1. 5:00 P.M. Executive Session Workshop Agenda

   Documents: 05-09-16.PDF

2. City Council Workshop Finance Committee Agenda 5/9/2016

   Documents: CITY COUNCIL WORKSHOP AGENDA.PDF

3. General Finance Committee Requests For Information

   Documents: FINANCE COMMITTEE FOLLOW UP REQUESTS - OTHER.PDF

4. India St Specific Requests For Information (Finance Committee Requests And Follow-Up Requests)

   Documents: WORKSHOP ATTACHMENT 2-INDIA STREET 5.6.2016 (1).PDF

# CITY OF PORTLAND, MAINE

**CITY COUNCIL WORKSHOP**

**Monday, May 9, 2016**
**5:00 p.m.**
**City Hall – City Council Chambers**

**AGENDA**

1) City Budget; and
2) **Executive Session:** Discussion and Consideration of Amendments to Contract Documents and the City's Legal Rights and Duties Regarding the Sale of Real Estate in Bayside to Federated Companies, Pursuant to 1 M.R.S. Sections 405 (6) (C) and (E)

City Council Workshop

Monday, May 9, 2016

5:00 p.m.

City Council Chambers

AGENDA

1. FY17 Finance Committee Recommended Budget

   Attachments:

   1. General Finance Committee Requests for Information

   2. India St Specific Requests for Information (Finance Committee Requests and Follow-up Requests)

Finance Committee

April 21, 2016

Index of Follow Up Requests from 4/6, 4/7 and 4/14 Meetings

Portland Fire Department

4/29/16

Fire Mechanic Calls for Service

# PFD Year/Alarm type

| Year | Second | Third |
|---|---|---|
| 2011 | 4 | 1 |
| 2012 | 3 | 1 |
| 2013 | 7 | 0 |
| 2014 | 4 | 4 |
| 2015 | 1 | 0 |
| Total | 19 | 6 |
| 2016* | 1 | 0 |

*YTD 19APR

Note: The Fire Mechanic is required to respond on all multiple alarm fires (data above). Additionally the Fire Mechanic gets called in about 6-8 times per year in addition to the mulitiple alarm call data listed above. This is for apparatus break downs when he is off duty, such as at night and over the weekends.

4/21/16

**Portland Fire Department**
**Examples of Percentages Collected for EMS Billing**

| Client | State | |
|---|---|---|
| A | FL | 52% |
| City of Portland | ME | 59% |
| C | OH | 58% |
| D | NJ | 38% |
| E | VA | 62% |
| F | OH | 67% |
| G | WV | 73% |

Note: these are from different clients we handle in the states listed, they are in the area of 9,000 to 13,000 transport range and have different demographics as well to take into consideration

For confidentiallity reasons, Intermedix could not release the name of these client cities without their written permission

Portland Fire Department

4/21/16

| Cliff | |
|---|---|
| **Type** | |
| Fire | 1 |
| EMS | 11 |
| Total | 12 |
| **Month** | |
| January | 3 |
| February | 2 |
| March | 0 |
| April | 0 |
| May | 0 |
| June | 0 |
| July | 1 |
| August | 3 |
| September | 1 |
| October | 1 |
| November | 1 |
| December | 0 |
| Total | 12 |

| Cushing | |
|---|---|
| **Type** | |
| Fire | 0 |
| EMS | 3 |
| Total | 3 |
| **Month** | |
| January | 1 |
| February | 0 |
| March | 0 |
| April | 0 |
| May | 0 |
| June | 0 |
| July | 0 |
| August | 2 |
| September | 0 |
| October | 0 |
| November | 0 |
| December | 0 |
| Total | 3 |

| GDI | |
|---|---|
| **Type** | |
| Fire | 1 |
| EMS | 19 |
| Total | 20 |
| **Month** | |
| January | 0 |
| February | 0 |
| March | 2 |
| April | 0 |
| May | 0 |
| June | 2 |
| July | 4 |
| August | 3 |
| September | 3 |
| October | 4 |
| November | 0 |
| December | 2 |
| Total | 20 |

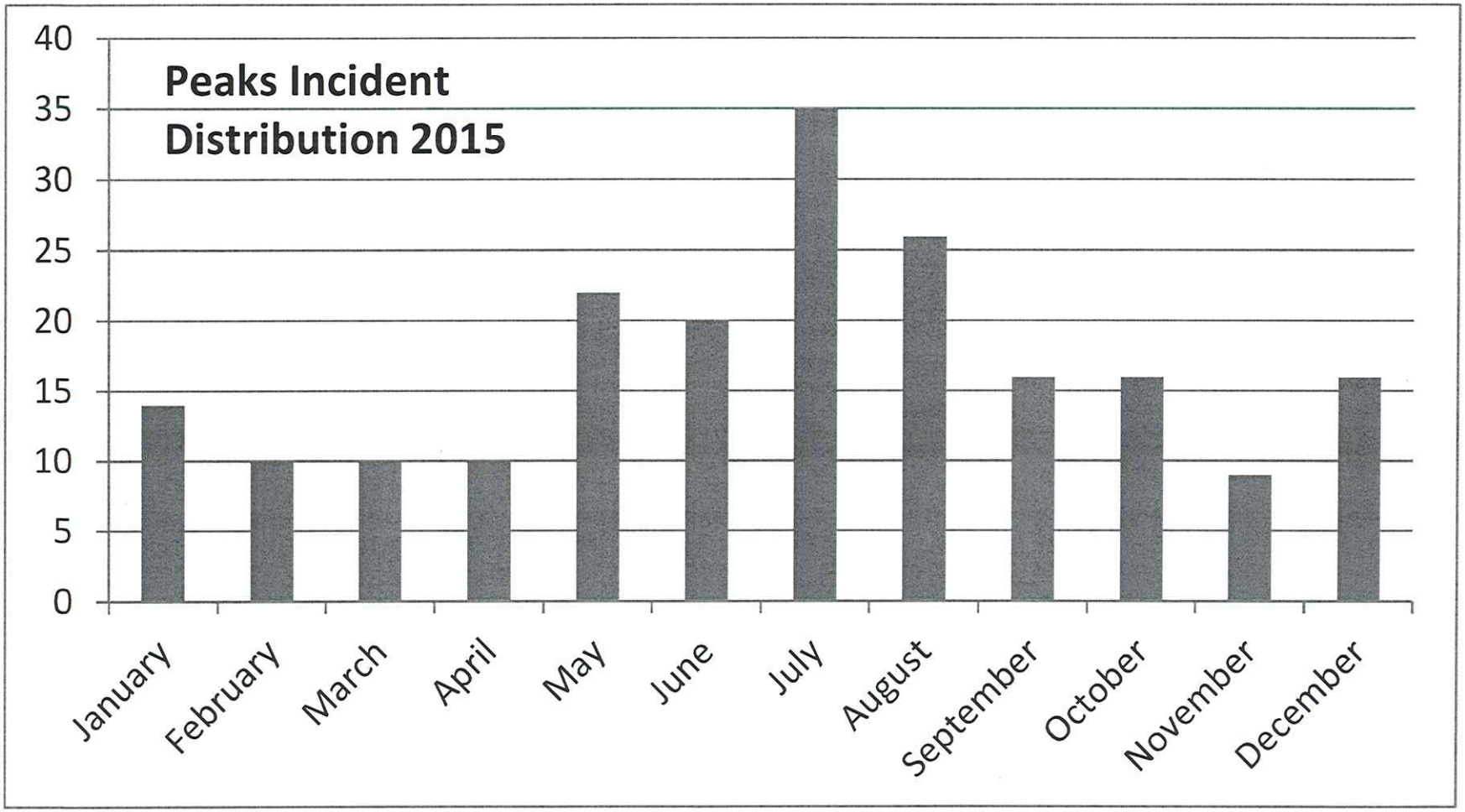
| LDI | |
|---|---|
| **Type** | |
| Fire | 0 |
| EMS | 1 |
| Total | 1 |
| **Month** | |
| January | 0 |
| February | 0/1 |
| March | 0 |
| April | 0 |
| May | 0 |
| June | 0 |
| July | 0 |
| August | 1 |
| September | 0 |
| October | 0 |
| November | 0 |
| December | 0 |
| Total | 1/1 |

| Peaks | |
|---|---|
| **Type** | |
| Fire | 75/13 |
| EMS | 129/23 |
| Total | 204/36 |
| **Month** | |
| January | 14/12 |
| February | 10/9 |
| March | 10/15 |
| April | 10 |
| May | 22 |
| June | 20 |
| July | 35 |
| August | 26 |
| September | 16 |
| October | 16 |
| November | 9 |
| December | 16 |
| Total | 204/36 |

**2015/2016-Q1 Island Incident Types/Volumes**

Portland Fire Department

4/21/16




4

Recreation & Facilities) 4/21/16

## Event Type Usage

Number of Event Dates

(Does not reflect rehearsal / practice dates)

July 1, 2014 – June 30, 2015

PORTLAND EXPOSITION BUILDING

| | |
|---|---|
| PORTLAND PUBLIC SCHOOLS | 23 |
| MAINE RED CLAWS | 24 |
| NON COMMERCIAL | 29 |
| COMMERCIAL | 22 |

PORTLAND OCEAN GATEWAY *

| | |
|---|---|
| NON COMMERCIAL | 89 |
| COMMERCIAL | 12 |

MAINE STATE PIER

| | |
|---|---|
| NON COMMERCIAL | 4 |
| COMMERCIAL / CONCERTS | 13 |

MERRILL AUDITORIUM

| | |
|---|---|
| PRIME TENANT ** | 69 |
| NON COMMERCIAL | 32 |
| COMMERCIAL | 26 |

*AS OF JULY 1 2015 NO LONGER OFFERING COMMERCIAL / NON COMMERCIAL RATES

**INCLUDES PSO, POV & FOKO

Recreation & Facilities

4/21/16

**Public Works Event Office / Public Assembly Facilities - Event Breakdown**

The transition of the Public Works Events Office to Public Assembly Facilities will allow for a better tracking of commercial vs non-commercial events. As well as a better understanding of fee structures for all events in Portland.

**971** Total Events handled by the Public Works Event Office (PW) and Public Assembly Facilities (PAF)

Events managed by (PW) are typically permitted.
Events managed by (PAF) are typically held by a rental or operating agreement.

Events managed by (PAF) include indoor and outdoor facilities (Merrill, Expo, OGW, MSP, Hadlock, Fitzpatrick, various locations)
Events managed by (PW) are typically held outdoors in Parks, City Streets, and various locations.

Below you will find a breakdown of the number of events managed by (PW) and (PAF), also the events that include alcohol, in which (PAF) will always provide staffing.

Combined events indicate that a permit was issued from (PW) but (PAF) staff was either hired or took part in management of event (Event Coordinator or Event Staff).

6

| Attendance | P Works | PAF | Combined | | Alcohol |
|---|---|---|---|---|---|
| 1000 + | 27 | 157 | 11 | | 124 |
| 501 - 999 | 10 | 41 | 0 | | 20 |
| 101 - 500 | 163 | 120 | 2 | | 58 |
| 1 - 100 | 301 | 37 | 2 | | 11 |
| No Attendance Recorded | 100 | 0 | 0 | | 0 |
| | **601** | **355** | **15** | **971** | **213** |
| | | | | Total Events | Events offering alcohol service |

Human Resources 4/21/16

**5202 Employee Benefits/Health Insurance Program – Expenditures**
**Prepared April 7, 2016**

| FY | Budget | Increase/Decrease Current FY/Prev FY | Actual | Difference |
|---|---|---|---|---|
| 11 | $14,125,615 | 8.7% | $13,002,424 | $ 1,123,191 |
| 12 | $14,419,213 | 2.1% | $13,780,681 | $ 638,532 |
| 13 | $14,784,303 | 2.5% | $13,810,129 | $ 974,174 |
| 14 | $15,276,190 | 3.3% | $14,831,444 | $ 444,746 |
| 15 | $15,544,865 | 1.8% | $15,857,254 | ($ 312,389) |
| 16 | $15,915,250 | 2.4% | *$18,861,814 | *($2,946,564) |
| 17 | $18,002,890 | 13.1% | | |

*Projected

Human Resources

4/21/16

# Memorandum

**To:** Finance Committee

**From:** Budget Team

**Date:** 4/20/2016

**Re:** Re: FY17 Budgeted EEO Officer / HR Generalist Position

---

Within the FY17 budget an EEO Officer / HR Generalist position has been added to the Human Resources budget. A similar (but vacant) position was eliminated from the City Manager's budget as the duties integrate more seamlessly within the City HR Department. The position will be dedicated to having a more effective and on-going compliance program in the areas of Equal Employment Opportunity and ADA issues. The position will have significant involvement with the proposed Office of New Mainers and will also be tasked with ensuring the ADA needs assessment is implemented appropriately ($125k is included within the FY17 budget for an ADA needs assessment by an external organization). The EEO Officer / HR Generalist position has been targeted for a 12/31/16 hire date, which will give the City time to fully assess all of the roles and responsibilities which should be incorporated (draft as of April 2016 is below). We also hope that the ADA needs assessment will be completed during 2016 and ready for implementation by early 2017.

*The EEO Officer / HR Generalist will be responsible for developing, coordinating, implementing and monitoring the City's Equal Employment Opportunity (EEO) and Affirmative Action (AA) plans, ensuring compliance with the City's Anti-Harassment and Anti-Discrimination policies as well as State and Federal anti-discrimination laws, including Equal Employment Opportunity and Affirmative Action laws and regulations, the Americans with Disabilities Act, and the Maine Human Rights Act. Reviews City Departments' policies and practices, Civil Service requirements and procedures, and provides ongoing consulting and advising on EEO/AA and ADA compliance issues. The EEO Officer will also investigates employee complaints including allegations of discrimination or workplace harassment.*

4/4/16

Portland Public Schools
Learning to Succeed

**Administration**

*Jeanne Crocker, Interim Superintendent*
*Becky Foley, Chief Academic Officer*
*Ellen Sanborn, Chief Financial Officer*
*Craig Worth, Deputy Chief Operations Officer*
*Kim Brandt, Director of School Management*

353 Cumberland Avenue, Portland, ME 04101-2957
(207) 874-8100

**Date:** April 22, 2016

**To:** Brendan O'Connell, City Finance Director

**From:** Ellen Sanborn, School CFO

**RE:** Finance Committee Requests for Information from April 7 Finance Committee Meeting

I am sending you this info for distribution to the Finance Committee since we do not have another meeting scheduled with them to discuss the FY17 Budget.

One request was a list of non-budgetary funding sources for schools. That list is attached, showing federal and state grants and other funds awarded for the current fiscal year. Note that this does not include individual schools' activity account funds.

Related to the Pre-K discussion, we received 220 Pre-K applications for this school year.

I have not yet received information from Adult Education on the number of ELL students they have enrolled. There was also some discussion about getting data on retention of non-pre-k students, which was not analyzed as part of the pre-k presentation. I can follow up to provide these items later, once I receive the info from other staff.

4/12/16

**Portland Public Schools**
**Federal, State and Foundation Grants and Donations**
**FY2016 Awards**
**April 15, 2016**

| | Award Amount |
|---|---|
| ***Federal & State*** | |
| TITLE IA | $ 2,545,404 |
| Local Entitlement | 1,969,876 |
| Local PreSchool | 25,318 |
| STREET ACADEMY/MCKINNEY | 41,101 |
| TITLE III LANGUAGE ACQUIS | 207,999 |
| TITLE IIA | 553,449 |
| PERKINS TITLE IC | 209,746 |
| ADULT ED BASIC/FED LIT | 100,000 |
| EL CIVICS | 48,144 |
| PROFICIENCY-BASED DIPLOMA | 87,292 |
| TAG INTENSIVE LANGUAGE | 118,000 |
| REFUGEE RESETTLEMENT | 41,006 |
| **Total Federal & State** | 5,947,335 |
| ***Foundation Grants & Donations*** | |
| Nellie Mae | 746,100 |
| FOREIGN-TRAINED WKR PILOT | 75,000 |
| CTE PROG UPDATE/IMPROVE | 50,000 |
| NAT'L BD SCHOLARSHIP FUND | 16,150 |
| COLLEGE TRANSITIONS | 42,500 |
| INTEGRATED EDUC & TRNG | 30,000 |
| PEPG DEVELOPMENT GRANT | 4,600 |
| STREET ACADEMY/MCKINNEY | 41,101 |
| ADULT ED NEW MAINERS | 32,863 |
| CHAMPS / Food Service | 30,000 |
| Gorman Cent. For Applied Ling. Audit | 172,985 |
| Summer Data Project | 1,500 |
| PHS Project Lead the Way | 5,850 |
| Peaks Island After School Academy | 14,000 |
| KMS / Think Tinker Inspire | 9,925 |
| Riverton Playscape | 4,000 |
| Kindergarten Jumpstart / Starting Strong | 5,500 |
| OWL Training / Starting Strong | 4,200 |
| Read at Home Project / Starting Strong | 11,345 |
| School Wellness Initiative | 10,000 |
| PATHS - MELMAC | 13,500 |
| Boiler Makers | 12,200 |
| Portland Housing Authority (PAE) | 5,060 |
| Refugee Contr.-Cath.Char.(PAE) | 11,476 |
| Homeless Support (PAE) Preble St. | 25,280 |
| Peaks Island/ME Community Foundation | 5,000 |
| Envirologix | 10,000 |
| JT Gorman/Multilingual & Multicultural Center's Make It Happen | 25,200 |
| East End Community School Walking School Bus Coordinator | 5,000 |
| Sam L. Cohen (Multilingual) | 40,000 |
| **Total Foundation Grants & Donations** | 1,460,335 |
| **Total Grants and Donated Funds** | $ 7,407,670 |

PPS Finance

4/24/16

CTN Budget FY 2016

| | | |
|---|---|---|
| Income | | |
| Interest Income | $ | 148.02 |
| Airtime | | 25,000.00 |
| Class Fees | | 255.00 |
| Time Warner Contract | | 72,000.00 |
| Duplication Fees | | 720.00 |
| Fundraising Income | | 9,765.00 |
| Membership Income | | 24,825.00 |
| Municipal Funds income | | 95,000.00 |
| Production Income | | 34,848.59 |
| Reimbursed Expenses | | 400.00 |
| Sponsorship | | 1,000.00 |
| Videotape Sales | | 90.00 |
| Rent Income | | 5,452.50 |
| Total Income | $ | 269,504.11 |
| | | |
| Expense | | |
| Payroll Fees | $ | 1,515.30 |
| Meetings/Events | | 118.08 |
| Bank Service Charges | | 45.90 |
| Dues and Subscriptions | | 750.00 |
| Education | | 1,500.00 |
| Equipment Rental/Lease | | 1,600.00 |
| Insurance | | 25,000.00 |
| Interest Expense | | 1,400.00 |
| Marketing | | 500.00 |
| Office Expenses | | 15,186.71 |
| Payroll Taxes | | 7,661.18 |
| Production Expense | | 8,918.67 |
| Rent | | 90,300.70 |
| Repairs/Maintenance | | 600.00 |
| Security System | | 409.23 |
| Travel & Ent | | 400.00 |
| Utilities | | 11,864.22 |
| Volunteer Appreciation | | 750.00 |
| Wages | | 95,248.40 |
| Total Expense | $ | 263,768.39 |
| Net Revenue (Loss) | $ | 5,735.72 |

4/24/16

Bullet Points of CTN's Inputs, Outputs and Outcomes

- In the past year, 133 people have taken classes at CTN. These are mostly Portland residents, and the remaining participants are volunteers for Portland nonprofits.

- We are a Workfare site, and have worked with 8 new Mainers in that program, both with training and temporary employment.

- We regularly work with interns from MECA, USM and SMCCC. In the past year, 3 interns have worked at the station.

- In the past year, Portland residents and nonprofits produced 496 shows, most of these using CTN equipment and/or facilities. In addition, CTN staff and volunteers have produced 334 shows.

- In the past year, we've had over 60 nonprofit members, and produced 50 videos for 26 of these members.

- This year we've started working with businesses. For example, we helped a local bike shop do a regular series on biking and have invited Arabica Coffee to provide refreshments for a studio event. We are going to collaborate with other businesses in the same way and looking for other ways to help small local businesses.

- We operate with a staff of 3 part-time employees and 1 full-time employee and contract for bookkeeping and IT services. Last year 87 people volunteered for us providing us with 2,666 hours of service.

- South Portland allocates $160,000 a year to their community station; we receive $115,000 from the City of Portland plus the $71,000 from the Time Warner allocation, which we realize offsets the amount of franchise fees the City receives.

- We supplement what we receive from the City with membership revenue, doing videos for people who can pay us, sharing our space on Congress Street, grants and other fundraising.

- We've worked with Time Warner in the past two years using the terms of the contract they have with the City to provide us with over $60,000 in upgraded production equipment, and have secured additional outside funding for $6,500 of additional production equipment.

- We are currently seeking sponsorships and other funding to overhaul our façade and front area on Congress Street.

4/21/16

CTN Nonprofit Members
2015-2016

1. Avesta Housing
2. Build a Biz
3. Cancer Community Center
4. Casco Bay Invasive Species Network
5. City of Portland
6. City of South Portland
7. Coastal Enterprises
8. Community Financial Literacy
9. Congolese Community of Maine
10. County of Cumberland
11. Creative Portland
12. Decompression Chamber Music
13. Disabilities Rights Maine
14. EcoMaine
15. Eldercare Network
16. First Baptist Church
17. First Parish Church
18. Friends of Evergreen Cemetery
19. Friends of Fort Gorges
20. Friends of Congress Square Park
21. Friends School of Portland
22. Greater Portland Lnadmarks
23. Holy Martyrs Church
24. Home Health Visiting Nurses
25. Hour Exchange Portland
26. ILAP
27. Independence Association
28. Iris Network
29. Keeping Kids Safe
30. Kids First Center
31. LearningWorks
32. Lift360
33. Lyric Theater
34. Maine Association of Nonprofits
35. Maine Charitable Mechanics Association
36. Maine Citizens for Clean Elections
37. Maine College of Art
38. Maine Veterans for Peace
39. Maine Voices for Palestinian Rights
40. Men on Fire
41. Mercy Hospital
42. Nagaloka Buddhist Center
43. Oceanside Conservation
44. Painting for a Purpose
45. Portland Boxing Club
46. Portland Playback Theatre
47. Portland Public Library
48. Portland Trails
49. Portland Water District
50. Pride Portland!
51. Project Bazia
52. Rippleffect
53. Rotary Club of Portland
54. Southern Maine Agency on Aging
55. Southern Maine Conservation Collaborative
56. Speaking Up For US
57. Support Solutions
58. Three Rivers Land Trust
59. Town of Cape Elizabeth
60. Town of Yarmouth
61. University of Southern Maine
62. World Affairs Council Maine
63. WMPG

TO: Finance Committee

FROM: Public Health Division, Health and Human Services Department Staff

DATE: April 21, 2016

RE: Chronic Disease Prevention services retained in FY17

---

At the April 14, 2016 meeting of the Finance Committee of the Portland City Council, a question was raised about what Chronic Disease Prevention services would remain after September 30, 2016, in contrast to the services that the City would lose due to the State's reallocation of Fund for Healthy Maine dollars away from the Healthy Maine Partnership infrastructure. The details are as follows:

**Obesity Prevention ($295,020)**
Work with 12 childcare, 10 schools, and 15 before/after school and summer programs on policies and environmental changes to increase physical activity and improve nutrition for children.

Provide direct nutrition education to 2,834 unduplicated participants in Portland through the SNAP Education Program.

**Substance Use Prevention ($50,000)**
Conduct at least 4 overdose prevention trainings for caregivers, social service providers, and others with whom high risk individuals have regular contact

Conduct 138 overdose prevention education and outreach sessions to identified high-risk populations and groups at various sites including Cumberland County Jail, Preble Street Resource Center, and Milestone Foundation

Host or organize 23 additional community meetings focused on overdose prevention.

**Tobacco Prevention ($22,035)**
Conduct 4 targeted outreach communications, 3 training presentations, and 1 current policy attitudes survey with property owners and managers through City of Portland General Assistance and MaineHousing to increase the number of subsidized housing properties that have smoke-free policies.

Conduct at least 2 two outreaches to all Maine technical and career schools with the goal of at least 2 policy changes.

**Lead Poisoning Prevention ($27,500)**
Conduct direct outreach to 10 local property owners and conduct at least 25 lead dust tests in Portland/South Portland/Westbrook as this is a high density Lead Poisoning Area in the State.

## PORTLAND POLICE DEPARTMENT

The Island Services Unit of the Portland Police Department provides 24-hour coverage on Peaks Island. The Island Services officers are partnered up with a firefighter officer/ALS to also provide advanced life support medical coverage and basic firefighter services. The Island Services unit consists of four officers who work with a firefighter officer/ALS for the duration of their 24 hour shift. The Island is serviced by one officer between Labor Day and Memorial Day. During the period between Memorial Day and Labor Day, the coverage is supplemented by an overtime police position ($33,000) that works from Friday at 4 PM till Sunday at 6 PM, unless it's a holiday weekend, when the coverage would be extended to 6 PM on Monday. The supplemental coverage was scheduled to deal with the influx of island summer residents/visitors and the potential for a higher call volume.

All Peaks Island officers maintain a minimum of EMT basic certification and receive periodic in-service training on medical techniques. Island Services officers also receive a minimum of 1-week fire training tact school and continued in-service training on fire-related issues. Several Peaks Island officers also possess specialized skills that benefit the community. Examples of these specialized skills include Special Reaction Training (SRT), accident reconstruction training and a certified master diver's license. Additionally, all of the Island Services officers are members of the Crisis Intervention Team (CIT). This additional training provides Peaks Island residents with an invaluable resource for addressing individuals dealing with a mental health crisis.

Island Services Officers work with their fire department counterparts to handle the vast majority of all calls for police, fire, or ambulance services. The Island Services officers perform almost all facets of police services. These officers perform routine patrol and conduct preliminary investigations into crime. Island Services officers also conduct follow-up investigations into the vast majority of community-related crimes. The officers additionally document and process crime scenes for physical evidence. A primary function of these officers involve performing community policing services that include community problem solving, the development of neighborhood ownership, safety education for Peaks Island youth, home checks on elderly residents and community education. The Portland Police Department further enhanced our community policing initiative on Peaks Island in 2009 with the addition of a designated Community Policing Officer. This officer was added to provide a department liaison for the community with connections directly to the Chief s office.

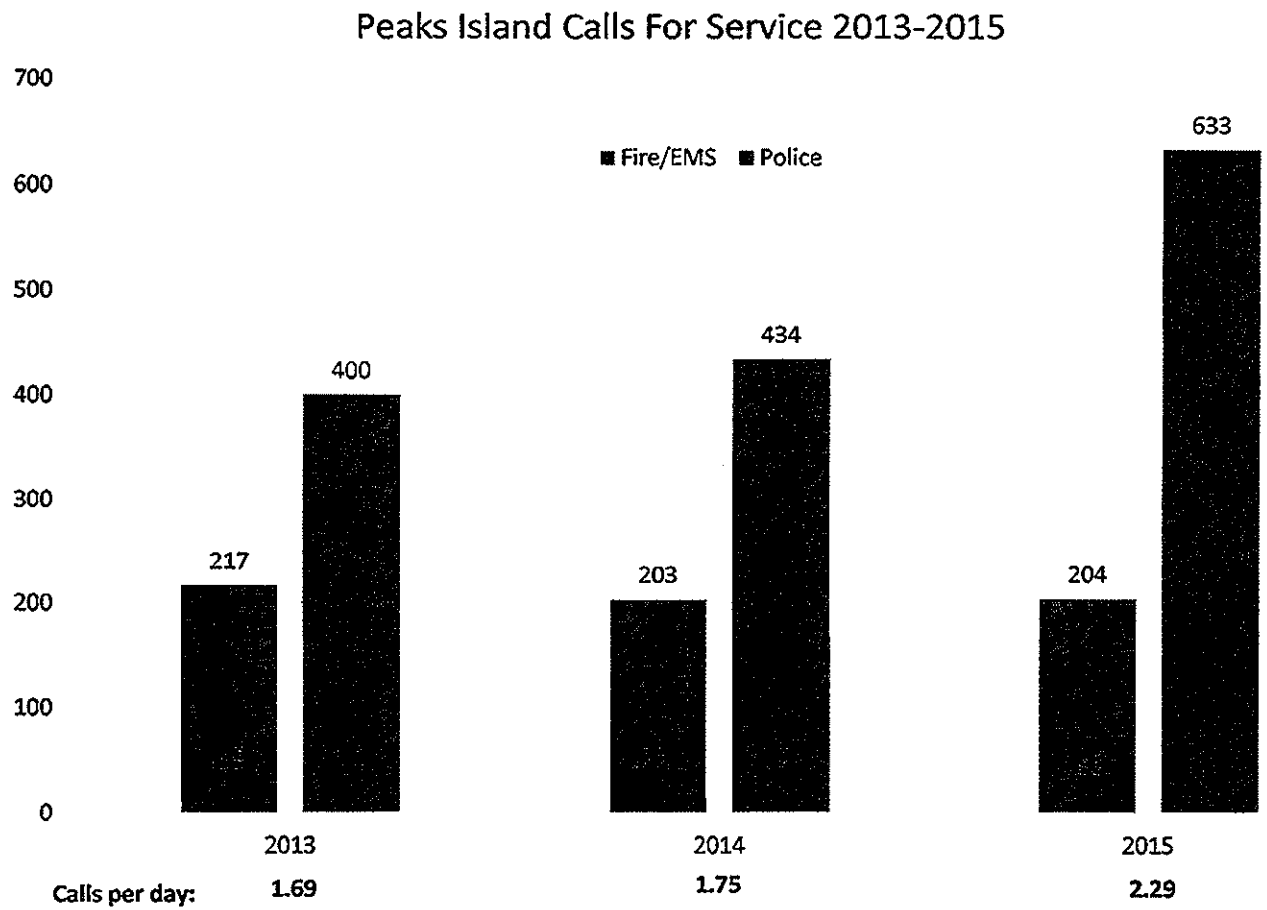
When situations arise that exceed the officers' capabilities or level of training, they possess access to multiple Portland Police resources. These additional resources can quickly and efficiently meet the immediate needs of Peaks Island residents. The Police Department transports these additional resources to Peaks Island via the Portland Fire Department, United States Coast Guard, Harbor Master or Casco Bay Lines (non-emergency).

Additional Portland Police services available to Peaks include:

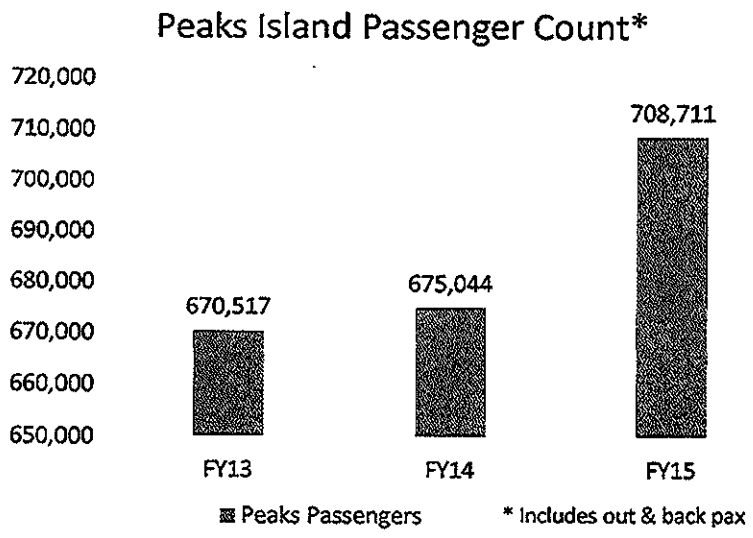
Detectives for investigation of major crimes
Evidence Technicians for investigation of crime scenes
Support from our Behavioral Health Unit as needed
Special Reaction Team
Crisis Negotiator Team
HAZMAT Team
Accident reconstructionists
Additional police officers during emergency situations

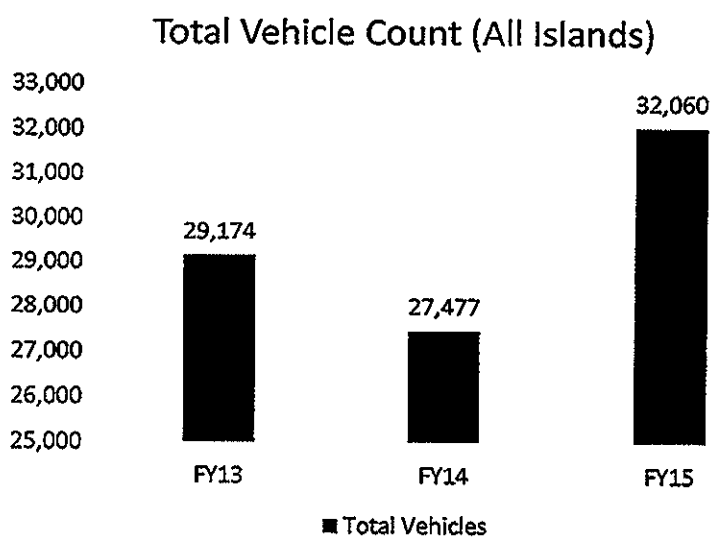
The Island Services officers work with their firefighter officer/ALS partners to provide all initial emergency medical treatment for Peaks Island residents. The unit possesses all the equipment necessary for immediate treatments authorized by Maine EMS protocol. If necessary, the Island Services Unit typically makes all transports on the Island. They transport the patient to the landing and the Portland fireboat transports from Peaks Island to the Maine State Pier. MEDCU then transports the patient from the Maine State Pier to a local hospital. The Fireboat is usually staffed with an officer and two medically trained firefighters. If the required medical treatment exceeds the officers' authorized level, two ALS trained MEDCU personnel are assigned to assist Island officers. MEDCU is typically transported via the Fireboat or the Cavallero. The transport time on this vessel is approximately 15 minutes. If necessary, the Fire Department utilizes Marine 3, which lowers the response time to less than ten minutes. Typically, the Island Services Unit transports the patient from the location of the initial call to the main dock. This action minimizes the transport time and allows for a prompter patient evaluation by MEDCU personnel.

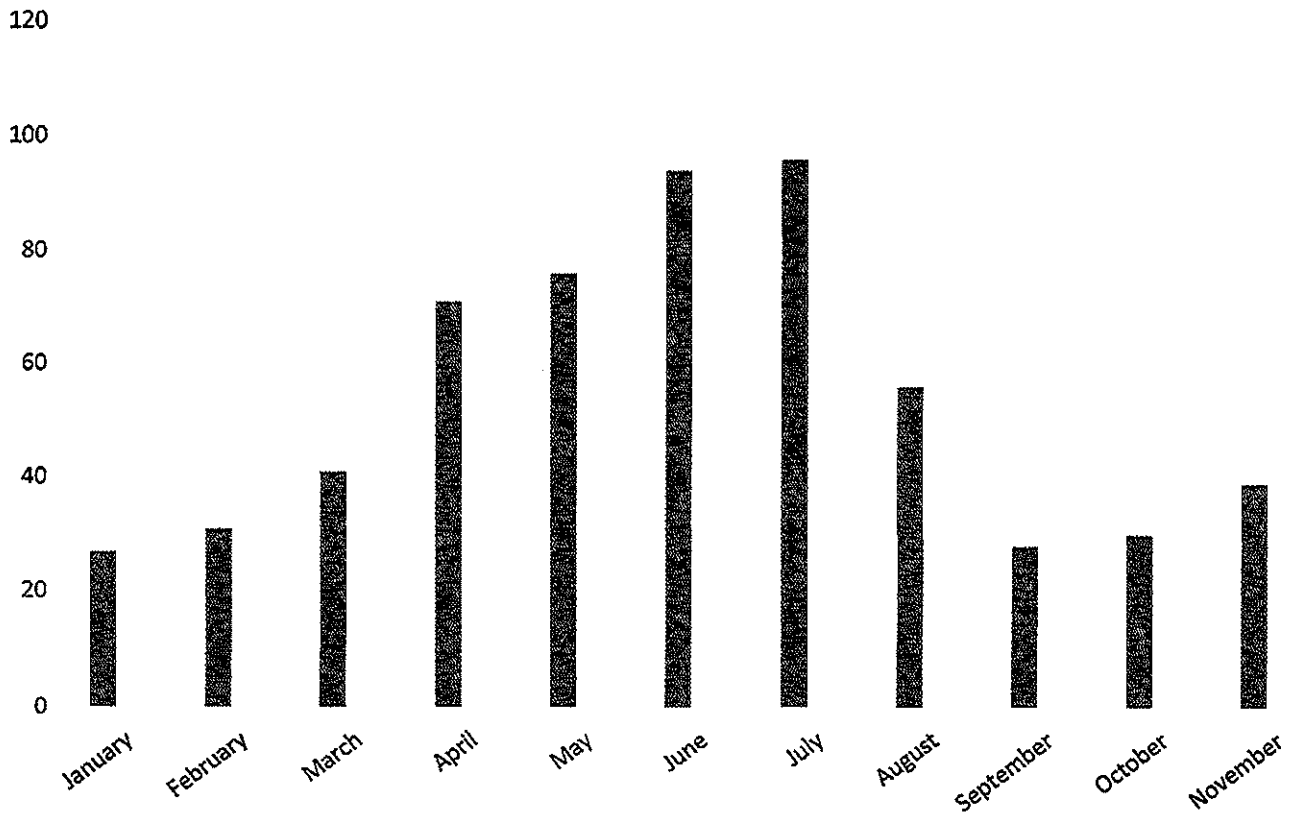
The Island Services officers receive training in fire vehicle operation, equipment operations, ladder techniques, and external fire-fighting tactics. The Portland Fire Department conducts periodic SCBA training to maintain the officers' certifications. The Island Services officers utilize the assistance of the Call Company on all fire-related calls. The call company currently consists of approximately 15 volunteers who actively participate in the program. When a fire-related call is received for Peaks Island, the Portland Fire Department immediately assigns three additional fire units and one MEDCU to the Fireboat. If the fire related call develops into an active fire, the Fireboat and Cavallero respond. These two boats transport an additional 12 to 16 firefighters for additional staffing. The use of these personnel depends on the location and nature of the fire. The vast majority of the personnel are utilized for ground attacks with Peaks Island fire apparatus. The Fire Department uses the fireboat for either water applications or increasing the water pressure for island trucks. If additional personnel are needed, the Portland Fire Department possesses the capability of providing several dozen more firefighters.


Peaks Island Calls For Service 2013-2015
700
600
500
400
300
200
100
0
Fire/EMS
Police
217
400
203
434
204
633
2013
2014
2015
Calls per day:
1.69
1.75
2.29

# CASCO BAY LINES PASSENGER AND VEHICLE COUNTS FY13-FY15




Peaks Island Police CFS Distribution 2015
120
100
80
60
40
20
0
January
February
March
April
May
June
July
August
September
October
November

**To: Finance Committee**
**From: Chief Michael Sauschuck**
**Ref: Committee Request-Overtime/Reimbursable**
**Date: 4/21/2016**

**Total Reimbursed-Overtime**

| Description | | FY15 | | | FY14 | | FY13 |
|---|---|---|---|---|---|---|---|
| Outside Jobs-Non City | $ | 710,892 | (1) | $ | 266,405 | $ | 250,546 |
| JetPort | | 172,924 | | | 188,844 | | 285,820 |
| Outside Jobs-City | | 24,953 | | | 9,305 | | 8,835 |
| 10 % Administrative Fee-O/S Jobs | | 76,689 | (1) | | 27,957 | | 26,172 |
| Court Reimbursement | | 67,387 | | | 52,602 | | 52,780 |
| Total Reimbursable Overtime | $ | 1,052,844 | | $ | 545,113 | $ | 624,152 |

**Total Non-Reimbursed-Overtime Actual**

| Division | | FY15 | | FY14 | | FY13 |
|---|---|---|---|---|---|---|
| Administration | $ | 2,154 | $ | 754 | $ | 2,903 |
| Uniform Operations | | 295,894 | | 328,413 | | 345,058 |
| CID | | 50,342 | | 29,269 | | 53,540 |
| Operations Support | | 17,974 | | 13,919 | | 15,714 |
| Dispatch (2) | | 278,364 | | 255,962 | | 199,798 |
| | $ | 644,729 | $ | 628,317 | $ | 617,013 |

**Toal Non-Reimbursed-Overtime Budget**

| Division | | | | | |
|---|---|---|---|---|---|
| Administration | $ | 700 | $ | 2,000 | $ | 2,000 |
| Uniform Operations | | 317,635 | | 306,074 | | 319,470 |
| CID | | 48,000 | | 48,000 | | 48,000 |
| Operations Support | | 17,000 | | 17,000 | | 17,000 |
| Dispatch | | 229,604 | | 170,000 | | 170,000 |
| | $ | 612,939 | $ | 543,074 | $ | 556,470 |

Notes:
(1) Fairpoint Strike $358,731/ $35,873
(2) Portion of this overtime is reimbursable per PSAP Agreement

Attachment 2 – India St Specific Information

**Proposed India Street Budget Changes**
**1/1 - 6/30/17**

**Summary**

- Transition all Positive Health Care patients by 12/31 with staff layoffs as planned.
- Maintain staff (possibly via contract) to complete required federal reporting on Positive Health Care grant due first quarter 2017 and manage medical records requests.
- Maintain Needle Exchange and HIV/STD services while transitioning to PCHC and other community partners, and close by 6/30/17.

**Proposed Budget**

**Revenues**

| | | | |
|---|---|---|---|
| State HIV/STD grants | $ | 126,655 | Pays for 2 Needle Exchange FTEs, 1 FTE Outreach Coordinator and 1 FTE Disease Investigation Services |
| Needle Exchange grants and donations | $ | 7,500 | Pays for clean needles |
| | **$** | **134,155** | |

**Expenses**

| | | | |
|---|---|---|---|
| Staff | $ | 109,207 | 2 Needle Exchange FTEs, 1 FTE Outreach Coordinator, 1 FTE DIS |
| Grant closeout staff | $ | 37,143 | 1 FTE Program Coordinator, 1 FTE Office Manager |
| Needle Exchange Supplies | $ | 7,500 | |
| Biohazard Disposal | $ | 1,000 | |
| Rent | $ | 20,000 | Would negotiate month-to-month lease and possible decreased cost to use less space |
| | **$** | **174,850** | |

| | | |
|---|---|---|
| **City Request** | **$** | **40,695** |

To: City Council

From: Brendan O'Connell, Finance Director

CC: Jon Jennings – City Manager, Anita LaChance – Deputy City Manager

Date: May 2, 2016

Subject: Public Health Budget Adjustments – India Street and Coverage of Grant Losses

To fund a full year of services at the India Street clinic in FY17 a net increase of $452,982 would need to be added to the overall tax levy. This includes additional expenses of $890,718 and additional revenues of $437,736. This amount has decreased by $40,695 due to a previous budget amendment related to extension of needle exchange and STD services at India Street allowing for a full year of transition to Portland CHC during FY17. The total required net increase to restore a full year of India Street includes an estimated amount for implementation of electronic medical records, which staff has indicated is a necessity for future operation of the clinic. This budget amendment would result in a municipal tax rate increase of 3.2% (overall tax rate increase of 2.6%) and a new FY17 mil rate of $21.17.

A number of Public Health grants are not being re-awarded to the City of Portland in FY17. Most notably, the Healthy Maine Partnerships Grants are no longer being awarded to individual municipalities and will instead be awarded to 4 state wide organizations. If the City wished to continue to fund the services and staff currently funded by these grants, an additional $1,011,256 would need to be picked up by City taxpayers. This would add an additional 13 cents to the tax rate. When combined with the India Street amendment above this budget amendment would result in a municipal tax rate increase of 4.5% (overall tax rate increase of 3.3%) and a new FY17 mil rate of $21.30.

| Impacted Program (# of FTE within Program Impacted) | Dollars of Grant Loss in FY17 Budget |
|---|---|
| Substance Use Prevention (1.7FTE) | $140,237 |
| Obesity / Nutrition and Tobacco Prevention (3.9FTE) | $515,674 |
| Breathe Easy (1.5FTE) | $113,775 |
| Sodium Reduction (0.8FTE) | $41,350 |
| Minority Healthy (1.5FTE) | $73,884 |
| **Subtotal** | **$884,920** |
| Fringe Benefits for 9.4FTE | $126,336 |
| **TOTAL** | **$1,011,256** |

Finally, if all of the staff listed above remained employed by the City of Portland, the division would need to restore two administrative positions which are currently eliminated within the FY17 budget. Salaries of $71,634 and fringe benefits of $22,923 for an additional required increase of $94,557. This would add an additional 2 cents to the tax rate. When combined with the items above (total net increase to the tax levy for all restorations of $1,558,795) the overall adjustment to the tax levy would result in a municipal tax rate increase of 4.6%, an overall tax rate increase of 3.3% for the City, and a new FY17 mil rate of $21.32.

TO: Mayor & Members of the City Council

FROM: Jon Jennings, City Manager

SUBJECT: Response to Mayor Strimling's Budget Comments

Date: May 3, 2016

Having now had an opportunity to review the Mayor's budget comments, I would like to both respond to the questions posed and correct what staff believes to be some misleading information. We hope that this information is helpful and would be happy to respond to any questions.

**"Nearly twenty new positions...that are focused on permitting, paving and potholes..." (Pg. 3)**

RESPONSE: There is a net increase of 3 positions related to the City Council goal to establish a more effective permitting process. Those positions are more than offset by an increase in revenues. There is a net increase of 4 positions in Public Works. This increase is more than offset by cost savings achieved by using City staff to monitor capital projects, reducing our reliance on more expensive consulting services. There is a net increase of 5.7 positions in Parks, Recreation & Facilities. Of these 3.9 are in Recreation and offset by revenues.

To summarize, of the 12.7 positions added in these areas, all but 1.8 are offset by revenues.

**Statistics regarding chronic disease prevention (Pg. 4)**

RESPONSE: After reviewing this information, we find it to be incomplete. This information was provided to the Mayor by City staff without the benefit of review by the City Manager's Office. I've attached a memo from HHS Director Dawn Stiles (Attachment A) clarifying the information.

**"...we need more details about where the Needle Exchange will be located." (Pg.7)**

RESPONSE: The Finance Committee agreed and therefore extended this program through the end of next fiscal year.

**What happens if we are wrong and PCHC is unable to secure the grant (Ryan White) when they apply? (Pg.7)**

RESPONSE: Clearly no one can guarantee that PCHC will be awarded the grant, but the facts are that:

> The majority of grants are awarded to FQHCs-58% awarded to FQHCs, 2% awarded to Cities (see Attachment B)
>
> The City's HRSA contact has intimated to staff that this reflects the federal government's preference
>
> PCHC's most recent review by HRSA is very positive. As the Mayor states having read their recent audits, "...Portland Community Health's results are exemplary"

Frankly, these facts were what led us to discuss the transition of India St. in the first place. Given these facts, there's a much greater likelihood that the City might lose the grant in the future, than PCHC would be unable to secure it.

**We need to take as much time as necessary to ensure that no one falls through the cracks due to our lack of planning. (Pg. 8)**

RESPONSE: The typical timeframe for the closing of a medical practice is 3 months, however recognizing the unique needs of our India St patients, we have allowed more than 8 months for transition.

**Assuring the anonymity when it comes to STD testing (Pg.8)**

RESPONSE: Again, the Finance Committee recognized this challenge and therefore extended this program through the end of FY17.

**What are the specifics of the transition plan ? (Pg.9)**

RESPONSE: In addition to the memo previously provided on Patient Discharge Planning (Attachment C), Dr. Lemire's contract is being increased by 10 hours per week to be dedicated to the transition and specifically, the following tasks:

> Assure that all patients are notified of the closure of the Positive Health Care Program in accordance with applicable law;
>
> a. Review with each patient options for the transfer of their care;

b. Facilitate the transfer of individual patient care;

Assist with preparation of the Portland Community Health Center staff to care for patients who have transferred their care by providing regular tutorial sessions and preparing and delivering presentations on HIV, Hepatitis, Sexually Transmitted Diseases, Addiction and Opiate Maintenance and the Harm Reduction Model.

We would also like to clarify that the transition team includes staff at both India St and PCHC beyond the conveners noted in the attachment, and has been meeting weekly since April 15.

Also attached is the memo from HR Director Gina Tapp regarding the transition of India St staff which was also distributed previously (Attachment D). Since the memo was written, Gina has met with PCHC CEO Leslie Clark, as well as each India St staff member individually. Her update is attached (Attachment E).

The Mayor references the plan for reorganizing Permitting and Inspections as the model that should be followed here. However unlike the internal reorganization of a City function, the transition of India St. depends on the individual choices of both patients and employees. A successful transition by definition will be informed by these choices. Because this will be a gradual process, staff will update the HHS Committee of progress, at minimum, on a quarterly basis and more frequently if there are significant developments.

Attachment A

Portland, Maine — Yes. Life's good here.

Dawn Stiles
Director, Health & Human Services Department

May 4, 2016

To: Jon Jennings, City Manager

Re: Clarification of Data used in Budget Response

The Public Health data used on Monday night in the Mayor's response to the city budget must be clarified. Therefore, I take this opportunity to explain the actual scope of the prevention services "lost"; the remaining funding and its planned uses; the State's current RFP and our potential participation; and the future direction of Portland's Public Health Division.

2700 Opiate Related Overdose Prevention Program Services - This number is NOT unduplicated – it is comprised of:

- Group meetings at the Cumberland Cty Jail of 30 individuals once per week for 1 year;
- Group meetings at Milestone of 16 individuals twice per month for 1 year;
- Group meetings at Preble St. once per week for 1 year.

7500 Prevention Resources for Parents – This number comes from the distribution of literature on prevention through school open houses, parent information packets sent home, sports coaches distribution of material and a web site.

1000 Safe Storage & Disposal Education Events– This number includes literature distributed to new mothers by Maternal & Child Health nurses well-child home visits; health fairs; and drug take back events.

Tobacco Retailer Education – Will continue through current staff. Staff make initial contact when a retailer registers with the "No Butts" program and then go out to meet with the retailer if we receive a referral from the AAG. Last year we received 2 referrals.

Obesity and Nutrition – Last year we worked with 9 worksites on wellness policies and 13 sites on tobacco policies. We worked with 11 colleges on tobacco policies.

200 People in Poverty lose referral services funded through the Minority Health Grant. These services are being delivered through General Assistance for those eligible and

Dawn Stiles
Director, Health & Human Services Department

through the Community Health Centers through their Federal and State funding. These services will not be lost.

The City retains grant funding for Public Health Prevention programs of $ 1,082,466 of which $ 405,945 is passed through to a subcontractor.

Through this funding the City will provide the following prevention services:

Substance Use Prevention

- Conduct at least 4 overdose prevention trainings for caregivers, social service providers and others with whom high risk individuals have regular contact;
- Conduct 138 overdose prevention education and outreach sessions to identified high-risk populations and groups at various sites including Cumberland County Jail, Preble Street Resource Center and Milestone Foundation;
- Host or organize 23 additional community meetings focused on overdose prevention;
- 3 group education sessions on problem gambling prevention with minimum of 20 individuals/session;
- Staff presence at 2 back to school events and dissemination of 200 brochures/pamphlets related to youth substance use prevention;
- Provision of 2 education sessions to pharmacies (1 Portland 1 Casco Bay) on the importance of Prescription Drug Monitoring Program utilization and offer on-going technical assistance to pharmacies as requested;
- Provide information regarding safe storage and disposal of prescription medication to 500 community members and continue to run PSA on local television and websites.

Obesity and Tobacco Prevention

- Work with 12 childcare centers, 10 schools, and 15 before/after school and summer programs on policies and environmental changes to increase physical activity and improve nutrition for children;
- Provide direct nutrition education to 2,834 unduplicated participants in Portland through the SNAP Education Program delivered in school classrooms;
- Conduct 4 targeted outreach communications, 3 training presentations, and 1 current policy attitudes survey with property owners and managers through partnerships with City of Portland General Assistance Program and MaineHousing to increase the number of subsidized housing properties that have smoke-free policies;
- Conduct at least 2 outreaches to all Maine technical and career schools with the goal of at least 2 policy changes;
- Work with 10 tobacco retailers to prevent underage sales of tobacco; this is the

Dawn Stiles
Director, Health & Human Services Department

number of retailers registered with "NO BUTTS," the state's carding program to prevent underage sales;
- Work with 10 new Portland worksites on wellness policies: Create and implement wellness policies using a state wellness program.

Lead Poisoning Prevention
- Conduct direct outreach to 10 local property owners and conduct at least 25 lead dust tests in Portland/So Portland/Westbrook as this is a high density Lead Poisoning Area in the State.

The State of Maine will no longer fund the Healthy Maine Partnership Grants. Portland received through this grant $ 811,036. of which $273,307 was passed through to a subcontractor. Our Minority Health fund also lost funding in the amount of $ 73,884.

The State of Maine has issued an RFP to replace these prevention services. There are four RFP service topic areas: *Tobacco Prevention; Substance Use Prevention; Youth Engagement and Mass Media.* The applicants must be able to provide the services state-wide through their own staff or subcontracts. Portland has connected with the University of New England; Maine Health; Eastern Maine Medical; and Medical Care Development to express Portland's interest in subcontracting. **Prevention Services won't be lost** – they may not be delivered by city staff and they may be different prevention services. However, our staff could deliver the services through another agency or we may become a subcontractor.

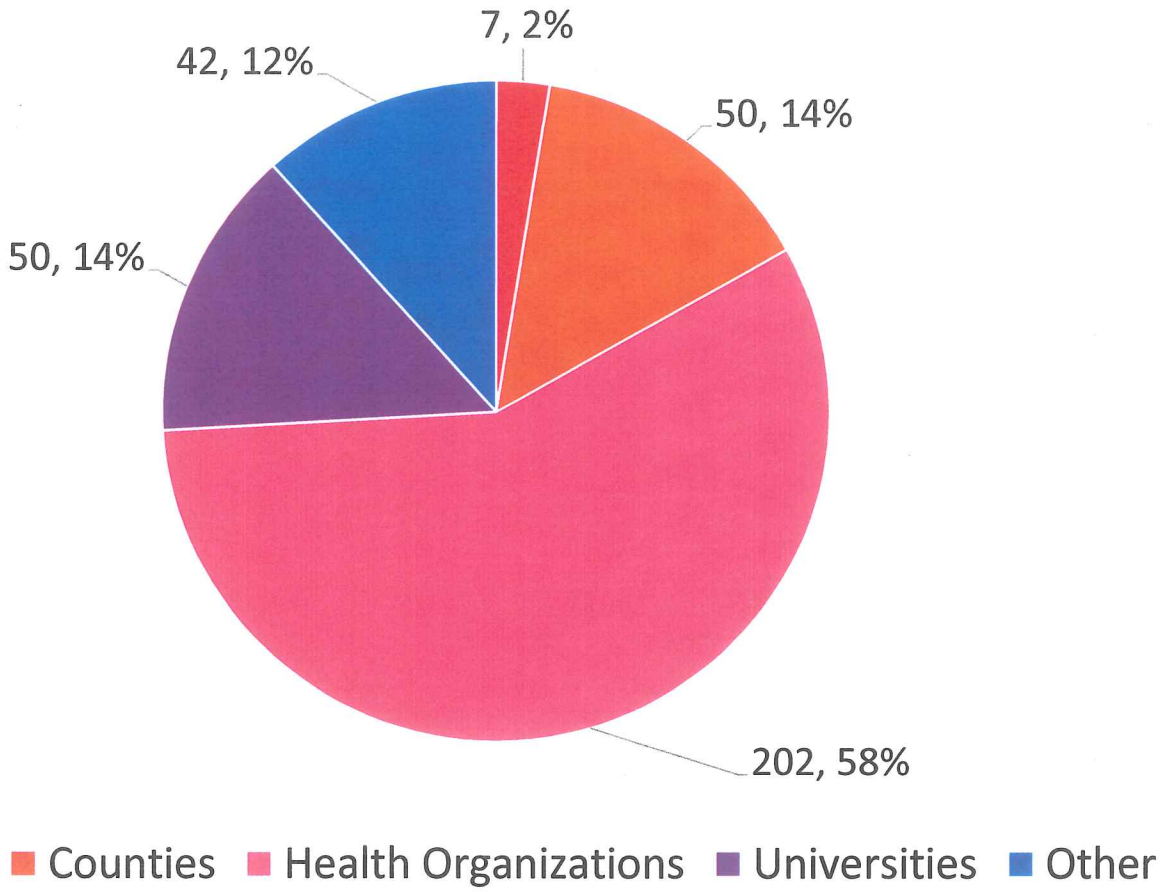
The City of Portland has created progressive/innovative Public Health Policies that have influenced other cities in Maine and the Nation. **It is time that Portland Public Health assume a *Thought Leadership* role through strategic partnerships; research and publication; public speaking and consultation**. This is the clear direction, envisioned by our City Manager, through which Population Health can most greatly be impacted. The time is right for Portland to take this opportunity to lead.

It is my pleasure and honor to work for the City of Portland.

Dawn Stiles, Director, Health & Human Services

# Ryan White Grant Recipients by Organization Type

- Current 2 Year Grant Ends 12/31/16
- Cities are very infrequently awarded Ryan White Grants (7 of 351 total)
- FQHC's are significantly more likely to be selected as future grant recipients



ATTACHMENT C

Proposed India Street Patient Discharge Planning

- All patients were mailed **written notification** of the possible transition in services to the Portland Community Health Center on April 4. (As noted in HR Director Gina Tapp's memo, all India Street staff were notified of the possible transition on March 31.)

- A joint India Street–Portland Community Health Center **transition team** has been convened by HHS Department Director Dawn Stiles and Portland CHC Chief Executive Officer Leslie Clark. Both medical directors, Dr. Ann Lemire from India Street and Dr. Renee Fay-LeBlanc from Portland CHC, are working closely together. This team now meets weekly to discuss all aspects of the transition and ensure that each patient's health care needs are met. The transition will focus on:
    - Positive Health Care patients
    - Needle Exchange clients
    - HIV/STD screening, testing and counseling services

- The team will ensure that all community partners are notified as well as health plans, grantors, vendors and suppliers, etc.

- The team will develop and implement a schedule for India Street staff and Portland CHC staff to **meet jointly with each Positive Health Care patient** to discuss the transition, address any concerns, and schedule an intake appointment at Portland CHC. This meeting will include a record release authorization form, and the discussion as well as written communications regarding the practice transition will be documented in each patient's medical record.

- The team will develop and implement a schedule showing **weekly dedicated appointment slots at Portland CHC** for Positive Health Care intake appointments. This schedule will ensure that each Positive Health Care patient has an intake appointment well before the India Street clinic closure on December 31.
    - This schedule will inform when India Street ramps down clinical services and when Portland CHC ramps up.
    - The team has already determined that all medical records can be transferred together, eliminating the need to do so one by one.

- The federal Ryan White grant, which funds the Positive Health Care program, will release guidance for competitive grant awards in May. Thus, **Portland CHC can apply for the Ryan White grant in the fall**, alleviating any need for possible transitioning of the grant from the City to Portland CHC.

- Portland CHC is working closely with **Needle Exchange** staff to determine how best to incorporate this service at the 63 Preble Street location, which is a natural fit with the Exchange's longstanding partnership with Preble Street Resource Center across the street for harm reduction and needle exchange services.
    - Because so many Needle Exchange clients already benefit from mobile needle exchange services at Preble Street Resource Center and nearby, this is an ideal location.
    - Needle Exchange staff and Portland CHC staff are collaborating to determine how best to work with Needle Exchange clients around this transition.

- The transition team is talking with the State to determine how best to continue the **HIV/STD screening, testing and counseling services** at Portland CHC. As the state's health policy favors provision of these services in a primary care setting, Portland CHC is well-positioned to build upon and expand the City's existing services.

Q/A – Outcome Plan

India St – Portland CHC Transition

April 2016

## Ryan White Transferred Patients

HIV/AIDS Bureau Core Performance Measures from HRSA with a suggested focus on the following three performance measures:

HIV Viral Load Suppression (National Quality Forum #: 2082)
Prescription of HIV Antiretroviral Therapy (National Quality Forum #: 2083)
HIV Medical Visit Frequency (National Quality Forum #: 2079)
- Baseline (prior to transition)
- 6 months post transfer
- 12 months post transfer

## Needle Exchange - # of Syringes Exchanged

- Baseline (prior to transition)
- 6 months
- 12 months

## # Patients Transferred & Into Which Services

# of patients who transfer care
- 6 months
- 12 months

## Ryan White Patient Satisfaction

In accordance with Portland CHC's Quality Assurance and Quality Improvement Program, patients will be surveyed on a quarterly basis.

ATTACHMENT D

TO: Finance Committee
FROM: Gina Tapp, Director of Human Resources
DATE: April 19, 2016
RE: Transition of India St. Clinic Staff

This memo will outline what is known at this time about how the transition of employees currently employed by the City at India Street Clinic will be handled.

On March 31, 2016 we met with the staff of the India St. Clinic and Toho Soma, Director of Public Health, passed out individual layoff notices to the 14 employees who currently hold regular part-time and full-time positions in the clinic. These employees hold the job titles of Community Health Promotion Specialist, Public Health Nurse, Office Manager, Laboratory Director, Mid-Level Health Practitioner, Office Assistant, Data Entry Clerk, Program Coordinator, Clinical Social Worker, and Program Manager. Our physician was not given a layoff notice, as she is a contracted employee and we will follow the notice provision in her employment contract, which ends December 31, 2016. The layoff date for employees is scheduled to be Friday, December 30, 2016 which we also anticipate will be the final day the City would operate the India St. Clinic.

The options available to these employees vary depending on whether they are Project, Permanent, or Contract employees.

Option 1: Transition India St. Clinic employees to new employment with Portland Community Health Clinic (PCHC) . Leslie Clark, CEO of PCHC would like to have the opportunity to meet with the staff at India Street directly, including the PCHC leadership team and City of Portland HR and DHHS leadership to hear from India Street staff about their concerns, their needs, and their interests. Portland Community Health Center would be prepared to begin interviewing current staff if the decision of the City Council is to transfer the India Street Services to PCHC. It would also be helpful to have the India Street staff visit the PCHC sites so that they can assess their level of interest and to meet with the PCHC staff, Chief Medical Officer, and Leslie personally.

In terms of planning, I have asked for a meeting with Dawn and Leslie to go over our current staffing model for the India St. Clinic, and to provide PCHC with information they will need to plan for staffing on their end. I anticipate providing her with staffing information such as current job titles, Job Descriptions, salary information (both ranges for the positions and actual employee salary levels), length of employment, and a summary of employee benefits. In my prior HR experience, I have been involved in acquiring a new clinic practice, as well as setting up a new FQHC, and this was the type of information that once gathered, would allow us to determine what the new positions would be. In this situation, it will be entirely up to the new clinic – as the new employer - to determine what positions they need, how they will staff up to meet any additional capacity, and what the pay and benefits for the new positions will be. Our role, as the City, will be to do whatever we can to facilitate a smooth transition for as many City employees who want to move to the new clinic and who are offered a position with PCHC, and with that as our goal, we will work cooperatively with Leslie and her team to provide whatever information they might need to make this happen.

Option 2: Employees who do not transition to new employment with PCHC. India St. Clinic employees who chose not to apply for employment with PCHC, who apply but are not ultimately selected for continued employment with PCHC, or who are currently in a position that does not and will not exist in the PCHC staffing model, will be given the same information as other employees who are given layoff notices by the City. This includes information on their bumping rights, if any. This would apply if they are a Permanent status employee in one of the City's collective bargaining units (8 of the 14 employees meet this category), or if they are a Permanent status employee in a non-union position classified in grades 1 – 7 (1 of the 14 employees meets this category). HR staff and union representatives would typically start working with employees with bumping rights approximately 3 months prior to their layoff date, so that all the possible options for bumping into other vacant (or filled) City jobs can be explored and final decisions made prior to the final layoff date. For the India St. Clinic employees in this situation, we anticipate starting to meet with them in September of 2016.

Project status employees have no bumping rights, and therefore their City employment would end on December 30th. They do however, have between now and the end of their employment to apply for other vacant positions with the City for which they may qualify (5 of the 14 employees are in this category).

For all India St. Clinic Employees: We will provide reduction in force support such as bringing in the Maine DOL's Rapid Response Team, who we have already been in contact with to plan for future meetings with staff impacted by the three rounds of layoffs scheduled for FY17, pending approval of the City Manager's FY17 budget as submitted. The Rapid Response Team provides individuals with information such as how to apply for unemployment benefits, and a review of the services provided by the Greater Portland Career Center to help with job searches. For this group of employees, we would schedule a Rapid Response meeting in September of 2016.

It is important to note that at this very preliminary stage in planning, much of what occurs with the transition process will be dependent on what happens with clinic operations between now and the end of December of 2016. Due to the length of notice being given to staff that the clinic will be closing, there should be ample time to work on an employment transition plan that will be comfortable not only for the employees of the India St. Clinic, but also for the patients of the clinic. This should include making sure that everyone knows what their options are, so that they can make the best decisions, based on accurate and timely information.

ATTACHMENT E

Portland, Maine | Yes. Life's good here.

## Human Resources Department

TO: Anita LaChance, Deputy City Manager and Dawn Stiles, Director of Health & Human Services
FROM: Gina Tapp, Director of Human Resources
DATE: May 3, 2016
RE: Additional Information on India St. Clinic and SBHC Staff for Transition Planning

On Monday, April 25, 2016 Dawn Stiles and I met with Leslie Clark, CEO of the Portland Community Health Center to discuss issues around how we might manage the transition of City staff from the India St. Clinic and the School Based Health Centers over to PCHC. Leslie provided us with a copy of the Salary Ranges for the positions they have in their clinics, along with employee benefit summaries for full-time Providers and full-time Employees.

A comparison of salaries at PCHC to our City salaries, for the most similar jobs at both places, shows the following*:

| Position | City Salary Range | PCHC Salary Range |
|---|---|---|
| Licensed Clinical Social Worker | $54,191 - $70,707/yr<br>$27.79 - $36.26/hr | $55,000 - $60,038/yr<br>$26.44 - $28.86/hr |
| Mid-Level Health Practitioner | $68,231 - $84,845/yr<br>$34.99 - $43.51/hr | NP1 (1st 2 yrs exp.)<br>$81,604 – $88,950/yr<br>$39.23 - $45.62/hr<br><br>NP2 (2+ yrs exp.)<br>$88,950 - $96,169/yr<br>$45.62/hr - $46.24/hr |
| Public Health R.N. | $49,355 - $63,492/yr<br>$25.31 - $32.56/hr | $49,920 – $66,560/yr<br>$24.00 – $32.00/hr |
| Medical Assistant (grad of certified program) | N/A | $13.75 - $18.70/hr |
| Clinical Assistant | $14.72 - $18.68/hr | N/A |
| Patient Services Representative | $13.25 - $17.42/hr | |
| Practice Manager | N/A | $40,600 - $67,800/yr |
| Program Manager | $55,575 - $74,490/yr | N/A |
| Finance & HR Specialist | N/A | $36,250 - $49,250/yr |
| Executive Assistant | N/A | $36,000 - $46,000/yr |
| Medical Records Specialist | N/A | $14.42 - $18.62/hr |
| Office Assistant | $16.12 - $20.47/hr | |
| Referral Specialist | N/A | $14.30 - $18.39/hr |
| Office Manager | $18.98 - $24.81/hr | N/A |
| Outreach Coordinator | N/A | $33,315 - $42,000/yr |
| Community Health Promotion Specialist | $40,716 - $53,098<br>$20.88 - $27.23/hr | N/A |
| Community Health Worker | N/A | $33,315 – $42,000/yr<br>$16.02 - $20.19/hr |

*It should be noted that PCHC uses a 40 hour work week, and the City uses a 37.5 hour work week when calculating annual salaries.

For some positions we have at India St. Clinic, there are no comparable positions at PCHC. These include Data Entry Clerk, Program Coordinator, Program Manager, and Laboratory Director. Also, it should be noted that our City Clinical Assistant positions do not require certification, however the Medical Assistant positions at PCHC are required to have graduated from a certified program.

Benefits summary sheets for full-time employees at PCHC (defined as those who work 32 – 40 hrs/wk) are attached to this memo for your information. As you can see, PCHC does offer a comprehensive employee benefits package to their employees. They do not however, offer a retirement benefit that is equivalent to the City of Portland's plan. They do offer a 403b retirement account, however they do not contribute as the employer; it is for employee contributions only.

Leslie expressed an interest in meeting with any employee of the India St. Clinic and the School Based Health clinics who are interested in employment with PCHC. We agreed that I would meet with as many employees as possible to assess their interest, and then let her know so that she and her staff can follow up with them individually. As they have five different clinic locations, she wanted to be able to show interested people the various worksites that are operated by PCHC.

I started meeting with employees at India St. Clinic on Wednesday, April 27th and concluded meetings the following day. All but one of the regular full-time and part-time employees signed up for a time to meet with me. I wanted to speak with each person individually to find out what they are thinking they might want to do next, as well as get each person's thoughts on whether or not they would be interested in possible employment with PCHC. Every employee is in a unique situation, so it was very good to hear from each of them so that we can tailor our HR support to assist them better, should the budget be approved with the current level of reductions.

Of the thirteen employees I spoke with, five clinical employees who currently provide direct patient care would be interested in talking with PCHC to learn more about what employment opportunities might be available to them; with one non-clinical employee interested in learning more. One clinical employee is not interested in employment with PCHC, and three non-clinical employees are not interested. One clinical employee is still unsure, but might want to consider it if she knew more about what services would be available for patients at PCHC. I spoke with two employees who know there is no comparable position to theirs at PCHC.

Overall, the mid-level practitioners, public health nurses, and community health promotion specialists I spoke with are very committed to the type of work they are doing now, and would like to continue doing that line of work in the future. Some had questions I couldn't answer, which pertain more to programmatic issues at PCHC, and I assured them that when they have future discussions with Leslie and/or others from PCHC, they will have their questions answered. Overall, it was obvious that all the employees care very much about the work that they do, and while difficult to imagine doing the work anywhere other than at their current clinic, most were open to finding out more about employment at PCHD, especially if they could be assured that they would have similar services available to their patients. It does need to be acknowledged that some of the employees still have many months – and some more than a year – to work at India St. Clinic should the budget be passed with the current amendments, so for them, the discussion about "what next" is premature, as we don't really know yet what employment opportunities might exist that far into the future.

I also met with three of the four School Based Health Clinic employees on Thursday, April 28th and Friday, April 29th. All three are interested in staying on at the SBHC's. I am meeting with one more employee tomorrow, May 4th. Leslie has asked for contact information and current resumes for the SBHC staff, which I will forward to her tomorrow after meeting with the final employee. It is my understanding that she will be contacting this group of employees first, since they are the ones who have proposed layoff dates happening the soonest.

Please let me know if you need any additional information at this point. Otherwise, I will continue to update you as we progress through next steps.

City Council Follow-up Questions

What is the Relationship between Free Clinic and the City programs at India St.

Historically - The Free Clinic began 23 years ago as partnership between the City of Portland and Mercy Hospital. Mercy contributed $200,000 annually to support the clinic. About four years ago, Mercy chose to allocate that funding differently and ceased their direct financial support of the Free Clinic. The City considered closing the Free Clinic due to this loss of funding, but Mayor Brennan led an effort which yielded one-time support from three local foundations. City staff and several Free Clinic volunteers worked to form a governing board for the new Friends of the Free Clinic, and with help from Representative Pingree's office, filed an application to become a 501(c)3 with the mission to raise funds to support the Free Clinic.

Currently - The Free Clinic continues to operate out of the India Street space. The City subsidizes it by providing free rent, electricity, and all back-office operations, including IT support, payroll, etc. There are two (1.6 FTE) paid staff of the Free Clinic, as well as two on-call staff who are City employees; their salaries are reimbursed by the Friends of the Free Clinic.

The Free Clinic schedules appointments for Mondays-Wednesdays 6-8 pm; Thursdays 1-3 and 6-8 pm; and Fridays 9-12. They serve the working poor who are over 18, living in permanent housing and under 250% of the Federal Poverty guidelines – 95% are employed. They have about 100 volunteers who are primary and specialty physicians, nurses, nurse practitioners, and support personnel.

The Free Clinic will continue to exist independently of any of the City services delivered at India St. They have discussed approaching the owner of the India St. building to request free or reduced rent for a smaller portion of the building.

What, if any, grants are being lost at India St and what grants remain ?

No grants have been lost at India St. The grants they are receiving are:

Ryan White - $356,533 annually – comes up for RFP in the summer of 2016

State STD Grant:

| | |
|---|---|
| Fee for service (testing) | $130,310 |
| Disease Intervention | 78,000 |
| Outreach | 45,000 |
| Total | $ 253,310 |

The most recent RFP for the STD services was released in 2014 by the State of Maine. The City of Portland was awarded the grant and we are in the second year of the grant. Each January it must be renewed with a short application. The State will put out the RFP again but it is not known when and the long time administrator of the grant for the State is out on leave and no one at the State level is able to provide information on the next RFP date.

Can patients walk in and be seen at India St.? If so, are there any time restrictions ?

India St. hours: Mon/Wed/Thurs/Fri = 8:00 – 4:30 Tues. = 8:00-6:00

The Needle Exchange is walk-in when the clinic is open. There are also appointments to exchange in other areas of the community if someone can't come to the clinic.

The STD Clinic has walk-ins on Tues. from 3-5:45; 2 appoint. slots on Mon. & Wed. afternoons and 4 appoint. slots on Thurs. afternoon.

Positive Health Care (Ryan White) patients are seen by appointment or walk-in.

The Free Clinic schedules appointments on Monday – Wed 6-8; Thurs 1-3 and 6-8; Friday 9-12.

There is 24 hour on-call coverage for all patients.

Can patients get same day appointments at India Street ? If so, any time restrictions ?

Regular patients can usually get same day appointments. New patients are generally seen within a week.

Is Narcan distributed at India Street ?

Yes. India Street distributes Narcan kits to individuals who use opiates and to their friends/family members. They provide education and instruction on overdose prevention and use of the Narcan.

What is the total number of FTE's at India Street ?

13.6

Is there any real lesson to be learned from the Biddeford clinic closure ?

The Public Health Director reached out to the clinic's founder, Dr. Kleeman. Here are his responses to Toho's questions:

> The entire closing process took 4 months.
>
> 7 UNE Med student volunteers contacted all 300+ patients to work out a transition plan, which included getting them signed up for health insurance through the ACA Marketplace, finding a new medical home, and transferring records.
>
> By the time they closed in September there were about 75 active patients. They have not heard of any complaints from former patients since they closed. They have not done any active follow-up either.
>
> All medical records were transferred to Southern Maine HealthCare as a repository, and all BFC patients know to go there to request their medical records for the next 5-7 years. Then the records will be destroyed.
>
> Neither would do anything differently and their board was satisfied with the process.

What is the actual India Street closure timeline ?

The budget date for the Ryan White program is December 31st 2016 and the STD and Needle Exchange June 30th 2017. During the year there needs to be incremental steps to assure readiness and some patients may begin services at a different location sooner than others based on medical stability and readiness.

Why was Healthcare for the Homeless closed?

The program was closed because the Portland Community Health Center was awarded the grant and we were not.

The U.S. Health Services and Resources Administration (HRSA) administers the federally-qualified health center (FQHC) program. Most FQHCs around the country are private non-profits, and our HRSA program officer made it very clear that they preferred not to have municipalities running FQHCs. After 20 years of running Healthcare for the Homeless, HRSA began imposing conditions on us to meet the same governance requirements as private non-profit FQHCs, including having a consumer majority board. There were significant challenges in meeting these conditions as a municipality; however, we worked hard and creatively and met the requirements.

There are several streams of funding in the FQHC program – one is for a broad-based community health center, like PCHC, and another is for special populations, including the homeless. The City's grant had always been to serve the homeless specifically. Our HRSA program officer also stated that their preference was to consolidate these streams of funding in unified community health centers.

There was new guidance issued for the grant renewal application, and we literally missed one number in one spot. That error kicked us out of the review process. However, there were at least 11 other applicants who made the exact same error, so HRSA re-opened the process to allow us all to reapply. Both the City and the Portland Community Health Center applied and PCHC was awarded the grant.

# Service Comparison

| | India Street | GPCHC |
|---|---|---|
| **Services** | | |
| Adult Dental care | | x |
| Free and Sliding Fee | x | x |
| Health Education | x | x |
| Health Insurance Marketplace Assistance | | x |
| Homeless Clinic | | x |
| Immunizations | x | x |
| Integrated Behavioral Health | x | x |
| **Lab Work** | x | x |
| Needle Exchange | x | |
| Osteopathic Manipulative Medicine | | x |
| HIV Positive Health Care | x | x |
| Primary Care Adults | x | x |
| Primary Care Pediatric | | x |
| Recovery Groups | | x |
| STD Testing, Prevention and Treatment | x | x |
| **Support & Education Groups** | | x |
| Teen Clinic | x | |
| Disease Investigation | x | |
| | | |
| **Providers** | | |
| Medical Doctors | 1 | 5 |
| Osteopathic Doctor | | 1 |
| Psychiatrist | 1 | 1 |
| NP's | 2 | 7 |
| RN's | 4 | 3 |
| Licensed Clinical Social Workers (LCSWs) | 1 | 6 |
| Clinical Social Workers (LMSW-CCS) | | 2 |
| | | |
| Clinic Hours* | | |
| Monday | 8:00am - 4:30pm | 8:00am - 7:00pm |
| Tuesday | 8:00am - 6:00pm | 8:00am - 5:00pm |
| Wednesday | 8:00am - 4:30pm | 8:00am - 7:00pm |
| Thursday | 8:00am - 4:30pm | 8:00am - 7:00pm |
| Friday | 8:00am - 4:30pm | 8:00am - 5:00pm |
| Saturday | | 8:00am - 12:00pm |

*Services vary by location and time of day
at GPCHC's Locations
*Free Clinic @ India Street is open nightly
M-TH 6:00pm - 8:00pm

**CPCHC Sites:**
**180 Park Avenue**

Monday, Wednesday - Thursday: 8:00am - 7:00pm
Tuesday, Friday: 8:00am - 5:00pm
Saturday: 8:00am - 12:00pm

**63 Preble Street**

Monday Thru Friday: 8:00am - 3:00pm

**Riverton Housing**

Monday and Thursday 8:00pm - 5:00pm

**Franklin Towers**

Tuesday and Thursday 1:00 pm to 5:00 pm

**Brick Hill (South Portland)**

Monday - Friday 8:00 am to 5:00 pm

| India Street Patient Counts (4/1/15-3/31/16) | | | | | |
|---|---|---|---|---|---|
| Program | Portland Resident | % of TTL | Non-Resident | % of TTl | TOTAL |
| HIV Positive Health | 119 | 56% | 92 | 44% | 211 |
| STD Testing | 423 | 64% | 240 | 36% | 663 |
| Immunizations | 174 | 66% | 88 | 34% | 262 |
| Teen Clinic | 110 | 96% | 5 | 4% | 115 |
| Portland Community Free Clinic | 231 | 60% | 157 | 40% | 388 |
| TOTALS | 1,057 | 64% | 582 | 36% | 1,639 |