1. Public Safety / Health & Human Services Committee Agenda

   Documents: PUBLIC SAFETY HHS MEETING JUNE 10 2014 MEETING AGENDA.PDF
2. Meeting Called To Order And Minutes From Previous Meeting Reviewed

   Documents: MAY 13 2014 MEETING MINUTES.PDF
3. Healthcare For The Homeless Policy Review And Approval

   Documents: COUNCILMEMO-5-28-14.PDF, COUNCILMEMO-6-4-14.PDF
4. Compassionate Cities

   Documents: COMPASSIONATE CITIES.PDF
5. Office Of Elder Affairs Update
6. Barron Center Overview And Tour

Portland, Maine Yes. Life's good here.

City of Portland, Maine
Public Safety / Health & Human Services Committee

June 10, 2014
5:30 PM
Bernstein Room/Barron Center

AGENDA

1. Meeting Called to Order and Minutes from Previous Meeting Reviewed — Committee Chair
2. Healthcare for the Homeless Policy Review & Approval — Kathi Fortin /PHD/HHS
3. Compassionate Cities — Mayor Brennan
4. Office of Elder Affairs Update — Linda Weare, OEA/HHS
5. Barron Center Overview and Tour — Karen Percival, BC/HHS

Portland, Maine Yes. Life's good here.
Gregory A. Mitchell
Director, Economic Development Department

City of Portland, Maine
Public Safety/Health & Human Services Committee

May 13, 2014
Meeting Minutes

Committee Attendance: Chair Suslovic, Councilor Duson and Councilor Leeman. Councilor Coyne was unable to attend.

City Staff Attendance: Doug Gardner/HHS, Chief Sauschuck/PPD, Josh O'Brien/Oxford Street Shelter/HHS, Bob Duranleau/SSD/HHS, Sheila Hill-Christian, Dep City Manager, Trish McAllister, Corp Counsel.

AGENDA ITEM 1 – Meeting Called to Order and Minutes from April Meeting Reviewed:

Meeting was called to order by Chair Suslovic at approximately 5:30 PM. Minutes were accepted as submitted.

AGENDA ITEM 5 – Substance Abuse Sub-Committee Update:

Chief Sauschuck addressed the Committee and reviewed a recently held meeting on May 6th which included an overview of substance abuse issues in Portland and the State as well as a presentation by the police department on substance abuse and crime related issues. The Chief pointed out the impact that substance has in direct relation to EMT calls and indicated 75% of crimes directly involve drugs. He also discussed the cost and training involved with the use of Narcan to reverse drug overdoses.

Doug addressed the Committee and indicated the next Substance Abuse meeting will be in June. The Regional Office of Substance Abuse will be invited to this meeting and they hope to create a map of current services available.

Doug indicated that policy making will come from the Task Force and will report in to the Public Safety/Health & Human Services Committee.

AGENDA ITEM 2 – Needle Disposal Update:

Sheila gave an overview proposing that we back off from the original approach and align our approach more with how other cities are handling this situation.

Sheila further explained that in their research related to the creation of a brochure they discovered that the Maine department of Environmental Protection has already created a similar brochure. This brochure contains an 800 number which can be called 24/7 for pick up. They are working currently to confirm all of this information is still up to date. If it is not then we will consider using the Public Services dispatch number. The goal is to have the issues resolved and the brochures available by June 1, 2014.

Doug and the Portland Exchange Staff have been researching kits for picking up sharps that would be made available for purchase by the City and have identified a kit that could be made available to the public however in their research they have concluded that we should not be encouraging citizens to pick up sharps by providing kits. Instead it would be recommended that we provide very simple instructions as to the proper method for handling sharps and the use of everyday household containers for disposal.

Mike Murray will be scheduling a briefing regarding sharps disposal at his upcoming meeting w/Neighborhood associations and will be offering neighborhood clean-up assistance by way of Fire who will provide onsite assistance.

Caroline Teschke, Program Manager for the India Street Clinic addressed the Committee and introduced Zoe Odlin-Platz, Community Health Promotion Specialist/Need Exchange Program. Zoe reiterated that the City would like to adapt a similar approach that the State has taken.

Chair Suslovic questioned if we were documenting the numbers. Chief Sauschuck responded that this is tough to track as folks do not always report when finding needles. A recent Neighborhood Cleanup in Bayside resulted in a total of 4 needles being found. Chair recommended that they give it 4 months, see how big of a problem it really is and coordinate efforts at that point. Sheila concurred that there is a follow up meeting planned and they will report back at the September or October meeting.

Councilor Duson likes the idea of coordinating calls but would like the information to include household sharps such as those used by diabetics. She would also like to see this information distributed in Drs. offices.

AGENDA ITEM 3 – Ending Homelessness Task Force Plan Update:

Doug addressed the Committee to give an overview update on the Homeless Task Force and referenced his memo on Homeless Initiatives. He then introduced Josh O'Brien – Shelter Manager @ Oxford Street Shelter who discussed the long term – 30+ day residents at the shelter and the results have been amazing. He feels we are on target to reach year-end goals of placement.

Councilor Duson responded she is very excited as well by the data and questioned how the Shelter was clustering services and if it was different then in the past?

Josh indicated it is now a more hands-on, personalized service to help with placement and to work with landlords.

The Committee thanked Josh and Doug continued his overview of changes and updates. Beginning May 19th clients who receive weekly and monthly incomes will be required to pay a portion for their housing costs. This new policy has been approved by both Social Security as well as advocates.

The Family Shelter no longer has any families which would fall into a 'Long Term" status – all have been placed. Doug also reviewed the Rental Assistance Subsidies and assistance available for security deposits.

Chair thanked Doug and his staff and requested they keep the committee posted moving forward. Next full update will be in August.

AGENDA ITEM 4 – Public Health Division Quarterly Update:

Julie Sullivan addressed the committee for an update. A few of these updates included the Accreditation process which is moving forward and coming to a close this summer. STD Clinics are closing across the State as the State is encouraging folks to seek care thru their Primary Care Physicians.

AGENDA ITEM 6 – Communications System Status Update:

Chief Sauschuck gave an overview of the current system which has stood at 800 MHz for 15 years. It is currently facing end of life for radio systems and will need to be replaced and upgraded as Motorola will not be supporting the older system. The City is currently utilizing 1300 radios between Fire, Police, Parks & Recreation, and Public Services etc.

Next Steps:

- Peer Review
- Back to Public Safety/HHS Committee
- Phase in approach
- Cost Sharing analysis with South Portland

Total cost to implement is $6.7 million. Departments are looking into grant opportunities w/Homeland securities etc.

Chair Suslovic would like an update to the Committee as soon as the Peer Review has occurred.

With no further business to attend to the Meeting was adjourned at 6:30 PM.

Next Committee meeting will be June 10th at The Barron Center.

Public Health Prevent. Promote. Protect. Portland Public Health Division	TO:	Ed Suslovic, Chair and Members Public Safety, Health and Human Services Committee
	FR:	Shuli Bonham, MD, Medical Director SCB Kathi Fortin, Program Manager KF
	DT:	5/29/2014
	RE:	Formal Appointment HCH Credential and Privilege Requests

Because the City Council serves as the interim governing body for the Portland Health Care for the Homeless Program (HCH), it approved the HCH Credential and Privilege Policy and Procedure in November 2013. In accordance with that policy, the City must also officially appoint all licensed independent practitioners. We respectfully request the following:

A. Initial Appointment (Credentialing and Privileges)
In accordance with the approved policy and procedure, documentation has been reviewed and verified. The Medical Director and the Program Manager recommend that the following clinicians be formally appointed to the HCH Clinical Staff:

- Moskin, Ava, MD
- Rice, Annie, PA
- Leonard, Lawrence, MD

B. Re-Appointment
In accordance with the approved policy and procedure, documentation has been reviewed and verified. The Medical Director and the Program Manager recommend that the following clinicians be formally re-appointed to the HCH Clinical Staff:

- Bonham, Shuli, MD
- Fultz, Jennifer, DDS
- Gardner, Anna, LADC, LPC
- Nappi, Erica, LADC, LPC

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

Julie Alfred Sullivan, MPH, MBA
Director, Public Health Division

TO: Ed Suslovic, Chair and Members of the Public Safety, Health and Human Services Committee
FROM: Kathi Fortin, Program Manager, Portland HCH Program
DATE: June 5, 2014
SUBJECT: Request for Approval

Because the City Council serves as the interim governing body for the Portland Health Care for the Homeless Program (HCH), we respectfully request approval of the following:

Change in Scope of Service

HCH is required to have a scope of service that is reflective of its most recent approved grant application. For us, the Health Resources and Services Administration (HRSA) defines that as calendar year 2013. Minor housekeeping changes are needed to reflect services provided directly prior to 2013 that may now be provided by contract. Governing body approval is required to submit changes in scope. HRSA continues to require these changes despite our closure status.

Billing, Credit and Collection Policy and Procedures

HCH is required to have Council approved billing, credit and collection policies and procedures in accordance with Health Center Program Requirement Number 13 (Billing and Collections). Written billing, credit and collection policies and procedures exist for the City of Portland and the Public Health Division; however, HRSA requires there to be policies and procedures specific to the HCH Program. Despite our closure status, HRSA requires Council approval of this policy.

Thank you.

Attachment:
HCH Billing, Credit and Collection Policy and Procedures

Public Health Prevent. Promote. Protect. Portland Public Health Division	Title	**Billing, Credit & Collection Policy & Procedure**
	Responsibility	HCH Program Manager
	City Council Approval	
	Council Committee Approval	
	Internal QA/I Approval	Not applicable
	Review/Revision Dates	
	Original Effective Date	
	File Location	Finance and Administration

It is the policy of the Portland Health Care for the Homeless Program (HCH) to maximize reimbursement by establishing billing and collection procedures to ensure patient encounters are processed in an accurate and timely manner.

Fee Schedule

HCH shall prepare a schedule of fees for the provision of services that is consistent with locally prevailing rates and designed to cover the reasonable cost of operation. The fee schedule is reviewed no less than annually.

Third-Party Payers

Eligible HCH providers shall become participating members of third-party payers such as Medicare, Medicaid and any other public or private insurance appropriate for the population served. Unless specified by contract, all third-party payers shall be billed the full charge for services rendered (no discount).

Self-Pay (Patient Responsible)

In accordance with federal regulation and the HCH Financial Access Policy, no person shall be denied services based on ability to pay. Ability to pay is determined by annual income and family size according to the most recent U.S. Department fo Health & Human Services Federal Poverty Guidelines. No discounts shall be provided to patients with incomes over 200% of the federal poverty guidelines.

Patient payments are due at the time services are rendered; however, many of the people served by HCH do not have financial resources to pay a nominal fee. Ability to pay shall not be a barrier to care.

Self-pay balances, where applicable, will be billed every 30 days up to a maximum of 180 days. If payment is not received within this timeframe, patient balances shall be sent to a collection agency or written off as bad debt at the discretion of the program manager.

Third-Party Billing Company

The City of Portland, Public Health Division contracts with ACS, a third-party billing company (billing company), to assist with revenue cycle management including electronic billing, posting payments and adjustments, researching claim denials, and rebilling as appropriate.

Procedures

Encounter Forms (Fee Tickets)
For each face-to-face encounter, clinicians shall indicate services provided, defined by appropriate diagnosis and/or procedure codes, on the encounter form. Clinicians are also expected to accurately document services provided in the patient health record. Encounters are expected to be completed daily.

Charge Entry
Using the encounter form as the source document, front office staff shall enter services provided in NextGen, the program management software, within 24 hours of the date of service.

Third-Party Payments
All third-party payments (check or electronic transfer) are received by the Public Health Division Accountant. The payment and associated explanation of benefits (EOB) are scanned and forwarded to the billing company. The billing company posts payment and adjustments within five business days of receipt.

Self-Pay Payments
HCH Front Office will:
1. Collect payment; write payment amount on the encounter form.
2. Provide a receipt of payment to the patient.
3. Document payment on the Daily Cash Report and ensure that the payment is secured in the designated area.
4. Perform charge entry; post payment in NextGen.
5. Reconcile the Daily Cash Report and transport payments to Public Health Division Accountant for processing each business day.

Refunds
If it is determined that an overpayment has occurred, refunds will be processed in accordance with contractual requirements for each third-party payer. Self-pay overpayments shall be processed as soon as possible after the overpayment has been discovered.

Denials
The billing company will research denied claims, correct as appropriate and resubmit claims for processing. HCH Front Office will assist billing company in researching denied claims as needed.

In the event that a patient has an additional third-party payer (like dually eligible Medicare/Medicaid); the denied claim will be submitted to the secondary payer.

References/Sources:
1. HCH Financial Access Policy (approved 10/21/2013)
2. Section 330(k)(3)(F) and (G) of the PHS Act, Title XVIII of the Social Secruity Act (Medicare), and 42 CFR Parts 405 and 491.

Portland, Maine Yes. Life's good here.

Office of the Mayor
Michael F. Brennan

TO: Councilor Edward Suslovic and Members of the Public Safety/Health & Human Services Committee

FROM: Michael F. Brennan, Mayor

RE Resolution

DATE: June 6, 2014

Attached is a draft resolution and background information regarding the "Charter for Compassion".

In my State of the City address earlier this year, I proposed that the City become part of an effort by other cities to promote compassion. There is no funding required to be part of the campaign but it would be a strong expression of our values in Portland.

I would appreciate any thoughts or comments from the Committee.

Thank you

Michael F. Brennan

CITY OF PORTLAND, MAINE

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RESOLUTION OF THE CITY COUNCIL OF THE CITY OF PORTLAND AFFIRMING AND COMMITTING TO A TEN YEAR COMPASSIONATE CITIES CAMPAIGN AND ENDORSING THE CHARER FOR COMPASSION

WHEREAS: The ICCC (International Campaign for Compassionate Cities) a branch of CAN (Compassion Action Network), is a non-profit organization that works to spread compassion and compassion-based programs; and

WHEREAS: The City of Portland is inhabited and surrounded by a number of diverse cultures, religions, backgrounds and people who deserve to live in a community that celebrates peace, unity and compassion, and

WHEREAS: While we already live in an accepting environment, more can be done to create a web of harmony and acceptance which allows people to be comfortable as they are in the world; and

WHEREAS: Becoming a compassionate city will allow the City to spread the message of compassion for others and responsibility for our actions which permits people to respect and empathize with the others around them; and

WHEREAS: Becoming a compassionate city will encourage the citizens of Portland to work together to alleviate the problems of inequality and disrespectful behavior which will end the cycle of fear, superstition and ignorance that creates distrust, division and violence; and

WHEREAS: Compassion needs to be a priority in the City of Portland for the current and future generation as it can unite the citizens of Portland and allow everyone to celebrate each others differences and similarities.

NOW, THEREFORE, BE IT RESOLVED by the members of the Portland City Council that the city affirms and commits to a Ten Year Compassionate Cities Campaign.

CHARTER FOR COMPASSION

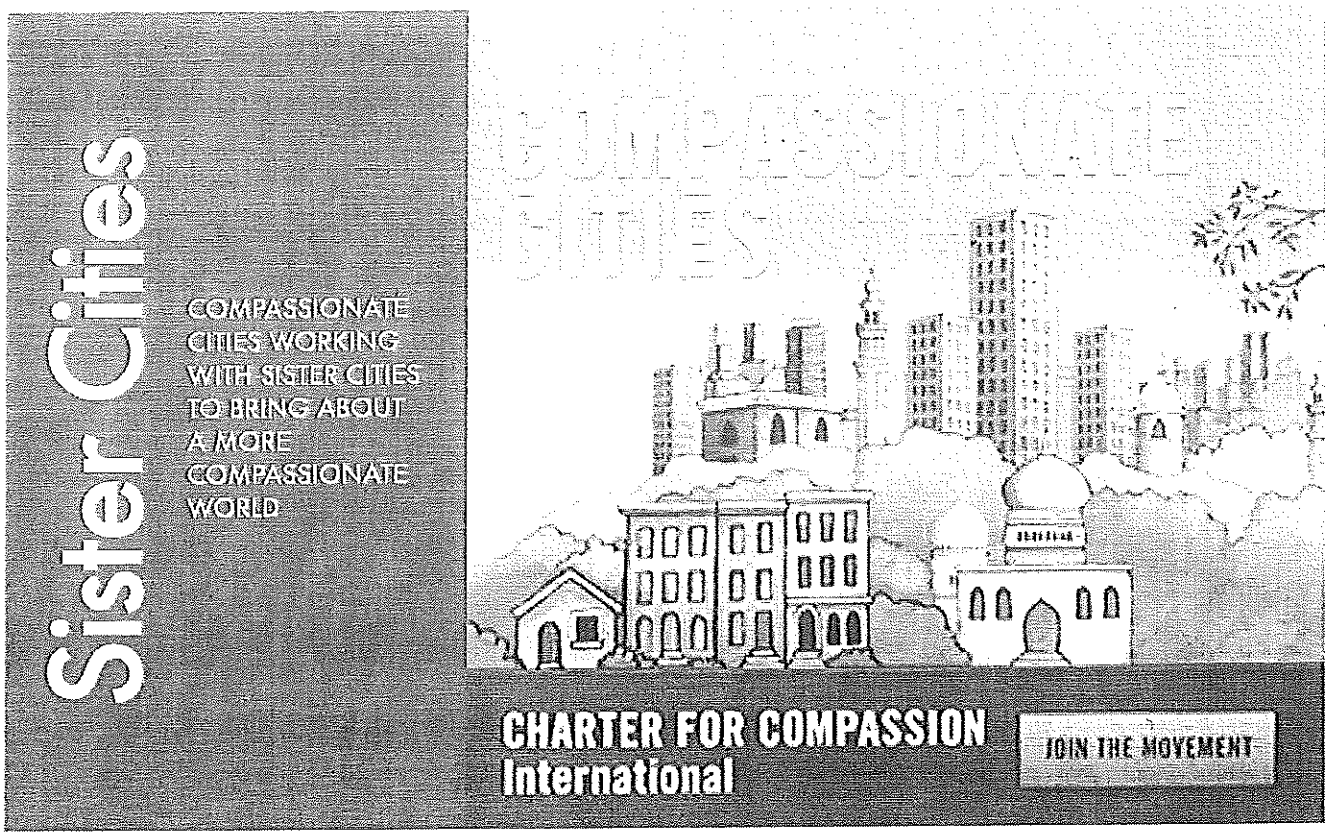
THE PRINCIPLE OF COMPASSION lies at the heart of all religious, ethical and spiritual traditions, calling us always to treat all others as we wish to be treated ourselves. Compassion impels us to work tirelessly to alleviate the suffering of our fellow creatures, to dethrone ourselves from the centre of our world and put another there, and to honor the inviolable sanctity of every single human being, treating everybody, without exception, with absolute justice, equity and respect.

IT IS ALSO NECESSARY in both public and private life to refrain consistently and empathically from inflicting pain. To act or speak violently out of spite, chauvinism, or self-interest, to impoverish, exploit or deny basic rights to anybody, and to incite hatred by denigrating others—even our enemies—is a denial of our common humanity. We acknowledge that we have failed to live compassionately and that some have even increased the sum of human misery in the name of religion.

WE THEREFORE CALL UPON ALL MEN AND WOMEN ~ to restore compassion to the centre of morality and religion ~ to return to the ancient principle that any interpretation of scripture that breeds violence, hatred or disdain is illegitimate ~ to ensure that youth are given accurate and respectful information about other traditions, religions and cultures ~ to encourage a positive appreciation of cultural and religious diversity ~ to cultivate an informed empathy with the suffering of all human beings—even those regarded as enemies.

WE URGENTLY NEED to make compassion a clear, luminous and dynamic force in our polarized world. Rooted in a principled determination to transcend selfishness, compassion can break down political, dogmatic, ideological and religious boundaries. Born of our deep interdependence, compassion is essential to human relationships and to a fulfilled humanity. It is the path to enlightenment, and indispensible to the creation of a just economy and a peaceful global community.

COMPASSIONATE
LOUISVILLE



It's Time to Broaden Our Strategy as Compassionate City Initiatives Reach 200

O' if I had a golden thread of rainbow design, I'd bind up this sorry world with my hand, my heart and mind.

~performed by American folksinger, Pete Seeger in the 1960s

As more and more cities strategize to become compassionate cities, move forward to sign the Charter for Compassion or even begin to develop action plans, several initiatives are considering reaching out to work in tandem with their sister cities across the globe to strengthen their bonds of interconnectedness.

Below are listed Charter cities and a ***sampling*** of their sister cities. Each campaign is encouraged to find out about their sister cities and how they might begin a shared dialogue with them. Cities appearing in **red bold print** are also registered initiatives.

Accra, Ghana
Chicago, IL, USA
Washington, DC, USA

Addis Ababa, Ethiopia
Dubai, UAE
Havana, Cuba
Johannesburg, South Africa
Stockholm, Sweden
Tel-Aviv, Israel

Amman, Jordan
Beirut, Lebanon
Cairo, Egypt
Chicago, IL, USA
Pretoria, South Africa
San Francisco
Tokyo, Japan

Amsterdam
Algiers, Algeria
Athens, Greece
Bogota, Colombia
Montreal, Canada
Sarajevo, Bosnia & Herzegovina
Willemstad, Curacao
Jakarta, Indonesia

Anchorage, AK, USA
Chitose, Japan
Darwin, Australia
Incheon, Korea
Tromso, Norway

Ann Arbor, MI, USA
Belize City, Belize
Dakar, Dakar,
Peterborough, ON, Canada

Appleton, Wi, USA
Kurgan, Russia

Arlington, VA, USA
Aachen, Germany
Coyoacan, Mexico
San Miguel, El Salvador

Arnheim, Netherlands
Airdrie, Scotland
Gera Germany
Kimberley, South Africa
Villa, El Salvador

Asheville, NC, USA
San Cristobal de las Casas, Mexico
Valladolid, Yucatan, Mexico

The U.S. Conference of Mayors, 81st Annual Meeting
June 21-24, 2013, Las Vegas
Resolution No. 35: "COMPASSION AS AN EFFECTIVE PUBLIC POLICY"

Submitted By:

The Honorable Greg Fischer
Mayor of Louisville

The Honorable Stephen K. Benjamin
Mayor of Columbia, SC

The Honorable T.M. Franklin Cownie
Mayor of Des Moines

The Honorable Karl Dean
Mayor of Nashville

The Honorable William May
Mayor of Frankfort

The Honorable Nancy McFarlane
Mayor of Raleigh

The Honorable William Wild
Mayor of Westland

WHEREAS, by becoming part of a compassionate city, region, or nation, citizens become empowered to develop a sense of cooperation and reinvigorated hope; and

WHEREAS, in 2008 the Seattle Community hosted a weeklong event titled "The Seeds of Compassion" which included gatherings, discussions, and workshops, which subsequently inspired networks and organizations around the world to take similar actions; and

WHEREAS, the formation of the Compassionate Action Network International drew on the success of this event; and

WHEREAS, one of the results of this new network was the creation of the Campaign for Compassionate Cities; and

WHEREAS, today, over 80 cities from Gaziantep, Turkey to Louisville, KY are participating in the Campaign for Compassionate Cities; and

WHEREAS, one billion of the world's seven billion people do not subscribe to a religious faith, secular leadership is needed to disseminate information related to the science of compassion and the positive impact it has on respect, dignity and service to our fellow citizens; and

WHEREAS, each city is unique in the way it takes on compassion in civil thought and planning, such as Louisville, where recently thousands of citizens performed 107,000 acts of compassion in a week long Give-A-Day project; and

WHEREAS, scientific research is revealing that the early intervention with compassionate policies with at-risk youth shows great promise for positive change; and

WHEREAS, compassion programs could ultimately save cities money they would otherwise use for dealing with the costs associated with crime,

NOW, THEREFORE, BE IT RESOLVED that The United States Conference of Mayors applauds the cities who have adopted compassion as a key policy for their communities; and

BE IT FURTHER RESOLVED that The United States Conference of Mayors recommends that other cities explore the use of compassion as a key component to achieve core objectives in their communities; and

BE IT FURTHER RESOLVED that The United States Conference of Mayors provides future opportunities for exploration and discussion among Mayors on the role of compassion as an effective policy for their communities; and

BE IT FURTHER RESOLVED that the work of the Mayor's exploration result in the development of policies, procedures, tactics, and practical guidance on the integration of compassion in programs to address the holistic wellness of communities especially as it relates to those most at-risk.

The Charter for Compassion is a document that transcends religious, ideological, and national differences. Supported by leading thinkers from many traditions, the Charter calls on us to activate the Golden Rule around the world.

The Charter for Compassion

The principle of compassion lies at the heart of all religious, ethical and spiritual traditions, calling us always to treat all others as we wish to be treated ourselves. Compassion impels us to work tirelessly to alleviate the suffering of our fellow creatures, to dethrone ourselves from the centre of our world and put another there, and to honour the inviolable sanctity of every single human being, treating everybody, without exception, with absolute justice, equity and respect.

It is also necessary in both public and private life to refrain consistently and empathically from inflicting pain. To act or speak violently out of spite, chauvinism, or self-interest, to impoverish, exploit or deny basic rights to anybody, and to incite hatred by denigrating others—even our enemies—is a denial of our common humanity. We acknowledge that we have failed to live compassionately and that some have even increased the sum of human misery in the name of religion.

We therefore call upon all men and women~to restore compassion to the centre of morality and religion~to return to the ancient principle that any interpretation of scripture that breeds violence, hatred or disdain is illegitimate~to ensure that youth are given accurate and respectful information about other traditions, religions and cultures~to encourage a positive appreciation of cultural and religious diversity~to cultivate an informed empathy with the suffering of all human beings—even those regarded as enemies.

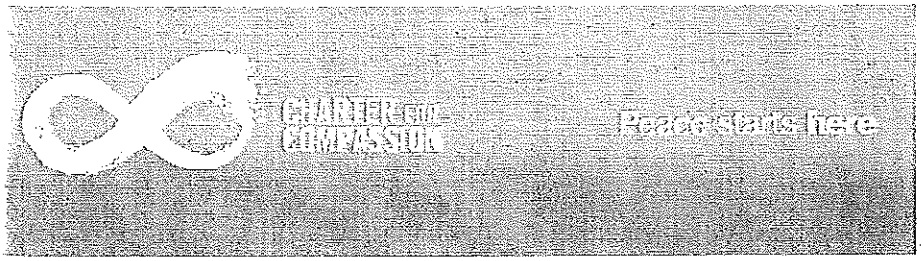
We urgently need to make compassion a clear, luminous and dynamic force in our polarized world. Rooted in a principled determination to transcend selfishness, compassion can break down political, dogmatic, ideological and religious boundaries. Born of our deep interdependence, compassion is essential to human relationships and to a fulfilled humanity. It is the path to enlightenment, and indispensible to the creation of a just economy and a peaceful global community.

In 2008, Karen Armstrong won the TED Prize for her wish to create a Charter for Compassion. Thousands of people contributed to the process and the Charter was unveiled in November 2009. Since then, the Charter has inspired community-based acts of compassion all over the world. From Seattle to Karachi, Houston to Amsterdam, in schools, houses of worship, city governments, and among individuals everywhere, the message of the Charter is transforming lives.

Join the global compassion movement!

- Sign the Charter
- Join Our Community
- Become a Partner
- Start a Compassionate Cities Campaign
- Find Resources

charterforcompassion.org
facebook.com/charterforcompassion
twitter/The Charter



Questions? Email us:
[illegible]@charterforcompassion.org