Remote HHS and Public Safety Meeting Agenda
July 12, 2022 at 5:30 PM
Remote Meeting

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

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.

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Webinar ID: 853 9626 2914
Passcode: 799817
International numbers available: https://portlandmaine-gov.zoom.us/u/keylaTWhYQ

1. Announcements

2. Review and Approval of Minutes from June 14, 2022

   a. June 14 Draft Meeting Minutes

3. Public Health Report Out on Gun Violence

   a. Gun Violence Landscape in Portland and Cumberland County

4. Public Safety Building Discussion

5. Barron Center Update

6. City Shelters Update

    a. Month of June Health and Human Services Department Updates

7. Next Meeting: September 13, 2022

Health & Human Services and Public Safety Committee Minutes

Tuesday, June 14, 5:30pm, Remote Meeting

Committee Attendance: Tae Chong, Chair (District 3), Anna Trevorrow (District 1), & Mark Dion (District 5).

Councilors in Attendance:

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.

Invited Guest:

Mathew Jarrell Cumberland County HUB Coordinator

Meeting called to order at 5:33 PM.

Announcements

- Councilor Pelletier is unable to attend the meeting.
- Councilor Dion moved to accept the minutes; Councilor Trevorrow seconded and the minutes were approved unanimously.

Agenda: HHS Updates

- Councilor Chong asked about the increase in Narcan.
    - The other sanctioned exchange is closed so our numbers are increasing as we serve clients who accessed serviced at that exchange.
    - We are tier 1 distributor serving a wide area; part of the increase is making Narcan available to businesses.

Mathew Jarrel, Cumberland Country Homeless Services Hub Coordinator

- United Way of Southern May hired the coordinator.
- 9 Hub coordinators throughout Maine to inform a new model of homeless services.
- Goal to make homelessness rare, brief, and one time.
- Hub Coordinators are compiling a comprehensive by0-name list of everyone experiencing homelessness in Maine.
    - Portland has a head start in this.
- Still have gaps in data.
    - People who are unsheltered or transient/not connected to resources and shelters.
        - Undocumented homelessness.
- Looking to work with anyone involved in this work:

Committee questions and discussion.

- What is the difference between this and ESAC?
    - ESAC is more advocacy and information sharing.
        - It is not by-name lists or client level.
    - The Hub task is to document data and revamp the model targeting recourses.
        - Able to deduplicate people who move between shelter locations.
- Councilor Dion asked about shelter resistance and encampments; Will Mathew be able to meet with department heads such as Parks and Rec, PD, and HHS on encampments?
- Is Huston Texas a tier 1 city in terms of asylum seekers, how do the support asylum seekers in addition to other homeless populations.
    - Not sure on their tier 1 status, but asylum seekers from Huston have sought shelter here.
    - Director Geyer will discuss families and singles with the Hub Coordinator.

Dispatch Update

- Staffing struggles continue.
- Alex Mumford came on as director from the Royal Airforce with experience in IT and communications.
- Current staffing is authorized at 37 with 14 vacancies.
- Training police officers to become dispatchers to be able to take overtime shifts.
- Replaced HVAC system as the temp fluctuated from 60 to 85 degrees.
- Bids close on Fridays for renovations: $100,000 from CIP.
- Reached a tentative agreement with the communications union heading to a final vote of ratification. This will improve the ability to recruit and retain employees.
- Lessening burden on dispatch by having officers run plates on their mobile terminals.

Committee questions and discussion.

- Can we use ARPA money to help?

    - The challenge is the ability to recruit and retain; we aren't getting the number of applicants needed. The union contract will help make us competitive with the rest of the state.
- Councilor Dion said the building opened in the early 70s and its design is unrecognizable in today's footprint. After multiple renovations the space doesn't make sense and we need a new public safety center building.
    - We need to consider more consolidation across the state to maximize our human resources.
    - Councilor Chong said we should do an analysis on a new Public Safety Center.
        - Send a memo to the City Manager requesting a history of the building and how much money has been spent remodeling.
            - A lot of this work may already have been done under City Manager Jennings.
- Due to being down 14 positons, there is money to make changes.
- Alex is proving to be the right choice.
- We are down dispatchers and short staffed across first responders who are taking overtime covering multiple positions.

Active Shooter Policy

- Chief Gorham explained the history of the law enforcement response
    - Procedure was for initial officer on scene to set up a perimeter and wait for tactical units to arrive.
        - Proved ineffective in Columbine.
        - First 4 officer enter.
    - As soon as first responders engage an active shooter they stop shooting people to focus on the officers, turn the gun on themselves, or give up.
- Currently engage the shooter as soon as possible.
- Low frequency, high risk and is trained for:
    - 2018 – Active shooter training with surrounding communities.
    - 2019 - Deering High School Law Enforcement Active Shooter Emergency Response Training (LASER) from FEMA
    - Large training is scheduled in July; PD will train Fire how to navigate the scene.
- Spoke with the School Superintendent Becerra to go over emergency plans.

Committee questions and discussion.

- Councilor Dion asked if we have a fully devolved media policy managing the conversation among fire and police; he would like an addendum on how the media is handled.
    - There seems to be some missteps in recent events on the part of the government that has hurt public trust.

    - He would like mental health support for the collateral victims, such as parents of victims.
    - Police policy conversations are usually abstract; he would like policy makers on the Council to observe trainings, present on-site.
        - The police citizen review subcommittee has done this but Covid has stymied this with a recent ramping back up.
            - Will broaden scope to the entire Council.
- Chief Gautreau sees similarities with Fire's tri-annual exercise at the Jetport where the area that could be improved is the family center.
    - Fire will support Police developing the family center where information can be shared.
    - We work with Communications Director, Jessica Grondin, on sharing information appropriately and not too late.
    - The drill at Deering went very well and he feels comparable that we would be capable to respond to this type of situation.
- Councilor Chong said we heard about response and rebuilding.
    - The response SOPs make sense.
    - We don't have much for rebuilding.
        - Can we create a family center policy?
        - A policy for grieving and counseling from victims' advocates and social workers?
    - What can the City do on prevention and increase safety?
        - Would like to share the preventive work with the public.
        - Gun violence is the leading cause of death for children and Public Health is working on assessing gaps in what can be done to prevent gun violence.
- Councilor Trevarrow said as city officials, we want to protect our community and it is helpful knowing our plans for response.
    - The School board did a policy response update with behavioral supports.
        - We should invite the schools in these policy discussions.
- Deputy Director Pettingill asked the committee if they would like impact statements.
    - Yes.
- Councilor Dion would like Public Health, Police, and Fire discuss family centers.
    - There are violent crime events in Portland and those families' needs support even at the much smaller scale we see locally.

Action Items

- School policy around prevention response and rebuilding.
    - What are we doing and not doing?
    - Work with the schools on this.
    - HHS&PS Committee to come up with policies to fill any gaps identified.

The meeting adjourned at approximately 6:35 PM.

City of Portland | Health & Human Services
Kristen Dow, *Director*
Tina Pettingill, *Interim Public Health Director*

To: Tina Pettingill
From: Hayley Prevatt, Public Health Division
Date: July 2022
Re: Gun Violence Landscape in Portland and Cumberland County

This summary is intended to provide background information on firearm-related violence in Portland, Cumberland County, and Maine. Where available, city-level Portland-data are included. Note that Maine doesn't require a permit to own or carry a gun or require background checks for private sales and that gun ownership data is difficult to acquire as there is no central registry of firearms in Maine. **Research estimates that firearms are in 45% of Maine households, as compared to 32% of US households.**

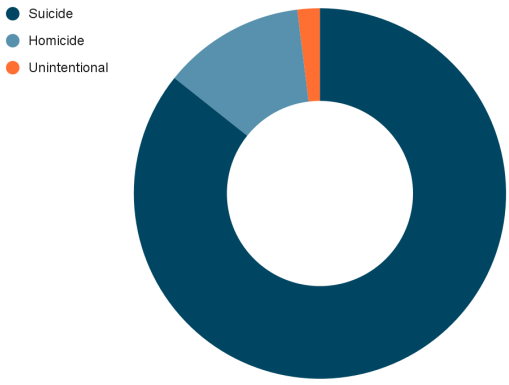
ALL FIREARM FATALITIES- *rate per 100,000 people of deaths due to firearms, all intents.*

- Maine has the 40th highest rate of firearm deaths in the U.S.
  - Maine, 2015-2019: 10.4 firearm deaths per 100,000 people
  - U.S., 2019: 11.9 firearm deaths per 100,000 people
- In Maine, the rate of firearm deaths has increased 9% from 2011-2020, compared to a 33% increase nationwide.In 2020 there were 17 more firearm deaths than in 2011.
- Cumberland County, 2015-2019: 6.4 firearm deaths per 100,000 people.
- Portland, 2015-2019: <5.0* firearm deaths per 100,000 people.

Gender Comparison	**Men**	**Women**
Firearm All Deaths per 100,000 population	2016-2020	2016-2020
	19.0	2.4

FIREARM FATALITIES BY INTENT, 2020

Category	Total	Percent
Suicide	132	86%
Homicide	19	12%
Unintentional	3	2%
Total	154	100%



FIREARM SUICIDE - *number of suicide deaths due to firearms per 100,000 population. Suicide related deaths are defined as deaths of Maine residents for which the underlying cause of death was coded as ICD-10.*

- Maine has the 18th-highest rate of firearm suicide deaths and gun suicide attempts in the U.S.
    - Maine, 2016-2020: 9.2 firearm suicide deaths per 100,000 people
    - U.S., 2016-2020: 6.9 firearm suicide deaths per 100,000 people
- Of the 234 Mainers who died by suicide in 2020, 56% used a firearm.
    - Suicide is the ninth leading cause of death in Maine
- Men are more likely to die by suicide using a firearm than women. Men 17.1 per 100,000 vs. women 1.7 per 100,000.

	Portland	**Cumberland County**	**Maine**	**US**
Firearm suicides per 100,000 population	2016-2020	2010-2019	2016-2020	2016-2020
	Unavailable	5.25	9.2	6.9

FIREARM HOMICIDE- *number of homicide deaths due to firearms as per death record//ICD 10 code.*

- Maine has the 50th highest rate of gun homicide deaths in the U.S.
    - U.S., 2016-2020: 5.1 homicide deaths due to firearms per 100,000 people
    - Maine, 2016-2020: 1.1 homicide deaths due to firearms per 100,000 people

Firearm Homicide Deaths in Maine		
Age Group	**2020**	**DV (subset)**
<15	0	0
15-24	4	1
25-34	5	1
35-44	3	1
45-54	1	0
55-64	5	3
65-74	1	1
75+	0	0
2020 Total	19	7

In 2020, there were 19 firearm-related homicides in Maine.

Of the 19 firearm-related homicides, more than 1 in 3 (37%) were domestic violence-related.

Firearm Homicides per 100,000 population,	**Men**	**Women**
	2016-2020	2016-2020
	1.6	0.6

FIREARM HOSPITALIZATIONS, MAINE- *hospital discharges with principal diagnosis of injury and firearm-related secondary diagnosis or injury cause code (Maine Non-Federal/Non Psychiatric Acute Care Hospitals).*

Non-fatal firearm-related hospital discharges by cause, 2020		
Cause of Injury	**Number of Discharges (crude)**	**%**
Accidental discharge or malfunction of firearm	15	39%
Intentional self-harm by firearm	8	21%
Assault by firearm	14	36%
Terrorism involving firearms	0	0%
Firearm discharge of undetermined intent	1	3%
Legal intervention involving firearm discharge	1	3%
Total	39	

CHILDREN AND TEENS: FIREARM FATALITIES

- The average number of gun deaths among children and teens is fewer than 10 per year in Maine and the number is therefore suppressed.
- In the US, 35% of all gun deaths among children and teens are suicides and 60% are homicides.

CHILDREN AND TEENS: PERCEPTIONS OF SAFETY

- 19.5% of Cumberland County high school students answered 'Yes' to wanting to leave their home due to violence or the threat of violence, *not available for Portland Public Schools.*
- In 2019, 88.3% of Portland Public high school students reported feeling safe at school, a significant decrease from the 93.9% of students who reported feeling safe at school in 2017.
- In 2019, 84.4% of Portland Public middle school students reported feeling safe at school, a slight decrease from the 87% of students who reported feeling safe at school in 2017.

ADDRESSING GUN VIOLENCE IN MAINE

According to our research, there is only one initiative in Maine addressing gun safety which is the **Maine Gun Safety Coalition**

- **Gun Give Back Day**: Collaborates with local law enforcement in 11 communities across Southern Maine to provide opportunity for residents to turn in unwanted guns and

ammunition.

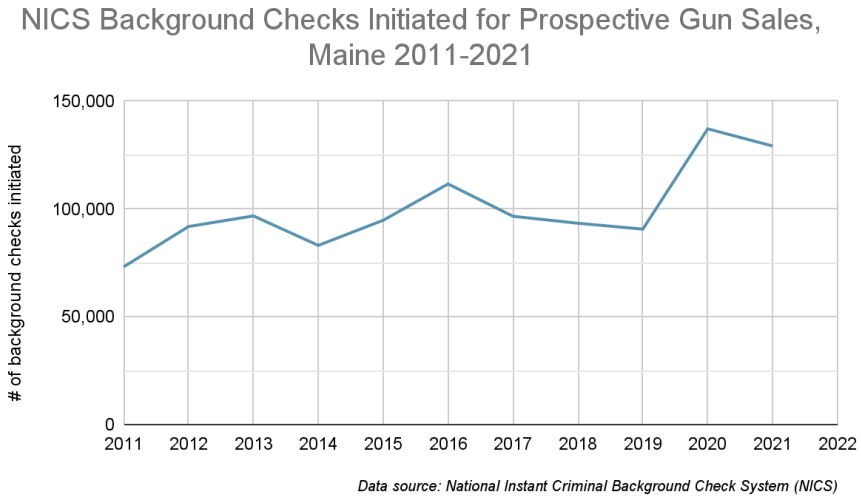
- **Gun Lock Distribution**: Distributes free cable locks to police departments, sheriffs' offices, social services agencies, medical facilities, and other organizations.
- **The Pediatricians Program**: Trains pediatric healthcare providers on how to best counsel parents about the importance of safe firearm storage in their homes; Provides free gun locks and educational materials for distribution.

ADDITIONAL BACKGROUND INFO

FIREARM OWNERSHIP

Gun ownership data is difficult to acquire as there is no central registry of firearms in Maine. Research estimates that firearms are in 45% of Maine households, as compared to 32% of US households.

While there is no central registry of firearms, the state of Maine utilizes the FBI's National Instant Criminal Background Check System (NICS) to conduct background checks on people who want to own a firearm or explosive, as required by law. In Maine, the number of firearms background checks initiated through the NICS increased 55% from 2011 to 2021.



NICS is used by Federal Firearms Licensees (FFLs) to instantly determine whether a prospective buyer is eligible to buy firearms or explosives. Before conducting the sale, cashiers call in a check to the FBI or to other designated agencies to ensure that each customer does not have a criminal record or isn't otherwise ineligible to make a purchase.

It should be noted that the number of background checks initiated does not represent the number of firearms sold in the U.S. Based on varying state laws and purchase scenarios, a one-to-one correlation cannot be made between a firearm background check and a firearm sale.

AGGRAVATED ASSAULTS- *category includes assaults and threats of assault with a dangerous weapon along with any assault which results in severe or aggravated injury.*

- Portland Police Department reports 67 aggravated assaults in 2022 - a 22% decrease from 2019.

ADDRESSING GUN VIOLENCE: EVIDENCE BASE

- A 2013 report from the Institute of Medicine concluded that "the scarcity of research on firearm-related violence limits policymakers' ability to propose evidence-based policies that reduce injuries and deaths and maximize safety"..
- The RAND Corporation recently found that, with a few exceptions, the evidence base to support policy decisions is inadequate. The study also found:
    - "[a]vailable evidence supports the conclusion that child-access prevention laws, or safe storage laws, reduce self-inflicted fatal or nonfatal firearm injuries among youth...[and also] reduce unintentional firearm injuries or unintentional firearm deaths among children."
    - moderate evidence that background checks may reduce firearm suicides and firearm homicides.
    - moderate evidence that laws prohibiting the purchase or possession of guns by individuals with some forms of mental illness may reduce violent crime
    - moderate evidence that stand-your-ground laws may increase state homicide rates.

SOURCES

Maine CDC Firearm Fatality Report, 2020 Calendar Year

EveryTown Research
https://www.rand.org/research/gun-policy/gun-ownership.html

MSCHNA, Cumberland County Profile, 2021

Johns Hopkins, 2020 Gun Deaths in the US, 2022

Maine Integrated Youth Health Survey, 2019

Statistica

FBI

Portland Police Department Annual Report 2020

Institute of Medicine Report

Morral et al, 2018

Giffords Law Center

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: July 7 , 2022
Re: Month of June 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:

Overview of Oxford Street Shelter and contract hotel:

- OSS average nightly census: 129
- Contract hotel average nightly census: 130
- Average singles placed in hotels: 112

Overview of the Family Shelter:

- Average number of Families/individuals on site in shelter: 21 families/ 61 individuals
- Average number of families/individuals in hotel overflow: 280 families/ 997individuals

Average Nightly Individuals in Shelter in June:

- 1,429 per night between various sheltering methods

Update from the City's Resettlement Coordinator:

- During the Month of June additional asylum seeking family arrivals continued to arrive to the City of Portland seeking services, although the city is no longer able to coordinate shelter for newly arriving families. 26 families for 90 individuals arrived.
- The RC program continued to engage with partners in Freeport and Yarmouth for fine tuning the process for the RTP shuttle resource connecting those guests to transportation options. With feedback gained from riders and providers alike we determined to re-route the trip to provide more direct access to Portland where families are continuing to complete most of their shopping.
    - Met with Mercy providers who were struggling with transportation access to primary care appointments after onsite visits at the hotel itself, and coordinated with YCS directly for completing a large single day of pediatric appointments.
    - Continued to work with Cumberland County Public Health and Zoe Miller to obtain Breez passes for this site as outreaches to Metro to complete a Dirigo Pass process continue.

- The RC program partnered with MMC and Catholic Charities for a presentation on successes and challenges impacting the newly arriving Immigrant and Asylum Seeking populations for MMC Grand Rounds.
- In partnerships with Oasis Health Clinic and Gateway Community Services medical outreach began occurring with site visits to the Freeport side of the Best Western for guests residing there.
    - FCS has continued to meet with families for enrollment into programming at the neary YMCA branch.
- The RC program hired a new Program Coordinator to assist this program and in partnership together along with the OEO office, Eastpoint Church, VIP buses, Wayside, ILAP, MAIN, and The Root Cellar we held a Cultural Orientation for 27 French speaking households totaling 85 individuals, all of which were residing in hotel overflow sites at Home 2 Suites or Quality Inn. As part of this orientation we also enrolled anyone without a health home for healthcare registration with GPH. Families received information on the healthcare system, where to seek assistance with medical bills, the General Assistance process and housing pitfalls as well as cultural brokering, safety laws in the U.S., and the Immirgraion process. A hot lunch was provided and children were supervised with childcare and engaged in games, sports and programming throughout.
- The first round of CHOW interviews were completed for the RC program and we began interviewing candidates for HSC positions as part of the Resettlement Program as well.
    - In preparation for the onsite support positions the RC program met with MIRC and the Angolan Community to determine roles and the scope of work of both groups for the specific site of Howard Johnson hotel where they have had a strong presence, but are still overwhelmed by work on the ground.

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

- Total Applications: 1374
- Denials: 93
- Denial rate: 6.7%

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

- Total number of exchanges: 588 (359 outreach, 229 onsite)
- Total number of needles collected: 80,808
- Total number of needles distributed: 80,837
- Total number of new enrollees (who receive starter pack of 10 at time of enrollment): 52
- Total number of Narcan doses distributed: 431 kits (862 doses)
- Community sharps reported: 323 (130 from sharps containers, or 40.2% of total)

Public Health Clinic Numbers:

- **STD Clinic:** Patients seen: 120, new patients: 48
- **PCFC:** Patients seen: 83 new patients: 16
- **Maternal Child Health** patients seen: 117