



BOARD MEETING

A meeting of the Boston Board of Health (Board) was held on Wednesday, March, 8th at 4pm by Remote Participation Pursuant to *An Act Extending Certain COVID-19 Measures Adopted During the State of Emergency.*

Board Members Present

Dr. Dr. Galea, Ms. Gutman, Ms. Laptiste, Dr. Taveras, Mr. Valdez, Mr. Wilmot.

Others Present

Dr. Bisola Ojikutu, PJ McCann, Ally Huh, Samara Grossman, Chief James Hooley, Laura Segal, Dr. Kevin Simon, Julia Frederick, Kathryn Hall, Michele Clark, Tegan Evans, Tim Harrington, Catherine D’Vileskis, Catie Burbage, Gerry Thomas, Jennifer Goldsmith, Julia Gunn, Jill Melendez, Krystal Garcia, Leon Bethune, Malika Sabharwal, Melissa Hector, Meredith Brown, Morgan Chen, Sam Gonzalez, Sergio Gonzalo, Shieda Gilles, Sonia Carter, Stephanie Santizo, Steve Simmons, Taneesha Peoples, Uchenna Ndulue.

Chairperson’s Remarks

Dr. Dr. Galea: Good Afternoon, fellow Board of Health members, Boston Public Health Commission staff, and members of the public. Welcome to the March meeting of the Boston Board of Health. This meeting is being conducted by remote participation as authorized by state law and any votes will be taken by a roll call of the members.

In keeping with the Board’s usual practice, members of the public are welcomed to observe the proceedings and Board staff will use the moderating features on the Zoom application to keep all on mute other than Board members and BPHC presenters.

I am excited to start by reporting that Dr. Elsie Taveras has joined the Board of Health after being appointed by Mayor Wu and ratified by the City Council. Dr. Taveras is the inaugural Chief Community Health and Equity Officer at Mass General Brigham and Executive Director of the Kraft Center for Community Health at Massachusetts General Hospital. Dr. Taveras is a leading expert in community health equity, childhood obesity, maternal-child health and health disparities, and I am pleased to welcome her to the Board.

Turning to another transition on the Board, I would also like to congratulate Kate Walsh on her appointment as the Commonwealth's Secretary of Health and Human Services. As many others have said, this appointment was well made by Governor Healey, and will greatly benefit the state's residents.

On behalf of Mayor Wu and the Boston Public Health Commission, I want to thank Kate for her service in delivering exceptional care to the highest need patients, and her many years of service on the Board. Because the Chief Executive Office of Boston Medical Center sits on the Board of Health ex-officio, this seat will now be held by Dr. Alastair Bell, who is now serving as BMC's President and Interim CEO. Dr. Bell oversees comprehensive system strategy and operations of its entities including BMC, accountable care, and the WellSense Health Plan, a Medicaid Managed Care Organization with more than 400,000 members.

I am also pleased to report that since our last meeting Rebecca Gutman has been reappointed by Mayor Wu and approved by City Council to continue in her role on the Board. Thank you, Rebecca for your ongoing service.

This afternoon, we will hear a report from the Executive Office, a presentation and vote on the Fiscal Year 2024, as well as a report on BPHC's behavioral health initiatives.

I will start by turning it over to Dr. Ojikutu for the Executive Office Report.

Executive Office Report

Dr. Ojikutu:

Thank you. I also want to start by welcoming Dr. Bell and Dr. Taveras to the Board. I am excited about the expertise and perspectives that these two leaders bring to this role, and I look forward to benefiting from their advice and counsel.

I also want to acknowledge Kate Walsh's contributions to the city of Boston over the past 13 years, since we did not have an opportunity to recognize her in this space. In addition to leading BMC in providing innovative, world class care to our most vulnerable populations, Kate's service on the Board of Health helped to measurably improve health and health equity in Boston, including through regulations to address a broad range of public health issues including tobacco control, medical marijuana regulation, and nail salon safety; often creating precedent that led to policy change in other jurisdictions as well as at the state and the federal levels.

Turning to COVID-19, Boston continues to note downward trends in several key COVID-19 metrics. Suffolk County is now at low community level, per the CDC. While these data are a positive sign, residents who are at high risk of severe illness and hospitalization should continue to take precautions.

The number of new COVID-19 cases per day have decreased by 43.7% over the past two weeks (data through March 6th). Boston hospitals had 154 new hospital admissions through March 3rd, which marks a 3.3% decrease over the past two weeks. Analysis of the city's wastewater shows the level of COVID-19 particles has decreased over the past two weeks, having decreased by 64%. Dorchester, Mattapan, Hyde

Park, Roxbury, and Roslindale/West Roxbury test sites are showing concentrations higher than the city average. These local wastewater data reports are posted regularly at boston.gov/covid-19.

Bivalent boosters, as well as the primary COVID-19 vaccination series, COVID-19 testing, and flu shots are free and available at BPHC's standing clinics throughout the city. At-home rapid testing kits and \$75 gift cards for individuals who receive a COVID-19 vaccination are also available at these sites, while supplies last. Walk-ins are welcome and no IDs or proof of insurance are required.

I want to acknowledge the announcement of the pending end of the Federal Public Health Emergency. This will require us to use our resources effectively, but I am confident that we can continue provide needed COVID-19 vaccine and testing access for the foreseeable future. We are continuing to monitor usage of our sites.

I know that the related issue of the end of Medicaid continuous coverage and eligibility redetermination is on a lot of people's minds. The Mayor's Health Line, which sits within BPHC's Community Initiatives Bureau, is planning for the MassHealth redetermination period starting April 1st, and contacting existing clients to ensure coverage is maintained. We are concerned that because people have not had to take action to maintain MassHealth coverage for the past three years, that they may not see or receive notices and subsequently lose coverage. In the short term, we are trying to amplify messaging asking members to make sure their contact information with MassHealth is up to date, and ensure that residents know that the Mayor's Health Line is here to help at 617-534-5050. This will be a marathon effort over the coming year and we welcome any opportunity to collaborate with members of the Board or other organizations to ensure that the populations we serve maintain coverage.

As a follow up to Triniese Polk's presentation at our last meeting, Office of Racial Equity and Community Engagement BPHC issued a Request for Proposals to identify up to three universities, colleges, community-based organizations, and/or non-profits to administer a novel, need-based scholarship program, the "Generational Health Scholarship," for Boston-area first-year college students of color studying for careers in STEM, the Health Sciences and Public Health, and Behavioral Health.

Looking to upstream solutions to health inequities, I am happy to share that BPHC is a member of the Health Equity Compact, and has supported the development of the compact's omnibus bill, An Act to Advance Health Equity, which will advance health equity in the Commonwealth through prioritizing health equity in state government, standardizing and reporting on health equity data, and improving access to and quality of care. I look forward to working over this legislative session to advance this and other legislation that supports the fair and just opportunity for all residents of the Commonwealth to live healthy lives.

I'm also excited to share that BPHC is hosting a conference on April 26th, *Advancing Health Equity in Boston: Building on Lessons Learned from the COVID-19 Pandemic*, which will examine challenges, innovations, and key learnings that emerged through the COVID pandemic. I want to thank our co-sponsors, Health Equity Compact, FXB Center for Health and Human Rights at Harvard University, MassGeneral Brigham, and a growing group of collaborating organizations.

As you have likely seen, BPHC issued an advisory to health care providers on February 22 to alert them to concerning levels of presumed fentanyl-related overdoses in Nubian Square among individuals believed to be using cocaine. Drug testing for fentanyl, naloxone, and overdose prevention and training are available to all through BPHC's Access, Harm Reduction, Overdose Prevention and Education Program (or "AHOPE"). Additionally, BPHC's Providing Access to Addictions Treatment, Hope and Support (or "PAATHS") program offers clinical treatment resources and referrals for treatment and recovery services.

I want to close my remarks by thanking the many members of the team responsible for building the budget. The budget we're putting forth, which you'll hear more about is responsive to the health needs of the city of Boston, as identified by the Community Health Needs Assessment.

I also want to share that I recently attended a national convening of large city health directors, and was struck by the number of times representatives from peer cities asked for advice, information, and resources about the work we are doing here in Boston. While I know the work can be challenging, I want to thank the staff here Mayor Wu, and you all for your support in helping to plan and implement public health solutions to our most pressing problems.

That's all for my report. I welcome any questions.

Valdez: Thank you for representing the city so well.

Wilmot: Redetermination will be potentially disruptive. There are many great resources being offered, such as the Mayor's Healthline. In terms of collaborations with community-based organizations regarding amplifying communications to beneficiaries, how are we partnering with them to engage with residents?

Dr. Ojikutu: One of the things that has been brought to me is to have the Mayor's Healthline at vaccination test sites if there is enough staff. The state is interested in having folks who can assist at these sites. Talking to other cabinet members, we are looking to having services available at BCYF and other sites. We are also working with our communications team to generate more press on this. Would like to say more about Boston and get better estimates on the numbers that are uncovered and what we are going to do about it including collaborating with community health centers. I spoke at the last Health Equity Compact meeting about utilizing the Mayor's Healthline further as a resource, which has generated more conversations about partners.

Gutman: Would love to partner with Health Commission on messaging and how to mitigate challenges; see a particular challenge with Boston residents who are on MassHealth and care for others who are on MassHealth, i.e. personal care attendants, those who are elderly or have disabilities. So could be impacted in two ways, because either they lose coverage or don't get paid by MassHealth; people can get caught in the bureaucracy because of unique employer situation.

Dr. Ojikutu: I would love to discuss this more.

Valdez: Thank you for your detailed presentation. Regarding redetermination: anticipate that there will be individuals who will lose coverage. Are there plans to work with individuals, to work on subsidies or other solutions? We need to prevent, and then talk more about what we can do to provide a safety net.

Dr. Ojikutu: We should be talking more about what we can do with the community health centers and other partners. Want to avoid people losing coverage in the first place, but know that this will be inevitable. Will talk about this with state colleagues and follow-up.

Dr. Galea: Thank you, Dr. Ojikutu.

Are there any questions from my fellow members? Hearing no/more questions, we can move to the approval of the minutes.

Acceptance and Approval of Minutes from the January 11th, 2023 Meeting

Dr. Galea: If there is no discussion, I will accept a motion to approve the minutes from the January 11th Board of Health meeting.

A motion was made by Mr. Valdez, seconded by Mr. Wilmot, and approved unanimously by roll call vote.

Dr. Galea: Now I will turn it over to Director of Administration and Finance Tim Harrington to lead a presentation, discussion, and vote to submit BPHC's FY24 Budget to Mayor Wu and the City Council.

Fiscal Year 2024 Budget Presentation and Vote

BPHC Director of Administration and Finance, Tim Harrington presented.

Valdez: On the EMS budget, can you say more about the difference between increased costs and anticipated revenues, and why is the revenue increasing? Is it an across-the-board increase in the fee reimbursement?

Harrington: It's a combination of the City appropriations figure and revenue. The City appropriations figure was \$33.5m and decreased according to anticipated revenue down to current figure of \$31.5m. We meet with our third-party billing company monthly to go through the data and make a projection for what the FY24 revenue will be. It is a combination of increases in revenue and rates mainly from ambulance transports.

Valdez: Is this an increase in volume or in rates?

Harrington: Mostly increase in trips as I understand.

Wilmot: How are you experiencing staffing issues? I know we're seeing significant issues about retention and vacancies. Where is the BPHC seeing some of these pressures across the budget?

Harrington: We are seeing the same issues. We have over 100 vacancies at the moment. Challenges are mainly around salary and residency requirement.

Dr. Ojikutu: I would concur with Tim, but have a number of initiatives underway to address this. We received a CDC Infrastructure grant, which will be a boost to our ability to recruit and retain. We are hiring a new Chief People Officer to help build our workforce and build our capacity. We are also focusing on looking at our compensation. We've hired a group, done an analysis and have requested additional funds. What we're trying to do is build our infrastructure. Our most important infrastructure is our staff.

Boston EMS Chief James Hooley presented Boston EMS budget request slide, noting that call volume has increased since reopening after COVID.

Dr. Galea: what proportion of the increase is driven by behavioral health-related requests such as overdoses, mental health, substance use?

Chief Hooley: Calls we classify as NRI (narcotic-related incidences) are increasing only slightly. The EDP (emotionally disturbed person) and other behavioral emergencies have been increasing across all age groups for the last couple of years and was about 20,000 calls last year. We've been talking with Dr. Simon about better ways to respond to improve the experience for patients.

Dr. Galea: I would welcome any questions from the Board.

Valdez: Regarding process; what are we going to be approving? In the first budget, the cost estimates are still to-be determined. Are we approving that they move forward in an exploratory phase?

Harrington: Today, we are approving the maintenance budget submission for FY24. All of the new budget requests, including FTE's and capital requests are included here because they will be submitted for consideration. FTE's will become part of the budget that is approved in June. Also, these larger capital projects will sit on the City budget and be handled by the City capital.

Valdez: What are the plans for the Long Island campus that was mentioned in the capital budget requests memo?

Harrington: That is also a capital project that the City is handling. At this phase the scope is to stabilize the buildings. That means things like repairing roofs and windows, which will probably take a year or two, then move to the second phase which is renovations on the buildings. Once that project is complete, we would come back to the Board for future capital investments.

Dr. Galea: If there is no further discussion, I will accept a motion to submit the Boston Public Health Commission's Fiscal Year 2024 budget to Mayor Wu and the Boston City Council.

A motion was made by Mr. Wilmot, seconded by Ms. Gutman, and approved unanimously by roll call vote.

Dr. Galea: Thank you Tim, and I appreciate Dr. Ojikutu's thinking about building our infrastructure. Now I will turn it over to Chief Behavioral Health Officer, Dr. Kevin Simon, and Center for Behavioral Health Director Samara Grossman to lead a presentation about BPHC's behavioral health work and the new Center for Behavioral Health & Wellness.

Behavioral Health Initiatives

Dr. Simon, Samara Grossman presented.

Dr. Galea: Have you given much thought to how you might evaluate efficacy?

Dr. Simon: When we look at the behavioral health space, often there are measures that are about individual patient encounters. With these, there are measures of reach, measures of workforce. The metrics for providers may depend on what kind of vendor we engage. For some, it might be about completing credential programs, for others it may be more about interest generated in behavioral health careers. Looking broadly at the health workforce, we might look at volume within each respective pathway. As Samara mentioned, we are not just looking for licensure—we want to see how many people, in terms of volume, demographics, etc, have completed these licensure programs, and then look at funding. This could be a novel opportunity to look at opportunities to help people finish degrees, because there are not many RFP's going towards the completion of these programs.

Wilmot: Thank you to Dr. Simon and team. Really appreciated the emphasis on how important it is to emphasize collaborative thinking between different agencies, recognizing that behavioral health cuts across sectors in our communities. Thank you for the presentation. A lot here and exciting to see us developing these strategies.

Dr. Taveras: I second Greg's point. As a pediatrician, want to applaud the focus on providing resources and treatment for youth. I think the emphasis of your office on lifting up services for youth is so important. Thank you for the presentation and deep dive in thinking about youth and resilience.

Dr. Simon: At the end of the day, the need is where it is and we need to help people navigate available resources at the time when they need it. The City and State have done a lot of work, but if any one of us went outside and asked, people might not know about what we've presented. We want to work on that. We are thinking about convenings and activities to build this up. One of the activities planned for later this year regarding the breaking down of silos is having a conference for community partners to come together and discuss.

Dr. Taveras: You are taking on a huge undertaking, and if there is anything I can do to help support you in being successful, please let us know.

Dr. Galea: Thank you. Are there any other questions from the Board?

Adjourn

Dr. Galea: Hearing no other questions, this meeting can stand adjourned. Thank you again.