

Health & Human Services and Public Safety Committee Agenda

Tuesday, April 10, 2018, 5:30pm

Room 209, City Hall

Councilor Belinda Ray, District 1, Chair

Councilor Brian Batson, District 3

Councilor Pious Ali, At-Large

1. Announcements
2. Review And Approval Of Minutes From March 20, 2018 Meeting

Documents:

[HHS PS MINUTES MAR 20 2018 DRAFT.PDF](#)

3. Oxford Street Shelter

- Shelter Director Rob Parritt will report how many people are staying in the shelter, how the move to 24-hour operations is working and give an update on the shelter design and planning process.

Documents:

[SSD OSS UPDATE.PDF](#)

4. Portland Opportunity Crew

- General Assistance Program Manager Aaron Geyer will discuss the final statistics from last year and funding levels and opportunities for FY19.

Documents:

[POC YEAR ONE.PDF](#)

5. Public Health Programs

- Director of the STD Clinic Dr. Christina DeMatteo will provide updates on the clinic and its partnership with MAINE Med;
- Community Health Promotions Specialists Zoe Odlin- Platz and Lizzy Garnatz will give an update on the Needle Exchange Program and naloxone trainings.

Documents:

PUBLIC HEALTH DIVISION NEP NALOXONE REPORT 2017.PDF
PUBLIC HEALTH DIVISION STD CLINIC REPORT 2018.PDF
NEP UPDATE.PDF

6. Next Meeting: April 24

- Public hearing on proposed paid sick leave ordinance

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

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

<http://www.portlandmaine.gov/2098/Planning-for-a-New-Shelter>



Health & Human Services and Public Safety Committee Minutes

Tuesday, March 20, 2018, 5:30pm, Room 24, City Hall

Committee Attendance:

Councilor Belinda Ray, Chair (District 1), Brian Batson (District 3), Pious Ali (At-Large)

City Staff: Licensing and Registration Coordinator, Jessica Hanscombe; Director of Health and Human Services, Dawn Stiles; Police Chief, Michael Sauschuck; Fire Chief David Jackson; Assistant Fire Chief, Keith Guatreau; Corporation Counsel, Anne Torregrossa; Director of Public Assembly Facilities, Andy Downs

Announcements: Fire Chief Jackson is retiring.

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

Meeting was called to order at approximately 5:35PM.

Chair moved to accept minutes with one correction to attendance. The motion was seconded with all in favor.

AGENDA ITEM 2 – Fire Department Facilities Assessment Presentation

The Functional Assessment of Fire Station Locations is [available here](#):

<https://www.portlandmaine.gov/AgendaCenter/ViewFile/Item/5963?fileID=32406>

Chief Jackson explained that ESG and many grants do not give money for bricks and mortar construction. Opportunities that do pay for construction are applied for when they are available.

A new position will manage the Alan Ave rebuild and focus on Fire Department Facilities.

Councilor Ali asked about volunteer and reserve firefighters. The Chief explained such people exist as on-call members and are stationed on the Islands; they must be considered employees to be covered by workers compensation.

Report Overview:

- New buildings are sprinkled
- First engine must arrive in 4:00 minutes and the rest within 8:00
 - The average response time is 3:34
- Turnout time should be 80 seconds; EMS is 60 seconds
- Minimum of two engines: one ladder and a chief
- All stations are over 40 years old; all stations over 50 must be renovated
- Ambulances are so busy that engines are sometimes sent in their place as many have advanced medical and EMT at a minimum



- Railroad crossings can cost 3-5 minutes
- Life Risk is analyzed on page 21 categorized between high, moderate, and low risk where the highest risk are residencies and where people assemble
 - The fire stations are mostly located in high risk areas
- Personnel breakdown is on page 35
- Runs are difficult in areas without addresses
- North Deering strip mall areas are difficult to get to in time
- Woodfords corner is the geographic center of the city where all trucks can respond to within 8 minutes
- Codes and regulations have changed since construction, including women entering the workforce

Report Recommendations:

- To keep all stations
- Have two chiefs
- Increased staffing

All station locations are recommended to keep their locations; some need new buildings and some just need renovations. The amount of money spent on abatement means it would be more cost effective to build new. It is possible to keep the architectural style with new buildings. Central was recommended to be rebuilt; it does not meet ADA standards.

- Bramhall to keep location but be rebuilt
- Ocean avenue has a sinking floor and is recommended to be rebuilt or to move nearby and rebuild
- The station at Alan Avenue will be rebuilt and is going out to bid shortly; it will be the new standard
- Rosemont station is sinking
- Stations are in the areas they should be and should not move more than 0.5 miles from where they are
- Next step is to create a long-range plan that includes building plans that will meet future standards

Councilor Batson asked Chief Jackson to explain the Jetport firefighters' role. The Jetport adheres to FAA standards and is classified as a Class B Airport. The FAA does not prescribe personnel but does require an amount of foam and water be able to be moved a certain distance within a defined timeframe. The requirement is for 24 hours a day, so Jetport Fire cannot respond to EMS calls; in-town trucks must respond. Response happens within the 4:00 minute timeframe. More staff would be needed to respond to EMS calls using Jetport Fire.



Councilor Batson asked about call volume for Rosemont (it is in the middle of a high density, high risk area). Rosemont's quint truck has a ladder and water pump. It also has the third of the five busiest ambulances. Chief Jackson will circulate the call statistics.

Councilor Ali asked if we charge for fire response. Fire is a free service but EMS is not. Chief Jackson explained there is a mutual aid agreement in the Greater Portland area where the surrounding municipalities help each other without charge. The agreements are honored and abuses are addressed as they arise and are worked out.

Chair Ray asked how often other communities help, specifically if Portland must rely on Westbrook and Falmouth in the North Western part of the city. The City does not; Portland responds in time to address fires in those areas. The map appearing to show a lack of coverage is due to the Deputy Chief not making the time benchmark coming from Bramhall, not that closer stations are unable to quickly respond in those neighborhoods.

AGENDA ITEM 3 – Sound in the City

Chief Sauschuck explained next steps outlined in the memo Anne Torregrossa put together, [available here](#):

< <https://www.portlandmaine.gov/AgendaCenter/ViewFile/Item/5962?fileID=32404> >

- Sound Oversight reviews all noise complaints, including monitoring and tracking where complaints occur
- Entertainment licenses automatically renew but now problem licenses can be reviewed by Council.
- The number of concerts have been reduced
- The workgroup is analyzing best practices
- There is work to do to make the Acentech data inform policy
 - Decibel Levels
 - Licensing Scheme: State got rid of the statute requiring licenses. Ordinance delineated between having or not having dancing. The group is looking to update this antiquated parameter to indoor/outdoor speakers, etc.
- Outdoor speakers are identified as an issue (Chapter 17 has a rule about playing music to attract business).
- Some historic sites have building code that relate to sound
- Acentech will meet with the City again and provide C-weighting at the three primary entertainment locations where data collection was interrupted for various reasons
- Chief Sauschuck explained the group would like to avoid piecemeal updates and give a holistic package that addresses licensing and zoning in a complete answer
- Now is the best time for outreach to the 120 businesses identified to talk about enforcement

Chair Ray said it is important to include Portland Downtown and the Chamber in business outreach. Ray asked about the existing enforcement ordinance, such as Chapter 17 prohibiting



outdoor speakers being used to attract business. Anne cautioned writing anything new until existing enforcement options are examined in practice.

- A citywide ordinance would require planning board review
- Limiting to entertainment licenses is where the group is moving to.
- Nuisance noise is in zoning code
- The group is looking at public versus private space

Chair Ray asked about the 100 foot rule. Chief Sauschuck views the 100 foot rule as a separate issue that addresses crowd dispersion and not sound.

Chair Ray thanked Jessica for listing all the entertainment licenses and lining the complaints to the corresponding license.

Is it possible to link sound oversight in other parts of the City Website?

- Police?
- Parks?
- HHS?

Chair Ray asked for a digital copy of the best practices.

Anne asked if the Councilors feel strongly that the workgroup should look at zoning or entertainment licensing. Chair Ray said that it is difficult to say as areas have become such strong mixes of residential uses. Anne asked if building code should be a part of this to make sure residential or hotel developers have realistic expectations in relation to exiting use.

Sound mitigation will be addressed.

Chair Ray summarized that there are education and enforcement pieces being put into place this season but that there is not a need to report to the full Council.

Education will kick off in May; the workgroup will meet and get possible dates to come back to the committee.

Don't report noise on the fix-it page and redirect to the appropriate area.

Councilor Ali asked where he should direct a constituent who has a noise problem with a truck; Chief Sauschuck said that is a community policing issue; an officer can talk with both parties to solve the problem.

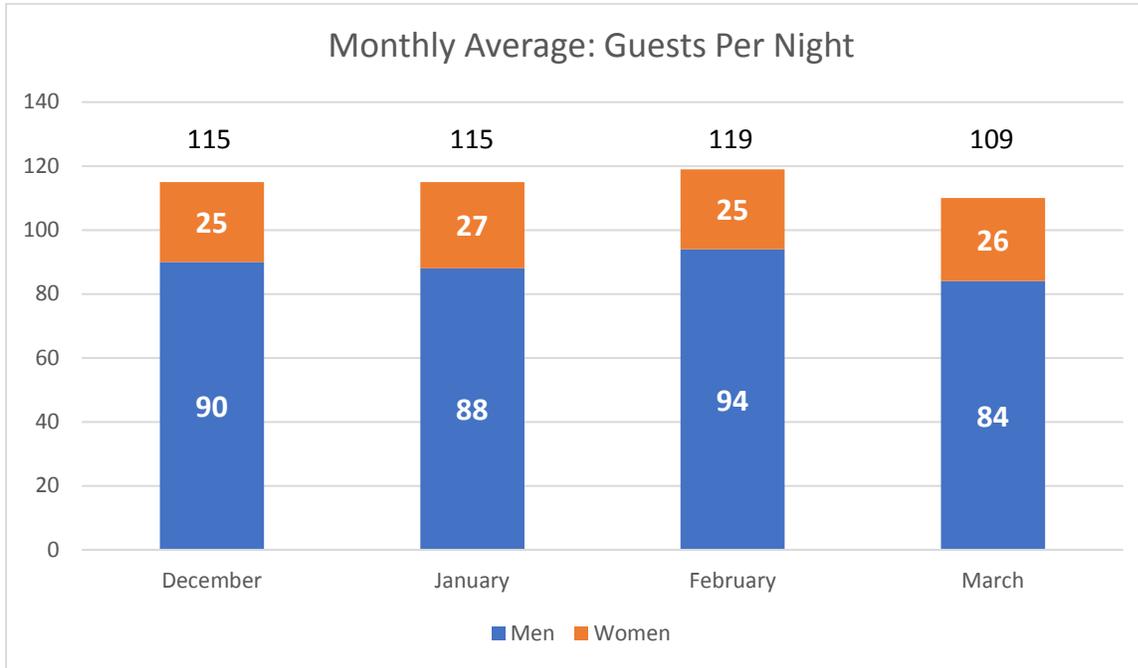
Next meeting:

April 10th in Room 209.

Meeting adjourned.

Social Services Division: Oxford Street Shelter

OSS' monthly average over the past four months is 114.5 guests per night, 89 of which are Male and 26 are female.



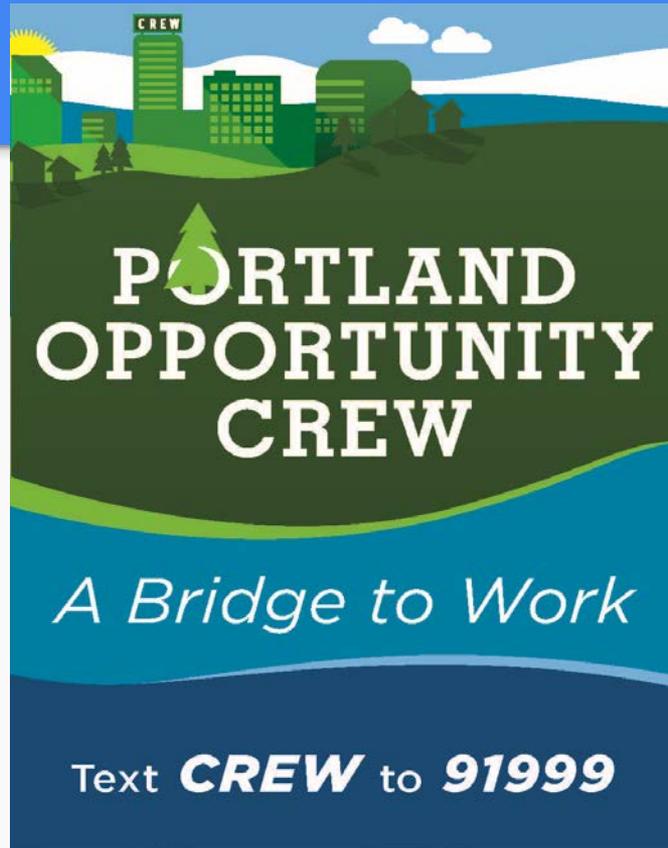
Housing Placements Data	Men	Women	Total	LTS	Cumulative Bednights
	48	26	74	28	14,744

Outreach position has had **123 outreach interactions since March 25** (15 refused engagement): safety planning, shelter referrals, case management referrals, food assistance, detox/milestone referrals, housing referrals, paramedicine, teen shelter and relationship building.

Community partners who regularly provide services at day shelter:

- Alternative Wellness
- Shalom
- Bayside Health Partners
- Portland Fire Department
- Public Health
- SARSM
- Through These Doors (Formerly Family Crisis Services)
- Maine DHHS
- Frannie Peabody Center

April - November 2017



Outreach - Eligibility and referrals

- Staff have completed surveys and outreach to 64 potential participants.
- Of the 64, 17 or 27% have been eligible to work through People Ready
- Clients that are missing required work documents are assisted in obtaining these documents or referred other community resources for help
- All clients, regardless of eligibility for the program, are given information on community resources. Clients are encouraged to meet with POC caseworker to determine eligibility for other resources and to attempt to resolve any barriers to employment.

Outreach - Demographics of clients

- 70% of the clients are either staying at one of the shelters (OSS, JKTS, Milestone or Florence House) or camping out
- 50% report receiving no benefits
- 80% reported having a disability of long-term duration
- 68% reported substance abuse issues
- 75% reported either physical or verbal harassment

Number of Hours

Clients worked 1405 hours over 53 days in the field

Average daily cost = \$498



Number of sites Visited



- The POC has visited 21 unique sites around the city including Back Cove, the Bayside Trail, Payson Park, the Eastern Prom and, Harbor View Park.
- This represents 117 site visits since the program started

Participation

The POC employed 17 individuals for varying lengths of time. One participant worked one day to be able to afford an item needed to start a new job. Other clients worked with the program longer periods of time. 16 clients continued working when the program ended in November. All clients remain eligible to work for People Ready or with other employers

Needles Removed



The POC has found and removed 214 needles from parks and trails

Trash and other items removed

- The POC has removed 316 bags of trash
- Other items removed include bike frames, chairs, wooden pallets, fluorescent lights bulbs, garden hoses, shopping carts and, numerous other items



Success Stories

- Two participants, who have both been at the Oxford Street Shelter, were assisted in securing a STEP voucher. STEP is designed to assist homeless individuals who have employment income and will help pay a portion of his rent for one year.
- Two other clients were able to move into apartments (self pay) due to their POC work and continued employment after the program

Success Stories

- Two clients were able to remain housed after increasing their income from income gained from POC and continued work.
- In a survey of panhandlers from last fall, the vast majority reported some level of harassment. Since the program has started, participants have related stories of how people have come up to them to thank them for the work they are doing to clean up parks.













Portland Needle Exchange Naloxone Distribution Report 2017

103 India Street
Portland, Maine
(207) 756-8024

The Portland Needle Exchange offers naloxone (or “Narcan”) and response trainings, free of charge, to anyone enrolled in the program who would like to gain the skills to recognize and respond to an opiate overdose. Staff have also presented a full-length version of this training (90 minutes) at a variety of settings throughout the state. The Needle Exchange has distributed naloxone since 2015, with a standing order through the clinic’s medical director. On January 1, 2017, a new data collection system was created in order to capture the efficacy of the program and better represent the experiences of drug users who are successfully reversing overdoses in their homes and in the community throughout Southern Maine.

When a person enrolls to receive naloxone they complete a *New Registration* form. They receive a 5-10 minute training on how to recognize an overdose, risk factors for overdosing, and how to properly administer the preparation of naloxone that they wish to receive. Nasal and intramuscular preparations are available, although supply is varied and currently by donation only. Each time a person returns to get a refill of naloxone, a *Refill* form is completed along with an explanation of what happened to the kit of naloxone that they were last given. If the client reports that they used it to reverse an overdose, more questions are asked about the reversal. All of the information that is received is anonymous- individual clients are tracked through the use of a unique anonymous code. This is the same code that is used for the Needle Exchange program. If the naloxone is being distributed at a community training the code attached to that form is “111111”. Participants are always given the option to decline a response to any question.

Overview

- 502 individual clients enrolled in the naloxone distribution program
- 562 refills of naloxone were provided
- 291 overdoses were reversed by enrolled clients
- A total of 2,791 doses of naloxone were distributed
- Staff presented over 100 “Overdose Recognition, Response and Naloxone” trainings to various groups and agencies including but not limited to: Cumberland County Jail, Maine Medical Partners Family Practices in York and Cumberland counties, The Opportunity Alliance, Oxford Street Shelter, Portland Recovery Community Center, York County Shelter Programs, Crossroads, Milestone Recovery and Portland Housing Authority.

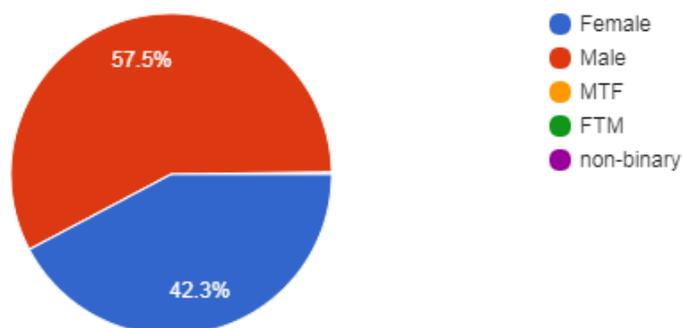
New Registrations

Demographics

- The majority of new clients were male, with 57.5% identifying as male and 42.3% identifying as female. One client reported their gender as non-binary.

Gender

426 responses



- The majority of new clients were white. The racial/ethnic breakdown was:
 - 97.4% White
 - 3.1% Latino/Latina/Hispanic
 - 1.4% Native American
 - 1.4% Black/African American
 - 0.5% Asian/Pacific Islander
- New enrollees were asked, “Last night, where did you stay?” About half of new clients (50.1%) reported that they had stayed in their own private housing (apartment or house). 22.9% reported staying in someone else’s housing (apartment, house). 13.4% reported staying in the shelter, 4.6% were outdoors (including car, camp, ect.), 2.2% where in a supportive housing or program, and 1.9% were in a hotel.
- People reported coming to the Portland Needle Exchange to receive naloxone from many different towns including: Biddeford, Caribou, Lewiston, Naples, Portland, Saco, South Portland, Westbrook, Scarborough, Lisbon Falls, Gray, Old Orchard Beach, Wells, Richmond, Windham, and towns in Massachusetts and New Hampshire.

Drug Use

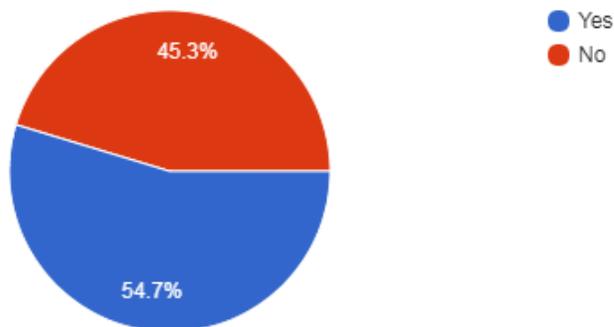
- The majority of people who received naloxone at the Portland Needle Exchange reported having used drugs within the last 30 days. Only 8.8% of clients reported no drug use in the last 30 days.
- Many enrollees used multiple drugs within the last 30 days. Below is a break down of the drugs that were reported.
 - 63% reported heroin use
 - 35.2% reported cocaine/crack use
 - 35% reported buprenorphine (suboxone, subutex) use
 - 19.7% reported pharmaceutical opioid use
 - 16.3% reported benzo use
 - 13.7% reported alcohol use
 - 13.5% reported methamphetamine use

Overdose History

Each new enrollee was asked if they had ever overdosed in their life.

Have you ever overdosed?

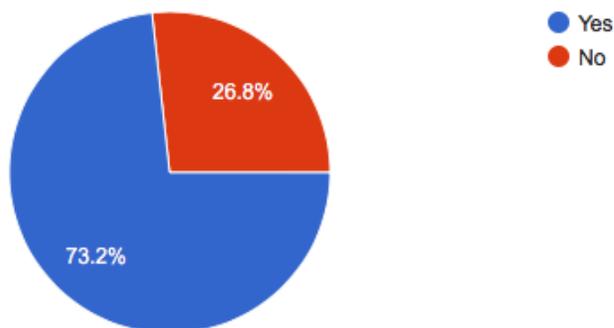
386 responses



Of the people that had experienced an overdose, 34.6% had overdosed once, 20.5% had overdosed twice, 12.7% had overdosed three times, and the remaining 32.2% reported having overdosed four or more times in their life. Of the people that had experienced an overdose, 73.2% reported that naloxone had been administered during their overdose.

If yes, have you ever been narcaned?

213 responses



When asked who had used naloxone on them (Being “narcaned” is a common way for clients to describe an overdose incident. Referring to naloxone as “narcan” is also very common), 71.9% reported that a medical person (EMT, fire, police, doctor) had used naloxone on them at one time and 51.6% reported that a non-medical person had used naloxone on them at one time. Thus, many people had experienced both medical and non-medical naloxone administration.

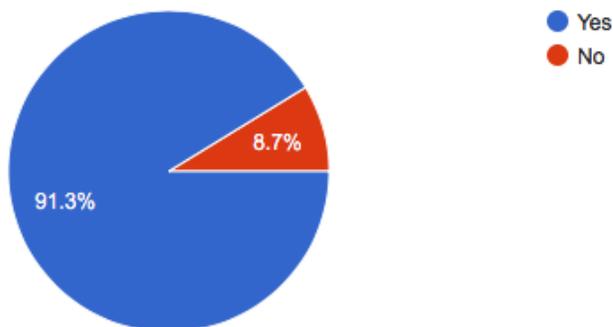
When asked what drugs were taken the last time the person had overdosed. 90.1% reported taking what they assumed to be heroin, 14.3% reported benzos, 10.8% reported pharmaceutical opioids, 7.9% reported what they assumed to be cocaine/crack, 4.4% reported alcohol. Six months into data collection a unique category for “Fentanyl” was added and since July 1, 2017, 13.3% of people reported that they had taken what they assumed to be or was confirmed fentanyl the last time that they overdosed. Field testing by law enforcement, urine tests positive for fentanyl and reports inconsistent for heroin overdoses also help support this evidence.

Each new client was also asked if they had ever witnessed an overdose and 91.3% reported yes. Clients reported witnessing between 1 and 200 overdoses in their life, although the majority

of people reported witnessing between 1 and 10 overdoses.

Have you ever witnessed an overdose?

389 responses



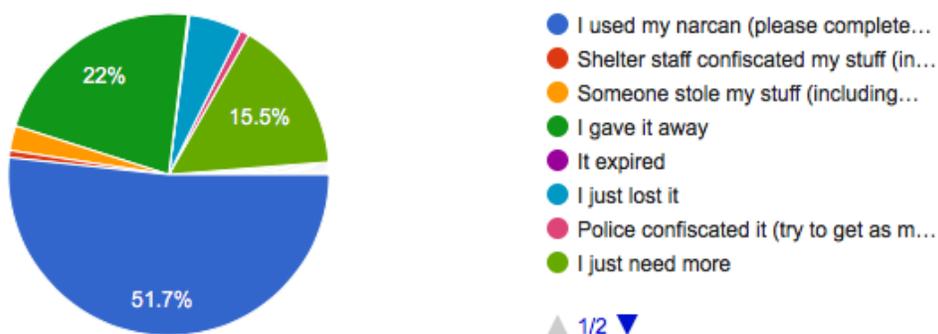
All new enrollees were asked, "What is your primary reason for getting this naran today?" 90.2% of people reported getting naloxone because "friends/partner/neighbors/people in my community are at risk." Additionally, 56.8% of people reported "I am at risk," 4.7% of people reported "I have a family member at risk" and 2.9% reported "I am a service provider and I work with clients who are at risk."

Naloxone Refills

When clients came back for a refill of their naloxone, staff asked them what happened to their last kit. 51.7% people reported that they had used their naloxone, 22% reported that they gave it away to someone, and 15.5% reported that they “just wanted or needed more.” 5.3% of people reported that they had lost it and 2.5% of people reported that someone had stole their stuff. 0.9% of people reported that the police confiscated their naloxone.

Reason for refill:

563 responses

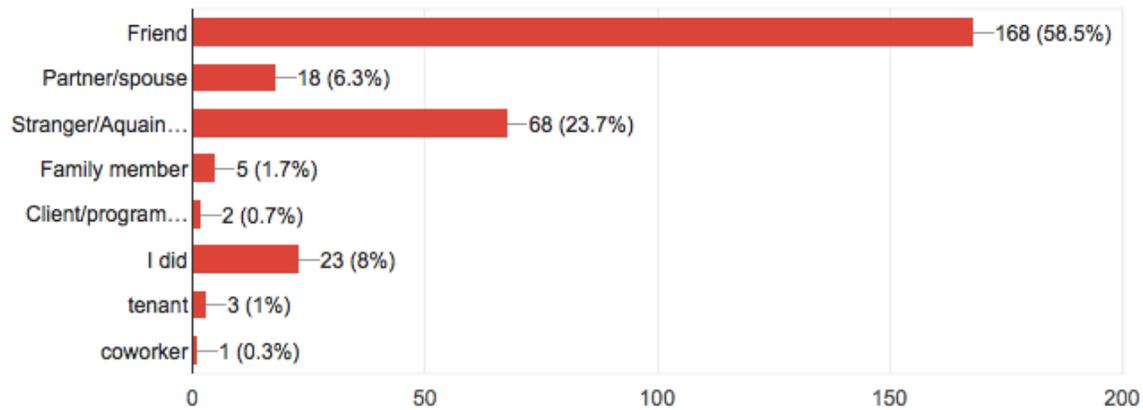


Overdose Information

If clients reported using their naloxone, staff asked who had overdosed. 58.5% of people reported that it was their friend who had overdosed and 23.7% reported that it was a stranger or acquaintance. 8% of people reported that they had overdosed and someone who was present had used their naloxone on them.

Who overdosed?

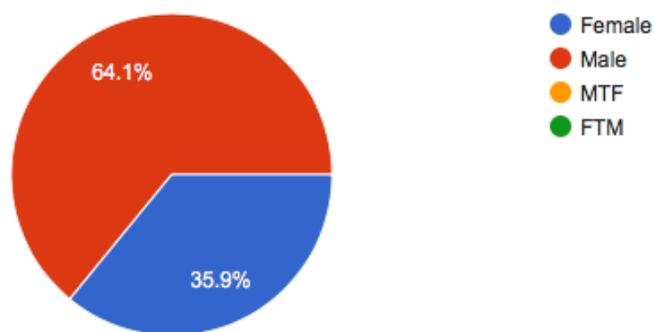
287 responses



The gender of the person who had overdosed was 64.1% male.

Gender of the person who overdosed?

281 responses





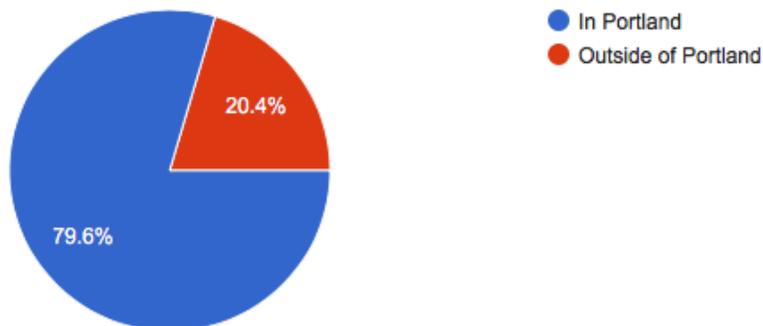
When asked what drugs the person who overdosed had taken, clients were asked to state only the drugs that they were sure of. 92.9% of clients reported that the person had taken heroin, 13.2% of clients reported pharmaceutical opioids, 7.9% reported benzos, and 4.6% reported cocaine/crack. At the 6-month point in data collection a discrete category for “Fentanyl” was added; for the last 6-months of the year, 20% of clients reported that the person who overdosed had taken fentanyl. This was confirmed by the client’s report of the overdose, field testing by law enforcement or positive urine testing at a medical setting. Throughout the entire year there were a small number of reports that also included methadone, buprenorphine, alcohol, methamphetamine, spice, and gabapentin (generic name for Neurontin). Anecdotally, gabapentin use has steadily increased among Portland Needle Exchange clients since 2015.

Clients were asked where the overdose had taken place. 59.9% reported in a private house or apartment, 14.4% reported on the street/alley/camp, 8.8% reported in a car, 6.7% reported in or around the shelter, 3.5% reported in a public park, 2.1% reported in a public bathroom, and 1.8% reported in a hotel.

Location

Where did the overdose take place?

284 responses



79.6% of overdose reversals were reported in Portland. The remaining 20.4% of overdose reversals were reported throughout Maine and towns in Massachusetts and New Hampshire.

Responding To The Overdose

Clients were asked what they did during the overdose reversal in addition to giving naloxone:

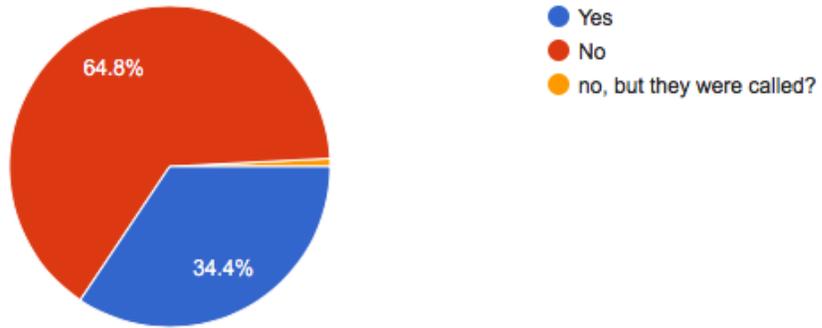
- 43.7% performed a sternum rub
- 32.6% called 911
- 28.3% performed rescue breathing
- 9% performed chest compressions

When asked, "Were EMS present at the overdose?" 64.8% of clients responded "no." This is consistent with the previous question that only about 1/3 of people reported having called 911. One client reported that EMS was not present even though they were called.



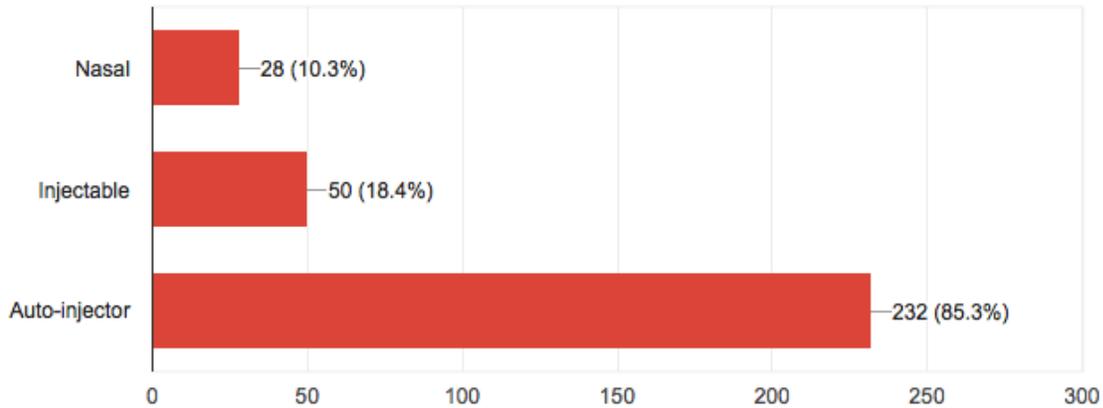
Were EMS present at the overdose?

125 responses



What kind of narcan was used?

272 responses

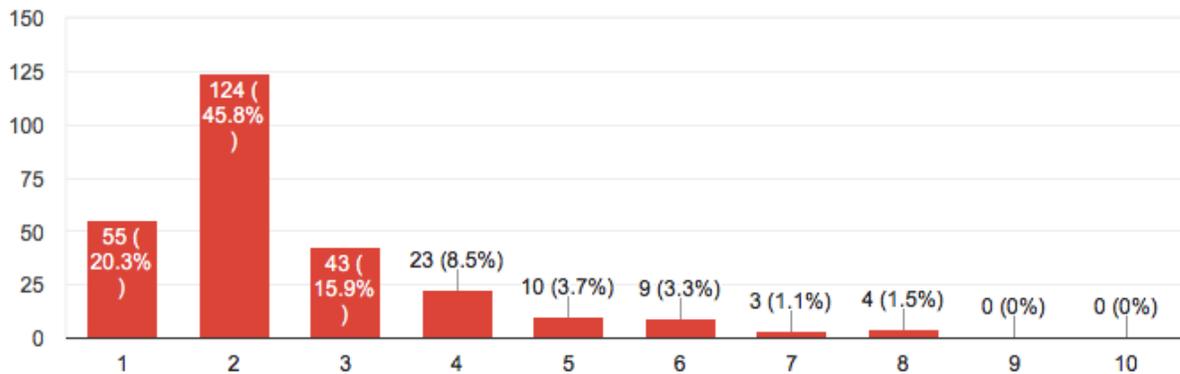


The majority of clients administered naloxone intramuscularly using an auto-injector.

When asked about the number of doses administered, 45.8% administered 2 doses, 20.3% administered 1 dose, 15.9% administered 3 doses, 8.5% administered 4 doses, and the remaining 9.5% administered 5 or more doses.

How many total doses were used?

271 responses





Clients were asked how long it took for the naloxone to work. 45% of clients reported that it took over 5 minutes, 31.8% of clients reported that it took 3-5 minutes, 14% of clients reported that it took 1-3 minutes, and 6.2% reported that it took less than 1 minute.

Harassment

Clients were asked about their experiences interacting with EMS and the police when they were administering naloxone or present at the overdose. 1 client reported arrest of overdosing person or witness, 4 clients reported harassment by paramedics or the fire department, and 4 clients reported harassment by the police. The reported arrest was a client who was on bail conditions and “was not supposed to be around drugs.” For one client who experienced harassment by the police, they shared that the police had threatened them saying “if you are here next time he overdoses we are throwing you in jail.” Another client reported that she was mocked by the paramedics for knowing how to respond to the overdose. Although these experiences were limited, they reveal some of the challenges that drug users still face when administering naloxone and reversing overdoses.

Plans for 2018

Naloxone distribution and data collection will continue for 2018. There have been some changes to the type of naloxone available in the Portland Needle Exchange and those changes may affect rates of distribution. The company that donates auto-injectors has discontinued the 0.4 mg preparation and only offers a 2 mg preparation, which is a very high dose and not appropriate for opiate-dependant individuals. Because of this, staff at the Portland Needle Exchange will be switching to injectable naloxone administered with a syringe, which is a type the program has always stocked, but the auto-injectors were the preferred type by most clients and community members.



This report was compiled by Zoe Odlin-Platz and Anna McConnell, February 2018.

Health & Human Services Committee

April 10, 2018

1. Overview of STD Trends Nationally & in Maine
 - a. Chlamydia
 - b. Gonorrhea
 - c. Syphilis
 - d. HIV

2. India Street Public Health Center
 - a. Demographics
 - b. Positive Test Results
 - c. Treatment
 - d. Community Outreach

3. Projects and Future Needs

INDIA STREET

INDIA

PUBLIC HEALTH CENTER

This report includes a summary of the sexually transmitted diseases (STDs) we most commonly test for at India Street Public Health Center (India Street). Please note that all national reporting by the Center for Disease Control and Prevention (CDC) is by rate (per 100,000 population) while all reporting in the state of Maine is shown as total number of cases. Trends in Maine for chlamydia, gonorrhea, and syphilis mirror rising national trends. Additionally, 2017 preliminary data has been included for Maine but is not yet available at the national level.

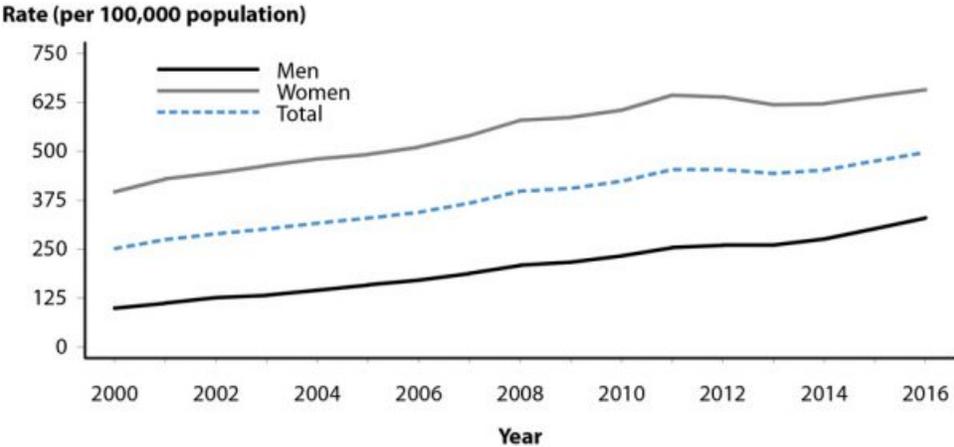
Following the trends in STDs nationally and in Maine you will find data specific to India Street as well as our current and future projects.

India Street STD Clinic is staffed by a multifaceted team:

- Office manager and front desk staff
 - Debra Adams
- Intake workers who conduct sexual history intakes and collect specimens:
 - Zoe Odlin-Platz, Community Health Promotion Specialist
 - Lizzy Garnatz, Community Health Promotion Specialist
 - Kimberly Meehan-Brown, Disease Intervention Specialist (DIS)
 - Chris Buerkle, part-time volunteer
- Clinic assistant
 - Shawn Peterson, Community Outreach Coordinator
- Laboratory personnel
 - Isabella Borrero, Laboratory Director
 - Doug Smith, Laboratory Technician
 - Emily Keller, Laboratory Technician
- Medical Director and clinician
 - Dr. Christina DeMatteo
- Other clinicians
 - Dr. Kinna Thakarar
 - Dr. Christina Holt

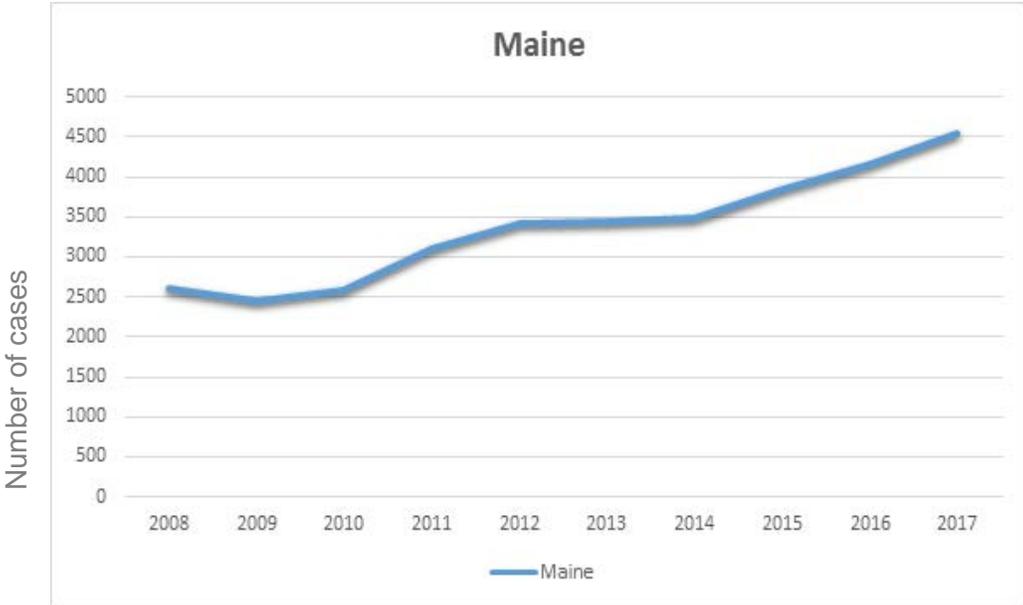
CHLAMYDIA

United States



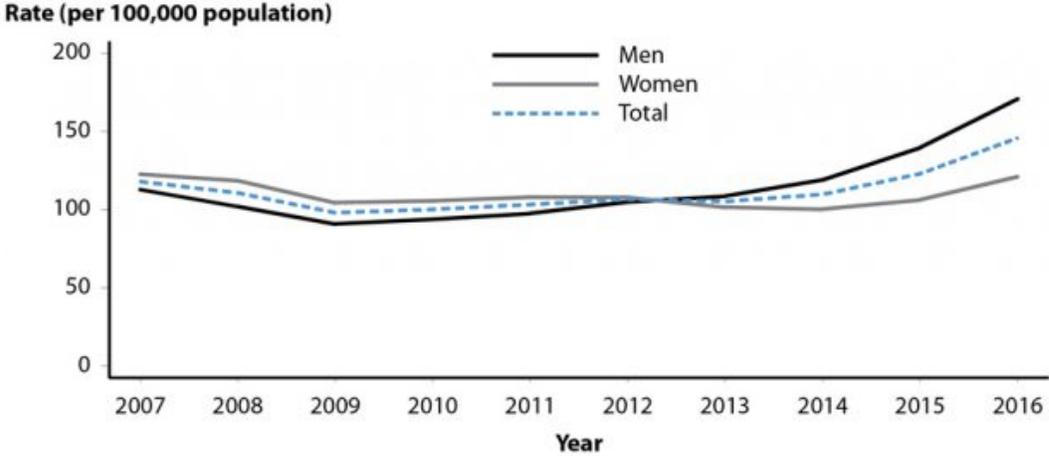
In 2016, a total of **1,598,354 chlamydial infections** were reported to the CDC in 50 states and the District of Columbia. This case count corresponds to a rate of 497.3 cases per 100,000 population. During 2015–2016, the rate increased 4.7%, from 475.0 to 497.3 cases per 100,000 population. (<https://www.cdc.gov/std/stats16/toc.htm>)

Maine, like the nation, is experiencing an increase in chlamydia. Of the **4,159 cases in Maine in 2016**, over half (2,801) were in women. The rate of infection is lower than in the U.S. as a whole at 312.4 per 100,000 population. In addition, the majority of cases were among 15-24 year olds (2,719).

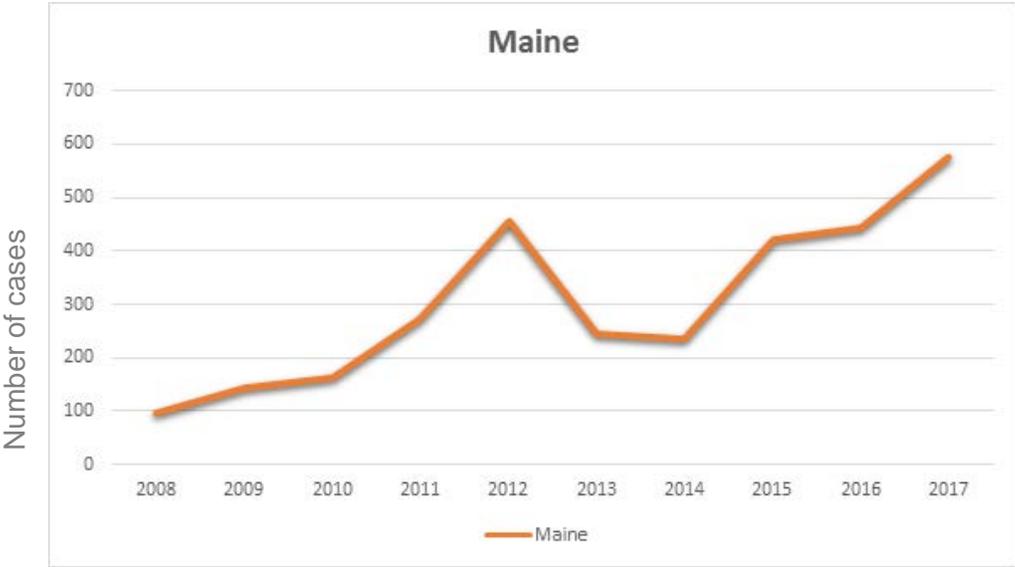


GONORRHEA

United States



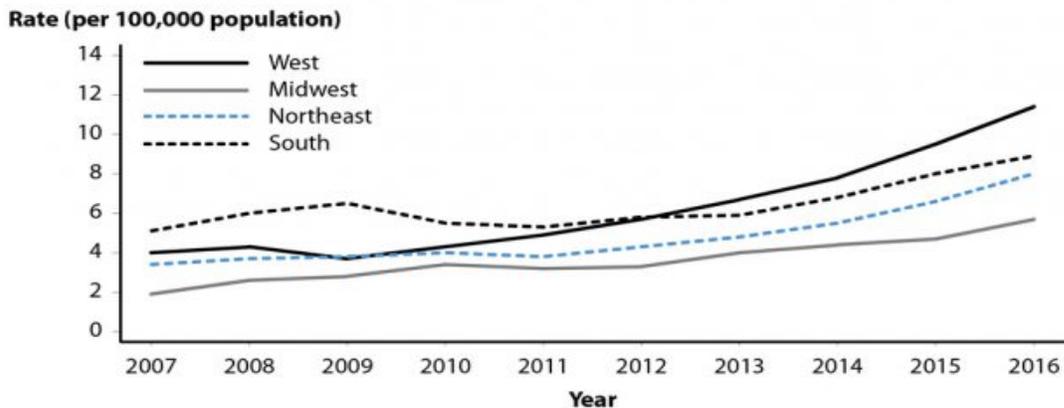
In 2009, the national rate of reported gonorrhea cases reached a historic low of 98.1 cases per 100,000 population. However, during 2009–2012, the rate increased slightly each year to 106.7 cases per 100,000 population in 2012. In 2013, the rate decreased slightly to 105.3 cases per 100,000 population, followed by a yearly increase during 2013–2016. **In 2016, a total of 468,514 cases** were reported for a rate of 145.8 gonorrhea cases per 100,000 population.



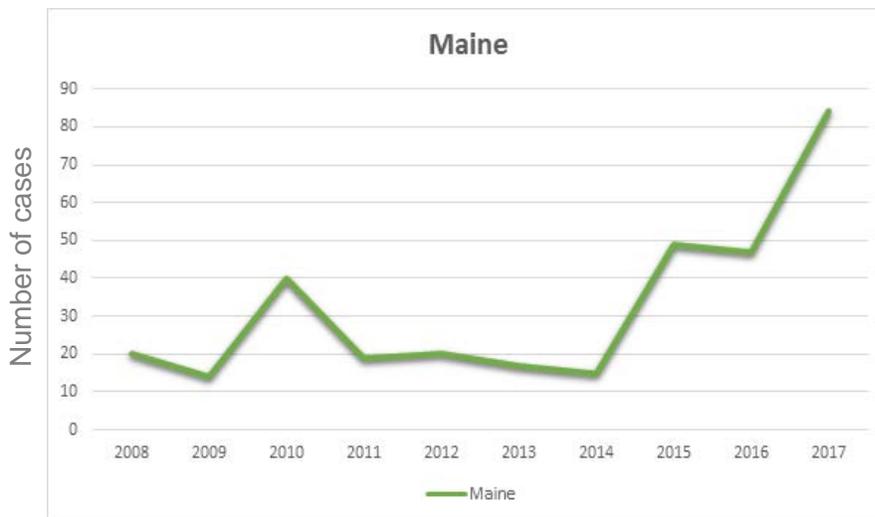
There were 444 cases of gonorrhea reported in 2016 with the overall rate for the state at 33.3 per 100,000 population. Nearly three quarters of those diagnosed were male (311 of 444) and nearly all cases were among those 15-24 and 25-34 years of age.

SYPHILIS (primary and secondary)

United States



In 2000 and 2001, the national rate of reported primary and secondary (P&S) syphilis cases was 2.1 cases per 100,000 population, the lowest rate since reporting began in 1941. However, the P&S syphilis rate has increased almost every year since 2000–2001. **In 2016, a total of 27,814 P&S syphilis cases were reported.** During 2015–2016, the national P&S syphilis rate increased 17.6% to 8.7 cases per 100,000 population, the highest rate reported since 1993.

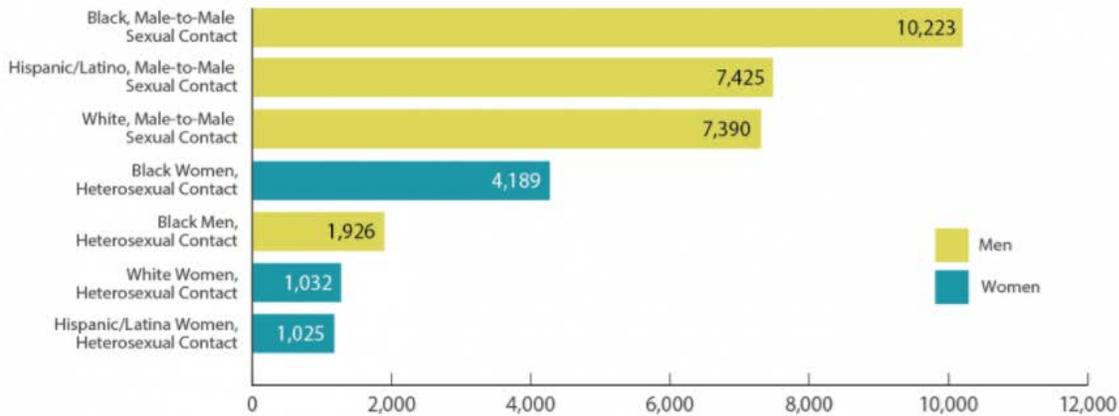


Nearly all of the 47 cases of syphilis in Maine in 2016 were among white (41) males (44). Again, reflecting a national trend, syphilis cases in the state have been on the rise; **prior to 2016 the 5 year median was 19 cases a year.** Maine also saw a significant increase between 2016 and 2017 with 84 cases reported last year.

HIV

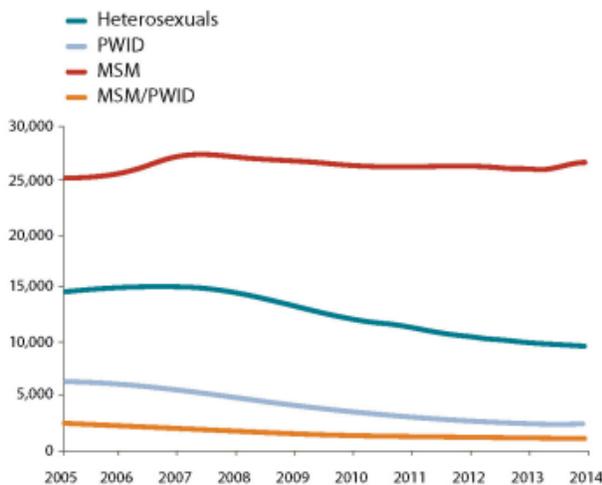
United States

New HIV Diagnoses in the United States for the Most-Affected Subpopulations, 2016



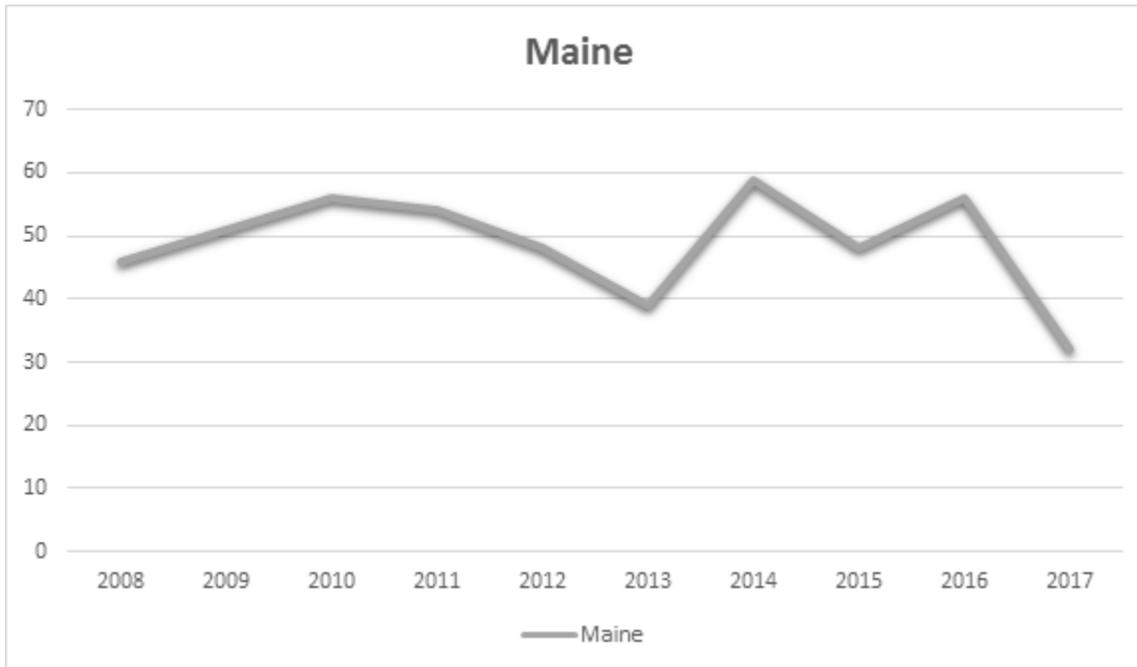
In 2016, 39,782 people received an HIV diagnosis (the annual number of HIV diagnoses declined 5% between 2011 and 2015). Gay and bisexual men accounted for 67% (26,570) of all HIV diagnoses and 83% of diagnoses among males. HIV diagnoses are not evenly distributed geographically. The population rates (per 100,000 people) of people who received an HIV diagnosis were highest in the South (16.8), followed by the Northeast (11.2), the West (10.2), and the Midwest (7.5)

Figure 1. HIV Diagnoses by Transmission Category, 2005-2014

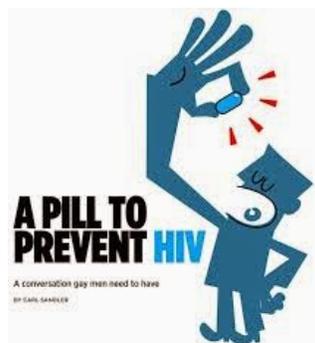


(CDC Fact Sheet: Trends in the U.S. HIV Diagnoses, 2005-2014)

Maine saw a decrease in the number of reported HIV cases last year and remains, overall, a low incidence state. While the majority of new cases reported in the U.S. were among those 20-29 years of age, Maine, with an older population, saw most new cases in those 35-44 years of age. The majority of cases are among white men reporting sexual contact with males.

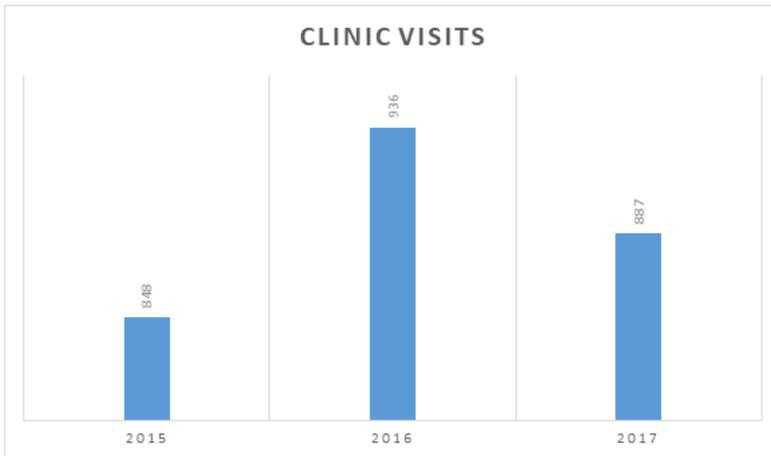


As part of our HIV prevention work at India Street we prescribe Truvada as PrEP (pre-exposure prophylaxis). PrEP is a one a day pill that is over 90% effective at preventing HIV acquisition. As part of our program we provide comprehensive STD screening, all required lab work based on CDC guidelines, a Truvada as PrEP prescription, and resources for primary care and patient assistance programs. India Street currently has signed up 31 active PrEP patients since the program restarted in October.

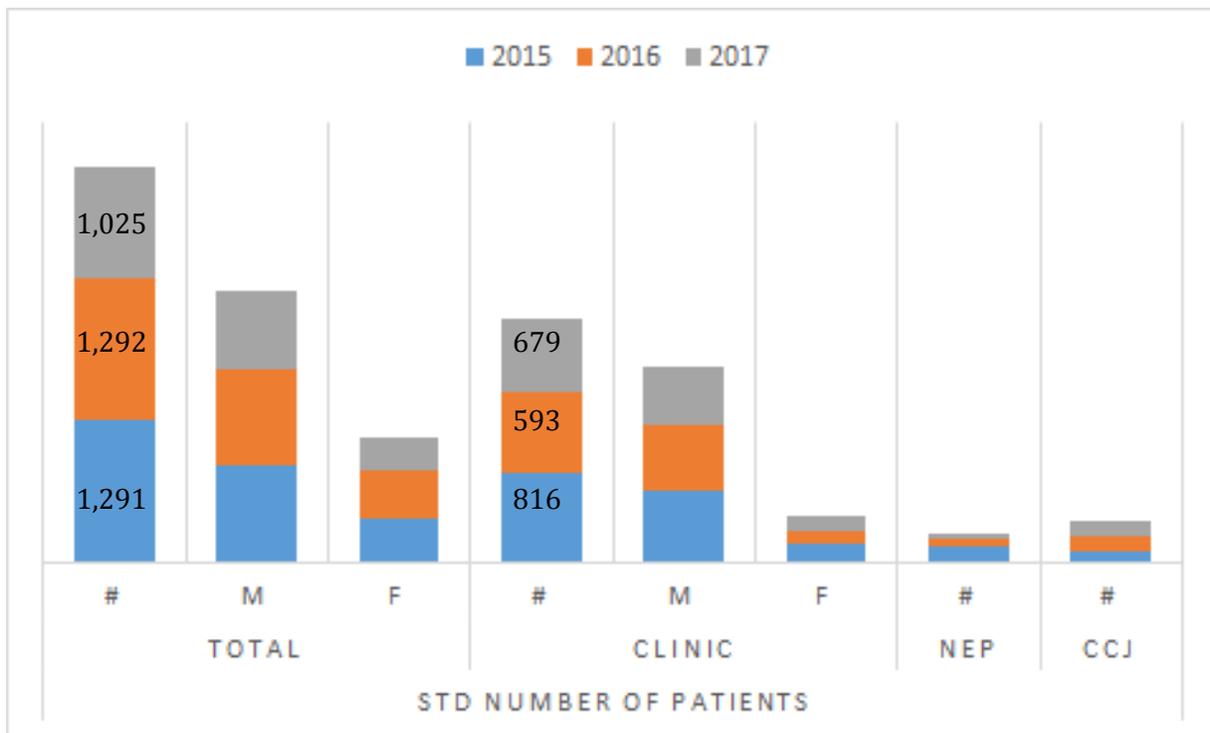


INDIA ST PUBLIC HEALTH CENTER

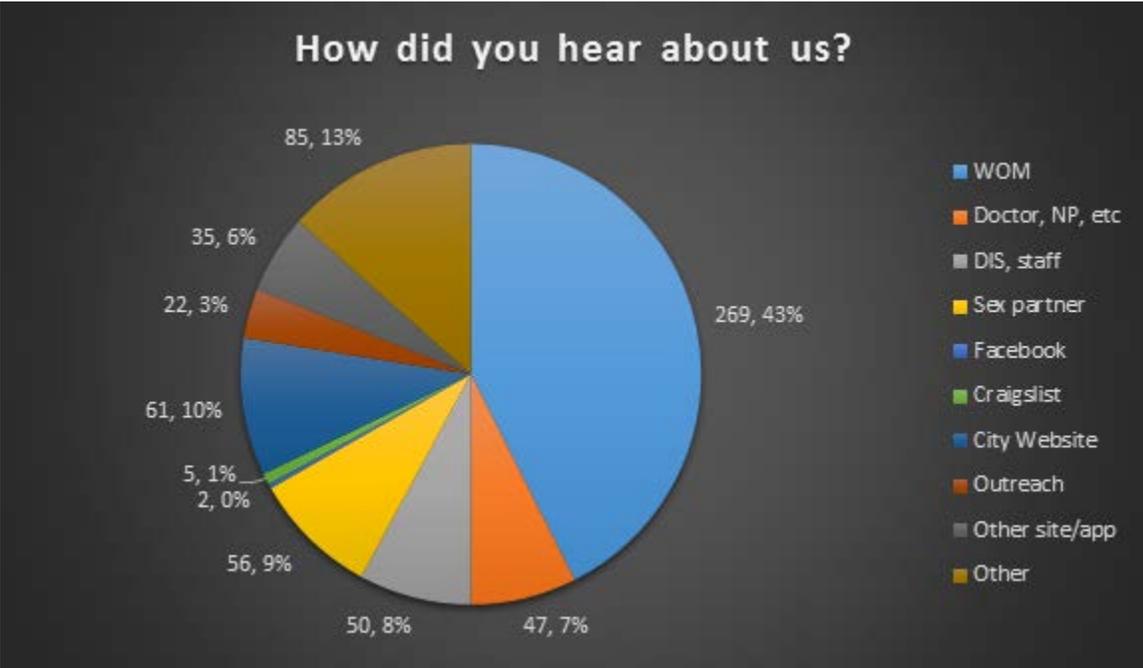
Demographics of Population



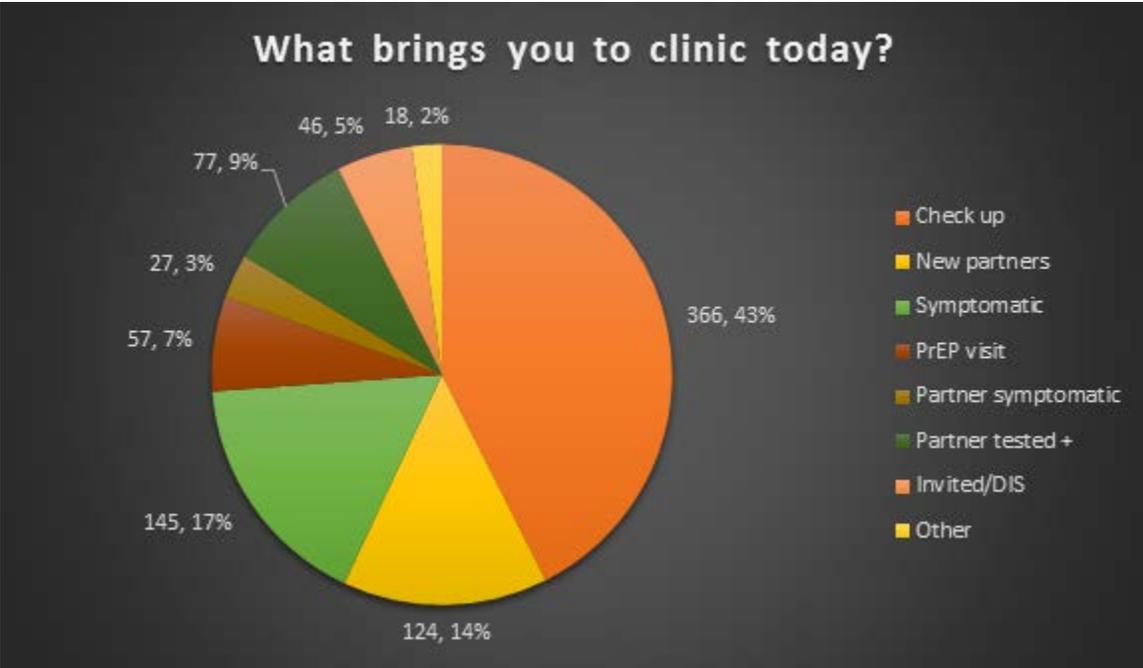
Clinic visits increased significantly in 2016 and then dropped in 2017. The decline was less than anticipated in the setting of service changes at India Street during that time. We are seeing fewer total patients but many of our patients return for regular screening multiple times a year, particularly if they are on Truvada as PrEP.



Reflects aggregate data from August 2017-February 2018.



The majority of patients visiting the clinic heard about our services through friends, family, and word of mouth, followed by Other, Sex Partner, and DIS/Staff Member.



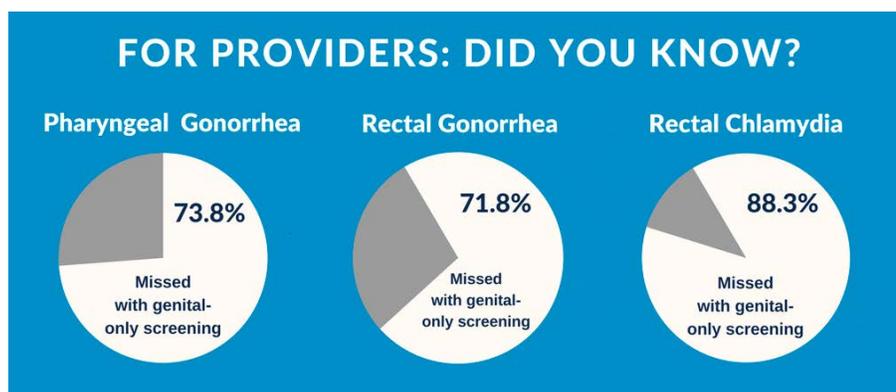
Positive Test Results: Gonorrhea and Chlamydia (01/1/2017-12/31/2017)

At India Street we offer comprehensive STD testing, which means all sites of exposure are tested for chlamydia and gonorrhea. This is particularly important for men having sex with men (MSM) as many primary care offices do not swab for anal and oral infections. Without extragenital testing, infections can be missed and remain untreated. At India Street we calculated the percentage of infections that would have been missed (urine test is negative but anal and/or oral tests are positive) had we not provided comprehensive testing.

Gonorrhea				
Total Positive Individuals	Urine +	Oral +	Anal +	Missed w/o anal/oral
59	18	27	32	41 (70.7%)

Chlamydia				
Total Positive Individuals	Urine +	Oral +	Anal +	Missed w/o anal/oral
107	67	12	41	40 (37.4%)

The National Alliance of State and Territorial AIDS Directors (NASTAD) encourages all providers to provide comprehensive screening for MSM at least annually, 3-6 months for those at increased risk, and every 3 months for those on Truvada as PrEP. They created the below infographic in their provider outreach materials to similarly emphasize the number of missed infections.



STD Surveillance Network, July 2010- June 2012, STD clinic data for 11 SSuN jurisdictions. Patton, et al. Clin Infect Dis. March 2014.

NASTAD National Coalition of STD Directors

Treatment

The total number of treatments administered at India Street in 2017 was 406. Of those 406, 127 were confirmed contacts (“epi” treatment). Contacts are confirmed by Kimberly Meehan-Brown who is one of two Disease Intervention Specialists for reportable conditions: gonorrhea, syphilis, and HIV. She is also able to confirm chlamydia cases though many cases are not followed due to the volume of cases and limited staff.

At India Street we treat STDs on site for those who test positive with us as well as confirmed contacts. We carry medication for gonorrhea, chlamydia, syphilis, herpes, bacterial vaginosis, non-gonococcal urethritis, and trichomoniasis. We are also able to write prescriptions for those with insurance or able to pay out of pocket.

Community Outreach

Staff at India Street currently offer outreach education groups and testing for HIV and Hepatitis C at a variety of treatment facilities and social service agencies in York and Cumberland counties, including Crossroads for women, Cumberland County Jail, Milestone Recovery, Amistad, Oxford Street Shelter, Preble Street Teen Center, Groups Recover Together, Catholic Charities, Blue Willow, and Enso Recovery. Staff also offer syphilis screening once a month at Frannie Peabody Center in partnership with their HIV testing and prevention program.

Overdose Prevention and Naloxone Training

We provide Overdose Recognition and Response Training for numerous providers and social service agencies in Southern Maine, helping agencies develop response protocols, and providing technical assistance regarding prescribing practices of naloxone. Training sites include:

- All Maine Medical Partners primary care outpatient clinics
- Preble Street
- Oxford Street Shelter
- Family Crisis Services
- CAP Quality Care
- York County Shelter Programs
- Opportunity Alliance
- Cumberland County Jail
- The Recovery Oriented Community Center at USM
- Portland Food Co-op
- Space Gallery
- UNE College of Medicine
- Top of the Hill Counseling

Staff have also hosted general community training opportunities that are open to the public. Looking toward future training projects, staff are working on developing a City of Portland Train the Trainer overdose response curriculum in order to train future overdose prevention educators and ensure consistent messaging.

2017-2018 Projects:

- TDI Healthcare Improvement Course:
 - Healthcare Improvement Certificate through Maine Medical Center, Tufts University, and The Dartmouth Institute. This course is designed for inter-professional clinical teams who are willing to analyze practice patterns and population health reports to understand system-based quality of care improvement on a clinic and population level. India Street Staff just completed this nine month course on March 25th, 2018.
- Rescreen Rates:
 - We are in the process of creating a database of positive cases and tracking their follow up testing at 3-6 months, which is the CDC best practice.
- PrEP Therapy:
 - Pre-exposure prophylaxis is a one a day pill that is over 90% effective at preventing HIV. We provide a comprehensive PrEP program that offers low-barrier access and follows recommended CDC guidelines.
- Re-expansion of on-site laboratory services:
 - Moved back to CLIA moderate level complexity certificate, which allows laboratory staff to perform testing independently and allows for more types of testing to be done on site. This frees up providers to see more patients and spend more time with counseling and education.
- Maine CDC collaboration:
 - We are working to increase collaboration with the state CDC to better understand the resources and educational needs for our community.
- Medical education for physicians and students:
 - We are developing a harm reduction and sexual health curriculum for medical students, residents and fellows, including recorded lectures that can be more easily accessed and disseminated.
 - Implemented clinical rotation experience for medical residents from five disciplines at Maine Medical Center and Tufts Medical Students to provide essential clinical experience in STD evaluation and management.
 - Outreach education provided to community healthcare providers.
- Updating clinic operations policies and documentation processes.
- Electronic capture of demographic data:
 - Creation of a database for the examination of aggregate demographic and behavioral information that can be used to better target outreach, improve education, identify gaps in services, and understand the needs of our community.
- Partnering with Preble Street Learning Collaborative (PSLC):
 - Facilitating the implementation of comprehensive STD screening clinic at the PSLC by partnering India Street outreach staff with PSLC providers, ensuring expanded access to services.

- Collaboration with Cumberland County Jail:
 - India Street has been offering weekly testing at CCJ since 1998. In 2017, India Street staff tested 130 inmates at CCJ, and have tested 41 so far in 2018. In addition to offering HIV and Hepatitis C testing, India Street staff are collaborating with the CCJ medical department to offer STD testing services (syphilis, gonorrhea, and chlamydia) to high risk individuals who qualify under the current CDC contract. India Street staff are transitioning to provide weekly overdose prevention education groups at CCJ, and using the groups as a way to sign interested inmates up for testing.
- Collaboration with The Pharmacy at Maine Medical Center:
 - Uninsured patients are connected with MedAccess at The Pharmacy to assist with applications for insurance or Free Care coverage, connection to primary healthcare, and Patient Assistance Programs for coverage of medication costs.
- Collaboration with GPH to facilitate Hepatitis C treatment
- Naloxone Distribution Data Collection:
 - Volunteers and staff have collected one year of naloxone use data by individuals who access the Needle Exchange Program. This provides specific information about overdose response and characteristics of peer responses in the community.

Future Plans

- 340B Status:
 - The 340B program through the Health Resources and Services Administration (HRSA), is a medication discount program. We submitted our application on Monday, April 2nd. If the City is approved, we will begin accessing 340B prices on July 1, 2018, with significant cost savings.
- Wi-fi for the building:
 - Valuable for our educational goals for both patients and medical learners.
- Portland Sexual Health Coalition:
 - We will continue to reach out to community members, including public and private healthcare organizations and advocacy groups to build a network of collaborative partnerships with the goal of addressing sexual health needs and disparities of care.



Portland Public Health Division Needle Exchange Program

Since 2013, the Portland Needle Exchange Program (NEP) has seen an increase in the number of enrollees and exchanges made, due largely in part to an increase in enrollees reporting injecting heroin and synthetic opiates. The rise in opiate use is likely due to several factors including inconsistency in the strength of heroin on the street, stronger opiates like fentanyl affecting tolerance levels, more users switching from prescription opioids, and more users reporting no health insurance.

Table 1. Portland Needle Exchange Program Figures

	CY 2015	CY 2016	CY 2017
Number of enrollees	701	855	948
Number of exchanges	5,291	6,172	6,878
Number of needles exchanged	145,207	167,335	186,189

Source: Public Health Division, Health and Human Services Department, City of Portland.

People who identify as male make up about 60% of the enrollees, with the majority of all enrollees identifying as white/non-hispanic. About 70% of the enrollees report being Hepatitis C positive and about 1% report a positive HIV status. This is consistent with state figures, as Maine has a very low-incidence rate of HIV. 35% of enrollees report being homeless or transient and 85% report having no form of health insurance.

In addition to providing clean needles and injection equipment to active drug users, NEP provides testing for hepatitis C and HIV and makes referrals for hepatitis A and B immunizations, sexually transmitted disease testing, primary care, recovery resources, and mental health case management. Staff distributed over 2,500 doses of naloxone, did over 150 overdose prevention trainings, and NEP clients reversed 291 overdoses from January 1-December 31, 2017.

Table 2 shows the locations and number of trainings provided by Needle Exchange Staff in 2017. Trainings at recovery residences and social service and mental health agencies include training for both staff and overdose education groups for clients and residents.

Table 2. Naloxone and Overdose Response Trainings 2017

Naloxone Trainings 2017	
Location	Number of Trainings
Cumberland County Jail	4
Colleges and Universities	6
Oxford Street Shelter	4
Preble Street	5
Recovery and Treatment Facilities	60
Public Community Trainings	8
Mental Health and Social Service Agencies	37
Local Businesses	4
Maine Medical Partners	20
Portland School Nurses	2

Source: Public Health Division, Health and Human Services Department, City of Portland.