeless Response Hub 2 Coordinator.
 - The work the City has done in Hub 2 has been essential.
 - The HSC
 - Prevention and Diversion
 - Street Outreach
 - HOPE
 - Have been able to connect people to resources without having stability or any connections around them.
 - Public Health
 - 2,024 people are experiencing homelessness in Cumberland County.
 - The City of Portland's teams have assessed over 1,200 people.
 - Data informs increases in vouchers and resources.
 - The ECRT informed hub resources and added people to the hub by name list.
 - Collaborating on the people who are the hardest to house and finding the appropriate housing for an individual to be successful, not just the first one available to be able to have a housing placement.
 - Outreach collaboration where all hub 2 outreach providers in Portland came together to discuss capacity.
 - There is a new Maine Homeless Planning website: <https://www.mainehomelessplanning.org/hubs/>
 - Employment initiative
 - Looking to help people at every area
 - Our inflow numbers double our outflow numbers.

Committee questions and discussion

- Councilor Fournier asked about the analysis of the data collected: who is analyzing the data and what actions are the data informing? March had 12 people return to homelessness and the trend line of total active going up. What is the context hub 2 and statewide?
 - It may not be that the number of people is increasing, but the number of providers adding quality data increased; we like to see the number going up at this point because we are getting closer to confidence that our data is complete. We will likely see it rise until we see our quality data milestone and then want to see it stay the same then decrease.
 - We are able to see basic trends.
 - Hub 2 case conferencing looks at people by name and can see the returns and collaborate on people case by case for people who have timed out of resources.
 - Are we matching people to the right resource vs any resource to get people housed? the data informs how to proceed to find successful placements.

- Mayor Dion asked if other municipalities in the county are contributing Data? What municipalities are participating in hub 1/York County?
 - Hub 2: South Portland is the other municipality participating coordinated entry.
 - Hub 1: Biddeford, Sanford, Saco, and Kittery.
- Councilor Pelletier asked what the by name list looks like on the ground?
 - A by name list is as it sounds: a list by name of everyone experiencing homelessness in the hub. It contains HMIS data, including their demographics and sub population (veteran, DV, etc.) and the Coordinated Entry Assessment prioritizations core.
 - Once 90% of people experiencing homelessness are on the BNL and have been assessed, we will have quality data.
- Councilor Bullett asked about data entry and what support is coming from the state level to support his.
 - Data sharing agreements with entities that have larger capacity for data entry can enter data on behalf of smaller agencies that lack capacity via a data sharing agreement. This is happening in hub 1.
 - Pursuing funding through Community Solutions to have a statewide data specialist position to support the hubs.
 - Renewed support from the Statewide Homeless Council and Maine CoC.
- Councilor Michniewicz asked if we are approaching quality data?
 - Hub 5 is close, likely within the next couple of months.
 - Each hub will be different.
 - Hub 2 is close too; September is the goal.
 - From there, the trends will be tracked with trust it is meaningful and can start advocating for targeted resources.

4. Public Safety Update (Mark Dubois, Police Chief)

- YTD Citywide:
 - 8% increase for calls for service
 - 778 arrests compared to 764 last year.
 - Total calls for service: 23,013
 - 17,000 911 calls
 - 6,013 officer initiated calls, a 63% increase compared to last year.
 - Attributed to targeted enforcement and behavioral health calls such as the Monument Square response.
- 71 overdoses last month (5 were fatal.)
 - Is that high?
 - Consistent with last year.
 - We sent an advisory when there were multiple overdoses in a short span of time
- Shots were fired on Grant Street on Sunday and arrests have been made.
- Last remaining person from last year's Forest Ave shooting was apprehended.
- Bayside
 - Calles for services decreased by 4% compared to last year.
 - Arrests increased 8% compared to last year.
 - Warrants
 - Violations of release
 - Possession of drugs
 - Trespass

- Bayside calls for service: 4279 calls for service
 - 1,652 officer initiated calls
 - 2,627 911 calls.
- There was a shooting in a DV situation (non-fatal)
- Standoff with negotiators.
 - Chemical munitions were used.

Committee questions and discussion

- **Councilor Pelletier asked for clearance** rates from a former presentation.

5. Childcare Concept Proposal (Dena Libner, Assistant City Manager)

- Seeking feedback before bringing to the Housing & Economic Development Committee.
- At the same time the committee was looking at childcare, the City was looking for childcare solutions for staff as part of recruitment and retention, internally.
- Internal analysis showed over 50% of respondents had considered leaving their position due to childcare.
- Staff looked at solutions for affordable childcare and for retention.
 - Looked at Barron Center 2, three quarters of the building has been unused since before the pandemic. The other quarter is the Office of Elder Affairs.
 - We are getting close to seeing what is possible at that location and would need an RFP to prong childcare licensing expertise to us.
 - Will seek feedback from the state and fire marshal's office to make the RFP stronger and successful when issued.
 - Proposal would prioritize Portland residents and have a set aside for City of Portland employees (who live in or outside the city)
 - If it somehow did not fill up, would could a third option be?
 - Looking for a private provider in the Barron Center 2 space, not build a program in-house.
 - No fiscal impact at this concept stage, but there may be some revenue loss by moving some of the unused licensed beds; staff are researching this fiscal impact.
 - An operator would take on capital improvements needed at the site.

Committee questions and discussion

- Councilor Ali asked if this would go on to the DSC budget in this current budget cycle?
 - No, it should not impact the fy26 budget.
 - Depending on how much work is needed on the building the program likely wouldn't start until fy27.
- Councilor Pelletier asked what the percentage has been floated?
 - Hasn't been discussed yet and is up in the air; it would be the decision of the HEDC to decide.
- Mayor Dion thanked staff for their work and encourages moving this forward.
- Councilor Michniewicz asked how much, if any, coordination will be needed between this and the housing planned for the Barron Center campus via the recent RFP?
 - None that we can foresee as the existing building is already well suited to this use.
- Councilor Fournier thinks it's an innovative way to use our resources to support our community and staff. What conditions can we put in re: % dedicated to staff and the hours of operation for the varied shift positions people staff at the City with before and after work hours.

- The need for flexibility for shift employees is salient and we are identifying the specific barriers, such as opening hour(s) before normal hours or have flexible drop off/pick up.
 - Cognizant of these for providers to be able to ramp up to and not be too restrictive that the program doesn't get off the ground.
 - Make it clear these are the intents of year 2 of operation.
 - Some orgs have this figured out (prime time evening care model)
- Councilor Bullett requested mandatory Child and Adult Care Food Program (CACFP) program participation for free meals to families that cannot pack lunch. Does the Barron center have a kitchen?
 - Yes.
 - There is possible reality where we get the CACFP money.

6. Next Meeting: May 13, 2025

- HHS Annual Report

Councilor Michniewicz moved to adjourn and Councilor Pelletier Seconded. The motion passed unanimously 4 -0 and the committee adjourned at 6:41 PM.



To: Health & Human Services & Public Safety Committee
Councilor Anna Bullett, Chair

MEETING DATE

June 10, 2025

AGENDA ITEM

Agenda Item #3 - Investment in Maintenance and Installation of Street Lights

PURPOSE

Provide information on the City of Portland's Street Light program in connection with City's Vision Zero Initiative.

COMMITTEE WORK PLAN/CITY COUNCIL GOAL ALIGNMENT

This item supports priority #5 (Safe Streets) on the committee's 2025 work plan.

BACKGROUND/ANALYSIS

In 2017, the City of Portland purchased the existing street light infrastructure from Central Maine Power (CMP) for \$586,000 - the cost being determined by a formula established by the Public Utilities Commission. Prior to the purchase of the streetlight infrastructure, the city had been paying \$1.1 million dollars per year to CMP in a rental and service agreement. Subsequently, the City embarked upon a retrofit of all of the streetlights in Portland with LED lighting, which provides high quality lighting with 70% less energy consumption. This retrofit of approximately 6500 streetlights, was completed as a part of a larger initiative that included outdoor lighting upgrades at some city buildings, and athletic facilities. It also included upgrades to the traffic control system along Forest Avenue and on Marginal Way. The total project cost was approximately \$8.6 million dollars; the streetlight conversion accounted for a little over \$4 million of that cost.

Since the change in ownership and retrofit of the city's streetlights, maintenance of the street light infrastructure has been assigned to the Traffic Division of the Department of Public Works. There are two basic categories of street lights - cobra heads and decorative street lights - cobra head style lighting and decorative lighting.



Cobra head



Decorative

Cobrahead style lighting is usually located high on utility poles, and is usually fed by overhead electrical wires. Decorative lights, of which there are several styles throughout the city, are generally fed by underground electrical supply. There are over 4000 cobra head style lights throughout the city and approximately 2500 decorative style lights.

Maintenance of the streetlights are provided by two sources - city staff and a private contractor. Cobrahead light maintenance is provided by a private contractor due to the proximity of the lights to high voltage electrical wires - a utility lineworker's electrical license is required. The maintenance of the decorative lighting in Portland is provided by city staff, who possess a master electrician's license, a journeyman's license, or a helper's license. The repair work undertaken by city staff is combined with traffic signal maintenance and repair, which consists of 130 signalized intersections scattered throughout the city.

The reporting of streetlight outages comes from a variety of sources including resident reporting through DPW's Dispatch Office, the See Click Fix app, and an online dashboard provided by a third party vendor who assists with monitoring and lighting adjustment issues. Public Works also provides a yearly point in time survey of all of the streetlights in the city, the last of which was in the fall of 2024. The point in time survey found 471 lights not working (7.2% of all lights), broken down as follows: 197 cobraheads and 275 decorative lights. Many of the decoratives that had an outage were the style of light that consists of a main overhead light and two lower pedestrian scale lights. If any one of the three lights was out, it was listed as an outage. The cause of streetlight outages may be a worn out bulb, worn out or defective controller/fuse, or lack of electricity. Since the point in time survey the city's contractor has repaired a total of 497 cobrahead lights(which includes the 197 from the survey). The city and its contractor are responsible for repair of the first two categories of outages, CMP is responsible for power supply. Currently, there are a total of 128 work orders prepared for streetlight repair (2% of the total streetlights).

To strengthen accountability and guide future improvements, DPW will build a formal performance management framework into its streetlight maintenance program. This framework will include key performance indicators such as percentage of functioning lights citywide, average time to repair by light type, and the geographic distribution of outages. Data will be collected through multiple channels, including real-time reporting, public input via See Click Fix,

and the annual point-in-time survey. These data will be tracked and analyzed quarterly to identify trends, recurring issues, and areas with disproportionate outage rates. The City will use this information to improve maintenance scheduling, prioritize system upgrades, and report transparently on performance. Over time, this framework will also support strategic decisions around future capital and technology investments, ensure appropriate and equitable distribution of lighting across the city, and help DPW leadership manage staffing, contractors, and operating costs. Staff anticipates sharing this framework and associated data with the committee by Spring 2026.

FISCAL IMPACT

The Traffic Division FY26 operating budget carries approximately \$335,000 in direct expenditures for streetlight maintenance. This figure does not include DPW staff or vehicle costs.

CONCLUSION(S)

The conversion of Portland streetlights from rental status to ownership status made economic sense in 2017, and continues to make economic sense in 2025. While there have been cost increases since the installation was completed, those increases are expected, due in part to the equipment being now 7+ years in age, and component replacement is an anticipated expense.

PRIOR COMMITTEE REVIEW

N/A

PREPARED BY

Michael Murray
Director
Department of Public Works

Greg Jordan
Assistant City Manager
Executive Department

ATTACHMENTS

None

City of Portland
Health & Human Services

2024
Annual Report



health
& human
services

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Director's Letter

MARGARET McLOUGHLIN, HEALTH & HUMAN SERVICES DIRECTOR

Dear Portland Community Members,

I am delighted to share with you the City of Portland's Health and Human Services (HHS) Department Annual Report. This review is a snapshot into the multitude of diverse initiatives and services we deliver across the four divisions of the department: Office of Elder Affairs, Public Health, Social Services, and the Barron Center. As someone new to the team in 2024, I was, and remain, deeply impressed by the range of services HHS provides to our city and the commitment of our staff to enhance the health and well-being of all Portland residents.

Portland continues to grapple with many challenges, including the opioid epidemic, the complexities of homelessness, and ongoing housing challenges. HHS has focused on leveraging available resources to address the immediate impacts of these challenges while driving forward progress on root causes. In 2024, we tackled evolving community needs by implementing new programs, expanding services, and focusing on practical solutions. Our homeless services scaled up with 50 additional beds at the Homeless Services Center. We launched a new pilot program to work collaboratively with partners and an outreach program to deepen engagement with our unsheltered community. Through these collective efforts, more than 500 residents transitioned out of homelessness into housing despite a challenging housing climate. Our Public Health Division expanded screening services and introduced latent TB treatment to our portfolio of community-centered services. We improved our

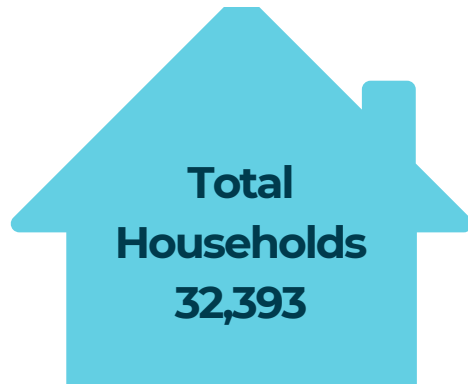
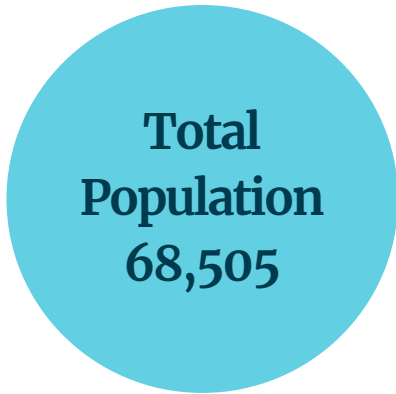
syringe waste management plan by increasing outreach pick-ups, fostering intercity collaboration, providing client education, and expanding community sharps disposal sites. We played a significant role in increasing access to naloxone, a critical medicine to reverse overdoses, distributing 19,072 doses and contributing to a decrease in fatal overdoses. We scaled up preventative measures to mitigate the risk of HIV/Hep C outbreaks through collaborative rapid testing between our harm reduction programs and STD Clinic. Our Senior Outreach Nursing program was expanded, enabling more seniors to age in place with at-home care, and the Barron Center continued its recovery from COVID-19, providing skilled nursing care to 165 residents. These are just a few of the many highlights in the pages ahead, all made possible through collaboration with our staff, community partners, and, most importantly, you—our residents.

While there are many challenges ahead, the momentum of this past year continues to drive our work. We're committed to a healthier and more equitable future for everyone in our communities, including some of Portland's most vulnerable and underserved populations. With our dedicated team, strong partnerships, and active community engagement, we're excited to see what we can achieve together in the year ahead.

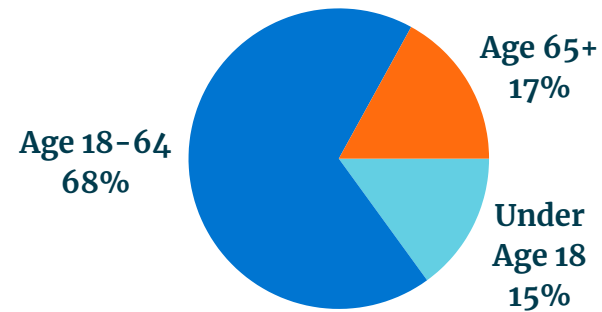
Thank you for your continued trust and partnership in this essential work. Together, we are shaping a brighter, healthier future for Portland.

**Best,
Maggie McLoughlin**

Portland Demographic Profile



Population By Age



Population By Race



80%
White

9%
Black or African
American

3%
Asian

2%
Other Race

6%
Two or More
Races

\$76,174

Median Household
Income

11%

Households Below
Poverty Level

48%

Households
Spending Over 30%
on Rent

9%

Adults Who Were
Housing Insecure in
the Past 12 Months

5%

Adult Population
Without Health
Insurance

13%

Population Living
with a Disability

Source: U.S. Census Bureau American Community Survey, 1 & 5-Year Estimates Subject Tables, 2023. Accessed on March 28, 2025. URL: <https://data.census.gov/>
Data presented in this document are rounded to the nearest whole number.

Housing & Homelessness



Social Services staff moving donated furniture for client housing placements

Participant Snapshot

This page's demographic data, collected by the Homeless Services Center, reflects client demographics from January 1 to December 31, 2024. HSC served a total of 1,295 unique clients.



Median Age

43

U.S. Military Veteran



6%

Living with a Disability

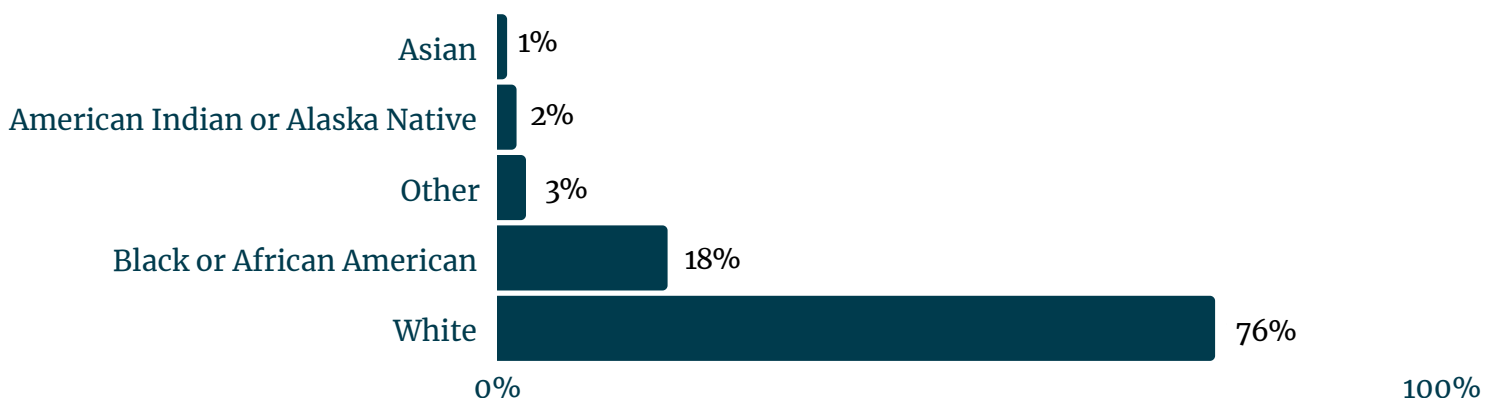


67%



Chronically Homeless ¹

Homeless Services Center Population Race and Ethnicity



At the time of this 2024 snapshot, 28% of clients at the HSC were experiencing chronic homelessness as defined by the U.S. Department of Housing and Urban Development (HUD). The definition of chronic homeless has several conditions, including homelessness for at least 12 months or on at least four separate occasions in the last three years.

Homeless Services Center (HSC)

A low-barrier emergency shelter providing housing navigation and resources to unsheltered² adults.

1,295

Clients sheltered

90,364

Combined bed nights,³
representing 248 years
of homelessness

111

Clients placed into
housing

43 of 111

Housing placements
were long term stay⁴
clients, representing
over 23,108 bed nights³

Family Shelter

A low-barrier emergency shelter providing housing navigation and resources to unsheltered² families.

281

Individuals sheltered,
representing 86 families

36,697

Combined individual
bed nights³

266

Individuals housed,
representing 77 families

12

Tenant education
classes conducted,
reaching 65 families

166 Shelter

An emergency shelter providing housing navigation and resources to unsheltered² adults.

439

Clients sheltered

60,730

Combined bed nights³

167

Clients placed into housing

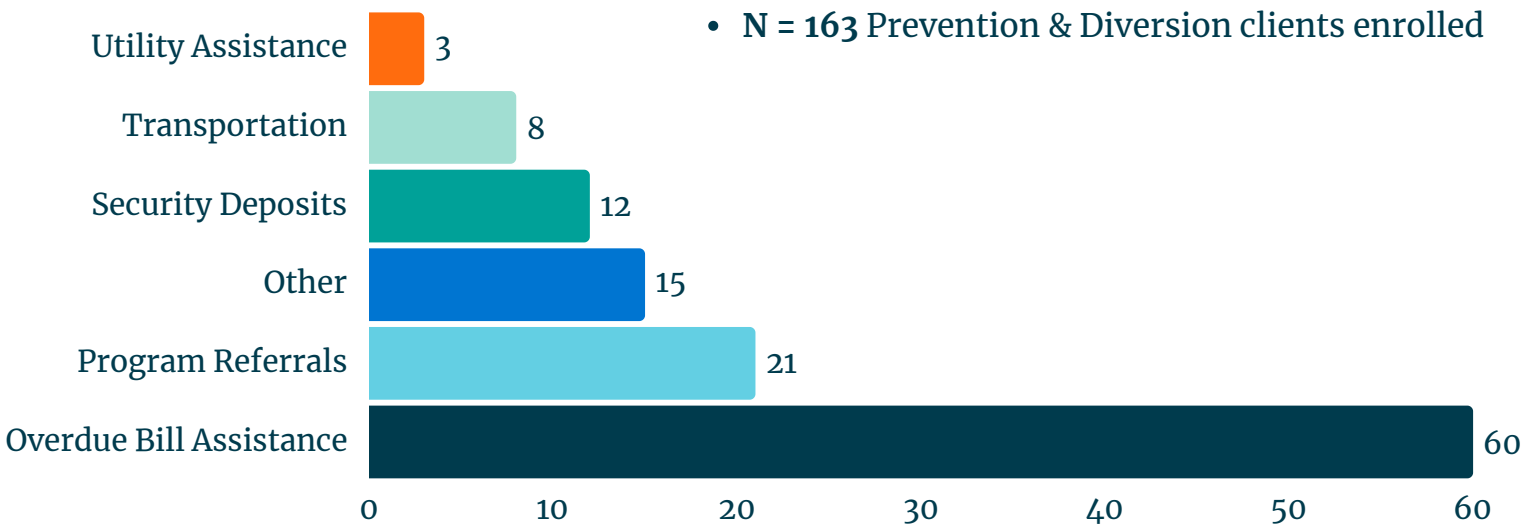
16,900+

Shuttle rides conducted to provide clients access to wraparound services⁵

Prevention & Diversion

Assisting clients to identify and obtain housing solutions to retain housing or connect to emergency shelter when necessary.

Most Utilized Types of Assistance to Prevent Homelessness



1,050

Total unsheltered² people completed shelter intakes

Homeless Outreach Engagement

Bridging the gap between unsheltered individuals and essential services through dedicated street outreach, education, relationship building, and partner collaboration.

60

Referrals to obtain city-run shelter beds or other housing solutions

65

Partner referrals for alternative housing, medical care, detox services, other essential needs

1,299

Total interactions with unsheltered² individuals

Coordinated Partnerships

Staff maintained frequent communication and collaboration with partners to proactively address evolving needs.

This included:

- Weekly ride alongs with **Preble Street Food Van**
- Weekly meetings with **Bayside Providers** at Preble Street
- Weekly interdepartmental meetings with **City of Portland's** Mobile Medical Outreach, Behavioral Health Units, Community Policing, Public Health Division, and Park Ranger teams
- Monthly collaborative case conferences at **Cumberland County Jail** to coordinate releases

Project HOPE: Housing Options for People in Encampments

A collaborative partnership, coordinated by the City, dedicated to reaching unsheltered² individuals by linking them to housing.

73

Clients worked with housing navigators

26

Clients placed in housing

11

Clients placed in shelters

Partners

Include Milestone, Commonsplace, and Preble Street, with program funding from MaineHousing

Resettlement

Conducting needs-based assessments, short-term case management, and housing retention services to families seeking access to shelter.

279

Families served,
representing 916
individuals

32

Families placed in
permanent housing

159

Families placed in
shelters

6

Tenant education
classes conducted,
reaching 51 clients

General Assistance

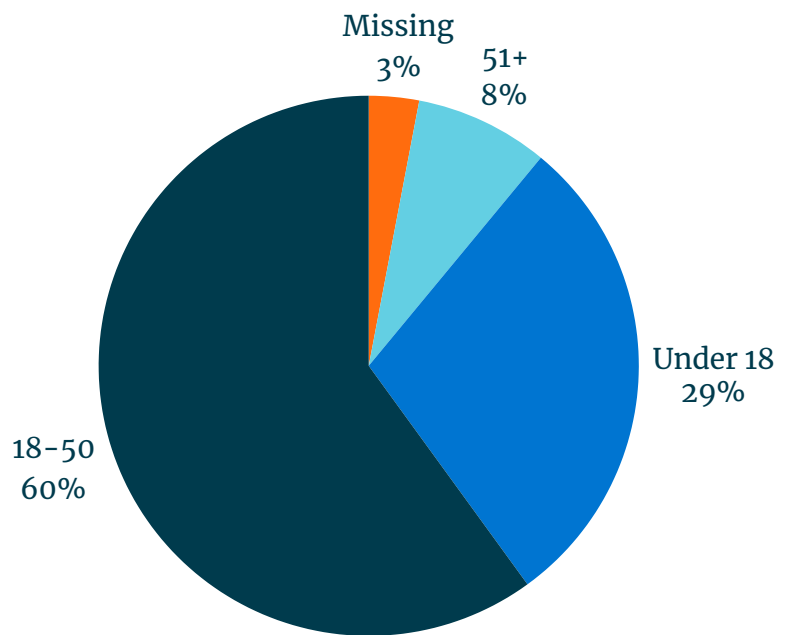
General Assistance sign directing clients to the entrance



Participant Snapshot

This page's demographic data, collected by General Assistance, reflects recipient demographics from January 1 to December 31, 2024.

Ages of General Assistance Recipients



Approximate Median Age



33



Male
43%



Female
57%

Cases with Children



12%

Living with a Disability



2%

General Assistance

Providing temporary support for basic needs and essential services to Portland residents, aiming to foster long-term self-sufficiency.

78%

GA applications qualified for assistance

1,841

Vouchers issued to assist with housing costs

67%

Rental assistance clients needed support for less than 3 months

845

Households received assistance to purchase medication

Representative Payee

Offering financial case management to help individuals manage their personal finances.

160

Clients received monthly assistance managing their finances

\$2.25 million

Managed from clients' Social Security Funds

Substance Use



Harm reduction supplies available at the Needle Exchange

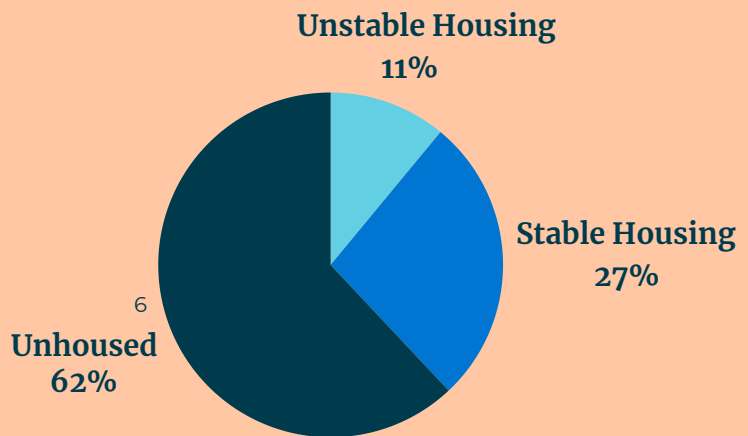
Participant Snapshot

This page's demographic data, collected by the Public Health Division, reflects Needle Exchange program client demographics from January 1 to December 31, 2024. The Needle Exchange served a total of 2,444 onsite and through outreach.

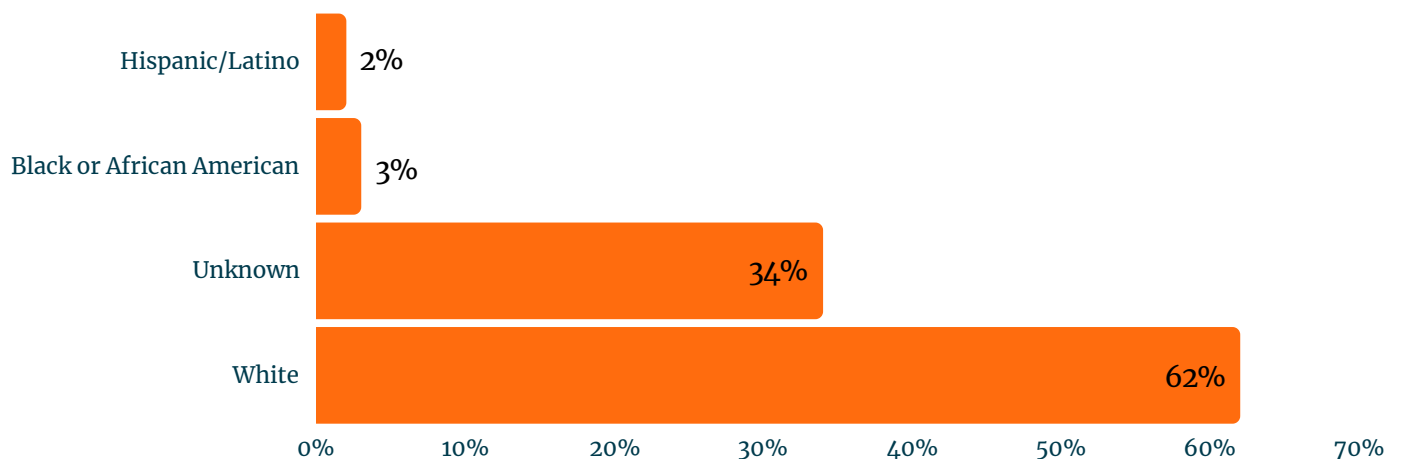


Median Age
39

Housing Status of Needle Exchange Clients



Needle Exchange Program Population by Race and Ethnicity



⁶
The pie chart shows 100% of non-blank responses for housing status in 2024. The housing categories (unstable, stable, unhoused) were coded by staff based on client responses using the following definitions—Stable Housing: Rent/own, living with friends/family; Unstable Housing: Sober living facility, shelter, YMCA, temporary hotel stay, couch surfing; Unhoused: Living outside, living in a car.

Harm Reduction

Reducing the risks associated with drug use by offering various safer options, addressing underlying conditions, and supporting individual well-being without judgment.

1,951

Unique Needle Exchange clients served, including 99 new clients

19,072

Naloxone doses distributed

742,595

Syringes collected and disposed

5,910

Referrals for medical care, case management, substance use treatment, and recovery options

Overdose Data to Action

Implementing overdose prevention and response strategies based on local data, lived experiences of community members, and surveillance of drug overdoses.

88

Members of Cumberland County
Overdose Prevention Alliance (CCOPA)

34,000

Harm reduction supplies and basic
need items distributed by
CCOPA members and organizations

Supplies include: Sharps disposal containers, safer
use kits, wound care kits, fentanyl test kits, and more

66

Overdose Recognition
and Response trainings
conducted

235

Community reversals⁷
reported

Disease & Prevention



Public Health staff holding a taste testing cup of fresh produce at Portland Farmer's Market

Participant Snapshot

This page's demographic data, collected by the Public Health Division, reflects client and program participant demographics from January 1 to December 31, 2024. Notably, as the Health Equity program links clients to clinical care, its demographics offer a snapshot of populations served by those programs.

1,947



Youth Participated in Prevention Programming

999

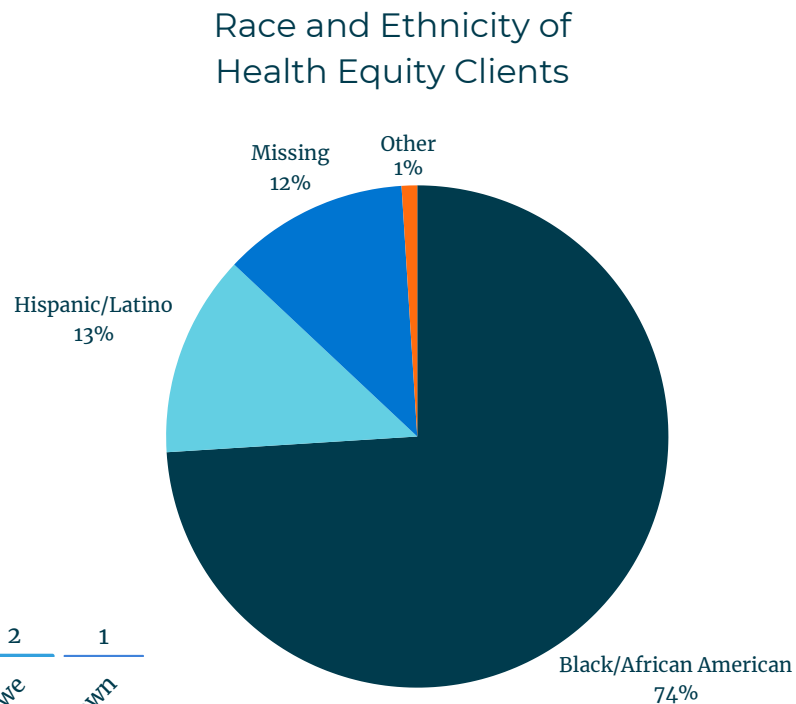
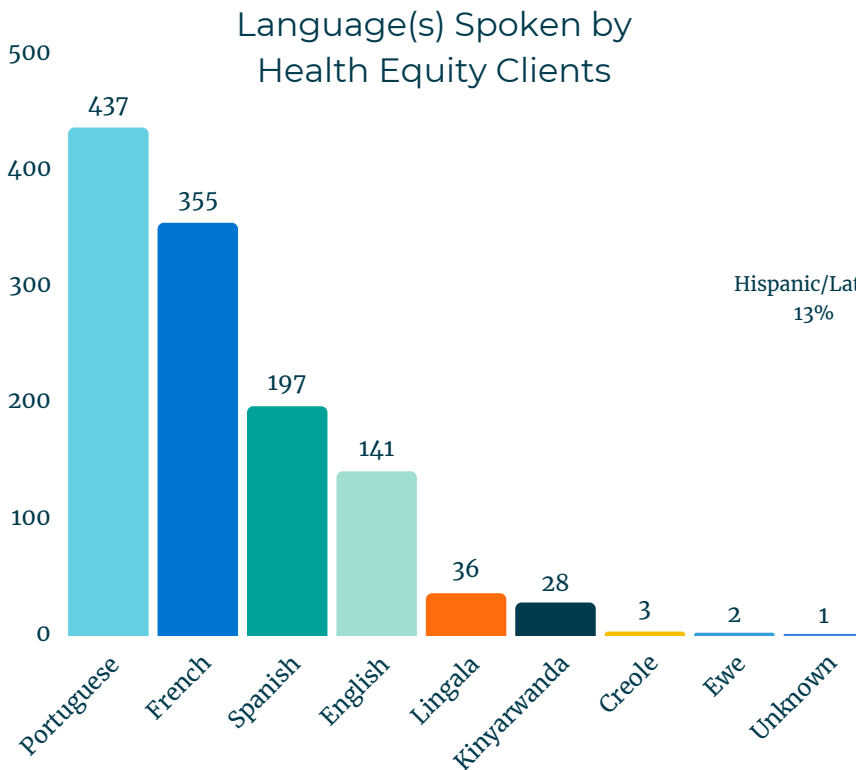


Adults Participated in Prevention & Preparedness Programming

Median Age of Health Equity Clients



33



Healthy Eating, Active Living

Promoting nutritious food choices and physical movement through direct education and system-level changes.

2,799

Individuals participated in **114** healthy cooking and/or grocery budgeting classes.

8

Cumberland County municipalities worked with staff to adopt a best-practice **lactation policy**; 1 municipality completed policy implementation.

Staff facilitated the translation of Maine Breastfeeding Coalition's "Returning to Work Toolkit" into French, Spanish, Portuguese, and Arabic to expand access to this statewide resource.

Tobacco & Substance Use Prevention

Preventing youth initiation, engaging communities, and supporting quit attempts.

1,185

Students received prevention education through 95 classes

95

Classes facilitated throughout 7 Cumberland County school districts

234

Retail staff received Youth Cannabis Use: Prevention & Safety training

41

Cannabis establishments received required annual training

Lead Poisoning Prevention

Preventing childhood lead poisoning by educating property owners and parents about exposure to lead paint in old homes, Maine's highest risk factor in childhood lead poisoning.

455

Parents received direct education

58

Property owners received direct education

1,282

Prevention resources distributed

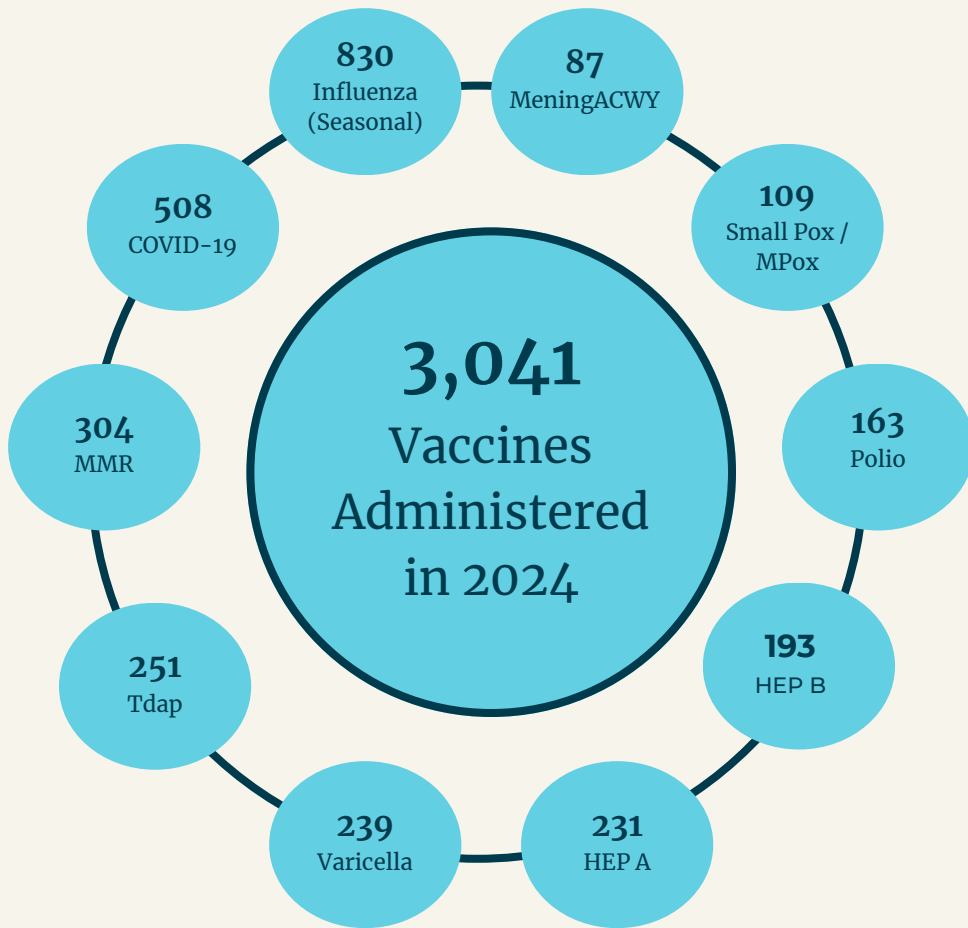
160,598

Impressions from Lead Poisoning Prevention Bus Campaign

Immunization

Providing vaccines to uninsured adults and all children.

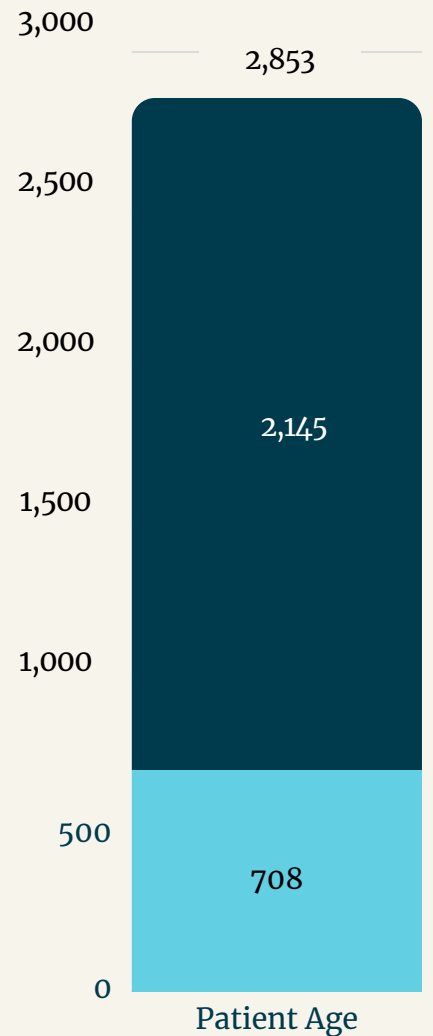
Top 10 Administered Vaccines in 2024



Other vaccines include: HPV (43), DTP/aP (21), PneumoConj (20), Zoster (15), Td (12), DTP/aP-HepB-Polio (6), RSV (4), DTP/aP-Hib-Polio (4), Mening B (1).

Note: 184 COVID vaccines were paid privately.

Immunization Patients by Age



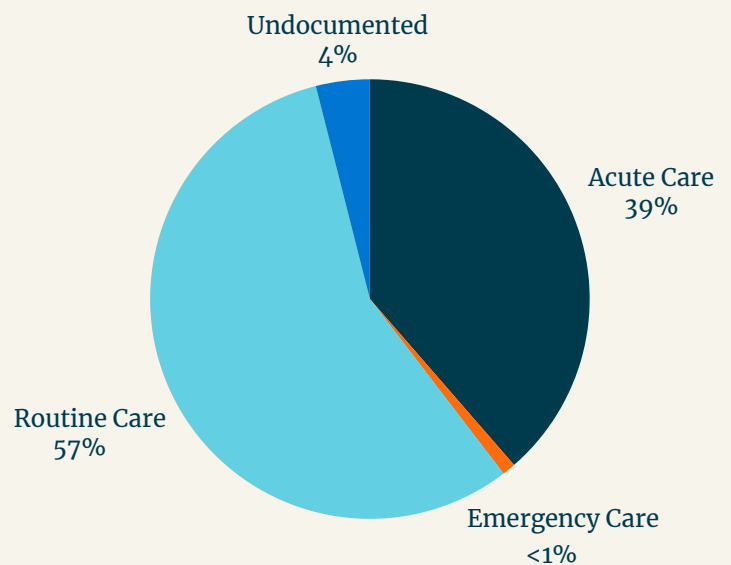
● Pediatric ● Adults

Screening, Prioritization, Urgent Referral (SPUR)

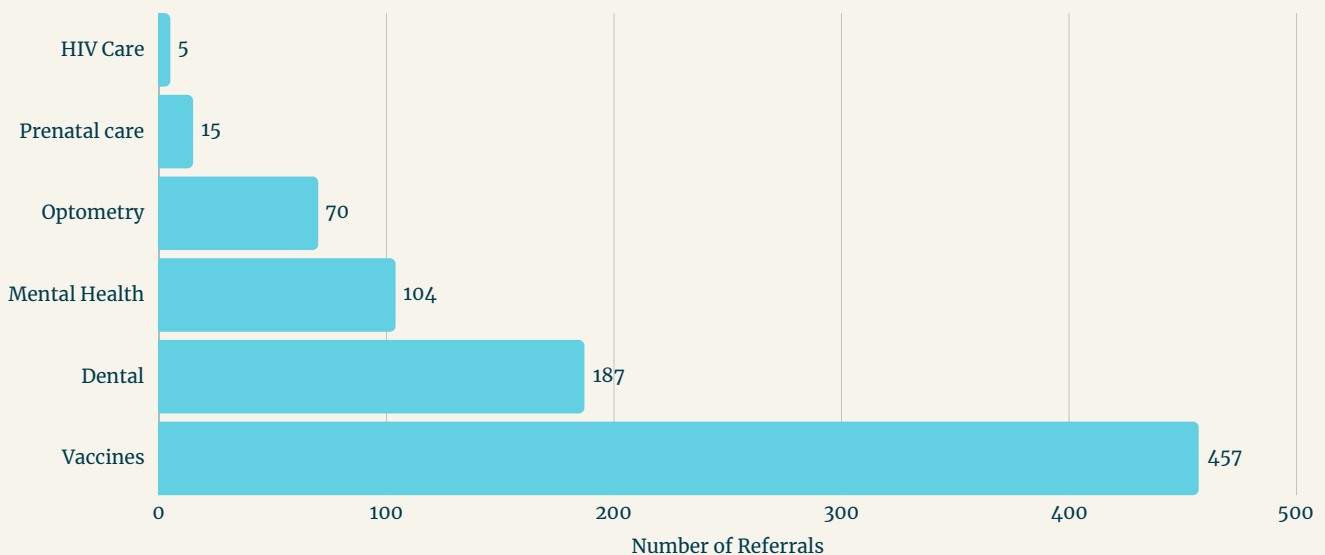
Providing rapid screenings to identify urgent medical issues and link patients to primary care.

715
Unique patient screenings

Patient Screenings



Additional Types of Referrals



Inactive Tuberculosis Treatment

Providing treatment for those with inactive Tuberculosis, who do not have insurance or a primary care provider.

65

Screenings for tuberculosis

15

Patients who completed treatments

6

Patients in treatment at the end of year

Portland Community Free Clinic

Offering medical care to under- and uninsured patients through volunteer medical providers, bridging the gap until patients acquire insurance elsewhere.

156

Unique patients

478

Patient visits

511

Volunteer hours contributed by 37 healthcare professionals

Specialty Care Utilized by Patients

- Physical Therapy
- Dermatology
- Endocrinology
- Psychiatry
- Behavioral Health Counseling
- Gynecology

Maternal & Child Health

Supporting newborns and pregnant, postpartum, or parents of newborns with nursing visits.

420

Unique clients

2,140

Nursing visits

934

Nursing visits to unhoused⁶ and/or unsheltered² clients

698

Attendees of weekly **health and education** series at Francis Warde House.

Francis Warde House is a home managed by In Her Presence for pregnant immigrant women who are homeless or at risk of homelessness.

STD Clinic⁸

Offering low-barrier sexual health screenings and testing, educating patients and professionals on HIV⁹ / STI¹⁰ prevention, and connecting individuals to preventative treatment options.¹¹

642

Unique patients,
totaling 1,380 patient
visits

345

Additional unique
patients served at
community locations and
events

612

PrEP¹²-specific patient
visits

58

Patients utilized Doxy
PEP,^{13, 14} a new service
offered in 2024

Health Equity

Reducing health inequities by promoting inclusive community participation and implementing effective public health interventions that are culturally and linguistically appropriate.

Community Health Worker (CHW) Outreach

- 1 full-time and 10 per diem CHWs
- 1,100+ hours dedicated to interpreting, cultural brokering, patient intake, appointment reminders, and community outreach
- 9 HHS programs utilized CHW expertise to support clients needs
- Languages spoken by native speakers: Arabic, French, Lingala, Portuguese, Somali, Spanish, and Vietnamese

Client Impact

- 1,189 unique clients supported through 2,321 encounters
- 111 doses administered at 3 mobile vaccine clinics
- 91 clients reached at 2 mobile dental clinics

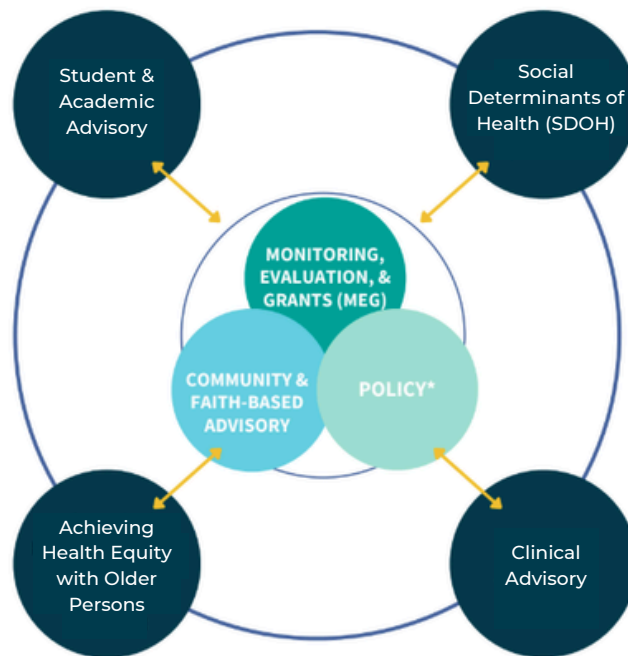
Top Client Referrals

1. Primary Care
2. Public health insurance and benefits
3. Transportation
4. Housing and shelter
5. Reproductive, maternal, and/or child health

Portland Health Equity Alignment

Organized and managed by the Health Equity program, the Portland Health Equity Alignment (“Alignment”) is a coalition of 135+ members from 75+ organizations dedicated to advancing health and social equity for Greater Portland's most vulnerable populations. Operating in a non-competitive environment, the Alignment values community wisdom and believes in the power of collaboration to drive positive change.

PHEA Committees as of February 2025



**Note: Established February 2025, the Policy Committee is still in its formative stage and continues to define its goals and objectives.*

Significant achievements include the identification of each committee's top priorities for 2024-2025 and the development of the Social Determinants of Health Accelerator Plan, an assessment-informed report designed to improve chronic disease outcomes of those experiencing health disparities and inequities in Greater Portland.



Quarterly Alignment meeting

Cities Readiness Initiative

Enhancing preparedness in Southern Maine for a large-scale public health emergency or bioterrorist event that would require the deployment of medical countermeasures to the public.



Emergency exercise at Portland Jetport

2

Emergency exercises simulated

100+

Volunteers recruited

150+

Nursing and pharmacy students received training



Cities Readiness Initiative Program Coordinator speaking to University of New England students





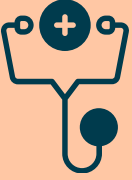
Aging, Older Adults, and Disability

Barron Center staff and resident sitting outside

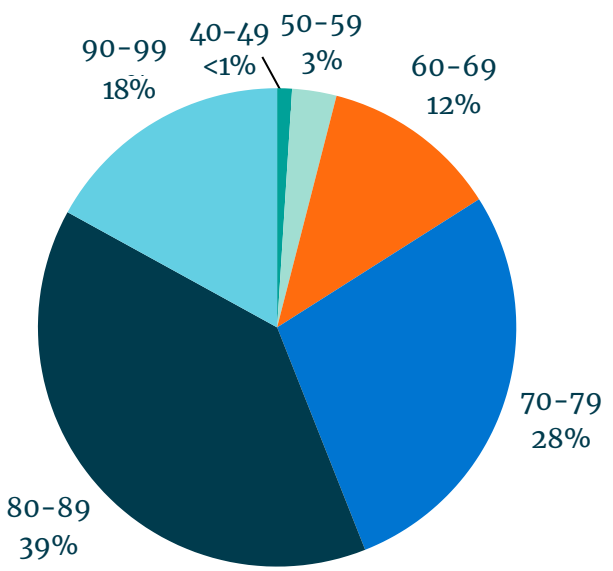


Participant Snapshot

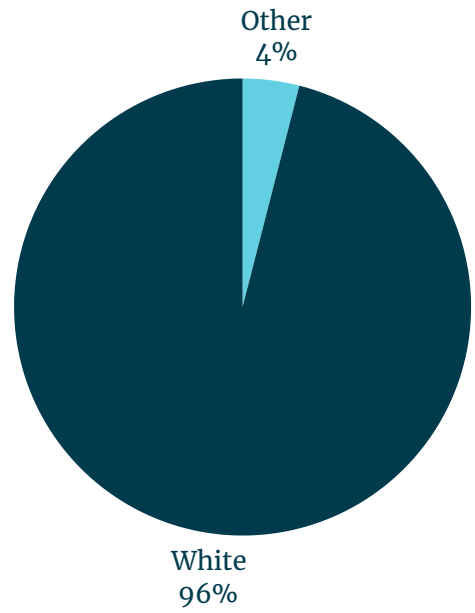
This page's demographic data, collected by the Barron Center, reflects patient demographics from January 1 to December 31, 2024.

 <p>Male 38.1%</p>	 <p>Female 61.8%</p>	<p>Approximate Median Age</p>  <p>81.5</p>	<p>Population Living with a Disability</p>  <p>100%</p>	<p>Population on Medicaid</p>  <p>81.8%</p>
--	--	--	--	---

Barron Center Population By Age Range:



Barron Center Population Race and Ethnicity



Barron Center

Providing comprehensive healthcare services through the city-owned and operated long-term skilled nursing and rehabilitation center.

165

Unique residents

36,826

Combined bed nights³

5-Star

Rating from the Centers for Medicare & Medicaid Services

Barron Center offers short- and long-term residency

Elder Affairs

Addressing issues that present hardships for Portland residents as they age.

Senior Outreach Nursing Program

Supporting low-income Portland residents age 60+ ineligible for other in-home nursing visits.

- 500+ patients served through blood pressure clinics
- 36 patients received home visits

Adult Day Programs

Providing safe daytime supervision and care to older adults with cognitive and physical health challenges.

- 63 clients served
- 20,000+ hours of daytime care, allowing respite for family caregivers

Most Common Information, Advocacy, and Referral Requests

- Healthcare provider referrals
- Healthcare benefits and services access
- Transportation
- Legal matters
- Dementia care and respite
- Home maintenance
- Affordable housing
- Elder abuse
- In-home assistance and case management

Staff processed approximately 600 requests!

Age Friendly Portland

Organized by Elder Affairs, Age Friendly Portland is a coalition dedicated to fostering healthy aging and increasing safety, activity, and inclusion for aging residents.

The Age Friendly Steering Committee comprises 12 members, representing retired Portland residents and local agencies serving older adults.



- **142** Volunteers committed to shoveling snow for seniors
- **118** Households received snow shoveling

- **1** business, **Back Cove Books**, was certified as an Age Friendly Business by meeting accessibility and inclusivity standards for older adults.

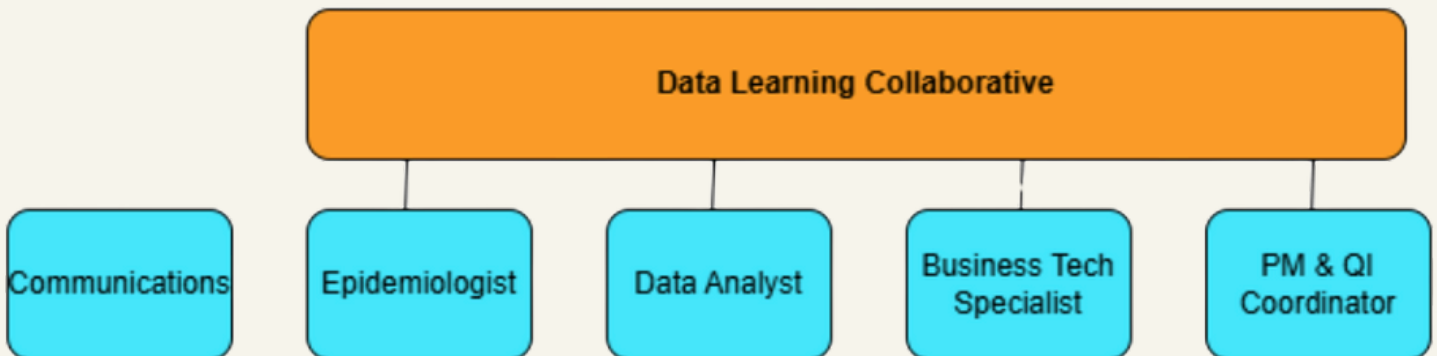


Organizational Competencies

Health & Human Services leadership prioritizes core organizational competencies, strategically enhancing existing practices and investing in key areas of its operations. This work has cultivated a strong foundation for operational efficiency and the delivery of services that will continue to benefit the Portland community throughout 2025.

In 2024:

- The Communications Specialist identified new strategies to implement to increase community awareness of HHS services and its impacts
- A Data Learning Collaborative was instituted to enhance data collection, analysis, and program evaluation, leveraging staff expertise across epidemiology, data analysis, business technology, and performance management & quality improvement



Community Partnerships

Thank you to our partners. Your collaboration and dedication are essential and amplify our collective impact on the community.

- AARP Maine
- Access to Care
- Affinity Hospice
- Alpha One
- Alzheimer's Association
- Beacon Hospice
- Better Life Partners
- Catholic Charities
- commonspace
- Compassus Hospice
- Cross Cultural Community Services
- Crossroads Recovery
- Cumberland County Jail
- Cumberland County Public Health
- Department of Health & Human Services (Maine)
- Disability Rights Maine
- Elder Abuse Institute of Maine
- First Parish Church
- Frannie Peabody Center
- Furniture Friends
- Gateway Community Services Maine
- Greater Family Promise

- Greater Portland CareerCenter
- Greater Portland Council of Governments
- Greater Portland Health
- Greater Portland Metro Bus
- Groups Recover Together
- Guardian Pharmacy
- Hope Acts
- HOPE Squad
- Hospice of Southern Maine
- Immigrant Legal Advocacy Project
- Immigrant Resource Center of Maine
- Immigrant Welcome Center
- In Her Presence
- Independent Seniors Network
- Independent Transportation Network
- Jewish Community Alliance
- Khmer Maine
- Maine Access Immigrant Network
- Maine Association for New Americans
- Maine Boys to Men

Community Partnerships

Thank you to our partners. Your collaboration and dedication are essential and amplify our collective impact on the community.

- Maine Breastfeeding Coalition
- Maine Cancer Foundation
- Maine CDC
- Maine Continuum of Care
- Maine Equal Justice
- Maine Housing
- Maine Immigrants Rights Coalition
- Maine Medical Center
- Maine Needs
- Milestone Recovery
- Mystery of the Cross of Christ Church
- New England Arab American Organization
- Northern Light Mercy Hospital
- Pine Tree Legal
- Portland Adult Education
- Portland Downtown
- Portland Housing Authority
- Portland Public Schools
- Portland Recovery Community Center
- Portland Trails
- Preble Street
- Preferred Therapy Solutions

- Presente! Maine
- Project Blessing
- ProsperityME
- Quality Housing Coalition
- Root Cellar
- Sacred Heart Catholic Church
- Salvation Army
- Sam L. Cohen Foundation
- Sexual Assault Response Services of Southern Maine
- Spurwink
- State Street Church
- Sweetser
- The Opportunity Alliance
- Through These Doors
- Tufts University School of Medicine
- United Way of Southern Maine
- University of New England
- University of Southern Maine
- Veteran Housing Services
- Volunteers of America
- Wayside Food Programs
- YMCA of Southern Maine

Glossary

1. **Chronically homeless:** An experience of continuous homeless for at least 12 months or at least four separate episodes of homelessness in the past three years where the combined total of those episodes is at least 12 months.
2. **Unsheltered:** Lacking access to any form of shelter with primary nighttime residence in a place not mean for human habitations (streets, parks, vehicles, etc).
3. **Bed nights:** A single night spent in a bed or space at a shelter. Bed nights are calculated by multiplying the number of occupied beds by the number of days in a given period.
4. **Long term stay:** Staying at a shelter 180 days out of a 365-day period. Stays do not have to be consecutive.
5. **Wrap-around services:** A comprehensive and individualized approach to supporting individuals with complex needs. The shuttle service designed a route to meet clients' needs, including stops at Maine Medical Center, Portland Public Library, Portland Adult Education, Bureau of Motor Vehicles, Maine's Department of Health & Human Services, and immigration services.
6. **Unhoused:** Lacking a fixed, regular, and adequate nighttime residence.
7. **Community reversal:** A non-fatal overdose reversal where naloxone is administered by an individual who is not a trained first responder (e.g., bystander, family member, friend).
8. **STD (Sexually Transmitted Diseases) Clinic:** A group of diseases and infections spread through sexual contact.
9. **HIV (Human Immunodeficiency Virus):** A virus that attacks the body's immune system.
10. **STI (Sexually Transmitted Infection):** A group of infections spread through sexual contact.
11. **Preventative treatment options:** A range of options that include Doxy Pep, PEP, PrEP.
12. **PrEP (Pre-Exposure Prophylaxis):** A medication that HIV-negative individuals can take to significantly reduce their risk of acquiring HIV, acting as a preventative measure before potential exposure.
13. **PEP (Post-Exposure Prophylaxis):** A course of antiretroviral medications taken after a possible exposure to HIV to prevent infection.
14. **Doxy Pep (Doxycycline Post-Exposure Prophylaxis):** A treatment regimen involving the antibiotic doxycycline that is used to prevent sexually transmitted infections (STIs) after a potential exposure.

How did we do?

Our goal of this report was to highlight key accomplishments over the past year and outline our collaborative efforts to improve outcomes for all residents.

Take our survey to let us know if we accomplished these goals or if there is more you would like to see in the 2025 Annual Report.

[Link to the Survey](#)

2024 Annual Report

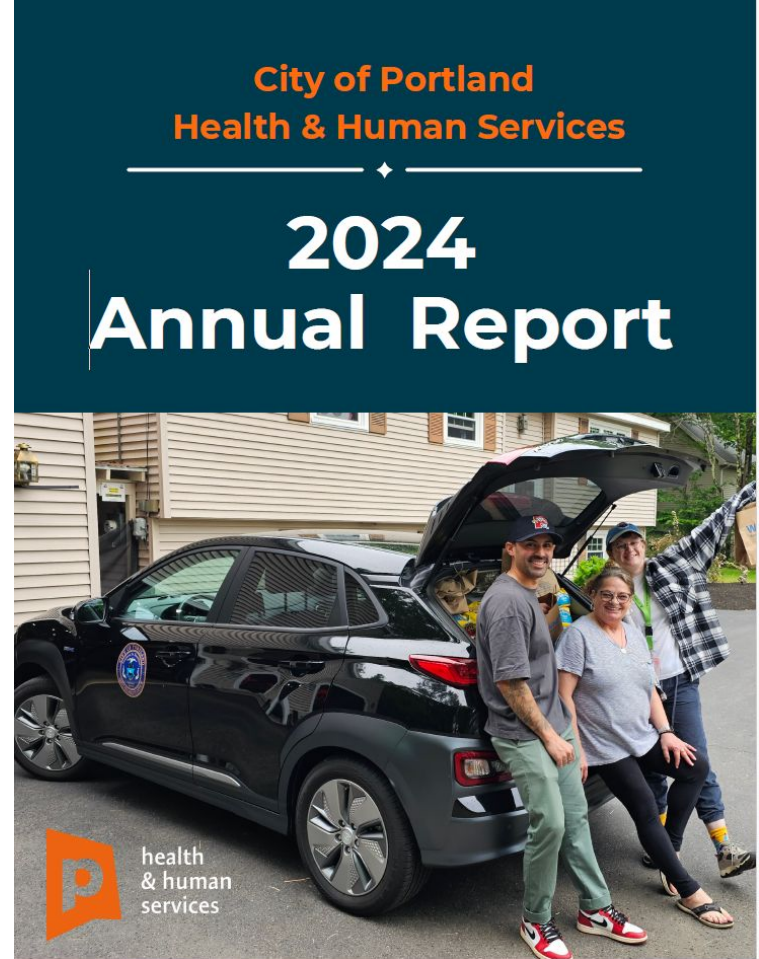
Health and Human Services

HHSPS Committee June 2025 Presentation



Highlights

Housing & Homelessness
General Assistance
Substance Use
Disease & Prevention
Aging, Older Adults, & Disability
Organizational Competencies
Partnerships



Housing & Homelessness



HSC Participant Snapshot



Median Age

43

U.S. Military
Veteran



6%

Living with a
Disability

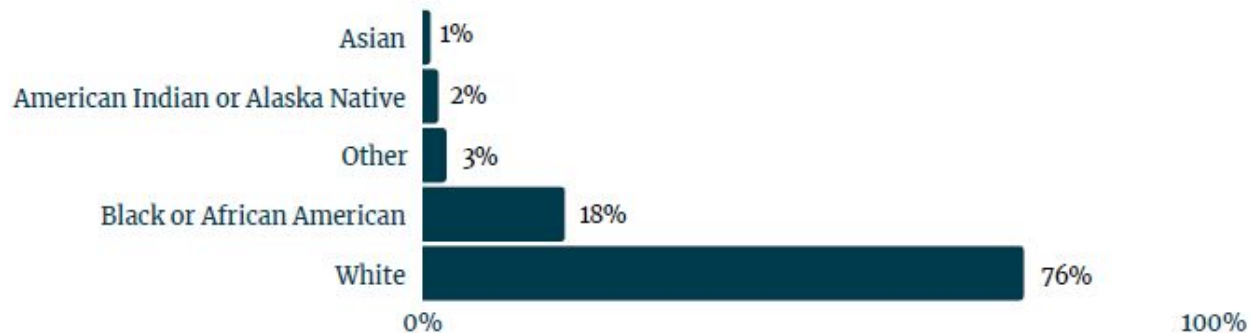


67%

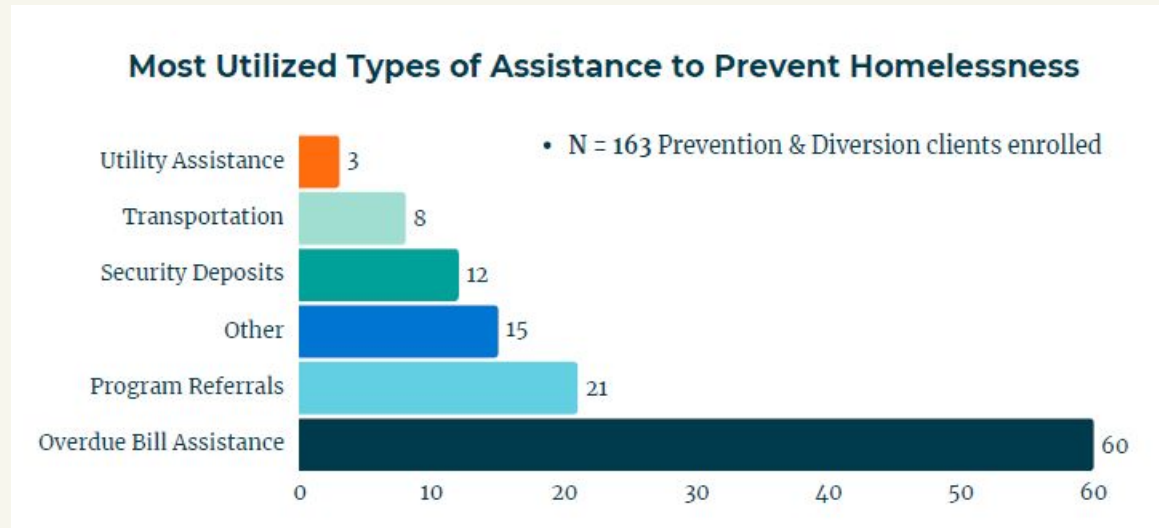


Chronically
Homeless ¹

Homeless Services Center Population Race and Ethnicity



Prevention & Diversion



Outreach

60

Referrals to obtain city-run shelter beds or other housing solutions

65

Partner referrals for alternative housing, medical care, detox services, other essential needs

1,299

Total interactions with unsheltered² individuals

HSC Impact Highlights

1,295

Clients sheltered

90,364

Combined bed nights³,
representing 248 years
of homelessness

111

Clients placed into
housing

43 of 111

Housing placements
were long term stay⁴
clients, representing
over 23,108 bed nights³

Family Shelter Impact Highlights

281

Individuals sheltered,
representing 86 families

36,697

Combined individual
bed nights³

266

Individuals housed,
representing 77 families

12

Tenant education
classes conducted,
reaching 65 families

Riverside Shelter Impact Highlights

439

Clients sheltered

60,730

Combined bed nights³

167

Clients placed into
housing

16,900+

Shuttle rides conducted to
provide clients access to
wraparound services⁵

Resettlement

279

Families served,
representing 916
individuals

32

Families placed in
permanent housing

159

Families placed in
shelters

6

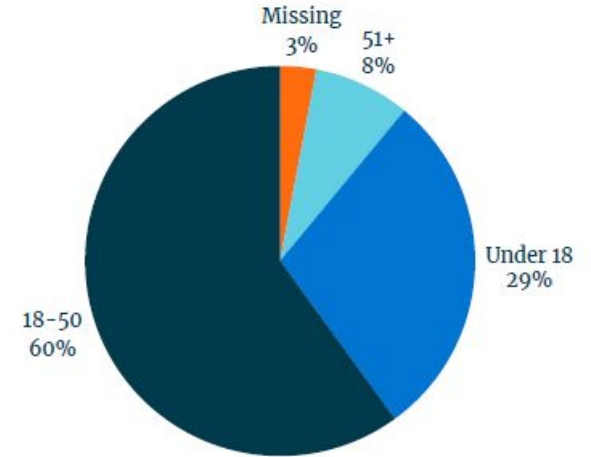
Tenant education
classes conducted,
reaching 51 clients

General Assistance



Participant snapshot

Ages of General Assistance Recipients



Approximate Median Age



33



Male

43%



Female

57%

Cases with Children



12%

Living with a Disability



2%

General Assistance

78%

GA applications qualified for assistance

1,841

Vouchers issued to assist with housing costs

67%

Rental assistance clients needed support for less than 3 months

845

Households received assistance to purchase medication

Representative Payee

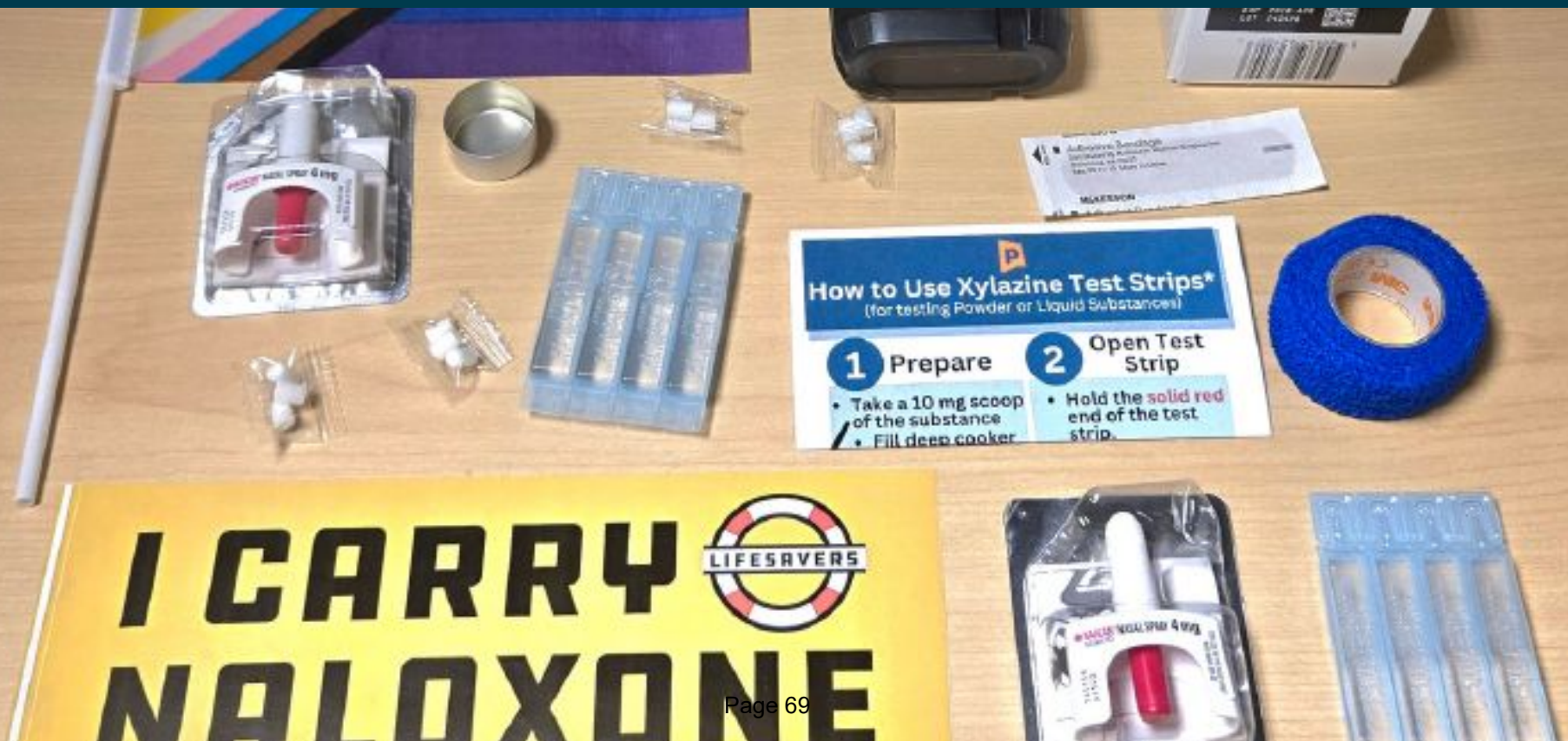
160

Clients received monthly assistance
managing their finances

\$2.25 million

Managed from clients' Social Security
Funds

Substance Use

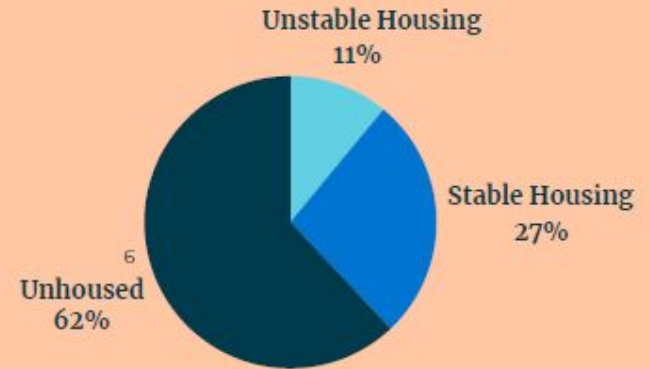


Participant snapshot

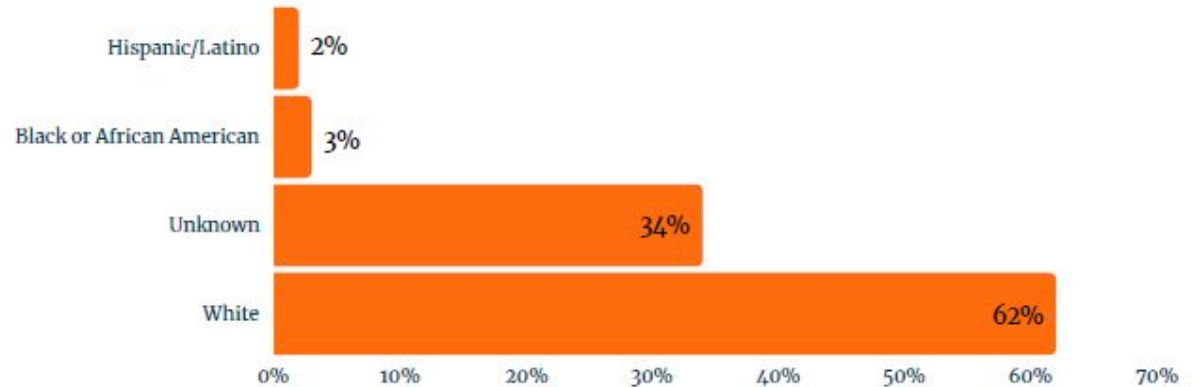


Median
Age
39

Housing Status of Needle Exchange Clients



Needle Exchange Program Population by Race and Ethnicity



Harm Reduction & Overdose to Action

235

Community reversals reported

66 overdose recognition &
response trainings

1,951

Unique Needle
Exchange clients
served, including 99
new clients

19,072

Naloxone doses
distributed

742,595

Syringes collected and
disposed

5,910

Referrals for medical
care, case management,
substance use treatment,
and recovery options

Disease & Prevention



Participant Snapshot

1,947



Youth Participated in Prevention Programming

999



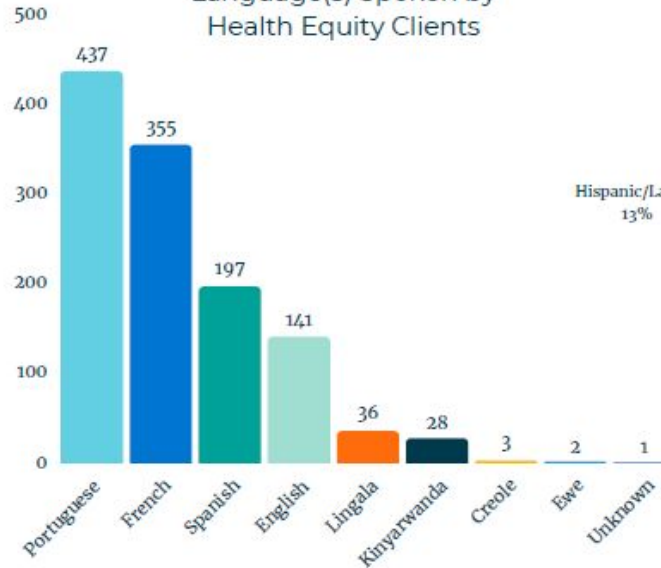
Adults Participated in Prevention & Preparedness Programming

Median Age of Health Equity Clients

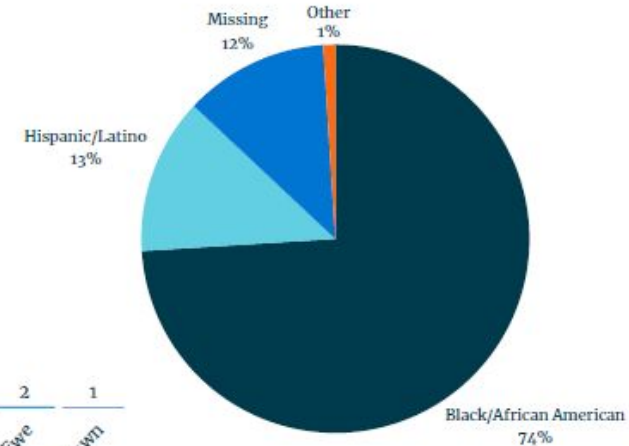


33

Language(s) Spoken by Health Equity Clients



Race and Ethnicity of Health Equity Clients



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individuals participated
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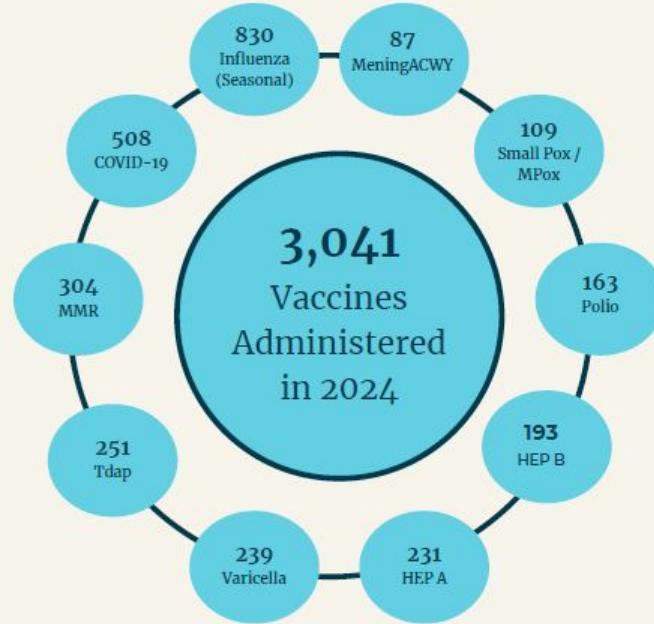
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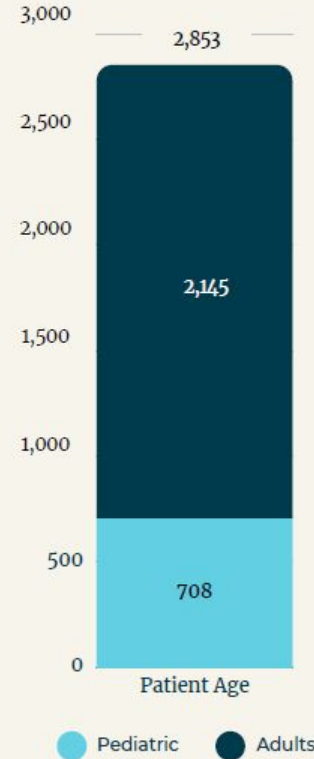
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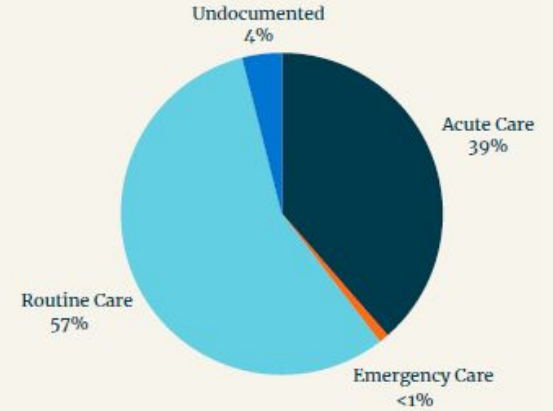
Immunization Patients by Age



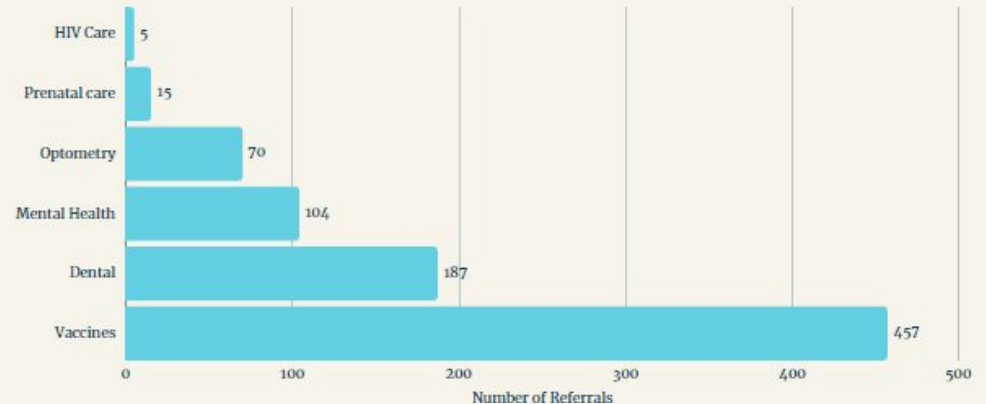
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Patient Screenings



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- Endocrinology
- Psychiatry
- Behavioral Health Counseling
- Gynecology

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Cities Readiness Initiative



2

Emergency exercises simulated

100+

Volunteers recruited

150+

Nursing and pharmacy students received training



Aging, Older Adults & Disability



Participant Snapshot



Male
38.1%



Female
61.8%



Approximate
Median Age

81.5

Population Living
with a Disability



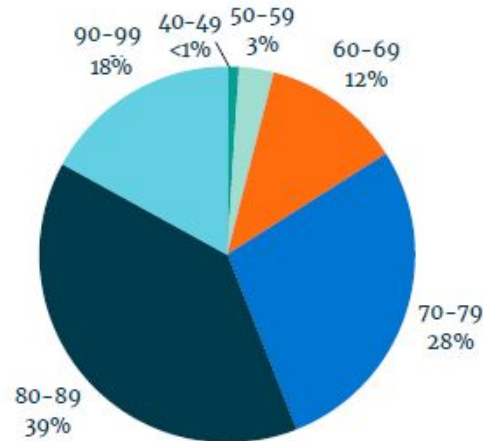
100%

Population on
Medicaid

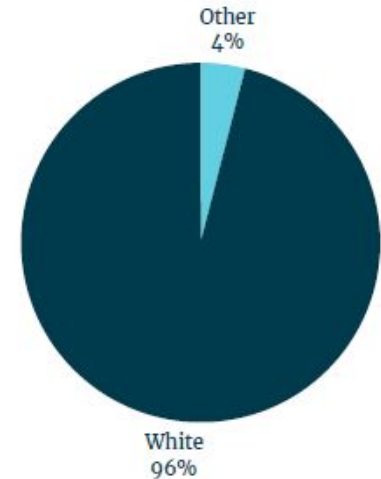


81.8%

Barron Center Population By Age Range:



Barron Center Population Race and Ethnicity



Barron Center

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Combined bed nights³

5-Star

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Centers for Medicare &
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Elder Affairs

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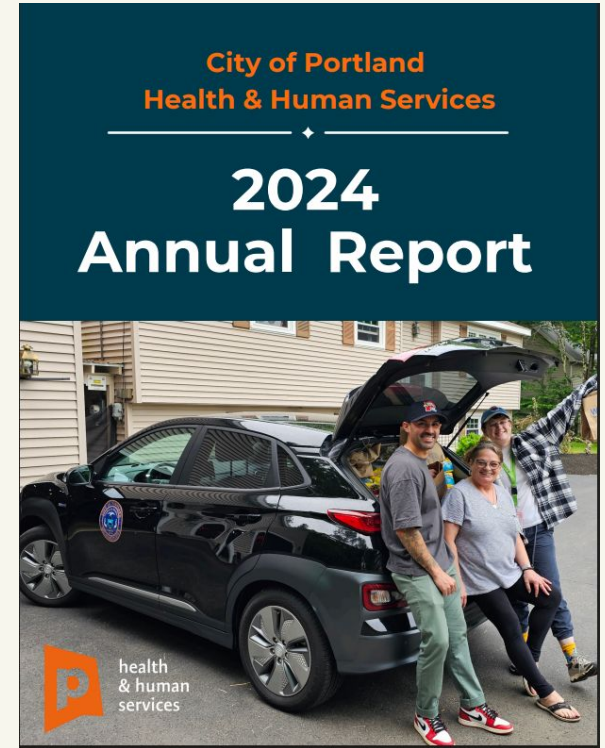


2 new businesses and 118 HHs+

Investment in Organizational Competencies

Communications

Data, Learning, and Collaboration



PARTNERSHIP

Thank you to our partners! Your collaboration and dedication are essential and amplify our collective impact on the community.



...and more!



Thank you!

Contact mmcloughlin@portlandmaine.gov



Project HOPE

*Housing Opportunities for People in
Encampments*



Housing Navigation

Housing Navigation is a step in the continuum that begins with outreach to individuals residing in encampment.

HOPE Navigators engage with individuals and, through the Coordinated Entry process, initiate the process of identifying shelter and housing needs as well as working on barriers to housing, such as obtaining documentations necessary to complete housing assistance and rental applications.

Navigation involves helping those individuals develop a housing stability plan to continue to address the barriers identified in the plan. Navigators then assist individuals with searching for housing.

Stabilization Services

After housed continue to provide retention support including attending property owner meetings, setting appointments, and assisting with paperwork related to keeping clients successfully housed.

INTRODUCTION TO

Project HOPE

Project HOPE (Housing Opportunities for People in Encampments) supports housing navigation and stabilization services recognized as a best practice in moving people from homelessness to stable, permanent housing.

The Impact

85

Total enrollments

12

Total shelter placements

45

Total housing placements

142

Days - the average amount of time to find housing after enrollment

Housing Placement by Source

Coordinated Entry

- 8 Clients housed with Shalom House Permanent Supporting Housing Program (PSHP) vouchers
- 15 Total PSHP vouchers awarded to HOPE clients

Subsidies & Payment Types

- 20 Clients used vouchers (Section 8, BRAP, PSHP)
- 14 Clients used General Assistance
- 9 Clients self-paid
- 2 Clients connected to a long term supportive program

Project HOPE Collaboration



Left to Right: Danielle Levasseur, Project HOPE Program Coordinator at the City of Portland; Autumn Teruel, Navigator at Milestone; Bob Avery, Navigator at Preble Street; Ryan Murphy, Navigator at CommonSpace; Joshua Ruitto, Director of Housing at the City of Portland.

Approach

- HOPE Navigators meet weekly to discuss case assignments. We collaborate by creating the space to speak about clients and come up with viable solutions.
- When a Navigator encounters difficulty, we support each other by creating an open dialogue, brainstorming solutions, and offering support to one another.
- HOPE Navigators participate in larger outreach community meetings, working together to connect with unsheltered individuals who do not have housing navigation services.

Additional Valued Partners

- Milestone HOME Team, Preble Street Outreach Collaborative, commonspace, Portland's Homeless Outreach Engagement and Prevention & Diversion programs, Portland Police, Portland Fire - Mobile Medical Outreach, and Portland Public Health

Project HOPE & Homeless Services Center (HSC)

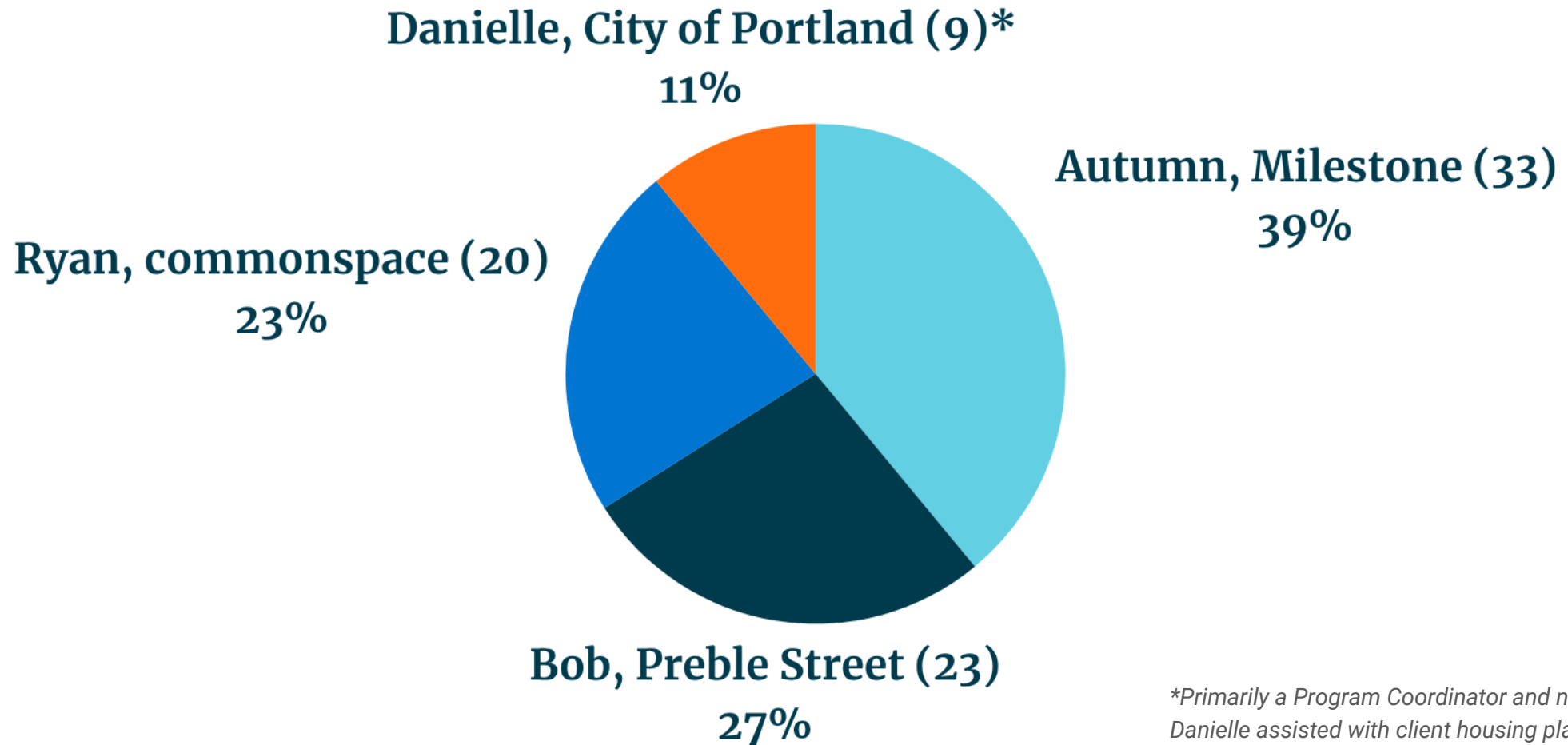


Bed Nights

- HOPE enrollments have an HSC shelter cumulative total of 7,282 bed nights (almost 20 years of homelessness).*
- HOPE clients are often shelter-resistant, resulting in the services delivered in the community.
- HOPE has housed five of the original individuals from the Encampment Crisis Response Team (ECRT) 2023 “By Name List” who had remained unsheltered.

**Does not include undocumented years of unsheltered homelessness*

Enrollments by Navigator



**Primarily a Program Coordinator and not a Navigator, Danielle assisted with client housing placements using relationships she'd formerly established with clients.*

Lessons Learned

- Communication is vital.
- Subsidy and assistance education is key.
- Group collaboration is essential.
- Having a creative mindset can achieve the best outcomes - even with limited resource



Stories of HOPE

"THE HOPE IMPACT"

“Homeless to Housing”

I first encountered D.G. in 2022 while I was working at a women’s shelter here in Portland. She had been referred by an outside agency who was concerned about her safety as she had been staying outside for a very long time. When I met her, she was full of stories about why she liked to stay outside, about her life, and about her goals. She was accepted into the program, but she never stayed inside, instead using her space to store things while she continued to sleep nearby in a tent with her partner.

According to her, she has been unhoused for the entirety of her adult life. Her HMIS [Homeless Management Information System] entries go back to 2017, and she is not yet 30 years old. She has been known to stay near the Fore River. In 2023, there was a significant encampment at Fore River. She was staying in a tent, moving when asked, eventually moving to the Harbor View encampment.

When HOPE encountered her in January of 2025, her ideas about being housed had changed. I remember when I saw her again, she approached me and said that she “knew me” and that “everyone deserves housing.” I couldn’t have agreed more and I was able to enroll her in HOPE. She became determined and told everyone she was going to be housed. The community became involved in supporting her through her housing journey. Then came a time when she couldn’t be located. (Continued)

“Homeless to Housing”

Through collaboration, Milestone said they would let us know if they made contact with her when she picks up food. When the time came for her to view what would eventually be her apartment, she was nowhere to be found. This is the nature of outreach work, there is no way to know where someone will be from day to day.

Through continued collaboration, we were able to locate her and connect her with her navigator to complete her paperwork. Afterward, she was awarded a Shalom House Permanent Supportive Housing Program Resource in February of 2025, and was housed on March 13, 2025. What makes HOPE strong and unique is the collaboration we have with each other, as well as with other organizations in the community. There are many challenges associated with keeping people housed. As part of the program, HOPE will continue to follow up with her in the coming months. Though her future will be her own, she has a strong support network within the community that will help in any way they can.

“A Home for Brindal and I”

No Bowl Empty is an organization that donates pet food and medicine to people in the unhoused community. I met a client at one of the organizations events. This client had been staying outside, unable to access the shelter for fear of being separated from his dog, Brindal. HOPE helped him with his immediate needs, medical concerns, and was able to assist with getting his dog the medical attention it needed.

This client had come from a rural setting, but was unable to find work in the town where he previously resided. He had come to Portland to find work, but found the labor market to be saturated and was unable to find consistent work. HOPE worked closely with this client, filling out applications for apartments as well as for employment. HOPE helped this individual secure employment and temporary housing. The client moved to be closer to his job. As it turned out, his employer was also a landlord and was able to help him move into a permanent unit.

“Growing My Own Food”

This story involved a collaboration with the Portland Public Health Syringe Exchange. There was a client who accessed their services and was in line to receive a PSHP resource. This person had lived on a farm for most of his life and became unhoused when his parents passed away, leaving him unable to maintain the house.

Being left without a home, he took to camping on the outskirts of Portland and began using substances. As a person who had always lived in a rural setting, he was not used to the amount of people in shelter and found it a difficult place to be due to his mental health. While living outdoors, he accessed harm reduction supplies but, with limited access to resources, he was unable to find housing for a number of years.

When HOPE was introduced to him through the Syringe Exchange, the most important thing to him was finding a home where he could settle in and resume doing what he loves: growing his own food.

HOPE was able to find the client housing near Portland. Moving into housing after having slept outside for some time can present some challenges. There were small adjustment periods where we worked closely with the property management and were able to get this client settled into a routine that worked for him, the apartment building, and community. Since settling in he has grown his vegetables, recently brought a tray of microgreens to Portland Public Health, and he has been planning for a more substantial garden this summer.

Client Testimonials:

*“I have a good [rapport] and friendship basically with a caseworker that’s very helpful and actually cares. This program has been amazing.” - **Kim**, Project HOPE Client*

*“As long as I was putting my initiative in, you guys were doing everything you could do for me and it’s worked out very well. And I can’t thank you guys enough.” - **John**, Project HOPE Client*

*“I would suggest to anyone who gets the opportunity to be a part of [Project HOPE] that they don’t get discouraged and they stick with it and they keep in touch ‘cause it goes both ways. Y’know people on our end gotta know that somebody’s got our back and is looking out for us. And at the same time y’all need to know the person is taking it seriously and really wants it and is doing what they need to do on their end.” -**Mitch**, Project HOPE Client*

City of
portland



Questions & Answers

Contact aeg@portlandmaine.gov



To: Health & Human Services & Public Safety Committee
Councilor Anna Bullett, Chair

MEETING DATE

June 10, 2025

AGENDA ITEM

Agenda Item #6 -Fire Sprinkler Systems

PURPOSE

Provide information on the City of Portland’s Fire Sprinkler Systems.

COMMITTEE WORK PLAN/CITY COUNCIL GOAL ALIGNMENT

This item supports priority #7 (Sprinkling Requirements) on the committee’s 2025 work plan in connection with the City Council’s Common Goal #2 on solutions to the housing crisis.

BACKGROUND/ANALYSIS

The requirement to provide fire sprinkler systems in any building comes from two areas. One is the ICC codes adopted by the Maine Uniform Building and Energy Code (MUBEC). The other is the National Fire Protection Association (NFPA) Fire and Life Safety Codes, which are adopted by both the State of Maine and municipalities, such as the City of Portland. Both of these (MUBEC and NFPA) require sprinklers for many but not all new buildings. Whether or not a sprinkler system is required is determined by many factors, including occupancy type and building construction type. For instance, all new three-story wood-frame multifamily buildings (3 or more dwelling units) are required to be equipped with sprinklers as they are residential occupancy. However, suppose you had a business occupancy with the same size and construction type as the multifamily building. In that case, it may not require sprinkler protection, as business occupancies do not always require sprinkler protection.

The State of Maine, in both its adopted MUBEC codes and its adopted NFPA codes, has removed all requirements for fire sprinklers in one- and two-family dwelling units. The City of Portland adopts the NFPA 101 Life Safety Code in Chapter 10 of the City Code. Starting on September 16, 2010, the City’s adoption of that code did not remove the sprinkler requirement for one and two-family homes. This adoption, unlike the State of Maine’s adoption, has required all new homes built since this 2010 date to be protected throughout with a fire sprinkler system.

In previous City Code 10 adoptions of NFPA 101, the City had removed the renovation trigger for when a sprinkler system is required in a one or two-family home undergoing renovations. We

were starting to see renovation projects where a home would be completely demoed except for one small wall, so that it was a renovation rather than a new building. In light of this, effective November 5, 2020, the City Council adopted the renovation codes in NFPA 101. The change includes the code section that states that if the building level of renovation is 50% or more of the entire building, then it is required to have sprinkler and fire alarm protection, as is necessary for new construction.

Once a trigger for a sprinkler system is present, the code requires the system to be installed throughout the entire building, including both new and existing buildings if attached. This is not something the City could modify, as the State Fire Marshal's Office also has jurisdiction over sprinkler systems. Therefore, per the code, when adding a new ADU attached to an existing home, both the new ADU and the existing house would be required to be sprinkled throughout.

With this in mind and considering the City's initiatives to create more housing, we collaborated with the City Council to develop a policy on December 5, 2020, regarding when ADUs would require sprinkler protection. This policy looks at the attached ADUs as an addition. So, if you have a 2000 sq ft existing unsprinklered home with no renovation and add a 1000 sq ft new ADU attached to the existing building, we would consider the entire renovation level to be 33%. Thus, neither building is required to be sprinklered. On the contrary, if you have a 2000 sq ft existing, unsprinklered home and are simultaneously adding a 1000 sq ft ADU, you will also extensively renovate 600 sq ft of the existing house. This would result in the entire addition and renovation level of the existing house being approximately 55% of the building, thus requiring both new and existing dwellings to be sprinklered. New standalone, non-attached Accessory Dwelling Units (ADUs) require sprinkler protection.

Requiring new one- and two-family homes to be equipped with fire sprinkler systems offers numerous housing benefits. With sprinkler systems, we have been able to safely increase the density of the City's housing. This density increase, made possible by sprinkler protection, comes from several factors. A decrease in building setback requirements for buildings with sprinklers. Decrease in the number and widths of access roads for buildings with sprinklers. It also permits an increase in the spacing of fire hydrants.

Sprinkler systems are the most effective tool the city has to prevent fire fatalities, but they also provide numerous additional benefits.

- In the last 10 years, the City of Portland has issued over four hundred One and Two-Family Fire Sprinkler Permits.
- All City of Portland One and Two-Family Sprinkler Permits are free of charge.
- The City of Portland has no record of any fire fatalities in a building (all buildings, single-family homes through highrises) protected throughout with a fire sprinkler system.
- The 2021 national civilian fire fatality rate was 89% lower in structures with fire sprinklers compared to those without sprinkler protection.

- The fire fatalities that occur in a sprinklered building statistically only happen when the person is in the immediate vicinity of the fire origin.
- There has never been a multiple loss of life from an accidental fire in a sprinklered building.
- The firefighter injury rate is 60% lower in fires where the building is equipped with a sprinkler system.
- From 2002 to 2019, 66% of the firefighter line-of-duty deaths were caused by cancer. Although it is difficult to know precisely how much fire sprinkler systems can reduce this, it is safe to say that reducing the number and duration of incidents where firefighters are exposed to toxic smoke and carcinogens reduces this number.
- The average property loss per structure fire is 55% lower in homes with fire sprinkler systems.

FISCAL IMPACT

There is no fiscal impact associated with this item.

CONCLUSION(S)

This item is for information and discussion regarding the current City code as well as state and national standards.

PRIOR COMMITTEE REVIEW

N/A

PREPARED BY

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Jason Grant
Fire Marshal
Fire Department

ATTACHMENTS

<https://www.nfpa.org/education-and-research>