



**MINUTES FOR THE MEETING OF THE BOARD OF THE  
BOSTON PUBLIC HEALTH COMMISSION  
Wednesday, December 20, 2017**

A meeting of the Board of the Boston Public Health Commission (“Commission”) was held on Wednesday, December 20, 2017, in the Hayes Conference Room, 2nd floor, 1010 Massachusetts Avenue, Boston, MA 02118.

**Board Members Present:**

Francis J. Doyle, Esq., Chair; Monica Valdes Lupi, JD, MPH, Executive Director; Joseph Betancourt, MD, MPH, and Myechia Minter-Jordan, MD, MBA.

**Also Present Were:**

Mark Scott, Catherine Fine, Maia BrodyField, Catherine Cairns, Brad Cohen, Gerry Thomas, Eugene Barros, PJ McCann, Heather Gasper, Marje Nesin, David Pia, Yailka Cardenas, Debra Paul, Felipe Ruiz, Jenifer Leaf Jaeger, Margaret Reid, Marty McArthur, Grace Connolly, Shekeima Dockery, Martha Farlow, Rita Nieves, Dan Dooley, Tim Harrington, Puneet Sharma, Triniese Polk, Anne McHugh, Oyin Kolawole, Chief Jimmy Hooley, and Kathy Hussey.

**Proceedings:**

**Chairman’s Comments**

*Francis J. Doyle, Esq*

- Mr. Doyle called the meeting to order at 4:10p.m. Welcome. It’s the holiday season. We were celebrating the other day with the Accreditation at the Kroc Center. And today we have snowflakes hanging from the ceiling.

- Before we begin, I would like to introduce our new Chief of Health and Human Services for the City of Boston. We’re delighted to have him here. Chief Marty Martinez is joining us January 8, 2018. He comes to us from the Mentorship Program. Many of you may be aware of it. It’s a statewide organization and Marty has led it locally as well. It’s really dealing with the same people we all deal with every day, just more of an education setting and opportunity setting than in healthcare. He’s got a robust career in non-profit and health and education for young folks. We’re delighted that he’s here and part of Team Walsh. Can you say a couple of words to the folks?

Sure. Again, thank you for having me here. I’m excited to be here. I’m embarrassed to say this is my first ever Board of Health meeting. I’m sure I’m going to be on the edge of my seat the entire conversation. Again, I’m excited to be here. I’ve done a lot of work with youth development. I really started my career in public health work. Some of you have dug in and asked me about what kind of public health work I’ve done. So, I’m excited to sort of be back and having the conversation and being engaged in this work because that’s part of what’s central to building a healthier Boston for all people. I’m super excited to be here to learn and listen. If you see me and have things you want to share with me, so please I’m open and have a lot to learn. I’m excited to be in this mode and to be eager to partner with you all. Thanks for having me.

- We have a busy day here today. As you know, we began the conversation about gun violence with Dr. Galea last meeting. I found much of his presentation smart, very interesting and in some ways startling with some of the data he revealed at that time. We want to continue that conversation and help Monica and the team as we can to guide our direct concerns, interest and involvement in that whole spectrum of issues facing our citizens of Boston. I know it’s a big priority of our Mayor Marty Walsh

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and will continue to be one here. We'll take another step today, if you will. We do have an abundance of programs in that space, including the Trauma Team.

- We'll have a presentation on that today as well as another big aspect that's kind of the world view we're all seeing every day. Another big day in Washington with the passage of the tax legislation. As that happens as a major change, not only legislatively, but also administratively, occurs in Washington. For the people that we serve most and care about dearly, makes it more and more difficult as these rapid changes get driven down at the administrative level within the federal government. Changes in eligibility for different programs, CHIP isn't even passed yet, the healthcare center financing hasn't been passed yet. There's a lot of drama going on just below the congressional level, and somewhat at the congressional level although no action has been taken on those positions yet.

We can only imagine the difficulty that this places a lot of our constituents in with regards to their own futures and how do they navigate. I've been in healthcare a very long time and I can't figure out half of the stuff that we require of people without deep study. I can only imagine what it's like for a mom with a few kids trying to keep food on the table and trying to navigate the difficult access issues that she needs to have. We'll have a presentation on that too and the whole spectrum of increasing access to benefits. We have a robust meeting and also have a lot to celebrate. So we'll ask our Executive Director for her report.

## **Report from the Executive Office**

*Monica Valdes Lupi, JD, MPH*

*Executive Director, Boston Public Health Commission*

- Sure. I appreciate your reflections about what you've seen over time during your tenure in your work in health and in healthcare, Frank. I know that this is a special time for you, too. And also want to acknowledge that you will be transitioning into a new next adventure at the end of this month from healthcare and trying to figure out what your next encore will be. I want to acknowledge your 21 years of service since the merger and what I'm sure will be an exciting new phase in your career. Congratulations on that front. We all dream about that - transitioning.
- Just some quick updates about Public Health in the news. At the beginning of this month, Mayor Walsh and I were able to join Chief Hooley and our EMS team for the graduation of our third class. We had 22 recruits that graduated. I know that he, I think, is already starting a new class right after the new year. I'm really proud of the recruits that were able to make it through the program and to celebrate that huge achievement.
- Manny is not here. I'm not sure if he's joining us. They were also in the news this month talking about the launch of their new neighborhood trauma teams. I spoke with Manny last week after the death of Duncan Ketter, who was from East Boston. I had a really good conversation with Manny about how the neighborhood trauma teams, to see it from kind of the concept and design, to being on the receiving end. He had several touch points about the young man who died and had really great things to say about the staff, team, community responders and the health center staff. I'm really looking forward to allowing you to hear more updates on the programmatic front. I know that if Manny were here he probably would have said something personally to the team about the way that he's interfaced with the services in East Boston.
- We also have our Interim Medical Director, Jenifer Jaeger, who's been in the news a lot talking about the importance of getting immunized for flu and working very closely with our state partners. I wanted to highlight those three things.
- In terms of some quick announcements, you already acknowledged the Accreditation celebration we had yesterday for everyone. All of our partners, colleagues and staff who helped us achieve that recognition. I wanted to thank Frank and Assistant Dean Cox for joining us. Frank was on deck for remarks for the Board and Harold stepped up from the beginning. I wanted to let you know that it was a successful event. I think we had about 150 individuals there which was a great turnout given the holiday schedules.

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- We also had some focus on a mural that we launched at the 112 Shelter at Southampton Street. This is a mural that was done by a local artist and guests from the shelter. The mural is part of a “You Are Loved” series of murals that have been done across the country. So, I wanted to make sure you were aware of that.
- I know our Director of the Office of Health Equity has a new staff person who is her number two. Edna Rivera Carrasco is our new Associate Director of the Office of Health Equity. She may still be doing orientation, but wanted to be sure we flagged that for the Board.
- I want to hand off to Heather. Frank you started on some of the IGR updates and federal updates, so Heather do want to say a few things and maybe talk about the sign-on, the late breaker and the seven words?
- Sure. These continue to be challenging times in the federal landscape with the massive tax overhaul bill that was passed. One thing to highlight is the biggest impact and most immediate would be the removal of the individual mandate which was taken out and passed. The MassHealth Connector actually sent out correspondence this afternoon saying that regardless of the federal implications, we will still require individuals to have coverage in the state of Massachusetts. It’s important that we communicate that to people and make sure that they understand that the state will still require coverage. There will be more information coming. I think we might see a little bit more around the ACA with the passage of the federal continued funding coverage on Friday. There’s been some language around abortion coverage so that might be something that will be a challenge.
- **Intergovernmental Relations Updates. Federal Update.** House Republican leaders are moving ahead with a plan to pass a government funding bill that pairs a full year of defense spending with a short-term extension of other programs. This continuing resolution must be passed by December 22<sup>nd</sup> to avoid a government shutdown.

Additionally, Congress has still not been able to send the reauthorization of the Children’s Health Insurance Program (CHIP) and funding for federally qualified health centers to the President to sign into law. The status of this funding as we move closer to the new year is uncertain.

Both branches of Congress have passed their versions of a tax bill. A conference committee with members from the House and Senate have been formed to negotiate the differences between the two bills and finalize one for both branches to vote on.

Both versions of the tax bill would increase the national deficit by approximately \$1 trillion in ten years. Such an increase would trigger “Pay As You Go” or cuts to programs to pay for the new tax bill. Among the expected programs to be hit are SNAP, Medicaid, Social Security Insurance, and Student Loans.

- **State Update.** As a reminder, Governor Charlie Baker filed HB4033, “An Act Relative to Combatting Addiction, Accessing Treatment, Reducing Prescriptions, and Enhancing Prevention (CARE Act)” – his second major bill since taking office that addresses the opioid crisis.

The proposals in this bill would increase access to treatment for substance use disorders, create additional tools to prevent opioid misuse, and expand education and intervention efforts. Last month you were proved a copy of the bill and summary material. A hearing on this bill will be held at the State House on January 16<sup>th</sup> in the Joint committee on Mental Health, Substance Use and Recovery.

- The last three of BPHC’s priority bills had hearings at the end of November. Two of those bills address issues affecting EMS, and Chief Hooley graciously represented us at the hearings.

❖ *An Act relative to surviving family members of public emergency medical technicians (SB1461/HB1445)* is sponsored by Senator Michael Rush and Representative Daniel Ryan. It would enable the family members of public EMTs and paramedics who are killed in the line of duty to receive the same benefits as the families of police officers and firefighters who are killed in the line of duty. Nationally, approximately 10 EMTs are killed in the line of duty per year. Luckily, Boston has been spared such tragedy in recent memory.

❖ *An Act relative to public safety and public health worker protections (SB1265)* is sponsored by Senator Michael Rush. It would provide support for EMS staff if they were to be exposed to blood and/or body fluids while on the job. Determining if that person has been exposed to any disease can

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be difficult without patient consent. This bill would aid EMS staff in getting said consent, thus providing a crucial step in protecting the health of EMTs and paramedics.

❖ Heavenly Mitchell, BPHC's Director of Healthy Start Systems testified in support of a bill to address Fetal and Infant Mortality Review. Although Massachusetts has the lowest infant mortality rate in the nation, there are cities and towns and ethnic and racial groups in the state that experience a much higher rate than the state average. *An Act relative to Fetal Infant Mortality Review* (HB1219) is sponsored by Representative Jeffrey Sanchez. The bill would assist public health agencies, like BPHC, who wish to review these deaths and address issues that may arise. The bill would direct the state Department of Public Health to notify local public health agencies across the state of such deaths in a timely manner and authorize local public health agencies to access needed information from a variety of sources to perform a review of the death if deemed necessary.

- **City Update.** Over the summer, Councilor Essaibi-George introduced an ordinance to provide safe disposal of home-generated sharps. A hearing was held in late August to discuss the proposed requirement that all retailers and distributors of sharps for home use collect and properly dispose of used sharps at no additional cost to the consumer. Sarah Mackin, Director of AHOPE and Brendan Little of the Office of Recovery Services and Jen Tracey, Mayor's Office of Recovery Services participated in this session. The ordinance will be refiled in the 2018 session of the Council.

- Myechia commented that there's one topic she'd like to come back around given the proposed cannabis regulations, just how we will be managing the licensing for those entities. So, in the future if we could circle back to that. We've had some really robust discussions around that but I would love to understand our role in what's coming down the pike. It seems to be slated for the spring, if I'm not mistaken, for some of these entities to open. How will we, what role will we have in the regulatory aspects? Monica replied that's definitely something that we had already planned on rolling out in 2018 early on. So, early January or February we have an internal working group. We've sort of been waiting in the wings as the state went through its rule-making and forming of the Commission. We also work with several different agency groups across departmental and organized through City Hall. That's certainly something that I think is appropriate for us to share what we're thinking of and issues and considerations for the board.

- **FY19 Budget Process.** Recently, late last week I think, we received our FY19 memo for building our FY19 budget request. So, I just wanted Grace to give you an update. Sometimes that lines up with the December Board meeting. The way that our deadlines work, I believe the next Board meeting is actually after the City's deadline for submission. Grace, do you know?

Grace said she didn't know offhand when the next board meeting was, but the budget is due on January 16<sup>th</sup>, the day after the MLK holiday. For us the budget instructions are actually the same as they were last year: Looking at fixed costs that are increasing. Dual maintenance budget. FY19 costs in terms of what we're doing now. Putting in for the proposed 2% reduction – not necessarily that they're going to accept. We can't look for opportunities for expansion without giving money back in some ways. Any new initiatives and we talked about that in October. We had a group discussion about any new initiatives so those will be due as well. Any increased revenue that we know, so fees, that's primarily community initiatives and will be looking at those as well. It's a fast-moving target. Folks are actually started work on it now. Right after the holiday we'll start our meetings a couple of days after and then get the whole packet together for the Board to review.

Monica commented that as we prepare for the FY19 submission, one of the things that came up for our follow up was after the presentation on the body art: establishments and reviewing the permit fee structures. That's something that the staff are taking the Board's guidance on that.

Frank asked Grace if she was going play it like last year with individual conversations. She said absolutely.

- Thanks, Grace. With that I think it's time for our first presentation. You set it up well Frank, in terms of the challenge. This is happening in the context of our, it's related to the work we're doing around our strategic priorities and the strength of public health and our healthcare partners around population health improvement. This was actually an idea that the staff had come up with about a year

# DRAFT – FOR INTERNAL REVIEW ONLY

ago when we were thinking of our FY18 budget proposal, because as you'll hear from Yailka and Maia, the challenges that the programs are confronting. It wasn't funded in that budget process, but given the demands on the programs staff continue and become increasingly complex. The staff have worked on it over the last year in a really collaborative way with partners from across the health department. So, you'll hear from Maia and Yailka and then there's a fair amount of time that we've set aside for discussion, because we actually do have some questions and would appreciate some guidance from the Board on next steps. So, with that, Maia and Yailka.

## *Presentation: Integrated Benefits Collaborative*

*Maia BrodyField, Director of Planning and Strategy, Community Initiatives Bureau*

*Yailka Cardenas, Director of Programs and Planning, Bureau of Recovery Services*

- Thank you for having us here today. You both did a really good job setting us up to this point.

This is a great example of how our programs are trying to adapt to the complicated delivery systems that our clients face. This has been the work of a lot of people over the last year. Specifically, Homeless Services Bureau, Recovery Services Bureau, Community Initiatives and Child, Adolescent and Family Health. There's a long list of individuals I could name if we had the time.

- **Background.** Throughout every bureau and nearly every program, BPHC serves vulnerable residents who need a vast array of public benefits. These critical public supports meet health, food, housing, childcare and income needs and are a lifeline for low-income Bostonians. The new federal administration has targeted critical entitlement programs for elimination or major revision. Frequent and unpredictable changes in regulations may result in so-called churning – the short-term loss of benefits due to administrative challenges rather than true loss of eligibility – and extreme hardship.

Staff and bureau leadership hold a fundamental belief that to improve services for our clients and the public the bureaus need to work collectively.

- Where does this leave our staff? Our clients and residents? How do we better share and expand staff expertise? CAFH: Children with Special Health Care Needs; Perinatal services. HSB: Housing, Behavioral Health, Workforce Development. BRS: Behavioral Health treatment and navigation. CIB: MassHealth, Connector, Medicare, Food Security. All of the programs are supported by PHSC, e.g. IGR, REO, Communications.
- **GOAL.** Ensure the city's most vulnerable residents are achieving maximum health and wellness through access to care and benefits that increase financial self-sufficiency and security.
- **Intended Outcomes.** Improve staff's experience and satisfaction of effectiveness in the face of policy barriers experienced by clients. Improve enrollment and maintenance of benefits for clients. Develop systems to ensure smooth client referrals across Bureau programs. Improve the client experience with BPHC services. Increase efficiencies in BPHC systems, helping to reduce the time it takes to enroll clients in appropriate benefits/service. Assure up-to-date information in context of rapid changes in benefit programs. Enhance BPHC relationship to agency partners and the public.
- **Activities to Date: February 2017 – Present.** Convened an internal working group. Developed a logic model. Developed goals and objectives. Drafted a project description. Hired 2 interns for summer to support staff and community engagement: conduct literature review and conduct a scan of eligibility screening tool systems. Staff engagement. Held external discussion with CoB Roxbury Financial Empowerment Zone and with Auditor Suzanne Bump with Homeless Services providers.
- **Staff Views.** Barriers to Care for Clients: Immigration status; Documents (birth certificates); Language; Racism/discrimination; Mental health. Operational Barriers: Lack of intra-organizational connections; Siloed information and information systems/technology; Range of expertise in benefits systems. Lack of Intra-Organizational Connections: Need for internal networking/lack of interpersonal connections. Lack of knowledge of BPHC programs. Desire for frequent engagement. Insufficient Information Sharing & Technology Systems: Absence of accurate and centralized BPHC program information and contacts. Inadequate systems for tracking clients and ability to share with other BPHC staff. Pressing need for frequent and accurate updates on policies and processes. Internal and external information. Proposed IBC Model: Positive reaction to the ideal of IBC. Preferred

# DRAFT – FOR INTERNAL REVIEW ONLY

decentralized (“collaborative”) vs. (“office”) model. IBC should not overstate its function. Need for proper support, structure and supervision. Desire for staff involvement in development, monitoring and implementation.

- **BPHC Integrated Benefits Collaborative Functions.** Build capacity within programs. Improve cross bureau knowledge and systems. Solve and consult on complex cases. Increase access to financial resources for infrastructure and programmatic improvements. Foster collaboration.
- **Pyramid Framework for the Internal Benefits Collaborative (IBC).** Capacity Building: Identify available resource and eligibility to fill gaps (i.e. taxi vouchers). Identify and offer training; Establish Standard Operating Procedures. Facilitate cross-bureau learning and relationship building. Coordinate surge clinics. Technical Assistance: Sharing and administering funds for IDs. Build external partnerships. Resolve internal system obstacles (i.e. data sharing). External Support: Seek funding. Establish contracts with MLR/MLP. Advocate for policy change.
- **Staff Prioritization for Next Steps.** Build Capacity: Promote cross bureau knowledge sharing, sharing of best practices, and coordination of training and professional development competencies. Identify case management standard of care. Implement process improvements to streamline interaction with healthcare system and each other. Provide Technical Assistance: Resolve data sharing restrictions across internal programs. Develop referral relationship with pro bono legal resources. Invite external benefits agencies to present/bring external services onsite for clients. Engage External Support: Advocate for external policy solutions (streamlined benefits enrollment). Establish contract for client legal services.
- **Action Steps.** Schedule Staff Learning Sessions: Skills/Topics – BPHC programs (e.g. eligibility), Benefits (SSI/SSDI), Populations (eligibility and immigration status), Non-benefit external programs (Youth Connect), Skills (case management); Cross Program Sharing; Networking. Establish Workgroups on Prioritized Areas – Benefits Advocacy, Data Sharing, Unified Case Management. Build Partnerships – Legal assistance, External benefits agencies, Healthcare.
- **Discussion Questions.**
  - ❖ As leaders of large, complex and diverse organizations what lessons or insights would you offer on integrating or streamlining services?
  - ❖ What factors should we consider when deciding when to build and create versus when to partner with others?
  - ❖ How can we best create an environment for ongoing and active participation of direct care/line staff?

A robust discussion between Maia, Yailka and the Board members followed.

## *Presentation: Neighborhood Trauma Teams Update Catherine Fine; Interim Bureau Director; Child, Adolescent and Family Health and Director of Violence Prevention*

- Catherine will provide an update on the response activities of the Neighborhood Trauma Teams (“NTT”); and feedback from a recent team meeting. We’ve left ample time for discussion about this initiative and to resume last month’s broader conversation about guns as a public health issue.
- **NTT Structure.** There are five (5) Neighborhood Trauma Teams with Health Center(s) and Community Partners: Roxbury, Dorchester, Mattapan, East Boston, Jamaica Plain. The Citywide Mobile Vendor is: Boston Trauma Response Team.
- **Criteria for NTT Response.** Any shooting or stabbing incident that impacts more than one victim and/or someone under the age of 18; any traumatic event that impacts a broader community. Any shooting or stabbing incident that impacts more than one victim and/or someone under the age of 18. Gun Related Homicide; any traumatic event that impacts a broader community.
- **NTT Initiative Response to Homicides: 01/01/2017 – 08/31/2017.** A chart was shown depicting the number of homicides per month (33 total), the number of homicides that received  $\geq 1$  support (32 total), and the percentage of homicides that received 1+ support (94%).

# DRAFT – FOR INTERNAL REVIEW ONLY

- **Boston Trauma Response Team (“BTRT”).** Works in partnership with NTTs on trauma response and recovery services. Responds to individual and community needs after traumatic incident: staffs 24hr hotline; immediate support to individual and families impacted by community violence; offers emotional support and stabilization services. Total referrals: 135. Total Clients Served: 592.

- **Immediate Support to Family and Community.** The next chart showed the breakdown of NTT/BTRT Responses with respect to Fatal and Non-Fatal Shooting. Please note the total number of responses is a sum of all responses provided, not the total number of incidents. Response Services: Vigils attended: 7; Funerals attended: 20; On-scene crisis support: 11; Community meeting attended: 11; Coping group facilitated: 17; Number of incidents receiving outreach: 32. Total: 98.

- **Response Services: 01/01/2017 – 08/31/2017.** 5 Neighborhood Trauma Teams and 1 City-wide Trauma Response Team: Received 139 incident notifications. Responded to 58% (81) of all incidents. Of the notifications received, 68 met the criteria for activation (2,4,5)\*; 65 incidents took place inside the catchment area of one of the NTTs (3, 4, or 5)\*; 38 incidents took place within the catchment area of one of the NTTs and met the criteria for activation (4 or 5). The next chart showed the total city-wide incidents by neighborhood: Boston–5; Dorchester–62; East Boston–5; Hyde Park–1; Jamaica Plain–7; Mattapan–7; Roxbury–7; Roslindale–1; South Boston–2; Other–2.

The following chart showed the total incidents that meet criteria (Category 2, 4 or 5) by neighborhood/response. Dorchester–28 incidents response/5 no response; East Boston–3 incident response/1 no response; Jamaica Plain–3 incidents response; Mattapan–4 incidents response; Roxbury 14 incidents response/4 no response; South Boston–1 incident response /1 no response. Total: 68. This same chart showed the total incidents that meet criteria and catchment (Category 4 or 5) by neighborhood and response. Dorchester–17 incidents response/1 no response; Roxbury–7 incident response/2 no response; Mattapan–4 incidents response; East Boston–3 incidents response/1 no response; Jamaica Plain–3 incident response. Total: 38.

- **Recovery Services from 03/01/2017 – 08/31/2017:** Next chart gave a breakdown by gender, age group and race/ethnicity. Gender: Male: 93; Female: 156. Age: Under 12 years of age: 33. 12-17 years of age: 21. 18-24 years of age: 24. 25-34 years of age: 65. 35-44 years of age: 34. 45-54 years of age: 32. 55+ years of age: 40. Unknown: 0. Race/Ethnicity: White: 34; Hispanic/Latino: 78; Black/African American: 109; Native American/American Indian: 1; Asian/Pacific Islander: 1; Other: 26. Total: 249.

The last chart depicted services by exposure type and frequency of exposure. Exposure Type: Child abuse: 64; Sexual abuse/assault: 37; Domestic violence: 97; Dating violence: 12; School violence: 19; Community violence: 176; Other: 26. Total: 431. Frequency of Violence: Single exposure (one exposure to violence): 41; Chronic exposure to different violence experiences: 157; Chronic exposure to the same type of violence: 28; Unknown: 23. Total: 249.

- **Team Meeting Themes.** Funding. Partnerships. Self-Care. Prevention. Training & Education. Expanding Criteria. Data Collection & Quality Improvement.

## Acceptance and Approval of November 15, 2017 Minutes *Board Members*

We do not have a quorum tonight so we are unable to approve the minutes from the November 15, 2017 meeting.

### Adjourn

After thanking everyone for their time and presentations; Mr. Doyle adjourned the Board meeting at approximately 5:50p.m.

### Addendum:

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**PLEASE NOTE:** This report is a synopsis of the board meeting. Presentations are posted for review a day or two after a meeting to our BOH webpage: <http://www.bphc.org/boardofhealth/Pages/board-of-health.aspx>. All board meetings are recorded. Requests for a copy of a recorded meeting should be made via: [info@bphc.org](mailto:info@bphc.org). Thank you.

RESPECTFULLY SUBMITTED BY:

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Kathleen B. Hussey; Board Secretary