MINUTES FOR THE MEETING OF THE BOARD OF THE
BOSTON PUBLIC HEALTH COMMISSION
Wednesday, January 17, 2018

A meeting of the Board of the Boston Public Health Commission (“Commission”) was held on Wednesday, January 17, 2018, 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; Assistant Dean Harold Cox; Myechia Minter-Jordan, MD, MBA; and Manny Lopes.

Also Present Were:

Proceedings:

Chairman’s Comments
Francis J. Doyle, Esq

• The meeting was called to order by Mr. Doyle at approximately 4:05pm.
• Happy new year to everyone, and welcome back. It’s been busy season, with the holidays, the flooding at the Engagement center, there’s been a lot of stuff in a short period of time and then the snow storm. Thank you all for all that you have done over the past month since we were last together.
• Just a couple of housekeeping notes. It’s been a long time since the board has visited its own bylaws. So, at a later meeting, we’ll put that on our agenda for this year to revisit our bylaws and making amendments so it comes into alignment with actual practice today, which is quite different from what was outlined many years ago when they were written.
• We do have a number presentations and updates by staff. It is the new year, so Monica will be presenting a kind of reflection of the past year 2017. And then we’ll go into our favorite topic at this time of year, the budget. Grace will give us an update on that. I know the filing was just done yesterday, I believe. Just for the public record, we were all on telephone conversations with Grace and Monica and discussed in more detail what was to be filed yesterday. We were all very aware of the content and supportive of it.
• So, without further ado on that, I’ll ask our Executive Director for her report.

Report from the Executive Office
Monica Valdes Lupi, JD, MPH
Executive Director, Boston Public Health Commission

• Thank you, good evening. I don’t really have many remarks in terms of celebrations or accomplishments because I think the video we’re going to show will speak volumes about the
accomplishments and achievements of the organization and our staff across the commission and wanted to make sure that we shared that with all of you.

- We started off the new year doing all-staff meetings so that we could celebrate the achievements of our programs. We gathered their updates on what they felt were their key initiatives they were able to roll out or expand or strengthen. Hopefully, by the February board meeting we’ll be able to share with you the 2017 snapshot year in review. In the meantime, we wanted to share this with you. It’s how we started all of our staff meetings across the campuses.

This video is a reminder of the hard work and dedication of our public health staff. The responses during the recent snowstorm and record cold temperatures are also great examples of how staff come together with other agencies and partners to protect the most vulnerable residents of Boston. Through coordinated efforts, we ensured that homeless individuals stayed warm and safe in our shelters, healthcare facilities, and hubs like South Station.

- **Staffing updates:** I am pleased to announce after a competitive search that we have gone in-house and filled two senior level vacancies, the Bureau Directors for Community Initiatives and Child, Adolescent and Family Health.

Leon Bethune is our new Director for the Community Initiatives Bureau. Leon began his public health career at BPHC in 1994 as a health inspector and was promoted into different positions as a senior health inspector, senior toxicologist, and most recently as division director for environmental and occupational health. Many of our staff and Board members have worked with Leon over the years and know that he has committed himself to supporting our mission and place-based strategies to make our communities healthy for all our residents. As a recent example of this commitment, Leon has been on the front-lines with his environmental health team in coordinating the environmental remediation efforts at the Engagement Center. Many staff were involved in the immediate evacuation response activities, including Leon and his team, and he has remained actively engaged in the recovery and remediation activities to ensure the safety of our staff and clients.

Effective February 5, Anne McHugh will be moving into the position of Director of the Child, Adolescent and Family Health Bureau. I first worked with Anne when she joined the BPHC in 2003 as the Boston Steps Project Director, a CDC grant that addressed health disparities in obesity, diabetes, and asthma in the City of Boston. During the last ten years, Anne has served as the Director of Chronic Disease Prevention and Control Division within the Community Initiatives Bureau.

Throughout Anne’s tenure at BPHC, she has led multiple citywide initiatives to improve health outcomes for Boston residents. She has applied for, obtained and managed multi-million-dollar grants. She has also developed and led many initiatives that overlap with the goals of and populations of the CAFH Bureau including obesity prevention work that has focused on early childcare programs, after school programs, and schools. Anne has demonstrated experience in successful partnerships with community-based youth leadership programs to promote youth involvement in building healthier communities and is a member of the Boston Public School District Wellness Council and has collaborated with BPS Health and Wellness Department in their efforts to increase physical activity and the quality of school meals. Please join me in congratulating Anne and Leon!

So that leaves, in terms of the other bureau vacancies, I’m hoping that when we reconvene, I’m looking at Tim because these are contractual things we’re working on together, we’ll be able to make announcements about our Infectious Disease Bureau Director along with our new medical director.

- **BPHC in the News.** The last month since we’ve met has been really busy and you’ve probably heard us a lot in the news about the work the city and state have been doing with the Mayor around opioid overdoses. WBUR recently interviewed Chief Hooley for a story about an increase in opioid overdoses, citing EMS’s data. We’re lucky to have this surveillance system to help guide our efforts and decision making.

**Mobile health van.** “Hot Spotting” of EMS narcotic-related illness transports informed the locations for a pilot mobile health van in the West End and Dudley Square. When the van rolls out this week, BPHC’s AHOPE staff will provide harm reduction services and work alongside clinicians from Health Care for the Homeless.
The van, funded by the Kraft Foundation and led by the Kraft Center for Community Health at MGH, was unveiled at a City Hall ribbon cutting last week. The van was made possible by strong partnerships, and many were there to celebrate, including Mr. Kraft, the Mayor, Governor, and Attorney General; thank you to Board members Frank Doyle and Manny Lopes for joining us.

- We’re pleased to share two other announcements about our work to address substance use disorders. First, the City will expand our overdose response team using a $150,000 award from the state Department of Public Health.

- Second, in response to the Board’s guidance, we are moving forward with a cross-sector convening to address opioid overdoses. The February 12th convening will be led by the Mayor’s Office of Recovery Services, BPHC, the Boston Health Care for the Homeless Program, and Boston Medical Center. This convening will provide a working forum to explore different models of working together effectively and establish a truly integrated and comprehensive plan. The board will be represented by Frank and Myechia. Thank you both for your guidance along the way and getting us to this point. It will be facilitated by FSG Foundation and the efforts that were rolled out with our community health center partners.

- The Mayor also pledged, first in his inaugural address and later in a Boston Globe op-ed, to rebuild the bridge and open Long Island as a recovery campus. He acknowledges that this will require considerable time and planning. Jen Tracey, Director of the Office of Recovery Services, is leading this planning. Jen and others recently spoke with WBUR. We’re hoping she’ll be able to relay back to the board what the initial discussions were like. I’ve heard her talk about a task force, but beyond that, we’ll defer to Jen to give us updates on planning efforts around the bridge and programming there.

- Switching gears. My favorite fruit, the coconut. **Salmonella Surveillance.** A rare strain of salmonella sickened customers of a Boston restaurant. As you may have seen in the news, we are also being vigilant about salmonella surveillance. Testing by the Massachusetts Department of Public Health identified a rare strain of salmonella, leading to a recall this month of frozen coconut products distributed in 13 states over the course of a year. The DPH is working with us. Our IDB team has been helping with the investigation and the follow up.

- Flu season is off to a bad start, bringing fears of what’s next. Dr. Jaeger, Interim Medical Director, spoke with the Boston Globe about the importance of vaccination. “We’re not seeing anything that makes me concerned that we’re going to see an unusually severe season,” she said. “What makes me most concerned is that people are shying away from the vaccine.” Our Infectious Disease Bureau is educating residents and conducting surveillance. In your packets, you have the latest influenza report from our Communicable Disease Control Division. Now we’ll take a few minutes to hear an update about flu from Dr. Jaeger. She’ll also share a little bit about surveillance for serious cold weather injury.

- **Flu Update.** There is an Influenza Report in your packets. Some of what I’m about to tell you that has been updated today and are preliminary numbers. Typically, we get them at the end of the week and we will update them then, sometimes even before the national and Massachusetts numbers because we take a look at it earlier. These numbers are just for today.

  Overall, I want to say that yes, we have an earlier rise in flu, everybody knows that and have seen it in the news all over the state. But in Boston, we’re not seeing a more severe season at all. In terms of our hospitalization rate, it’s pretty average, going up and down, but very consistent in the last 5 years. We’ve had 2 deaths from flu so far this year but no pediatric deaths. Both of those individuals were over 90, one was 91, the other 96, and both had underlying issues, so not unusual for them to suffer a fatal when associated with this strain of influenza.

  Currently, we have a 2% ILI (Influenza-Like Illness). We track ILI because it’s easier to track than lab confirmed influenza. The state is now reporting at 3%. The reason for this difference is that we’re only one part of the state. So, in terms of the activity, we’re only seeing minimal activity here in Boston versus the rest of the state and what the media is portraying.

  In terms of our lab confirmed cases through January 6th, we had 371 cases of lab confirmed influenza. As of preliminary today, and this is going to go up, we have about 517 cases. About
of these have been over the long weekend. What we’re looking at is that it seems to be predominantly among our homeless population. So, although we’re not seeing a severe season so far, among the homeless population there seems to be a critical issue that happened most recently.

What we took a look at was the weather. A couple of weeks ago with the extreme frost and cold temperature, we started looking at frostbite and hypothermia. This is normally tracked through the surveillance system of the Infectious Disease Bureau. What we found in the past two weeks was a total of 76 cases of frostbite and another 52 cases of hypothermia. Compared to the three weeks before when it was cold, but not bitter cold, we had 2 cases of frostbite and 28 cases of hypothermia.

A large percentage of the hypothermia cases are among our homeless population with frostbite being distributed as some homeless, some visitors who aren’t prepared for the extreme cold and some folks from Western MA who probably are coming into Boston in order to be treated.

We took a look at the temperature and found that over the past 5 years, three times it dipped to below a wind-chill of negative ten degrees Fahrenheit. Two of those were January 1st and January 6th when we had 11 and 12 cases of frostbite each day. Over the past 5 years, only one other time did it drop below a wind-chill of negative ten degrees and that’s the day it was associated with 10 cases, otherwise we have single digit cases of frostbite. It looks like we have a critical threshold below which we’ll see the frostbite. We’re working with Recover Services on how we can address this situation when it arises.

• **Intergovernmental Relations Updates.** Heather has some updates for us.

  **Federal Update.** Federal Funding: A funding bill must be passed by this upcoming Friday, 01/19/18, to continue funding the federal government. At this point, funding can be passed without a move on DACA, but given how tenuous things are on the Hill, DACA is very significant and there doesn’t seem to see a clear sense of what will happen with the measure.

  Congress did include temporary funding for Children’s Health Insurance Program (CHIP) in the December funding bill. It is estimated to keep CHIP going through March for most states, but long-term funding still needs to be addressed. Massachusetts officials worried we would run out of funding this month.

  Tax bill: As we know, Congress passed a major tax overhaul before the holidays and new year. The most troubling provision being the repeal of the individual mandate. That does not alter coverage in this state. There are still many questions, including the impact on entitlement programs like Medicaid, Social Security and SNAP and others. We will continue to monitor this and provide updates.

  Fentanyl: President Trump signed into law the INTERDICT Act. Filed by Massachusetts Senator Edward Markey, the Act gives border patrol agents extra technology, including chemical screening devices, to help them identify and seize illicit fentanyl before it enters the country.

• **State Update.** Opioid epidemic. A hearing was held yesterday by the Joint Committee on Mental Health, Substance Use and Recovery on Governor Charlie Baker’s bill HB4033, “An Act Relative to Combatting Addiction, Accessing Treatment, Reducing Prescriptions, and Enhancing Prevention (CARE Act)” – his second major bill that addresses the opioid crisis. This is the first step in the process of passing legislation to continue to aid in addressing the opioid epidemic.

  **Budget.** The state budget process for Fiscal Year 2019 moves forward this month with the release of Governor Baker’s budget proposal which is due by January 24th. We will work with each bureau and many programs to make sure we can best advocate for funding from the state. We will continue to provide updates on the state budget as this process moves forward.

• **City Update.** On January 1st, the Boston City Council was sworn in for a two-year term with three new members: Lydia Edwards, District 1; Kim Janey, District 7; and Ed Flynn, District 2. The Council will hold its first meeting this session on January 24th. We’ll be doing intros with Monica and other members of our bureaus and programs and getting them up to speed on some of the important issues.

  Myechia commented that one thing we want to be sure is included in the federal updates is information on the community health center funding. We’re hearing that it may be detached from the
CHIP budget and would put the health centers at a disadvantage. We wanted the focus to not be only about CHIP but also the health care for the families.

Manny agreed. It has us concerned. Always, or at least the last few years, it has been attached to CHIP and detaching the two programs puts us at a greater risk. There’s definitely quite a bit of concern. We definitely didn’t make it into the CR benefit that passed to keep the government open. It’s not going to give us the continued funding for the health centers. It’s my understanding that CHIP is a six-year funding with a CBO score attached to it. The health center program doesn’t have a CBO score. So, in terms of trying to keep things budget neutral, the CHIP program has come back as a budget neutral. That’s why they’re looking for a six-year fix where health centers don’t have those scores.

So, I think we’re really concerned. For some of our health centers it’s a significant part of their operating budget the ERSA funding. I agree with Dr. Jordan that we should keep this on our mind because I think it will impact, could potentially impact, service delivery. I know there are already some health centers have already instituted hiring freezes and maybe even stronger contingency plans because they rely so heavily on those grant dollars.

Frank stated there’s been a lot of activity around medication drop-boxes. CVS met with the Governor the other day. They’re opening 40 new sites around the Commonwealth in order to accept medications. That’s something we’ve talked about before and contemplated regulatory action potentially down the line if required. I know there’s only one being opened in Medford right now. Maybe we should engage with CVS and talk about our desire to see them in Boston as well if that’s appropriate. And maybe engage with the other pharmacy chains too and say you guys need to step up as well. It’s on the front page of the Metro so it might be time to strike on that and monitor that a little more closely.

Heather noted there was some extra money for it through the CVS Foundation, BMC and Mattapan Community Health Center. We can figure out how to collaborate there and expand on that especially since it was part of Mayor Walsh’s bill. Monica commented we’d go back and look into it.

- Monica stated there was an adjustment to the agenda. I apologize for the last-minute change. The Board requested an update on Cannabis Regulations and sort of our policy framework. Since we met in December, there have been some leg-breakers. There was the memo from Attorney General Sessions, followed by the memo that was issued around enforcement by our US Attorney here in Massachusetts. There is some work that’s just beginning, literally within the last two weeks, with other local health officers from Cambridge, Framingham, Springfield, Quincy, Somerville, and Worcester. So, we thought that it might be better to wait until we get some additional work done in the next couple of weeks with other local health officers. Our attorneys are working with some of the other municipal attorneys too. There’s also work going on at the state level through the Cannabis Commission that we thought would be more productive to come back to the Board in February. So, I just wanted to let you know why we removed it from this afternoon’s Board lineup.

Frank noted that in one of those coverage articles, either on television or in the papers, they mentioned that the Cannabis Commission is having some hearings around their potential regulations. Do we have any local info on that? Monica asked PJ if he wanted to add to it? PJ said February 8th and 13th are the two Boston dates. There should be a link in the draft version of the presentation. All the dates are on the CCC’s website. The deadline for written comments is February 15th. Monica stated in the meantime we can coordinate that and follow up offline. She would also consult with Tim and PJ about the best way to share those comments. She knows this is something that’s on the front burner for the Board and other boards of health. The comment period closes the day after our next meeting.

- We can move on to the next presentation.
Acceptance and Approval of November 15, 2017 and December 20, 2017 Minutes

Board Members

• While we wait for Grace to come forward. I will now entertain a motion to approve the minutes from our last meetings. Dr. Jordan has approved the motion. Dr. Betancourt and Mr. Lopes have seconded the motion. Are there any objections from the Board members? No objections, then the minutes from our November 15, 2017 and December 20, 2017 meetings have hereby been approved.

Presentation: FY19 Budget

Grace Connolly, Director of Administration and Finance

• Background. The process is basically the same as last year. COB finances are stable for FY19. We have a AAA credit rating for the 4th year in a row. State aid continues to shrink. Growth in fixed costs is anticipated at 7.5% (slower than past years, but still increasing). Ongoing collective bargaining negotiations. Frank asked if we’ve come to any agreements. Dave Susich (Chief Labor & Employment Counsel) stated we’d come to an agreement with the nurses and ?? ? ? ? ? ? ? ?.

• Two Step Process. Again, same as last year. Maintenance Request and New budget proposals: operational reforms, budget savings, new initiatives/investments and revenue proposals.

• Maintenance Request. We must reflect FY18 operations in terms of FY19 costs. We’ve reviewed possible realignments during this period, such as: staff transfers and consolidations; streamlining business processes; shared service models; reduce fragmentation and duplication of effort; and enhancing managerial controls.

A chart was presented showing variances and % of change between FY18 and F19 for: City of Boston Appropriation (Variance: $2,526,215 / 3.18%); Federal & State Grants (Variance: $0 / 0.00%); EMS Billing (Variance: ($144,446) / -0.39%); Non-EMS Revenue (Variance: ($26,500) / -5.23%); and Property Revenue (Variance: ($6,000) / -0.26%). The chart also showed variances with internal and external FTEs between FY18 and FY19: Internal (Variance: 7.99 / 0.90%); External (Variance: 7.70 / 3.26%).

• New Budget Proposals. We are looking at a number of Operational Reforms: planning efforts; operation audits; departmental experience; service and program demand changes; one-time investments must show ROI and implementation steps. Savings Proposals: a 2% reduction ($998,603) must be proposed. It does not mean that our budget will be cut by 2%. Sometimes you have to give up something to get something back.

• Framework for Savings Proposals. Be cognizant of vulnerable populations and equity implications. Preserve core public health services provided by BPHC programs and partners. Mitigate impact on FTEs (particularly revenue generating positions). Streamline operational functions to support services.

• New Initiatives. New initiatives/investments must be analyzed to show measurable progress toward specific goals. There will be priority for projects that: Data show investment will have a significant positive impact relative to the investment; Targeted at the vision of a thriving, healthy and innovative city; Support the implementation of Imagine Boston 2030 (Boston’s 400th Birthday); and Leverage other spending and resources.

• Revenue Proposals. Revenue options: Estimates consistent with service levels in maintenance budget; Alternatives: fees and fines that haven’t risen to keep pace with inflation; and Maximizing exiting revenue streams.

• Capital Budget. Capital budget: Addresses urgent needs while planning strategically for the city’s future; Facilities projects: Public Facilities Department feasibility site visits and data collection ongoing. Belkis Roman has been going out to all our campuses, crawling around pipe, on rooftops, collecting information; IT and Equipment projects; Departmental meetings to be held in January and February.
• **Timeline.** We’ve come a long way from over the summer and pre-meetings regarding capital projects to where we are now. **November 2017:** Capital instructions released 11/06; Capital facility requests submitted 11/21. **December 2017:** COB Maintenance budget instructions released 12/13; BPHC budget instructions released 12/20; Board meeting brief summary of FY19 budget process 12/20. **January 2018:** Program files due to BPHC Budget Office 01/03; Budget office completes files review 01/05; IT and equipment capital requests due to COB 01/11; Executive office completes files review 01/12; Files finalized and submitted to COB 01/16; Board meeting to review FY19 initial submitted 01/17. **March 2018:** COB OBM budget meetings; Board presentation and vote; submit to Mayor. **April 2018:** Changes resulting from mayoral review. **May 2018:** Final Board approval; City Council hearings. **June 2018:** All staff meetings to review FY19 Budget.

So, this is where the budget stands now. I’ll be back several times over the next few months to discuss this. If you have feedback or questions, I’m always happy to do that and just keep you updated on a regular basis.

Frank thanked Grace for a very thorough update. I assume with the other one-on-ones similar to mine, those new programs we talked about and the funding we specifically outlined, I understand that we should probably follow those, because as you said, I think we kind of arrived at that as a unified understanding of the areas we’d like to put in. I would appreciate if you could keep us updated if some of them are starting to slip and need a little extra juice because we’re all in alignment on those. If we can be helpful earlier on than later.

Grace said we are tracking all of these. We’ve submitted, and I’m guessing Shekeima hasn’t had a chance to go through our two dozen proposals yet. We do track them. We have the whole list and have a common directory where we have a tracking sheet about where we are, how we prioritize them. We went through and have our priorities ready to go. I forget when we met last year, maybe January or February, and just had a good discussion with the Office of Budget Management about where the priorities lay. They were very receptive and worked with us very collaboratively on that.

Frank thought that, generally, we’ve improved each of the two years he’s gone through this process with you as far as Boar engagement on it. I know how tough it is to try and engage earlier than we have, but I still feel like we’re scrambling at the last minute trying to make sure we’re all on the same par. Maybe we could think about, before we forget this year’s experience, think about ways we’d like to be able to meet a little earlier.

Grace agreed. It is a challenge and we did have a meeting, I think in November, when we started to tee-up the discussion about new initiatives. You’re right because then we hit Thanksgiving, then Christmas and then the budget distractions come out about a week and a half before Christmas. They’re due the Tuesday after the Martin Luther King Day. You’re right. These are discussions we should probably be starting in September about what our priorities are. It can be a challenge to keep up with those because the Feds are changing are every day. Yesterday, three quarters of the National Park Advisory left. It’s like every day there’s something new coming out of that that we need to respond to. It is a challenge keeping up on top of those, but yes, we should definitely start these earlier.

Frank had a couple of things as far as items to think about this year. Maybe we can engage further, especially since I’m no longer on the BMC payroll, regarding real estate. I stepped out on it and Commissioner Jordan took the lead for us. It seems we have a lot of property and probably don’t have a master plan for all of that property. I’m just thinking of the maintenance of the property, do we really have plans for the future, do we have a master plan or do we go from proposal to proposal? Or as we had with Long Island, from disaster to disaster when the bridge failed? It seems like we might want to try and get our arms around that a little better this year and think about the assets, the non-monetary assets that we do control and thing through whether we need a master plan for that for when future questions come up.

I appreciate your presentation and your diligence and the progress made in the past year Grace and Monica. In some ways, it’s been remarkable. I know you have other things to deal with this year too, but this has been very well done. Thank you.
Adjourn

Frank thanked everyone for their time and presentations. Do any of my fellow Commissioners have any comments or questions? No comments or questions. He then called for a motion to adjourn. Dr. Jordan approved the motion. Manny Lopes seconded the motion. Mr. Doyle adjourned the Board meeting at approximately 5:01p.m.

Addendum:

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. Thank you.

RESPECTFULLY SUBMITTED BY:

Kathleen B. Hussey; Board Secretary