BOSTON BOARD OF HEALTH

September 11, 2024

AGENDA

- 1. Chairperson's Remarks
- 2. Executive Office Report
- 3. Acceptance and Approval of Minutes from June 12th, 2024 Meeting
- 6. Carney Hospital Closure Response
- 7. Substance Use Disorder Initiatives
- 9. Adjourn



EXECUTIVE OFFICE REPORT

DR. BISOLA OJIKUTU SEPTEMBER 11TH, 2024



APPROVAL OF MINUTES

BY VOTE OF THE BOARD



CARNEY HOSPITAL CLOSURE RESPONSE

DR. BISOLA OJIKUTU

PJ MCCANN, DEPUTY COMMISSIONER FOR POLICY AND PLANNING

SEPTEMBER 11, 2024



CARNEY HOSPITAL CLOSURE TIMELINE

- July 24, 2024: Carney Hospital Closure announced
- August 1: BPHC Medical Intelligence Center activated
- August 13 & 14: DPH public hearings
- August 16: BPHC community readiness meeting
- August 22: Behavioral health units close
- August 31: Emergency department and hospital close



CARNEY HOSPITAL CLOSURE: INCIDENT COMMAND

- <u>Purpose</u>: To ensure situational awareness and sharing to identify and resolve emerging needs related to the closure of Carney Hospital information
- <u>Incident Management Team Representatives</u>:
 - Boston EMS; Boston Public Health Commission's Office of Public Health Preparedness, Executive Office, Communications
 - Massachusetts Department of Public Health
 - Massachusetts Department of Mental Health
 - Massachusetts Health and Hospital Association
 - Conference of Boston Teaching Hospitals
 - Massachusetts League of Community Health Centers
 - Boston Medical Center, Massachusetts General Brigham
 - Steward Carney Hospital
- Communications:
 - Incident Management Team meeting 2x/week
 - Briefing meeting 2x/week for Boston region healthcare emergency managers
 - Regular written situation briefings



COMMUNICATION AND OUTREACH

- Mayor's Health Line, BPHC's free, confidential and multilingual resource and referral line is available to help residents access health information and care at 617-534-5050
- Fact sheets developed and distributed in English, Spanish, Vietnamese, Haitian Creole, and Cape Verdean Creole
- MHL staff tabled on-site to provide health insurance navigation assistance to Carney staff
- BPHC Human Resources and other offices participated in Carney employee job fairs.
- Ongoing communications and community outreach

CARNEY HOSPITAL IN DORCHESTER IS CLOSED

Find other options for emergency and urgent care. Call the Massachusetts Department of Public Health at **617-468-2189** (Monday - Friday, 8 a.m. to 6 p.m.) or visit **mass.gov/StewardResources**.

Some outpatient services are in the Seton Medical Building in the back of the campus. The Seton Medical Building address is 2110 Dorchester Avenue, Dorchester, MA 02124.

The Mayor's Health Line can help you sign up for health insurance and find a primary care provider. Call **617-534-5050** (Monday - Friday, 9 a.m. to 5 p.m.).

If you or a loved one are experiencing a medical emergency, call **9-1-1**.

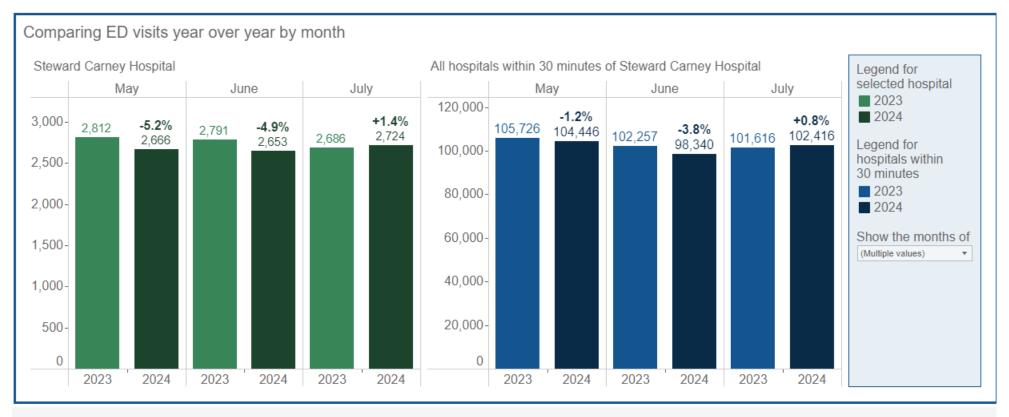


Scan the QR code to learn more or visit mass.gov/StewardResources





CARNEY EMERGENCY DEPARTMENT UTILIZATION



Only Massachusetts acute care hospitals are included on this dashboard. Acute care hospitals are defined as those licensed under MGL Chapter 111, section 51 and which contain a majority of medical-surgical, pediatric, obstetric, and maternity beds. Hospitals that are closed are not included, but hospitals that are temporarily closed with plans to reopen are included..

Source: Bureau of Infectious Disease and Laboratory Sciences, Syndromic Surveillance Program.

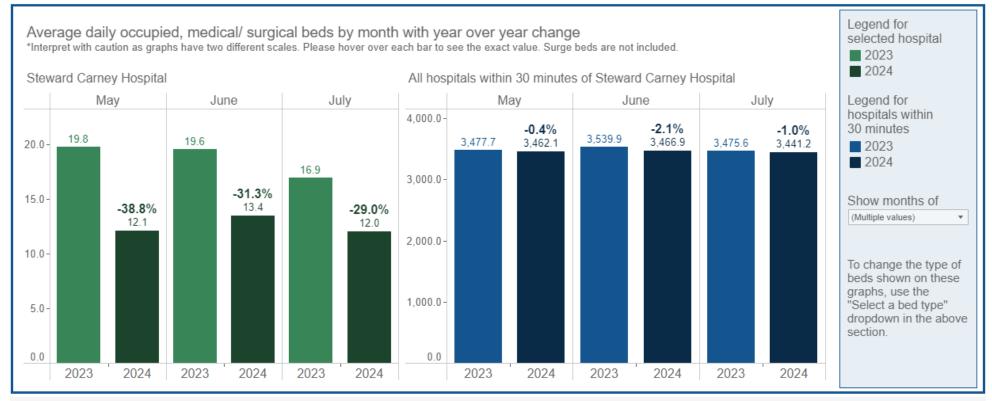
Created by the Massachusetts Department of Public Health, Office of Health Care Strategy and Planning.

Source: MDPH Health Care Capacity Dashboard

https://www.mass.gov/info-details/health-care-capacity-interactive-dashboard



CARNEY INPATIENT UTILIZATION



Only Massachusetts acute care hospitals are included on this dashboard. Acute care hospitals are defined as those licensed under MGL Chapter 111, section 51 and which contain a majority of medical-surgical, pediatric, obstetric, and maternity beds. Hospitals that are closed are not included, but hospitals that are temporarily closed with plans to reopen are included.

Source: WebEOC is an industry-standard, secure, cloud-based platform specifically built to enhance situational awareness and information gathering capabilities of Emergency Management organizations. Per CMS-3401-IFC, hospitals are required to report a series of data points, including numbers on bed capacity and occupancy, which are collected by MADPH in WebEOC and reported to the federal level on behalf of the facilities. Created by the Massachusetts Department of Public Health, Office of Health Care Strategy and Planning.

Source: MDPH Health Care Capacity Dashboard https://www.mass.gov/info-details/health-care-capacity-interactive-dashboard



CARNEY HOSPITAL UTILIZATION: FY2022 INPATIENT DISCHARGES

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Bipolar disorders	272	8.3%
Schizophrenia	238	7.3%
Major Depressive Disorders	171	5.2%
Septicemia & Disseminated Infections	144	4.4%
Heart failure	140	4.3%
Major Resp Infect & Inflam	116	3.6%
Depression Exc Mdd	92	2.8%
Diabetes	80	2.5%
Organic Mental Health Disturbances	79	2.4%
Alcohol abuse & dependence	73	2.2%
*Data Source: CHIA Hospital Discharge Dataset		

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Source: Center for Health Information and Analysis, Steward Carney Hospital 2022 Hospital Profile



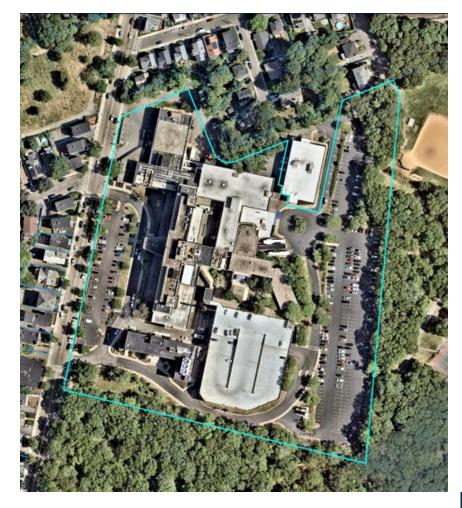
ONGOING HEALTH SYSTEM ISSUES

- EMS response
 - Boston EMS added additional 24/7 Basic Life Support ambulance in the area in anticipation of response time impacts
- Emergency department and urgent care capacity
- Behavioral health ED use, boarding, inpatient psych capacity
- Preventative care
- Ongoing engagement to identify emerging issues



FUTURE OF CARNEY SITE

- Facilitate efforts to continue existing health related uses on the campus, including the Seton medical office building, EMS garage, radio infrastructure
- Leverage land use authority to ensure site remains an asset for providing health care
- Convene stakeholders to evaluate community needs and feasibility of needed uses





SUBSTANCE USE DISORDER INITIATIVES

SHEREEN SODDER, PROJECT DIRECTOR, BOSTON OVERDOSE DATA TO ACTION GRANT
CHRISTIAN ARTHUR, SENIOR POLICY AND STRATEGY SPECIALIST
PJ MCCANN, DEPUTY COMMISSIONER FOR POLICY AND PLANNING

SEPTEMBER 11TH, 2024



OVERDOSE DATA TO ACTION (OD2A)

- CDC-funded project supporting a collection of surveillance and prevention activities
- Activities focused on four priority populations: Black residents, Latinx residents, people experiencing homelessness, and the re-entry population

Linkage to Care: Funding substance use navigators at NeighborHealth, Upham's Corner Health Center, and BHCHP Harm Reduction: Increasing capacity to deliver overdose response training and pursue innovative naloxone distribution partnerships

OD2A Strategies

Clinician and Health Systems
Best Practices: Training on pain
prescribing, addiction
treatment, stigma, and other
topics for service agencies

Data Infrastructure: making overdose data publicly available and improving the ability of programs to respond to changes in trends





OD2A RECENT SUCCESSES AND UPCOMING ACTIVITIES

- Upham's Corner navigator up and running!
- Naloxone distribution (~1,200 doses)
- Recovery Services Community Advisory Board launch
- CHW training series and individualized planning with BMC Grayken Center for Addiction Training and Technical Assistance
- Public dashboard expected 11/30



BOSTON OPIOID SETTLEMENTS PROJECT



- Settlements holding companies accountable for flooding MA with opioids, fueling the opioid epidemic
- 2,096 Boston residents died from opioid overdose over the past decade
- Boston holds \$10.9M. Forecasting over \$37.5M by 2038
- Settlements with additional companies are still in development



BOSTON OPIOID SETTLEMENTS PROJECT



BPHC led community engagement effort Summer '23:

- 8 listening sessions, 200 participants
- 415 survey responses
- 11 longform RFI responses
- Population health data

Priorities raised by participants:

- Support Families
- Housing Support
- Equity
- Overdose Prevention
- Youth Prevention



BOSTON OPIOID SETTLEMENTS PROJECT

- \$250K/year in financial assistance to families who have lost a loved one
- \$1M in community grants. 20 applicants. 100% community review committee. Naloxone distribution, overdose education, linkage to care. Confirming award recipients now
- Overnight Harm Reduction Techs in shelter \$745,000
- Back2Work Program \$315,000
- Boston Health Care for the Homeless Program Clinical Service, including MOUD access – \$367,710



LONG ISLAND CAMPUS UPDATE

Goals:

 Leverage singular site to expand and improve the system of substance use disorder care, particularly for those experiencing greatest barriers

Status:

- Mass Department of Environmental Protection Chapter 91 license for bridge reconstruction awarded August 2023
- Administrative appeal decision pending





LONG ISLAND CAMPUS PLANNING

- Planning process co-led by Mayor's Office, BPHC, and Public Facilities Department
- Project start Feb 2024
- Review of 2020 Long Island Report
- Data analysis
- National best practice scan and key informant interviews
- Local stakeholder interviews
- Focus groups with people with lived experience





COMPREHENSIVE WELLNESS CAMPUS

Objectives:

- Address rising overdose rates, insufficient SUD treatment access, service quality disparities, and gaps in care
- Assess critical response needs
- Highlight responsive programming
- Ensure critical safety measures are in place
- Assess evolving needs to plan for specialized programming
- Apply lessons learned to program design
- Develop appropriate workforce capacity

Recommended Priority Populations:

- Abstinent or trying to reduce substance use
- Recovery-hesitant
- Elderly, including those with comorbid conditions;
- Black, Brown, and Indigenous, LGBTQ+ & other marginalized communities
- Those experiencing long-term chronic homelessness
- Individuals reentering the community from a period of incarceration



CROSS-CUTTING RECOMMENDATIONS

Approach:

- Provide oversight with an equity lens
- Center people's lived expertise in design, implementation & quality improvement
- Adopt healing-centered engagement & holistic approach to wellness
- Practice cultural responsiveness & person-centered design
- Embrace smaller settings rooted in wellness
- Ensure services have a transitional focus
- Implement trauma-informed care & harm reduction

Services:

- Emergency services
- Withdrawal management
- MOUD
- Peer supports
- Harm reduction
- Workforce/employment services
- Psychiatric/behavioral health care
- Health care
- Transportation



NEXT STEPS

- Continue with building preservation project
- Obtain final licenses and permits for bridge project
- Secure additional funding
- Pursue policy or advocacy strategies needed to allow for sustainability and innovation
- Continue engaging community, stakeholders, and advisors





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