Health & Human Services and Public Safety Committee

Tuesday, April 12, 2022, 5:30 PM
Remote Meeting

Councilor Tae Chong, District 3, Chair
Councilor Mark Dion, District 5
Councilor Victoria Pelletier, District 2
Councilor Anna Trevorrow, District 1

1. Announcements

a. On Tuesday, April 12, 2022, at 5:00 pm, the Health & Human Services and Public Safety Committee will conduct a virtual meeting using emergency legislation approved by LD 2167; 1 M.R.S. §403A, that authorizes cities and towns to conduct meetings online. This meeting will be conducted remotely using Zoom.

Allow your computer to install the free Zoom app to get the best meeting experience. We hope to be able to offer other livestream methods in the future. If you are not able to attend live, we will be posting a recording of the meeting once it has concluded.

For public comment, you will need to use the "raise your hand" feature. To raise your hand via the telephone, please hit *9. You will be unmuted by the host when it is time for public comment.

Please click the link below to join the meeting:
https://portlandmaine-gov.zoom.us/j/85637080550?pwd=ZkttMWl1MUl5c1AzbFhFenFKSm1TQT09
Passcode: 107296
Or One tap mobile :
US: +13126266799,,85637080550#,,,,*107296# or +19292056099,,85637080550#,,,,*107296#
Or Telephone:
Dial(for higher quality, dial a number based on your current location):
US: +1 312 626 6799 or +1 929 205 6099 or +1 301 715 8592 or +1 346 248 7799 or +1 669 900 6833 or +1 253 215 8782
Webinar ID: 856 3708 0550
Passcode: 107296
International numbers available: https://portlandmaine-gov.zoom.us/u/kkWxNg28L

2. Review and Approval of Minutes from March 8, 2022

a. March 8, 2022 Draft Minutes

3. NIMS/ICS Overview

a. Staff Presentation

4. Mobile Medical Outreach Clinic

a. Staff Presentation

5. HHS Emergency Shelter Update

a. Staff Presentation

6. Next Meeting: May 10, 2022

NOTE: Since there are no action items on the agenda, there will be no opportunity for public comment at this meeting. Please feel free to send comments to members of the committee on any issue at any time via email. Councilors email addresses are available on the city website: www.portlandmaine.gov

The meeting can be watched online via livestream: www.portlandmaine.gov/livestream

Keep up to date with the new shelter design and planning process at the City's website

www.portlandmaine.gov/shelterplanning

Health & Human Services and Public Safety Committee Minutes

Tuesday, March 8, 2022, 5:30pm, Remote Meeting

Committee Attendance:

Tae Chong, Chair (District 3), Anna Trevorrow (District 1), Victoria Pelletier (District 2), & Mark Dion (District 5).

Councilors in Attendance:

Mayor Kate Snyder

City Staff:

Tina Pettingill, Deputy Director of HHS; Adam Harr, Executive Assistant for Social Services. Keith Gautreau, Fire Chief; Bridget Rauscher, Chronic Disease Prevention Program Manager; & Heath Gorham, Interim Police Chief; Aaron Geyer, Social Services Director.

Guest Speaker: CCJ Sheriff Kevin Joyce.

Meeting called to order at 5:40 PM.

AGENDA ITEM 1 – Announcements

- Councilor Dion moved to approve minutes from January 11, 2002 and February 8, 2022. Councilor Trevorrow seconded and the minutes were approved unanimously.

AGENDA ITEM 2 – February Updates

HHS Update

- Meeting with Days Inn and Comfort Inn owner notifying the City that they will not renew their contract with MaineHousing, ending sheltering single adults at those hotels at the end of April: 290 people.
    - Old Orchard Beach's two hotels are seasonal and already set to close at the end of April.
        - 21 families of about 100 people.
    - Some singles are asylum seekers but not the majority.
- 28% of singles are from outside of Portland.
- It does not appear that hotels will be closed to families.

- Has there been indication on a timeline of other communities expanding permanent bed counts?
    - No. Continued ask is to look for physical space for the 290 who will be displaced in less than 90 days.
- What are other groups doing?
    - CPCOG holding meetings with the City manager looking for ways to help.
    - ESAC collectively looks at the issue and advocates at the state level.
    - Focusing on rapid rehousing efforts at the hotels with MaineHousing.
- What is the wait list for Section 8 and other subsidized housing?
    - Years long but depends on program but some don't have waitlists.
        - Avesta is over 3,000.
        - Shelter Plus Care is available.
    - Trying to find the best fit ad focusing on the best fit resource for each of the 290.
- Can we work with housing authority executive directors to have housing councilors fill out applications? Anything from the Governor?
    - Trying to find a facility; the expo would work for families but a similar model would be difficulty for 290 singles due to spacing between households.
        - Specific facilities would be a start.
        - Retrofitting a facility will take time due to pandemic related constraints, i.e. staffing shortage and supply chain delays.
- We had capacity for 75 at OSS for most of the pandemic but we could raise it to 121; 154 was the pre pandemic capacity.
    - We could absorb about 50-60 of the 290.
- Councilor Dion requested a summary for specifications needed for a shelter facility.
    - Basic factors that make a building eligible as a potential shelter.
        - Guidance from MEMA on sheltering congregate vs. non-congregate.
        - Code considerations per induvial; staff can assess buildings to determine capacity.
            - Fire can assess specific facilities for occupant load.
        - Where the facility will be.
            - What meets code there? As each municipality has different life safety codes they adopt.

- Finding a facility will be hard due to Covid.
- The committee needs to advocate to the Governor's office.
- The month of February saw a marked reduction in asylum seeking family arrivals where only 19 new families for 60 individuals presented for shelter assistance with the City of Portland. It has picked back up in March.
- Average Nightly Individuals in shelter in February: 1,152 per night between various sheltering methods.
- General Assistance Program
    - Total Applications: 1,274
    - Denial rate: 4.5%
- Oxford Street Shelter and contract hotel:
    - OSS average nightly census: 75
    - Contract hotel average nightly census: 132

    - Average individuals placed in hotels through General Assistance: 263
- Overview of the Family Shelter:
    - Number of on-site at the family shelter: 16 families/ 45 individuals
    - Number of families at local hotels for shelter overflow: 189 families/ 637 individuals
- Resettlement Update:
    - Southern Border reports people are still arriving and that there may be a lag in processing.
        - Calls from San Antonio Catholic Charities informing they are sending a family of five.
        - The number of people lagging is unknown.
            - There is no clearing house to know how many people at the border need to be relocated.
        - Should we ask our federal delegation about such a clearing house?
            - Data sharing would be helpful.
                - Names
                - Even just numbers of people would help us prepare.
                    - Number of people indicating 54 Chestnut Street as an address.
                    - Ask people to consider arrival time; people are arriving as late as 1:00 AM well after Family Shelter staff have gone home.
    - Can the City or State declare a humanitarian crisis to grant 30 day work authorization instead of the year?
        - We can ask the federal delegation.
        - We have the authority to declare emergencies but this would not supersede federal law.
    - What is Portland's percentage of the State's GA applications?
        - This may be reported out in dollar requests and not number of applications.
    - Tier 1 is a FEMA designation.
        - What information can be provided by ICE to Tier 1 cities?
            - Ask our federal delegation.
    - We are in a reactionary state due to the volume of people and trying to meet their basic needs. Meeting basic needs is supplanting some of our other programs.
        - 2.5 Maternal Child Health Nurses that help families with new babies.
            - They saw 100 patients last month which took away the capacity of their other services they usually provide.
        - Councilor Dion said there is also a language barrier that add to the time needed to be effective.
- Needle Exchange.
    - There are 18 exchanges in the state.
    - There was an increase in new clients: 70 across January and February.
    - Collected over 90,000 over January and February.
    - Clients reporting 11 community reversal in January and 17 in February; this is lower than the actual.

- Dispenses 401 Narcan kits (2 does each)
- Have started offering fentanyl test strips at every exchange, 3 strips per visit.
    - What is the tracking/assessment for this?
        - 2 new questions:
            - Asking if clients want to have tests strips.
                - Explanation how to use.
            - Asking about their experience using the strips and collecting information on reported positive tests.
        - We will be translating materials in other languages.

AGENDA ITEM 3 – Cumberland County Jail Updates with Sheriff Joyce

- Staffing has been an issue since the start of Covid.
- In person visits and programming for inmates was shut down at the start of Covid.
- When arrests came in, people were tested in the cruiser.
- Arrests would go into a quarantine cell for 14 days before going to general population.
- Positive cases would go into a negative pressure cell.
- Staff work with the DA to drive population down.
    - Released people early as much as appropriate; DV related served entire sentence.
- Imamate population has health problems.
- Inmates do not want to wear masks or believe in Covid.
- Encouraged summons.
- PD staff had been frustrated with some of these policies.
    - Reduced arrests by 700 and increases summons by 300.
- 2020: about 100 Covid cases.
    - York County diverted to Cumberland for a time.
    - Also had to shut down due to cases.
- Delta was an emergency.
    - 13 staff tested positive.
    - Mandated overtime.
    - Considered using patrol deputies but did not need to.
    - Command staff worked in the jail to give others time off.
    - Shut down intake during this time diverting to other jails.
    - Lifted state of emergency in October.
- December, 2021
    - Staff working 16 hour days.
    - Started a partial diversion
        - Taking A, B, & C crimes, violent crimes but everything else was a summons.
    - Opened during New Year's Eve.
- January, 2022
    - Omicron went through the inmate population.
- March 1, 2022
    - Out of outbreak status but will open fully next Tuesday after some renovations.
- Experiencing staff resignations.
    - Some command staff could work remote but corrections officers are in the congregate environment.
    - Some staff left due to loss/lack of understanding of qualified immunity.

- There was a mental illness problem precovid but it is a much larger challenge under Covid.
- We are not taking inmates form other Jails.
- We used ARPA money to increase pay.
- Hired 12 corrections officers since September.
    - In 2015, corrections academies would send 30 per year.
- County hired a recruiter.
    - Every jail in the state is having issues recruiting and retaining staff.
- Need to hire 60 corrections officers to be fully staffed.
- Police officers and constituents are frustrated at the policy of not taking everyone arrested.
- Taking away in-person visits takes away supports that help people be successful at reentry.

Committee questions and discussion

- Councilor Dion commented on the summonses and arrests.
    - Police are frustrated at being unable to make arrests.
    - Citizens want people arrested.
        - Citizens exert pressure to make arrests and when officers give a summons instead, the place lose public confidence which affects morale.
- Councilor Trevorrow asked what data the Jail has on people diverted from jail offending?
    - Citizen reporting.
    - There is speculation that people wouldn't have committed a crime if they had been arrested but anyone could potentially make bail and then commit a crime.
    - We won't be able to measure this in numbers.
- Councilor Chong asked about community policing in Bayside; could frontline officers focus on people who regularly commit offenses/Bayside?
    - It is hard to carve out what designates a summons versus an arrest.
    - The state needs more mental health and addiction resources; arresting removes people for a few days and then repeat behavior on release.
- Councilor Dion shared a story of a constituent contacting him, trying to figure out how to have his son arrested to intervene in his heroin addiction.
    - Is programming available?
        - No due to staffing, likely another year before there is enough staff to bring back online.

AGENDA ITEM 4 Overdose Mapping & Reporting

- Chief Gorham explained the YTD and February to present OD maps.
    - Most are in Bayside Neighborhood (Beat 4)
        - YTD: 39 of the 63 overdoses in Beat 4 were at the Oxford Street Shelter.
        - February to present: 17 of 26 overdoses in Beat 4 were at the Oxford Street Shelter. Officers administered Narcan 5 times.
    - Will come back with an overlay by beat and by voting district.
- Councilor Chong asked about overdoes on major thoroughfares and if we know where recover homes are.

    - Is that something we can disclose?
    - Is there a time when more overdoes are occurring?
        - Not tracked; the purpose of OD map is to see drug trafficking move up the coast.
        - Historically would see activity occur in Lowell, MA and make preparations based on that forecast.
        - Is it possible to use Opioid settlement money to track time, gender, race or seasonality to overdoses? Partnering with institutions like the Roux Institute?
            - Getting the data is a heavier lift but making data driven decisions is important.
                - Time of day is possible.
                - Outside versus inside is difficult to get and requires looking into each narrative which additional resources/staffing could assist.
                    - An overdose occurring in public versus private space is informative.
                        - Are hotel rooms setting people up for overdose?
                        - Some public spaces can be private like encampments.
    - Can there be a breakdown by gender and race?
        - It is not something we generally use.
    - To figure out inside versus outside would be a lot of staff time to go ingot each individually file to figure out.
- OD map at its ideal would be real time.
    - We don't necessarily have first responders able to enter data into OD map in real time.
    - When there are trends that are noticed, Public Health collaborates with the PD.
        - We warn at the exchange and put it on social media.
- Councilor Dion is concerned with the harm reduction model, seeing numbers increasing. We appear to be getting better at documenting an increasing problem.
    - We started doing primary prevention pre Covid and these unpresented times are influencing use.
        - At intake we are asking people why they are coming and people are returning to use.
        - Harm reduction is just one part of the strategy; investing in primary prevention will be a huge part of solution and needs substantial funding.
        - Enforcement is an important part of this.
            - Dangerous drugs are coming into the state.
        - About 635 overdose fatalities in Maine.
            - Most overdose deaths are taking place in rural areas.
- Chief Gorham explained this issue is complicated and one complicating element is the large portion of people with co-occurring diagnoses.
- Chief Gautreau proposed presenting on the Mobile Medical Outreach Clinic from Fire and Public Health.

- Grant funding was not awarded for next year.
- Cutting edge model.
- Public Health funded group with EMS from FIRE providing care in the space between primary care and the emergency department.
    - Invite key staff to share what they are doing in the community.

The meeting adjourned at approximately 7:45 PM.

NIMS / ICS OVERVIEW

History of NIMS & ICS

- ICS was developed in the 1970's for wildfires in S. California
- FIRESCOPE
  - **F**irefighting
  - **R**esources
  - **S**outhern
  - **C**alifornia
  - **O**rganized
  - **P**otential
  - **E**mergencies

History of NIMS & ICS cont.

- Homeland Security Presidential Directive-5 NIMS (9/11)
- Terrorist attacks highlighted need for national approach to incident management
- Multi-Agency approach

DEFINITIONS of ACRONYMS

NIMS

- The National Incident Management System (NIMS) guides all levels of government, nongovernmental organizations and the private sector to work together to prevent, protect against, mitigate, respond to and recover from incidents.

ICS

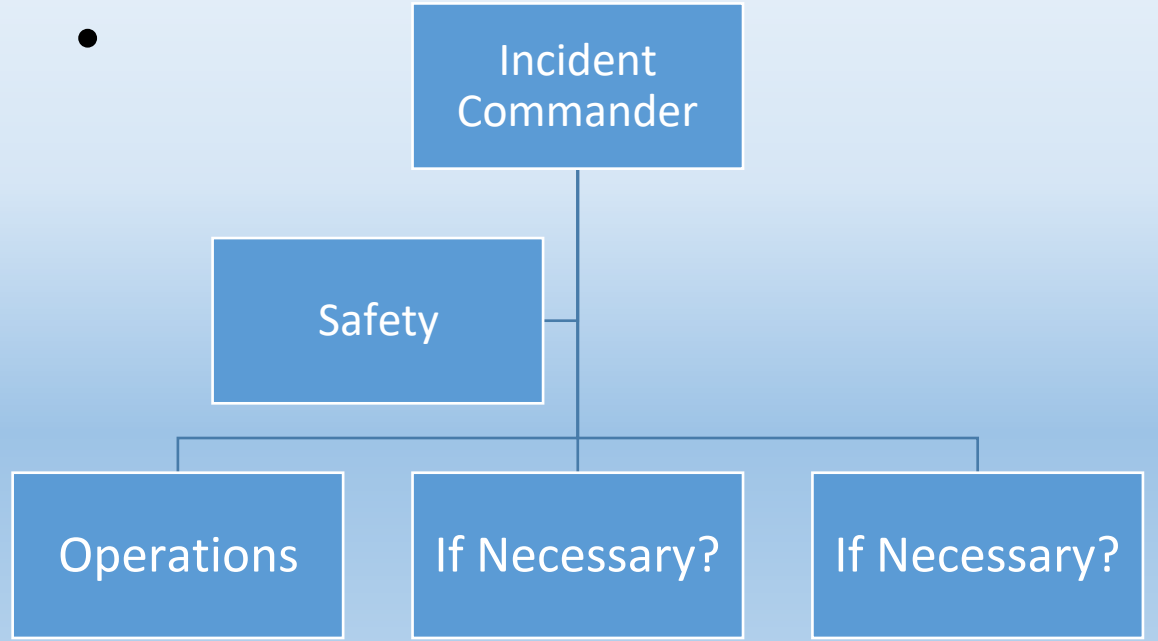
- The Incident Command System (ICS) uses a standardized management approach to ensure that incidents are properly managed and communications are effectively coordinated during an incident.

NIMS Management Characteristics:

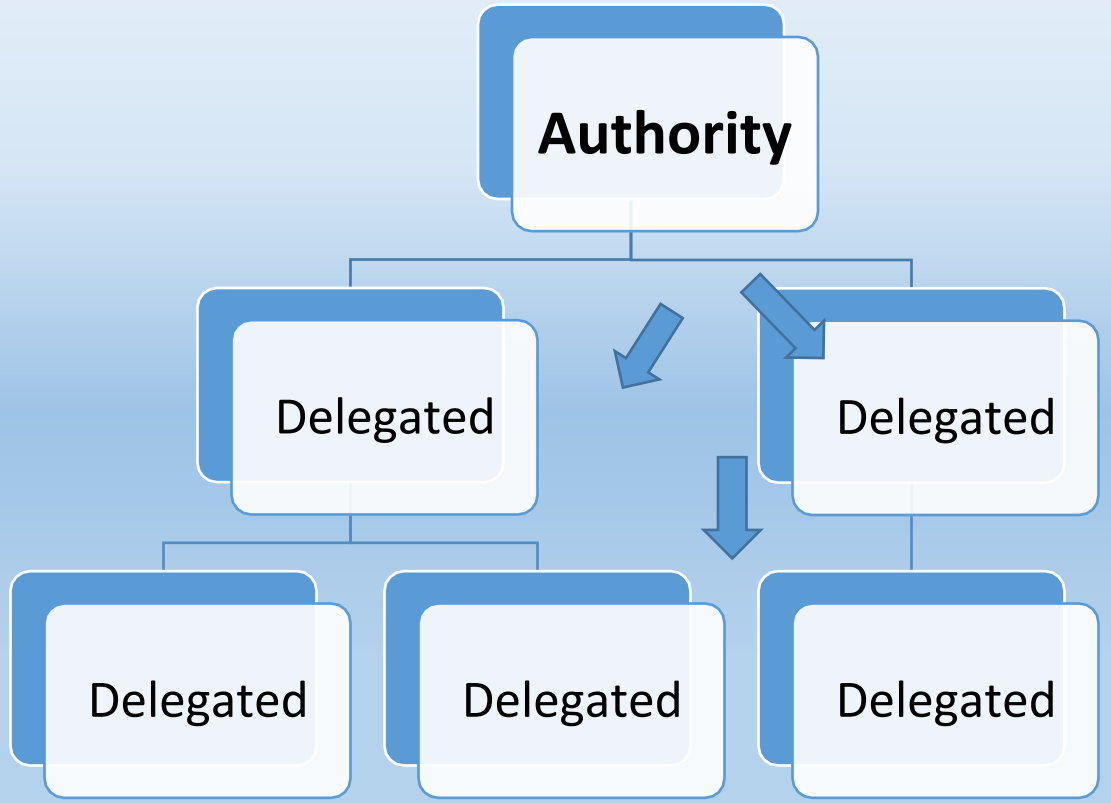
- **Modular Organization**
- Management by Objectives
- **Incident Action Planning (IAP)**
- Manageable Span of Control
- Incident Facilities and Locations
- Comprehensive Resource Management
- Integrated Communications
- Establishment and Transfer of Command
- **Chain of Command and Unity of Command**
- Accountability
- Dispatch/Deployment

Modular Organization

- The (ICS) organizational structure develops in a modular fashion based on the incidents size and complexity.
- The responsibility rests with the Incident Commander.
- As the incident grows more complex so does the organization.



Chain of Command (ICS)



- Chain of command is an orderly line that details how authority flows through the hierarchy of the incident.
- Allows an Incident Commander to direct and control the actions of all personnel on the incident.
- Avoids confusion by requiring that orders flow from supervisors.

Unity of Command (ICS)

- While chain of command relates to the overall hierarchy, unity of command means;
- Report to only one Incident Command System (ICS) supervisor.
- Receive work assignments only from your ICS supervisor.

Incident Action Planning (IAP)

"Houston, we have a Problem!"

Incident Action Plan

- What do we need to do?
- Who is responsible for doing it?
- What resources are needed?
- How do we communicate?

Incident Action Planning (IAP)

- Sample IAP from Fire Department for the Covid-19 Pandemic

DISCUSSION / QUESTIONS??

INCIDENT ACTION PLAN

COVID19 INCIDENT

PLATOON 3

OPERATIONAL PERIOD

4/9/2020 8:00:00 AM

to

4/10/2020 8:00:00 AM

Shift Commander (C5)	DC HENDRICKS
Call Back Chief (C55)	DC JOHNSTON

	OFFICER	Crew	Medics	Haz-Mat	Pilot	Swimmer
L1	**Lt Halvorsen**	3	1			
MC1		2	1			
E5	**Lt VanDeinse**	3	1	1		
MC5		2	1	1		
E6	**Capt Brennan**	3	1	1		
MC6		2	1			
L6						
(additi						
L3	**Lt Gerrish**	3				
MC3		2	1			
E9	**Capt Cyr**	3		1		
L4	**Lt Denham**	3	1			
MC4		2	1			
E11	**Capt Nichols**	3		1		
(additi						
C9	**Lt Ayer**	1	1			
R1	**Lt Krum**	3	1	3		2
M1	**Lt Berry**	3			3	
E12	**Lt Gibson**	1				

42 ON DUTY
12 MEDICS ON DUTY
10 HAZ-MAT TECHS ON DUTY
3 PILOTS ON DUTY
3 SWIMMERS ON DUTY

ARS	**Lt Copp**					
Deco	**Lt Tillotson**	**2**	**1**	**2**		**1**
(additional Co.)						
(additional Co.)						
(additional Co.)						
(additional Co.)						

C1 REMARKS

Staffing R-2 started Tuesday (shift #1) as DECON 1. Support for Ambulance crews; donning / doffing PPE / decon apparatus.
PLEASE BE PATIENT & FLEXIBLE FOR FIRST FEW DAYS!
Decon 1 Cell Phone: 207-747-9280

Shelter Update:
Positives in #56 - Units 2,3,4,6
Expo had 35 last night / OOS had 91 last night

FIRE DEPARTMENT RESPONSE PLAN

For

239 Park Ave. Exposition Building

The Expo is temporarily being used to quarantine the homeless population from 203 Oxford Street shelter that were exposed to two patients last week. This could be anywhere from 40-70 people being asked to quarantine for 14 days.

Response Plan:

1. First, for all calls (EMS and Fire) consider the building "Positive U21" and use appropriate level of PPE. Limit exposure to personnel.

2. For Critical EMS calls that require transportation to a hospital:
    a. Verify signs & symptoms for "U21 Status" or "COVID Confirmed"
    b. If patient ambulatory have them meet first responders outside with mask
        i. Ambulance can back up to overhead door on Delta Side (right side) of building
    c. If non-ambulatory then limit entry / exposure and wear appropriate PPE
        i. Ambulance can back up to overhead door on Delta Side (right side) of building

3. Public Assist or Lift Assist (FD unable to accomodate)
    a. This is simply not sustainable for us due to the amount of PPE required for a simple lift. Our supplies are extremely limited.

C2 REMARKS

C3 REMARKS

Phase 1 and 2 of pandemic protocol changes - PLEASE complete.
Phase 1 is in Target Solutions currently, and C9 will be assisting you with MEMSED access if needed.
Phase 2 training is available on MEMSED now. This needs to be completed prior to implementation. Please work with your C9 to ensure it is completed.

Continue acquiring signatures from all patients. Understandably, you may have some concern about equipment contamination with suspected or confirmed COVID19 patients. Please document the reason why the patient did not sign on their own behalf, in the narrative field. Additional guidance is available in the 04.07 update on the PFD Homepage.

Field termination of cardiac arrests - new guidance includes notification to the Medical Examiners office. Work with your C9/C5 to ensure that this is occuring for every field termination. Full guidance is in the 04.07 update on the PFD homepage.

Please be a strong advocate for your patients. If you aren't getting an appropriate bed assignment based on your assessment, speak up. If you are transporting a PUI, and do not receive a COVID bed on arrival, speak up for the safety of your patient, yourselves, and other healthcare providers.

04.09 Update - Wellness, on PFD Homepage. Please read.

CHIEF NIXON REMARKS

Make sure there is nothing in the patient compartment that cannot be deconned. Please remove the medical gloves from the glove holders and putting them in a closed cabinet.
Rescue 2 will be staffed starting yesterday and will be called "Decon 1". They will be monitoring Prime. When your ambulance needs to be deconned make sure you have dispatch notified them to confirm they will meet you at the hospital (preferably before your enroute). MMC stated you can use the tent by the ambulance entrance to doff your PPE and change. Your ambulance will be getting deconned at the parking spots adjacent to the valet parking entrance to the ER.
It is important to understand the process to properly don and doff your PPE. Haz-Mat members will be reviewing with crews on each shift on the proper way to do this, so you will not get contaminated or secondary contamination.

C5 REMARKS

TEMPERATURE CHECKS ARE TWICE PER DAY
MASKS IN PUBLIC

WEATHER ALERT TODAY UNTIL 4/10/20
HIGH WINDS AND RAIN
Decon for ambulances may have to be completed at a alernate location
Decon 1 will advise on conditions if the change is needed.

MEDICAL UNIT LEADER (C9)

EMS Supplies [Deliveries / Anticipated Shortages]	-As of right now increased our airway/O2 supplies to prevent any future shortage -Medical gloves are all on backorder. I have been working with our reps to keep us on track and thus far we are doing well -I was able to order several more cases
Hospital Updates	Please remind crews to try and not park with exhaust (vehicle or module vent) near their tent. Mercy only letting people in with a medical complaint, others being turned away by Security. DO NOT wear any PPE into REMIS. This is their private work and living space. We dont wear our PPE in our living space. We shouldn't in theirs either.
COVID Known Positive	12
COVID Tests Pending	2
# of PUI Previous Day (Pt contacts)	3

Messages	--IN PATIENT CARE COMPARTMENT, ALL EQUIPMENT, LINEN, ETC, SHOULD BE REMOVED FROM WALL/COUNTERS/STRETCHER AND STORED IN CABINETS/DRAWERS TO PREVENT CONTAMINATION. --REMINDER TO NOTIFY C9 WHENEVER TRANSPORTING A PATIENT TO THE K UNIT @ MMC OR MERCY'S COVID AREA. --USE BLEACH MIXTURE AS OUTLINED IN DECON SECTION. --COMPLETE MEMSED AND TARGETSOLUTIONS FOR PANDEMIC PROTOCOL PHASE 1!! --REVIEW TRAINING BULLETIN FOR MAG SULFATE USE IN PANDEMIC PROTOCOL. **REMIND ALL CREWS THAT PCRs MUST BE COMPLETED AND POSTED PRIOR TO LEAVING SHIFT!** --TO ASSIST DECON1, PLEASE LEAVE ANY EQUIPMENT NEEDING DECON ON BENCH SEAT (THERMOMETERS,

PPE UNIT LEADER (R1)	
N95 IN STOCK	228
GOWNS IN STOCK	1125
P100 IN STOCK	80
MESSAGES	WORKING ON GETTING ISOLATION KIT RESTOCK ITEMS TO THE STATIONS, FOR NOW CONTINUE TO REACH OUT R1 OFFICER FOR RESTOCK OR QUESTIONS
DECON LEVELS	REMINDER THAT P100 DOG BONES AND SAFETY GLASSES CAN BE CLEANED WITH BLEACH AND WATER AND ARE NOT DISPOSABLE BLEACH TO WATER IS = 1/3 CUP TO 1 GAL. OR 4 TEASPOON BLEACH TO 1 QUART SPRAY BOTTLE

PPE LEVELS	ISOLATION KITS REMAIN THE NORM FOR ALL U21 POSITIVE CALLS OR COVID ACTIVE PATIENTS. N95 W/ GOOGLES APPROPRIATE FOR ALL OTHER EMS CALLS
PPE DELIVERIES / ANTICIPATED SHORTAGES	N95'S ARE IN SHORT SUPPLY, PAY CLOSE ATTENTION TO USING THEM AS DIRECTED UP TO 5 CALLS WITHOUT EXPOSURE

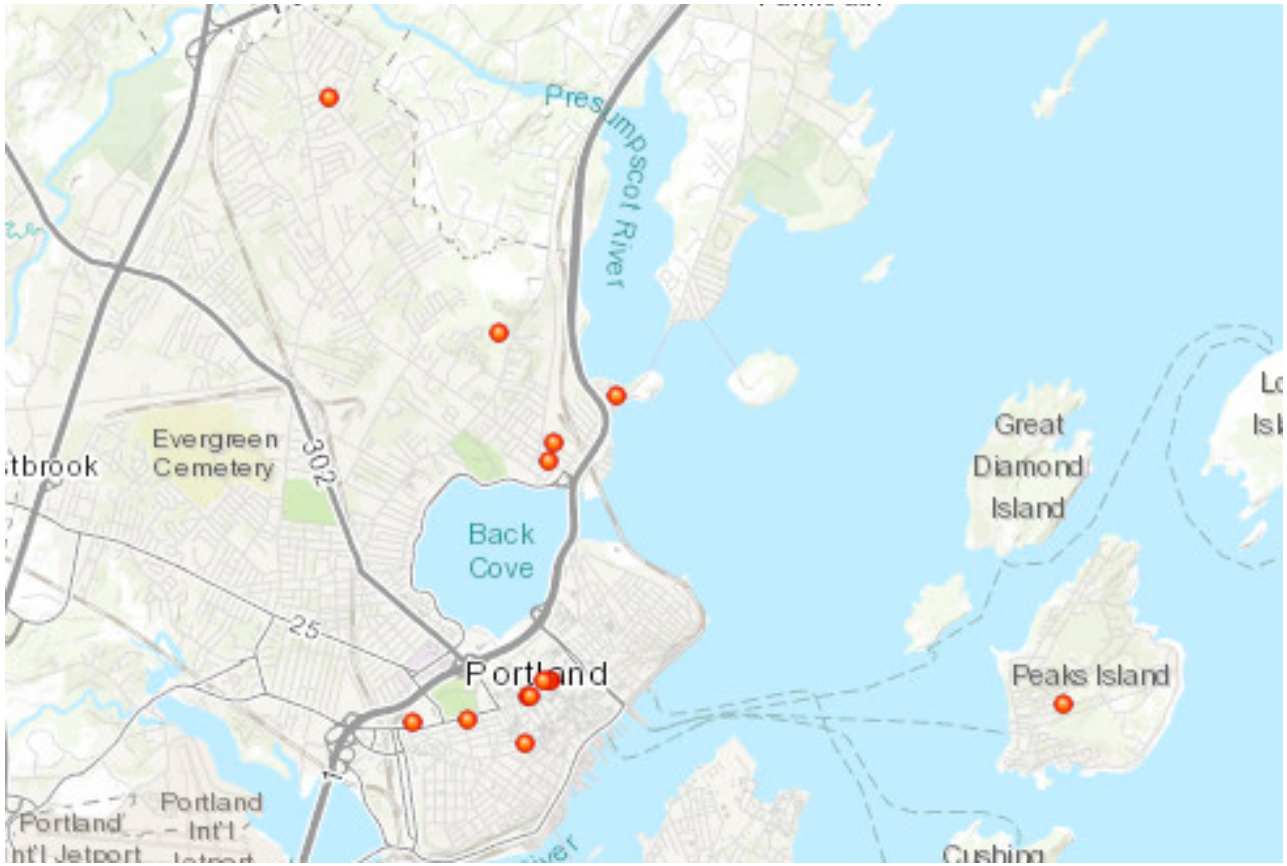
APPARATUS	
ENGINE 2	RIVERTON
ENGINE 10	Drill School
LADDER 5	L4
MEDCU 8	CENTRAL
MEDCU 9	AUTOTRONICS 4/8/20
ENGINE 7	CENTRAL
RESOURCES	
HOME TEAM	N/A
SHELTER MEDIC	N/A
FIRE INVESTIGATOR	Page for Avail
INSPECTIONS	
	None
TRAINING	

	Target Solution Protocol Update
	Target Solution Covid Mag Sulfate
	Target Solution Covid Intubation
SSR'S	
	FPB Handling (Mike Clinton)

Paste COVID City Map

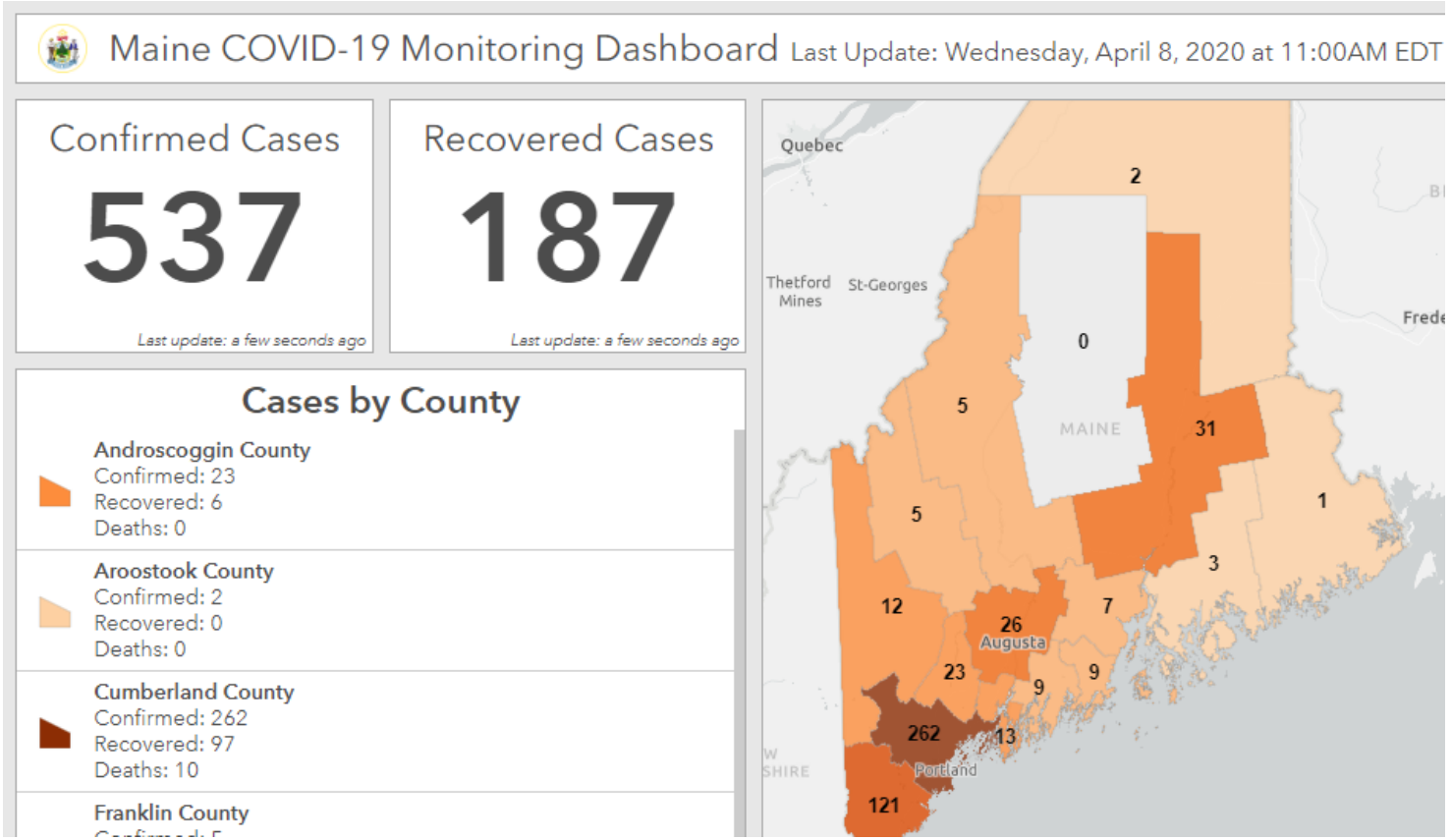
https://portlandme.maps.arcgis.com/home/webmap/viewer.html?webmap=239544f4e1614de990fa450ce163a5b3

City COVID-19 Monitoring Comments = 12 Covid - confirmed Pts transported



Paste COVID State Map in Yellow Field

https://maine.maps.arcgis.com/apps/opsdashboard/index.html#/2f9bd2561bef4d7ba530c9f1335697a4


Maine COVID-19 Monitoring Dashboard
Last Update: Wednesday, April 8, 2020 at 11:00AM EDT
Confirmed Cases
537
Last update: a few seconds ago
Recovered Cases
187
Last update: a few seconds ago
Cases by County
Androscoggin County
Confirmed: 23
Recovered: 6
Deaths: 0
Aroostook County
Confirmed: 2
Recovered: 0
Deaths: 0
Cumberland County
Confirmed: 262
Recovered: 97
Deaths: 10
Franklin County
Quebec
Thetford Mines
St-Georges
MAINE
Augusta
Portland
2
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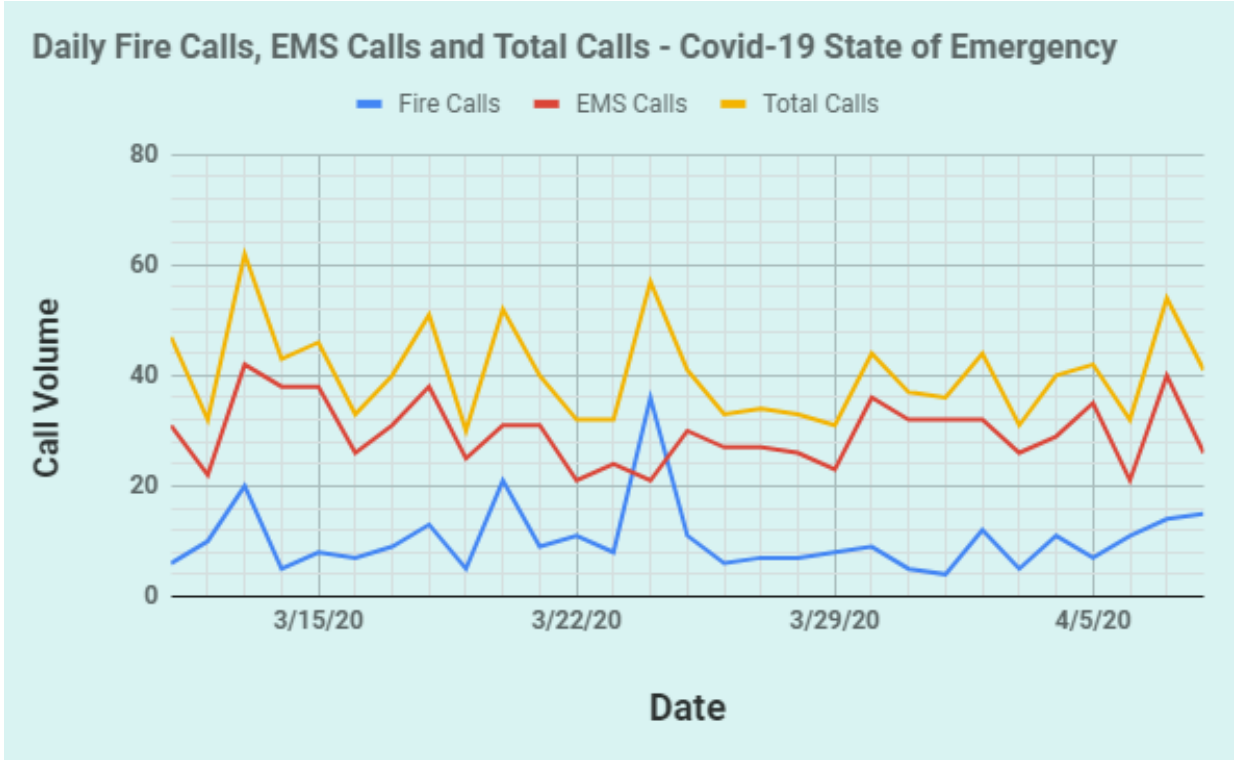
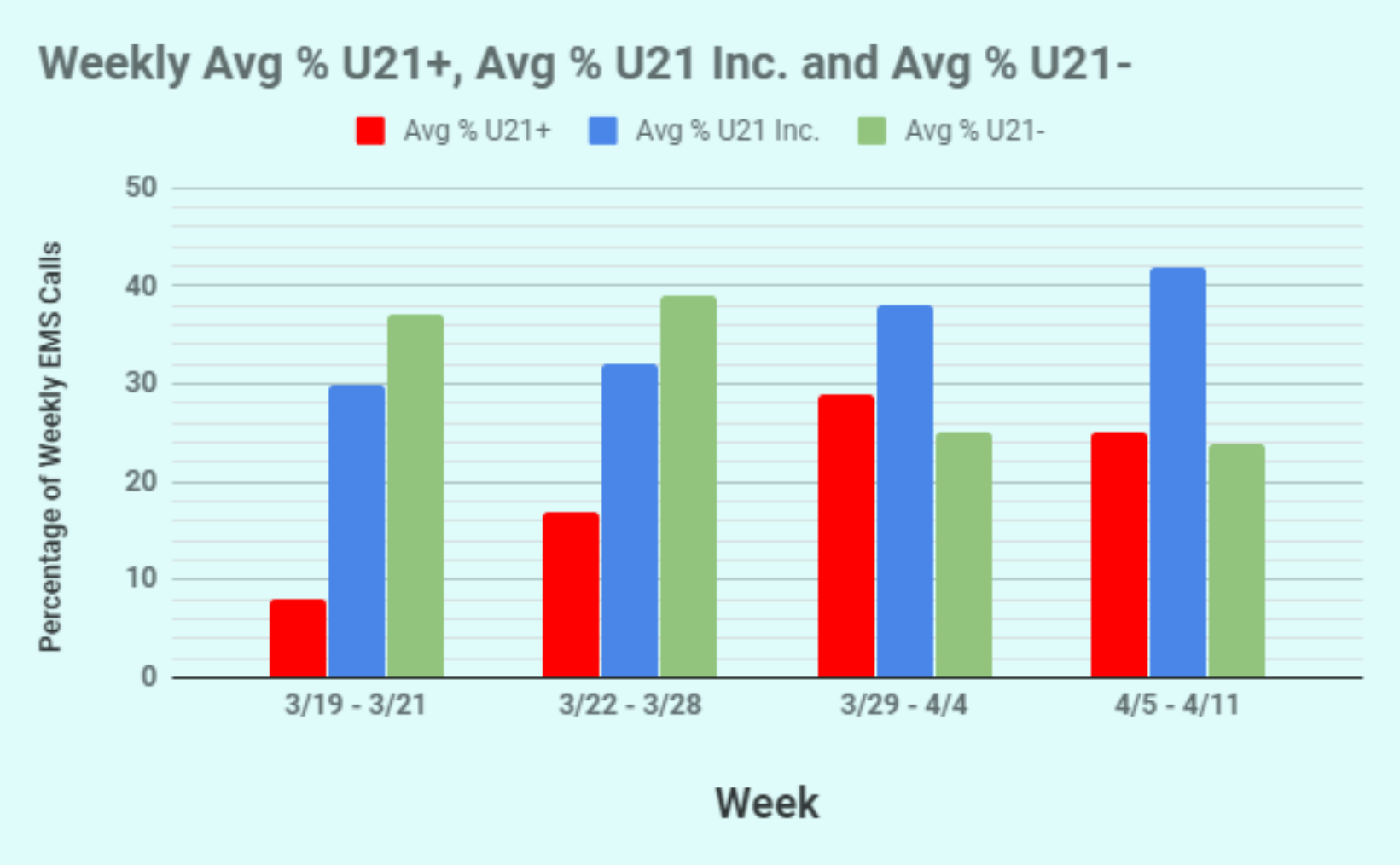
7
23
9
9
262
13
121



Run Volume Comments



Note general trend of increasing U21+ calls from week to week.

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period: Date From 4/9/2020 Date To: 4/10/2020
COVID19	Time From 8:00:00 AM Time To: 8:00:00 AM

3. Objective(s):

Management Objectives

1. Protect yourself and your crews

2. Adding staffing to DECON 1 started yesterday for supporting ambulance crews with PPE donning / doffing & Decon. PLEASE BE PATIENT AND FLEXIBLE!

Control Objectives

1. Wear Gloves, Glasses and N95's on All EMS Calls.
2. Gown up and use P100 w/ SCBA mask for known COVID Patients.
3. Encouraged to have go bag with you for clean set of uniforms
4. Encouraged to shower and wash uniforms after potential exposures
5. Check with R-1 Officer before restocking PPE at Bramhall.

Expo Building being used to quarantine 20-50 homeless people that were potentially exposed to two positive people at Oxford St. Shelter. Please see Response Plan in this briefing.

5. Site Safety Plan Required? Yes ☐ No ☑

Approved Site Safety Plan(s) Locate

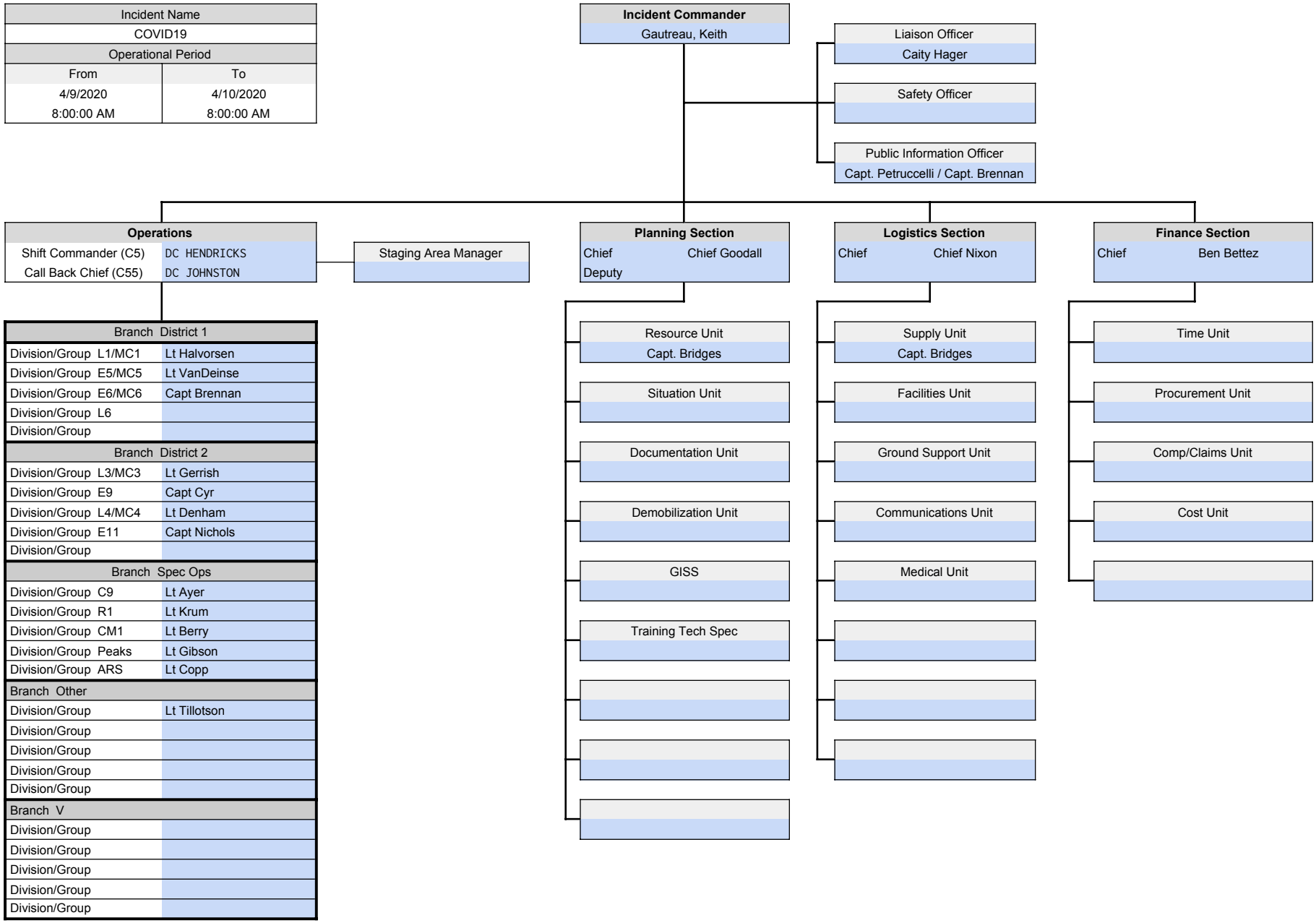
6. Incident Action Plan

☑ ICS 203	☑ ICS 215A	☐ Phone List	☐ Fire Suppression Repair Plan
☑ ICS 204	☑ ICS 220	☐ Training Message	☐
☑ ICS 205	☐ Incident Map	☐ Travel Map	☐
☑ ICS 206	☐ Weather Foreca	☐ Demob Plan	☐
☑ ICS 208	☐ Fire Behavior	☐ Finance Message	☑ ICS 214

7. Prepared By: Jonathan Hendricks Position/Title: Deputy C Signature: _____

8. Approved by Incident Commande Gautreau, Keith Signature: _____

ICS 202 **NIMS IAP**


Incident Name
COVID19
Operational Period
From
To
4/9/2020
8:00:00 AM
4/10/2020
8:00:00 AM
Incident Commander
Gautreau, Keith
Liaison Officer
Caity Hager
Safety Officer
Public Information Officer
Capt. Petruccelli / Capt. Brennan
Operations
Shift Commander (C5)
DC HENDRICKS
Call Back Chief (C55)
DC JOHNSTON
Staging Area Manager
Planning Section
Chief
Chief Goodall
Deputy
Logistics Section
Chief
Chief Nixon
Finance Section
Chief
Ben Bettez
Branch District 1
Division/Group L1/MC1
Lt Halvorsen
Division/Group E5/MC5
Lt VanDeinse
Division/Group E6/MC6
Capt Brennan
Division/Group L6
Division/Group
Branch District 2
Division/Group L3/MC3
Lt Gerrish
Division/Group E9
Capt Cyr
Division/Group L4/MC4
Lt Denham
Division/Group E11
Capt Nichols
Division/Group
Branch Spec Ops
Division/Group C9
Lt Ayer
Division/Group R1
Lt Krum
Division/Group CM1
Lt Berry
Division/Group Peaks
Lt Gibson
Division/Group ARS
Lt Copp
Branch Other
Division/Group
Lt Tillotson
Division/Group
Division/Group
Division/Group
Division/Group
Branch V
Division/Group
Division/Group
Division/Group
Division/Group
Division/Group
Resource Unit
Capt. Bridges
Situation Unit
Documentation Unit
Demobilization Unit
GISS
Training Tech Spec
Supply Unit
Capt. Bridges
Facilities Unit
Ground Support Unit
Communications Unit
Medical Unit
Time Unit
Procurement Unit
Comp/Claims Unit
Cost Unit

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period:	Date From:	4/9/20	Date To:	4/10/20
COVID19		Time From:	8:00:00 AM	Time To:	8:00:00 AM

Approach all subjects with assumption that they have the virus including other City staff working at the shelter and expo.

5. Prepared By:	Jonathan Hendricks	Position/Title:	Deputy Chief	Signature: _____
ICS 208		Date/Time:	4/8/2020 9:00:00 AM	

INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

1. Incident Name:	2. Operational Period:	Date From:	4/9/20	Date To:	4/10/20
COVID19		Time From:	8:00:00 AM	Time To:	8:00:00 AM

Incident Area	Hazard/Risks	Mitigations
56 Chestnut 2nd Foor Apt 2-6 have tenants that are in Isolation Shelter	Known COVID + Consider the entire Homeless Campus hot	Consider PPE for Fire Calls
830 Ocean Ave - Ashton Gardens	Has had COVID + Patients of recent	Providers are encouraged to wear masks at Elderly Complexes / Nursing Homes
10 Congress Square	Positive COVID	Follow PPE Protocol
239 Park Ave. Expo Building	20-40 or so homeless being quarantined as a precaution	Consider the entire building "U21 Positive"
899 Riverside Street	2 Staff & 2 Clients Positive COVID	Consider the entire building "U21 Positive"

5. Prepared By: Jonathan Hendricks Position/Title: Deputy Chief

ICS 215A Date/Time: 4/9/2020 9:00:00 AM Signature: _____

Mobile Medical Outreach

A Public Health & Fire Department Collaboration

April 12, 2022

Concept

Mobile Medical Outreach was conceptualized in October, 2016 during a meeting of the former Overdose Prevention Task Force.

At that time, social services providers and City of Portland staff acknowledged the ***unmet medical needs*** of the growing and changing population of individuals experiencing homelessness as ***the greatest challenge*** they faced in their daily work.

Among the needs expressed, a few primary concerns stood out:

1. Harm reduction for those with substance use disorder as rates of both fatal and non-fatal overdoses were on the rise
2. Individuals suffering with injection-related wounds and abscesses
3. The emergency response system being taxed in ways it hadn't previously been

History of Collaboration

From that initial concept, the Mobile Medical Outreach Project was launched as a collaboration of three City of Portland programs (from Health & Human Services and the Portland Fire Department) in an effort to address the unmet medical and social needs of Portland's vulnerable homeless population, with the ***ultimate goal of decreasing homelessness***

- Portland Public Health
- Portland Fire Department & Medical Director
- Oxford Street Shelter

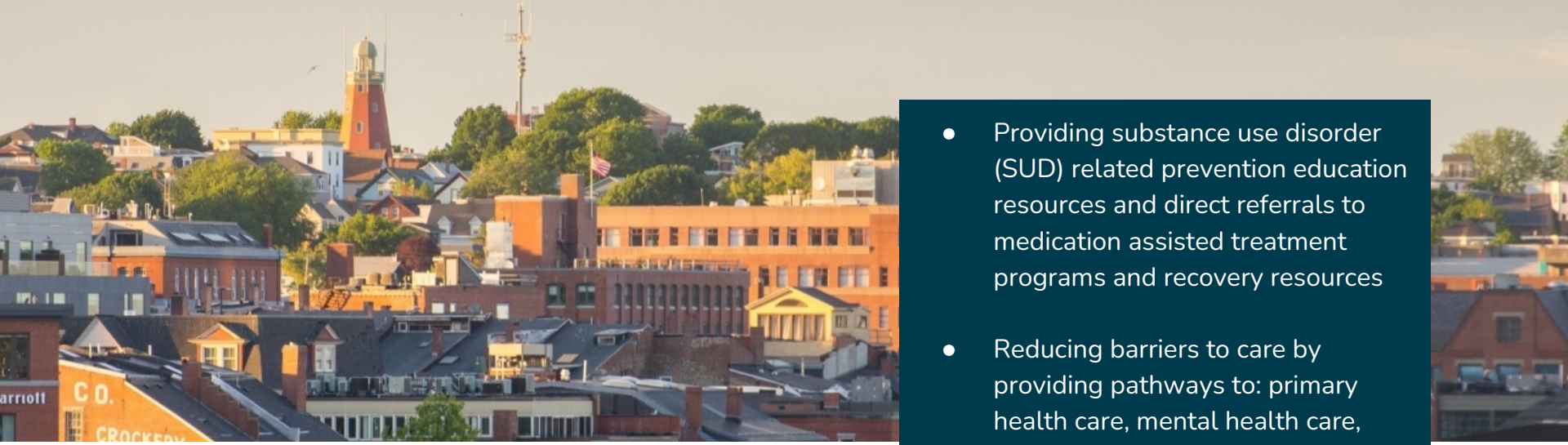
In the Spring of 2017, representatives of each of these organizations began meeting to discuss how to provide care to guests at the City's homeless shelter. The results of those initial meetings have grown and developed into the program we have today, connecting paramedics to individuals experiencing homelessness in the Bayside Neighborhood (and beyond) during times when calls for service and emergency department transports are frequent.

Our Model

The model of care implemented by Mobile Medical Outreach is a unique take on community paramedicine, which is an emerging model that enhances the role of EMS providers so ***they are partners in public health & community healthcare delivery***.

Unlike traditional community paramedicine, engagement with Mobile Medical Outreach is generally ***patient initiated***, or achieved through outreach by a provider, and not specifically requested or directed by a physician.

In July, 2021, Mobile Medical Outreach received official “pilot project” status by the Maine Delegated Practice Board, distinctive to the City of Portland, that allows us the flexibility in our model to serve unsheltered individuals in a much more robust and complete way.



Mobile Medical Outreach Mission

- Providing substance use disorder (SUD) related prevention education resources and direct referrals to medication assisted treatment programs and recovery resources
- Reducing barriers to care by providing pathways to: primary health care, mental health care, and/or SUD treatment
- Reducing calls for service to 911, which often result in transports to a local emergency department, by providing basic medical resources and referrals in a safe, low-barrier environment
- Increasing clients ability to secure and maintain stable housing

Who Is On The Team?

The program is funded & administered by the ***Public Health Division***

The team of providers is comprised of ***paramedics from the Portland Fire Department***, with the following qualifications:

- Must have held a valid Paramedic license for a minimum of 1 year
- Must have attended the MMO Protocol Training Class
- Must complete the Field Training requirements

While not officially part of the “team” our providers have fostered relationships with many of the social service providers in Portland, who have been instrumental in advocating for the needs of the community.

Why Paramedics?

Paramedics are the most highly trained ***first responders*** in the EMS system

- Paramedic licensure allows the widest range of interventions to be performed
- Paramedic training maximizes the ability to recognize potentially serious conditions
- Early recognition leads to early treatment, often preventing:
    - The need for emergency transport
    - The need for lengthy and expensive hospital stays and treatment
    - The potential of significant, lifetime-altering debilitating health effects

What Have We Accomplished?

- **Tangible**
- Numbers of contacts, patients served, success stories
- Patients come looking for the team now for treatment
- Shelter staff and staff from community social services and non-profit organizations have a ***non-emergent health resource guests can be referred to***

- **Intangible**
  - Has built a bridge between the unhoused community and first responders
  - Relationships built have reduced patient & provider trauma during 911 calls
  - Promoted cooperation between those experiencing homelessness and first responder community

December

A Month In Review

Summary

- 74 Interactions
- 18 Shifts
- 66% Female
- 85% White, non-Hispanic

Where & What

- 20% @ OSS
- 80% Mobile
- 12 Protocols Used

Outcomes

- Follow Up Advised: 24%
- 92% No Transport Required
- 46% No Primary Care

MMO In The News

The Portland Phoenix

News Center Maine

Words From A Partner...

Bill Burns, Portland Police Department

Law Enforcement Addiction Advocacy Program

Behavioral Health Program

Where Are We Now?

Maine EMS Pilot Project approval July 2021

MMO Van acquired and in service March 2022

Currently 3 days a week: 9am-2pm

Outreach locations:
Oxford Street Shelter, Florence House, Logan Place, Huston Commons, Motel 6, and other locations within the city upon request

Fully customized reporting, data collection, and quality assurance ongoing

Funding & Our Future

Our current funding is primarily from Community Development Block Grant (CDBG) funds, however, our application for the FY23 year was not recommended for funding by the allocation committee.

A small amount of funding comes from Overdose Prevention Project funds from the Maine CDC as well as a federal CARA-First Responder grant.

Unfortunately, our future is not secure at this time. We are actively pursuing funding opportunities, and would ultimately like to see this program absorbed by the general fund.

Thank you for your time!

City of Portland | Health & Human Services Department
Kristen Dow, *Director*

To: Members of the Health & Human Services & Public Safety Committee
From: Kristen Dow, Director of Health & Human Services
Date: April 7 , 2022
Re: Month of March Health and Human Services Department Updates

The following data and information is to serve as the monthly update from the Health & Human Services Department to the HHS & PS Committee:

Homelessness and Emergency Shelter Update:

Please see attached communication from the April 11, 2022 full City Council meeting.

Overview of Oxford Street Shelter and contract hotel:

- OSS average nightly census 76
- Contract hotel average nightly census 130
- Average singles placed in hotels: 262

Overview of the Family Shelter:

- Average number of Families/individuals on site in shelter 22 families/63 individuals
- Average number of families/individuals in hotel overflow 190 families/ 642 individuals

Average Nightly Individuals in Shelter in March:

- 1,173 per night between various sheltering methods

Update from the City's Resettlement Coordinator:

- The month of March was yet another record breaking month in terms of the number of arrivals. The COP received 92 families for a total of 323 individuals presented seeking shelter with asylum seeking status.
- In the area of housing, the RC worked closely with OOB team supporters to identify appropriate housing placements and facilitate communication across the groups regarding housing searches and opportunities, as well as providing education around the GA processes. The RC held an in person orientation meeting for guests residing at the Casco Bay Inn in Freeport to educate them on housing options, resources, navigation and the reality of the cost of rents and GA inspection process so they can begin their housing searches independently. The RC connected a former FS landlord to Project Home and he

will be accepting his first asylum seeking families through this program and GA when in the past he would only accept voucher holders. If the initial placements are successful he will partner with us for future buildings as he has plans to accumulate 3 more multi units in the coming months.

- FCS and the RC approached the YMCA in Freeport regarding potential membership options for families residing in the area, details of payment for the memberships are ongoing.
- Along with the OEO office we are continuing to schedule and film Cultural Orientation videos, and have 3 remaining categories left to film.
- The RC in partnership with Caity Hager and Jenn Thompson are working to research and determine the best options for data sharing for providers to increase collaboration, and ease of communication while protecting confidentiality.
- A meeting with the Immigrant Welcome Center led to increased English classes in South Portland within walking distance to the hotel locations, as well as potential classes to start near Motel 6 for single Asylum Seekers residing there.
- Zoe Miller and the RC have been meeting with RTP to determine an option for a shuttle van for guests in Freeport hotels to access Portland after logistical delays with a Metro bus stop near this site were reported.
- The success of the city's HEAL team at CBI in Freeport has led to future partnerships this month at the Quality Inn with increased cooking options for families.
- in the Public Health Sector the RC held 6 meetings with partner agencies for the city's CHIP evaluation for Healthy Communities.

Month	# of families	Individual total
January 2021	13	43
February 2021	18	60
March 2021	12	40
April 2021	18	50
May 2021	16	48
June 2021	16	49
July 2021	23	81
August 2021	19	61
September 2021	23	87
October 2021	45	145

November 2021	24	88
December 2021	68	222
January 2022	49	181
February 2022	19	60
March 2022	92	323

The totals for the City's General Assistance Program are as follows:

- Total Applications: 1624
- Denials: 99
- Denial rate: 6%

Totals for the Needle Exchange Program (NEP) are as follows:

- Total number of exchanges: 379
- Total number of needles collected: 52,336
- Total number of needles distributed: 48,990
- Total number of new enrollees: 44
- Total number of Narcan doses distributed: 208 kits (416 doses)
- Community Needles collected: 1050
    - Collected from community sharps containers: 872 (83%)

Public Health Clinic Numbers:

- **STD Clinic:** Patients seen: 119, new patients: 48
- **PCFC:** Patients seen: 41, new patients: 9

City of Portland | Health & Human Services Department
Kristen Dow, *Director*

To: Mayor Snyder and Members of the Portland City Council
CC: Danielle West, Interim City Manager
From: Kristen Dow, Director of Health & Human Services
Date: April 6, 2022
Re: HHS Homelessness and Emergency Shelter Update

As we first reported in October 2021 to the Health & Human Services and Public Safety Committee, we have continued to see a steady increase in the number of asylum seeking families arriving from the southern border. The month of March brought the highest number of newly arriving asylum seeking families on record, with 323 individuals (92 families) arriving in that month. In the first five days of April alone we have seen 148 individuals (40 families). As of the date of this memo, we are providing shelter to a total of 1,041 asylum seeking individuals (307 families). We're currently utilizing 12 hotels in six different communities. As a point of comparison, in the summer of 2019, we had a high number of approximately 240 individuals being temporarily housed at the Expo.

In addition to newly arriving families, we continue to see record numbers of single individuals seeking emergency shelter through Oxford Street Shelter (OSS) and hotels. We currently are providing emergency shelter to 484 individuals. Adding to this challenge, 2 of the hotels that we are using to provide emergency shelter to singles have told us they will no longer allow this population in their hotels past May 31, 2022. This is a total of approximately 280 individuals that we need to find alternative shelter for. HHS staff are working with the Governor's office, state DHHS staff, and our community partners to identify a suitable alternative space for these individuals.

As was reported in the January communication to the City Council, we continue to see high numbers of individuals being directed to Oxford Street Shelter who are from outside of Portland. In the month of February, 27% of OSS's new intakes were from Portland and 47% were from other communities in Maine. We are working with Corporation Counsel's office to determine whether our drastically increased numbers are tied in any way to unlawful relocation of individuals from other towns. In that event, we are prepared to pursue increased enforcement, both by revising our own internal processes and by pursuing the process outlined in State law for formally disputing Portland's presumed responsibility for residents of other towns. HHS staff also continue to share this detailed information with state DHHS staff on a monthly basis.

All of the above mentioned numbers have pushed us to the highest nightly average of persons in emergency shelters that we have ever seen in the City. We currently have 1,525 individuals in the city's emergency shelters alone. As a comparison, according to MaineHousing's 2019 annual Point In Time Survey, there were a total of 1,215 people (both sheltered and unsheltered) experiencing homlessness in the entire State of Maine.

For the past 7 months we have warned that our staff and community are being stretched to the point where the families and individuals we serve will not have access to the resources that they need to be successful. Today I must unfortunately inform you that we are at that point. We only have the capacity to try and meet the very basic needs of shelter and food; and we all know that there is so much more needed in order for families and individuals to successfully move out of homlessness.

OXFORD STREET SHELTER
FEBRUARY, 2022
Intakes by Residency

MAINE TOWN						OUT-OF-STATE						OUT-OF-COUNTRY	
Alfred	1	Gorham	1	Scarborough	1	AR	1	TN	1				
Augusta	1	Gray	1	South Portland	3	CT	1	TX	1				
Baldwin	1	Hebron	1	Springfield	1	FL	1	VA	1				
Bangor	4	Hiram	1	Waldoboro	1	LA	1	VT	1				
Belfast	2	Kittery	1	Warren	1	MA	3						
Berwick	1	Lewiston	3	Waterboro	1	MO	1						
Biddeford	2	Littleton	1	West Paris	1	MS	1						
Boothbay Harbor	1	New Castle	1	Westbrook	3	NC	1						
Mechanic Falls	1	Oxford	1			NH	3						
Cornville	1	Saco	1			NY	1						
Damariscotta	1	Sanford	2			PA	1						

MAINE TOWN:	44	OUT-OF-STATE:	19	OUT-OF-COUNTRY:	0	PORTLAND:	25	Unknown:	5	TOTAL:	93