A meeting of the Board of the Boston Public Health Commission (“Commission”) was held on Thursday, March 20, 2014 in the Hayes Conference Room, 2nd floor, Boston, MA 02118.

Board Members Present:
Paula Johnson, MD, MPH, Chair
Celia Wcislo
Harold Cox
Joseph Betancourt, MD, MPH

Also Present Were:

Proceedings:
Chairwoman’s Comments
Paula Johnson, MD, MPH

- Dr. Johnson opened the meeting at 4:10pm. She thanked everyone for coming and noted that the FY2015 Budget would be the main agenda item today. Dr. Johnson stated two new Board Members have been approved: Manny Lopes, CEO of the East Boston Neighborhood Health Center and Dr. Myechia Minter-Jordan, CEO of the Dimock Center. They will be at the next meeting and will bring a tremendous amount of expertise to the board. Dr. Johnson gave the floor to Dr. Ferrer for her updates.

Executive Director’s Report
Barbara Ferrer, PhD, MPH, Med

- Dr. Ferrer asked Dr. Nguyen to give a brief update on the Health Equity Regulations Data Collection. Dr. Nguyen stated there are a number of challenges facing the task force which is comprised of approximately 20 partners from across the city. Dr. Betancourt was present at this morning’s kick-off meeting. The task force has been charged with recommending the best way to go forward with data collection and has a 6-month timeframe to complete it.
- Dr. Johnson complimented Dr. Nguyen and his team for a job well done; the right people have been chosen to do the work. Dr. Ferrer stated we would come back to the Board at the end of the 6 months and present the recommendations. She commended Dr. Nguyen for his excellent leadership and the team effort. Ms. Wcislo would like to see some discussion points on what/where changes may take place.
- Dr. Ferrer referred to an earlier correspondence distributed by Lisa Conley is centered around efforts to secure more funding for homeless services programs. She stated that Ms. Conley will continue to reach out for assistance with advocacy work.
• Dr. Ferrer commented on the recent controversies involving Medical Marijuana. She feels it is important that even though we have nothing to do with the State process, we benefit by having a good process that will allow at least one dispensary to open in the City. We are continually working with other agencies and will keep the Board informed of our progress.

• Dr. Johnson thanked Dr. Ferrer for the updates and that we would now move on to the Budget to be presented by John Townsend and William Kibaja. Dr. Ferrer acknowledged Mr. Townsend, Mr. Kibaja and all the Bureau Directors for their efforts in putting the budget together, which is always a challenge.

• Mr. Townsend then gave an overview of each program's accomplishments during FY2014. Programming provided by the Homeless Services and Addictions Bureaus was consolidated to provide more fully integrated services for homeless clients needing substance abuse treatment. In the fiscal year to-date, 87 homeless clients were placed in permanent housing, while 62 homeless clients completed employment training.

• CAFH provided preferential housing and intensive case management to 74 women at high risk of adverse pregnancy outcomes. High school youths were trained as play partners for children with special needs in summer and after-school programs. The "Welcome Family" pilot was launched to offer a one-time newborn home visit to 300 mothers/families. Case management and support services at VIAP were expanded. 95% of Healthy Baby Healthy Child active clients have a medical home. 235 BPS Students have been screened for STIs at a BPHC center to date.

• The Infectious Disease Bureau launched an aggressive city wide media campaign to raise awareness about Chlamydia among youth aged 15-24 in Boston. STI testing was expanded to 5 additional BPS high schools where the Commission provides confidential testing to 12. Conducted public health nurse outreach to youth not returning for Chlamydia treatment as reported by their medical provider. Medication was provided to the patient directly and also administered expedited partner treatment (EPT) when appropriate.

• In CY13, EMS responded to 116,637 clinical incidents, a 4.77% increase over 2012. EMS transported 83,144 patients with a median response time for Priority 1 calls of 5.9 minutes. 317 patients were treated with Continued Positive Airway Pressure (CPAP), a non-invasive procedure that forces oxygen into the lungs in cases of severe respiratory distress. 93 patients were treated with therapeutic hypothermia, the process of cooling the body and maintaining mild hypothermia in the first 12-24 hours after cardiac arrest. 1,692 individuals were taught bystander CPR.

• The Community Initiatives Bureau (CIB) trained early childcare educators and out-of-school time providers in healthy eating, physical activity and related obesity prevention policies and practices. They developed Healthy Development Priorities in conjunction with members of the HiAP taskforce and facilitated a planning process on redevelopment of two parcels in Mattapan using healthy development guidelines. CIB partnered with 24 public schools and ABCD Head Starts in Roxbury and North Dorchester serving 1,717 students with asthma and to create policies and systems for better asthma care and coordination. 882 children and families have been enrolled in health insurance so far this year. 543 permit applications have been processed for regulated industries to date.

• APTRSS has developed a citywide campaign to educate the public about prescription drug misuse among 12-15 year old youth and offered training for clinical prescribers. Seven recovery health fairs were held across Boston to educate residents about overdose prevention and resources. They also developed and implemented an overdose prevention campaign to respond to the several high-profile overdoses associated with the club drug "Molly". Clubs, music venues, colleges and universities were targeted and included three large trainings with 16 licensed venues that engaged nearly 200 employees. 621 PAATHS clients have been placed in non-City treatment programs to date. In FY13, 498 individuals were served at the opioid clinic.

• PHSC and OPHP have recruited over 100 new Boston Medical Reserve Corps volunteers who will receive training in order to prepare for and respond to emergencies. ESC counted 7,255 homeless individuals during the Annual Homeless Census. Policy and Planning partnered with the Boston Alliance for Community Health (BACH) to conduct a comprehensive city-wide health needs assessment and environmental scan.
• Research and Evaluation published the *Health of Boston's Children: Parent and Caregiver Perspectives*, which presents selected findings from the 2012 Boston Survey of Children’s Health, a phone survey of 2,100 parents and caregivers asked about a variety of health-related issues for children from birth to age seventeen.

• Consortium for Professional Development led 594 BPHC staff to participate in professional development activities including clinical, management and support staff and those receiving Continuing Education Units for their give professions. The Community Health Education Center has trained 142 community health workers.

• Mr. Townsend continued with a brief description of the budget timeline process beginning in December 2013 when the files were prepared to the ultimate submission to the Mayor, final approval by the Board and the City Council Hearing.

• Mr. Townsend spoke about the key points in the budget framework: 1% reductions in the non-fixed City of Boston appropriation; 13.8% decrease in our general debt obligation; responsible for 3% of COLA for all union and non-union, except BPPA; and a projected decrease of approximately $979,000 in grant funding.

• Mr. Kibaja explained how the FY2015 budget will be funded with 45% coming from Boston City Appropriation, 12% from Federal Grants, 11% from State Grants and 32% from Billed/Other. He then expanded on this breakdown for each of the programs/bureaus.

• Mr. Kibaja described the external fund changes for the FY2015: funding has decreased by $2.7 million compared to FY2014 adopted budget; other reductions: APTRSS by $1.9 million; CAFH by $1.7 million; Infectious Disease by $873,000. Two bureaus will see increases: EMS by $2.5 million and Homeless Services by $892,000. He concluded with a comparison of FTEs between FY2014 and FY2015.

• Mr. Townsend reiterated the 1% cut for all bureaus to non-fixed City appropriations then began detailing the budget funding sources and highlights for each bureau for FY2015.

• EMS increased their rates effective February 1, 2014 which is a projected $2.5 million increase in revenue from private providers; it will require 2 quarters to confirm projections. At the request of BPHC, the state applied for a Medicaid plan waiver to allow for supplemental claiming for a potential $1.5 million in revenue. A change in bureau structure was the re-assignment of 3 FTEs to Public Health Preparedness. EMS has proposed the purchase of 10 ambulances with financing being done via the COB lease program over a 5yr. period at 1.58% interest. This is a substantial savings over buying an ambulance outright.

• Infectious Disease Bureau absorbed reducing non-personnel lines and shifting personnel to non-COB funding; possible external funds reduction of $873,000 in RWCA, only a partial federal award received, waiting for full award later this year. IDB has been working with BMC and Evans Medical Foundation to improve billing for the TB clinic.

• CAFH will lose $1.7 million from the FY2014 budget in addition to the 1% cut in COB appropriation. There is an overall loss of 10 grants and reduction in grant funds causing possible 8 layoffs to primarily administrative positions. Possible loss of $2 million in federal funding for BHSI grant which may lead to additional layoffs and loss of funds for CBO. The Health Education program was merged with the Health Service Program.

• Homeless Services will have a reduction in federal funding of $280,000 due to a grant ending in the 1st quarter of FY 2015. There will be an increase of $892,000 in external funding, $650,000 of which will come from the State and an additional 15.23 FTEs. Construction of bathrooms and renovations to intake area and exterior will continue at Woods Mullen through FY2015.

• CIB will have $924,000 reduced from the FY2014 budget in addition to the 1% cut in COB appropriation. There will be an overall loss of 4 grants, which may result in 5 layoffs and 1 position elimination - 6 FTEs in total. There are 3 new grants for a $250,000 increase. The Cancer Prevention Program has been merged with the Health Promotion Program.

• APTRSS will face a $1.9 million shortfall from the FY2014 Budget due to the conclusion of Federal grants resulting in a reduction in methadone clinic funding. This loss in funding may cause layoffs of up to 26 FTEs. Due to the loss in funding, there will be a realignment of the program and the transfer of the Methadone clinic operations to qualified providers with no loss of services; $309,000
in City funding will be shifted to Office of Recovery Services. A discussion ensued about the volatile nature of grant funding and its effects on our various programs.

- Public Health Service Centers will incur the 1% cut in COB appropriations with no layoffs or position eliminations; PHP will receive an additional $168,000 in State funding. Mr. Townsend showed a comparison chart on Primary Care and Infant Mortality in Community Health Centers for budgeted contracts from FY2013, FY2014 and FY2015.
- Administration and Finance has proposed the elimination of 4 positions and 1 layoff in addition to the 1% cut in COB appropriation.
- Property Management has several capital improvement issues concerning the South End Fitness Center: utility costs are already high and are increased by deteriorating windows, inefficient systems and a leaking pool (thousands of gallons a day). Current membership fees only cover salary costs. Utility costs are high at the Albany Street Campus as well. With a potential Long Island bridge closure, BPHC faces increased costs of operating Homeless shelters in the event of the bridge closure; planning costs may also be substantial.
- Mr. Townsend went over the Capital Budget Requests for FY2015, which include EMS garages at River Street and the Seaport District - $4,510,000; South End Fitness Center pool repairs - $745,000; Long Island Geothermal project - $2,500,000; Tobin Building new roof - $520,250; and Long Island Farm storage barn and greenhouse rehab - $175,000.
- Dr. Johnson appreciated how difficult and time consuming it was to put the budget together. She thanked Mr. Townsend, Mr. Kibaja and their staff for their hard work.
- Ms. Fatema Fazendeiro, BPHC General Counsel, instructed Dr. Johnson to call for a motion to vote on submitting the budget to the Mayor for approval. Dr. Johnson called the motion which was seconded by Ms. Wcislo and Mr. Cox.
- Ms. Fazendeiro read the following vote for the record:

**APPROVAL OF THE FISCAL YEAR 2015 PUBLIC HEALTH SERVICES BUDGET FOR SUBMISSION TO THE MAYOR OF THE CITY OF BOSTON**

WHEREAS, the Board has considered the Boston Public Health Commission’s public health services budget for fiscal year 2015, prepared pursuant to M.G.L. c.111 App. §2-8 for submission to the Mayor of the City of Boston;

WHEREAS, a copy of said Commission’s public health services budget is attached hereto;

THEREFORE, the Board approves and adopts, the attached public health services budget, for submission to the Mayor of the City of Boston, pursuant to M.G.L. c.111 App. §2-8.

- Dr. Johnson made the motion to vote. Ms. Wcislo and Mr. Cox seconded the motion with no objections. The Board unanimously approved the Fiscal Year 2015 Public Health Services Budget.

**Adjournment**

With no further business before the Board, Dr. Johnson called for a motion to adjourn which was seconded by Dr. Betancourt and Mr. Cox. Dr. Johnson thanked everyone for attending and called the meeting adjourned at 5:50pm.

Submitted by:

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Kathy Hussey, Board Secretary