



Health & Human Services and Public Safety Committee Minutes

Tuesday, April 10, 2018, 5:30pm, Room 209, City Hall

Committee Attendance:

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

City Staff: Mayor, Ethan Strimling; Director of Health and Human Services, Dawn Stiles; Director of Public Health, Dr. Kolawole Bankole; Director of Social Services, David MacLean; Executive Assistant, Adam Harr; Director of the Oxford Street Shelter, Robert Parritt; General Assistance Program Manager, Aaron Geyer; Community Health Promotions Specialist, Zoe Odlin-Platz; Community Health Promotions Specialist, Lizzie Garnatz; Family Health Program Manager, Anne Lang;

Partner Agency Staff: Medical Director of the India Street Public Health Center, Dr. Christina Demetteo

Public: Mark Noyes; Chris Berkeley, Sarah Michniewicz, Mark Swan, George Rhau

AGENDA ITEM 1 – Announcements and Approval of Minutes:

Meeting was called to order at approximately 5:30 PM.

Chair Ray announced that the next meeting will cover paid sick leave and moved to accept the March 20th meeting minutes. The motion was seconded with all in favor.

AGENDA ITEM 2 – Oxford Street Shelter

OSS: ([handout available here](#)):

<https://www.portlandmaine.gov/AgendaCenter/ViewFile/Item/6047?fileID=33219>)

- There was a typo: beds per night should be beds per day
- Averaging about 115 people per day; some stay all day and some move throughout.
- Broken ground on storage and external restrooms. They will open as soon as possible.
 - Next phase: 5 additional stalls in external bathroom
 - 200 units of storage in cubbies. it will be locked except for designated times where staff monitors the unit
- Organizations providing services during the day:
 - • Alternative Wellness
 - • Shalom
 - • Bayside Health Partners
 - • Portland Fire Department
 - • Public Health
 - • SARSM
 - • Through These Doors (Formerly Family Crisis Services)



- • Maine DHHS
- • Frannie Peabody Center
- 74 Housing Placements (48 men and 26 women with 28 being Long Term Stayers)
- New Position has had 123 Outreach Activities Since March
- Night Shelter: 234 Average in February is going down to 220
- New Shelter: Still looking for land

Councilor Ali asked how partner agencies and service providers connect to the shelter; does OSS staff solicit services? OSS solicits services and providers reach out directly. OSS relies on the providers' programs such as the meals at Preble Street.

Councilor Batson asked if there has been an uptick in housing placements since starting day services. There has not been one yet, however the individuals that the outreach staff is cultivating relationships with are the most vulnerable and deep in their substance use.

Chair Ray asked if there are financial agreements with day shelter service providers. OSS provides space and does not have formal financial agreements. Chair Ray then asked if there is a concern for programs that rely on grant funding continuing to provide services. There is not but agencies want waiting lists to demonstrate need.

Housing retention is at 90%, Chair Ray asked what the duration of follow up is. It is case by case. When a property manager or landlord is having issues, they will call shelter staff.

Mayor Strimling asked the status of the bathrooms and lockers; ground is broken and instillation will occur as soon as possible. How OSS staff determine where individuals have connections to Portland:

- Individuals self-report connections to Portland at intake.

What are preventing numbers from going down:

- Lack of affordable housing
- Lack of Medicaid expansion

Chair Ray asked if there are vouchers that being unused because of a lack of vacancies. There are less available vouchers and some people working on their own may not be able to find a unit their voucher can afford, but individuals working with housing councilors are largely successful once they've secured a voucher.

Dave explained that the Coordinated Entry System could alleviate service centers like Portland. Coordinated Entry is a no-wrong-door approach to implementing the homelessness system across the state, starting with initial diversion and triage to appropriate resources using 2-1-1 and where people physically present for services.

Dave explained the GA aspect where individuals are screened to see if they have attempted to access GA. The system will help people stay where they are and where they want to be.



Councilor Batson asked how the City sends people back to municipalities who come to Portland who want to stay in their home municipalities using their local GA offices. That process is not fleshed out yet because it is currently too difficult to prove municipality of responsibility.

Councilor Ali asked which housing resources asylum seeking families entering the shelter are eligible for. Asylum seekers do not qualify for federal assistance so the only available housing assistance option is General Assistance.

Chair Ray asked if GA is billing other municipalities. With the difficulty in proving municipality of responsibility, Portland is not attempting to bill anymore. Instead, certain communities are taking their residents back and granting emergency housing assistance: South Portland, Westbrook and Sanford.

AGENDA ITEM 3 – Portland Opportunity Crew

General Assistance Program Manager Aaron Geyer shared [highlights from the program](https://www.portlandmaine.gov/AgendaCenter/ViewFile/Item/6048?fileID=33220):
<https://www.portlandmaine.gov/AgendaCenter/ViewFile/Item/6048?fileID=33220>

- POC employed 17 individuals for varying lengths of time.
- Picked up 316 bags of trash
- 214 Needles were removed from open spaces such as trails.
- Program ended on November 9th.
- Will start when the ground dries at the end of the month
- Funding through June
 - Donations through *Text CREW to 91999*
 - Applied to grants from Harvard and United Way
 - Reaching out to business community seeking sponsors; signs are placed around the crew's worksites that could be used to thank sponsors.

Councilor Ali asked if there are possibilities to link people to jobs? Six participants have found employment aided by the POC staff's case management and the work experience gained from participating.

\$43,000 was set aside from the budget last year: from the sale of City-owned land, CDBG and some text to donate and direct donations. The City did not fund the program in the FY19 budget. Social Services is looking for \$45,000 for FY19; the program costs about \$1,300 a week. Social Services is exploring weekly sponsorship by local businesses.

Councilor Batson asked if after enrollment with PeopleReady, are spots reserved for participants. Spots are not reserved. Aaron explained that the POC staff member helps participants obtain IDs and pass the pre-employment tests required by PeopleReady. Capacity opens up organically as individuals accept other jobs through PeopleReady.



Of the 47 who had barriers, what happened? Some were disabled or failed the PeopleReady test; individuals who fail the test cannot test again for one calendar year. People who failed were referred to Complete Labor, a staffing agency near Social Services.

The City pays for the program staff. The \$1,300 is all the stipends, breakfast and lunch, and gas for the van. Mayor Strimling asked about year-round services; Winter would be a challenge logistically. There has room for expansion in terms of participation.

AGENDA ITEM 4 – Public Health Update

Dr. Bankole recapped some activities from public health week; his goal is to connect Public Health with each department of the City.

Needle Exchange Program (NEP) – Zoe Odlin-Platz and Lizzie Garnatz

The NEP report is [available here](#):

< <https://www.portlandmaine.gov/AgendaCenter/ViewFile/Item/6046?fileID=33094>>

- Seeing an increase of people from outside of Portland including Northern Maine; Lewiston's closed.
- Majority of people are uninsured (85%)
- 35% are experiencing homelessness
- The clinic started giving out Narcan (Naloxone) in 2015
- 2017: data collection improved:
 - Kits given out
 - Reporting reversals including location of overdose, how many doses it took to reverse, what they took, and if 911 was called
- Donation Only: Vaccine like dosing, auto-injectors, and some nasal deliveries.
- Information gathered from data collection and outreach were used to train agencies servicing drug using populations
 - Trainings help the clinic advertise their other services
- 291 overdosed were reversed by participants last year.
- When the Lewiston needle exchange closed there was an increase; some do larger exchanges to bring them back to their communities.
- Mobile outreach to the shelter does education on where sharps boxes are.
- The program does a Biohazard training at the start of neighborhood clean-ups.
- Only 30% of people are calling 911; there is no Good Samaritan law in the State of Maine.
- Most people report using what people believe to be heroin or fentanyl.
 - Polysubstance use where people use multiple substances is common
 - Mostly opioids and some prescription drugs and stimulants



Councilor Ali asked if they had done trainings in the immigrant community. The Exchange has not due to outreach difficulties. Substance use is heavily stigmatized. Materials are being translated into Spanish and French. Councilor Ali suggested they work with community leaders and will send list of individuals to Dr. Bankole. Dr. Bankole clarified that while the NEP has not done outreach to immigrant communities but the Minority Health Program has.

Chair Ray asked if the reversal numbers in the naloxone distribution report could be lower and asked about the doses distributed. Each naloxone kit has two doses and one person can take more than the normal two doses per person. Chair Ray asked how location is tracked. NEP tracks by county and can provide those statistics.

Chair Ray asked how which drugs people use is captured. When people enroll there is a form that lists substances and are recorded in case notes. Chair Ray asked why no one reported marijuana where alcohol is. Alcohol is an overdose risk with opioids and its use is asked on the naloxone form. The NEP focuses on injectable drugs which is why marijuana is not asked about.

If people called 911 more, would fewer doses be used? When reversing a fentanyl overdose there is paraphernalia and color change in the face; it is scarier leading to using more than is necessary. EMS will stabilize first.

Switch from an auto injector to syringe:

- Who is the 2ml appropriate for?
- There was no testing done at the pharmaceutical level when the decision was made.
- A 2ml auto injector (about 5 times the previous amount) is only appropriate for a non-regular user. For that reason, NEP chose not to give them out except to recovery houses as it would be appropriate for someone in a relapse.

Councilor Batson asked if they see any barriers moving back to injectable naran. Some users prefer injectable. This preparation is specifically for NED participants, not for community trainings. Councilor Batson asked if there are different reactions to the ways to administer naran: nasal naloxone kits are available by prescription and over the counter.

Councilor Batson would like to see a connection with the business community. NEP trained the Portland Food Coop on reversing overdoses using nasal naloxone and installed sharps boxes in their bathrooms.

Councilor Batson asked about the naloxone donations; is it just product or financial donations too? Most are product donation grants. NEP would like to have nasal naran available to community members in stock but there are no donation programs for product and it is prohibitively expensive. Councilor Batson asked if there are supply and demand issues where participants ask for naloxone with none available. That sometimes occurs where individuals must be referred to a pharmacy.

Mayor Strimling asked if there are financial challenges. It is fully funded but acquiring more naloxone and nasal naloxone is a challenge.



Mayor Strimling asked about the Good Samaritan Law:

- There is a medical Good Samaritan Law that protects someone intervening in a medical emergency and that person injures the person experiencing the emergency while making a good faith effort to save them.
- An Overdose Good Samaritan Law does not exist;
 - someone who calls 911 for someone experiencing an overdose or the person experiencing an overdose can be arrested for possession.
 - Most arrests occur due to open warrants.

Mayor Strimling asked about safe injection sites. Chair Ray clarified that public health is putting together information on that type of program.

STD Clinic – Dr. Dematteo

- Partnership between Maine Medical Center and the India Street Clinic
- STDs are rising in the state and across the nation
 - Chlamydia
 - Gonorrhea
 - Syphilis
- Clusters of outbreaks of syphilis has been observed in the Portland community
- HIV rates are low
- Non-HIV STD funding has diminished; Portland is the last clinic.
- High risk individuals are tested for free; the rest pay a flat fee of \$60
- Tuesday and Thursdays have walk-in clinics from 3:00-5:30
- Provider outreach to educate on extra genital testing. 80% of gonorrhea cases would not have been found with urine testing alone.
- The Maine CDC has a staff member who offers intimate partner services and will interview individuals who test positive for HIV, Gonorrhea and syphilis and then anonymously contact their sexual partners for them.
- Outreach to lower barriers to care; self-collect orally and anally. Outreach to the jail, youth, and is partnered with the Preble street learning collaborative to provide a full STD clinic.
- PrEP program (Pre-exposure Prophylaxis), a daily pill which reduces the risk of HIV infection.

Councilor Batson asked for clarification; the India Street Clinic is the only dedicated STD testing clinic that provides free testing and treatment to high risk individuals. Councilor Batson asked how expensive PrEP is. It is very expensive but is very affordable if you have or do not have insurance. The manufacturer has programs to make it free or affordable.



Chair Ray asked what they attribute to the increase in STIs. The increased use of online apps and social media to meet people as well as condom use falling with the fear of HIV. People are less afraid acquiring HIV and may use condoms less. There is also better and increased testing and substance use, both could add to an increase.

Perfect storm of people who have multiple partners who are not comfortable talking about sex and are not getting tested extra-genitally; infections are being missed.

There used to be 7 disease intervention specialists, now 2 people cover the entire state.

Councilor Ali asked about what Massachusetts is doing with apps and what Maine is doing. MA has public health profiles on Grindr that can contact partners. Maine can only make phone calls and send letters; disease intervention specialists cannot send text messages.

Next meeting:

April 24th in Room 24.

Meeting adjourned