BOSTON BOARD OF HEALTH November 8th, 2013

AGENDA

- 1. Chairperson's Remarks
- 2. Executive Office Report
- 3. Acceptance and Approval of Minutes from the September 13th, 2023 Meeting
- 4. FY2023 Audit Report
- 5. Unsheltered Homelessness and Substance use Disorder Response Update
- 6. Maternal and Child Health Data and Program Report
- 7. Adjourn



EXECUTIVE OFFICE REPORT

DR. BISOLA OJIKUTU NOVEMBER 8TH, 2023



BUILDING A HEALTHY BOSTON

MISSION STATEMENT

BOSTON PUBLIC HEALTH COMMISSION

OUR MISSION

To work in partnership with communities to protect and promote the health and well-being of all Boston residents, especially those impacted by racism and systemic inequities.



BOSTON PUBLIC HEALTH COMMISSION | BUILDING A HEALTHY BOSTON | BOARD OF HEALTH, NOVEMBER 8th, 2023

APPROVAL OF MINUTES

BY VOTE OF THE BOARD



BUILDING A HEALTHY BOSTON

AUDITOR'S REPORT

TIM HARRINGTON, DIRECTOR OF ADMINISTRATION AND FINANCE

JENNIFER COOK CLIFTON LARSON ALLEN



BUILDING A HEALTHY BOSTON



Boston Public Health Commission

Audit – Year Ended June 30, 2023

Board Meeting – November 8, 2023

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Terms of Engagement

Audit Status

Financial Highlights

GAO and Single Audit



Questions



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Terms of Engagement

| Financial Statements | Express opinions on whether the basic financial statements are presented in accordance with GAAP Provide a report on internal control over financial reporting and compliance with laws, regulations, contracts and grants (GAO Report) Communicate any other internal control deficiencies identified during the audit |
|----------------------|---|
| Uniform Guidance | Express an in relation to opinion on the schedule of expenditures of federal awards programs |
| Report – | Express an opinion on compliance related to major federal award programs |
| Federal Programs | Provide a report on internal control over compliance related to major federal award programs |







Draft Financial Statements Received October 20th

Outstanding Items:

- Board Inquiry
- City of Boston Confirmation
- GASB 96 Implementation







Financial Highlights – Statements of Net Position

| | | 6/30/2023 | | 6/30/2022 | Change (\$) | Change (%) |
|---|--|-----------|----|-----------|-------------|------------|
| Assets and Deferred Outflows of Resources | | | | | | |
| Current assets | | 106,504 | \$ | 64,272 | \$ 42,232 | 66% |
| Capital assets | | 26,617 | | 24,500 | 2,117 | 9% |
| Noncurrent assets | | 87,472 | | 86,713 | 759 | 1% |
| Deferred outflows of resources | | 63,055 | | 32,811 | 30,244 | 92% |
| Total Assets and Deferred Outflows | | 283,648 | | 208,296 | 75,352 | 36% |
| Liabilities and Deferred Inflows of Resources | | | | | | |
| Current liabilities | | 31,970 | | 40,969 | (8,999) | -22% |
| Noncurrent liabilities | | 271,829 | | 210,569 | 61,260 | 29% |
| Deferred inflows of resources | | 96,543 | | 130,858 | (34,315) | -26% |
| Total Liabilities and Deferred Outflows | | 400,342 | | 382,396 | 17,946 | 5% |
| Net Position | | | | | | |
| Net investment in capital assets | | 20,374 | | 17,823 | 2,551 | 14% |
| Unrestricted | | (137,068) | | (191,923) | 54,855 | -29% |
| Total net position | | (116,694) | \$ | (174,100) | \$ 57,406 | -33% |



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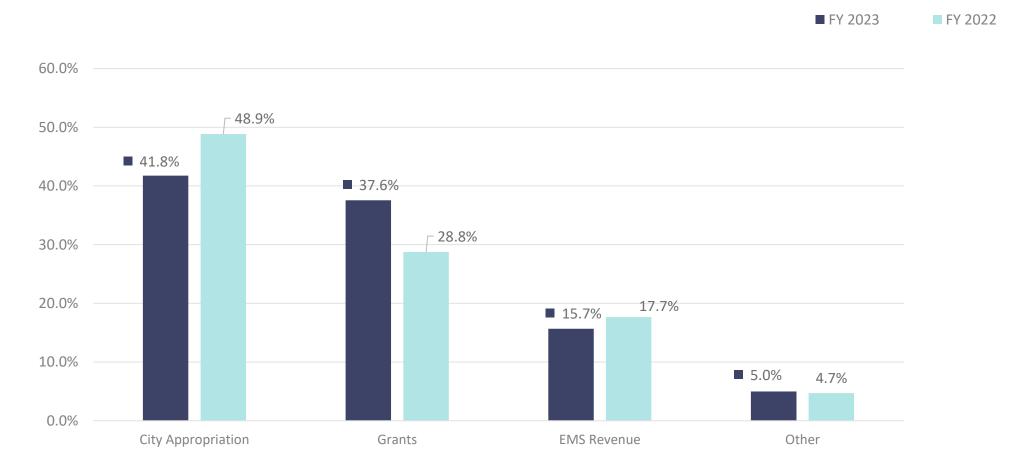
Financial Highlights – Statements of Changes in Net Position

| | 6/30/2023 | | 6/30/2022 | | Change | Change (%) |
|---------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| Operating Revenues | \$ | 162,489 | \$ | 118,132 | \$ 44,357 | 38% |
| Operating Expenses | | 229,958 | | 230,180 | (222) |) 0% |
| Operating Income | | (67,469) | | (112,048) | 44,579 | -40% |
| Nonoperating Revenues (Expenses), Net | | 124,875 | | 116,403 | 8,472 | 7% |
| Change in net position | | 57,406 | | 4,355 | 53,051 | 1218% |
| Net position, beginning of year | | (174,100) | | (178,455) | 4,355 | -2% |
| Net position, end of year | \$ | (116,694) | \$ | (174,100) | \$ 57,406 | -33% |



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Financial Highlights – Revenue Funding Sources







GAO and Single Audit Reports

Financial Statements (GAO):

• Audit still in process

Uniform Guidance (Single Audit):

- Single Audit Planning Phase
 - Preliminary SEFA has been received
- Due Date: 3/31/2024









Uniform Guidance Report

Total Federal Expenditures: \$86.6M



Major Programs by Assistance Listing Number:

93.914 – HIV Emergency Relief Grant 21.027 – Coronavirus State and Local Recovery Funds 93.959 – Block Grants for Prevention and Treatment of Substance Abuse 93.495 – Community Health Workers for Public Health Response 93.391 – Activities to Support State, Tribal, Local and Territorial Health Department Response to Public Health





Questions?



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UNSHELTERED HOMELESSNESS AND SUBSTANCE USE DISORDER RESPONE

DR. BISOLA OJIKUTU



BUILDING A HEALTHY BOSTON

TIMELINE

- August 28th
 - Mayor Wu files Ordinance creating framework for removing tents and tarps
- September 28th
 - Ordinance Hearing
- October 16th
 - Ordinance Working Session
- October 25th
 - Revised Ordinance adopted by Council
 - Ordinance signed by Mayor Wu
 - Offers of shelter, housing, treatment, storage, and transportation made by outreach staff
- November 1st
 - Remaining individuals accept offers of shelter and services, street cleaned





STATUS UPDATES: NOVEMBER 1st

- More than 100 individuals accepted offers of placement (73 low threshold)
- No arrests
- Expanded public safety presence
- BPHC Recovery Services Outreach Teams transitioned to mobile model





727 MASSACHUSETTS AVE SITE

- Stood up quickly, leveraging internal resources and strengths
- Creates safe day and night space for 30 individuals who had been living in tents and are working with case managers
- Focus on those experiencing barriers to other shelter and housing settings
- Provides health, harm reduction, housing search, and other supports
- Early successes for individual guests
- Ongoing public safety staffing and coordination





ACKNOWLEDEGMENT AND APPRECIATION

- Recovery Services Bureau
- Homeless Services Bureau
- Public Safety
- Property
- BostonEMS
- Community Initiatives Bureau
- Mayor's Office
- Mayor's Office of Housing
- BPD
- Partners including Eliot, Victory, Newmarket BID, Boston Health Care
 For the Homeless Program





WORK AHEAD

- Preventing overdoses, maintaining linkages to care, harm reduction
- Engagement and case management to ensure progress on individual pathways to stability and housing
- Ensuring individual shelter capacity during winter months
- Continued collaboration with City and partner organizations to adapt to changing conditions



• Long-term planning for system that meets needs



MATERNAL AND CHILD HEALTH DATA AND PROGRAM REPORT

JOHNNA MURPHY

PROGRAM DIRECTOR, HEALTH OF BOSTON, CENTER FOR PUBLIC HEALTH SCIENCE, TECHNOLOGY, AND INNOVATION

BECKY CRUZ-CROSSON

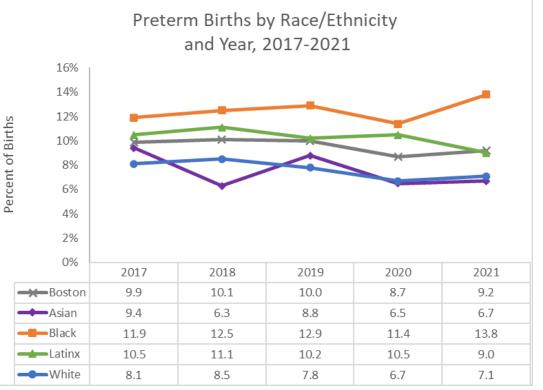
DIRECTOR OF HEALTHY START SYSTEMS, CHILD, ADOLESCENT, AND FAMILY HEALTH BUREAU



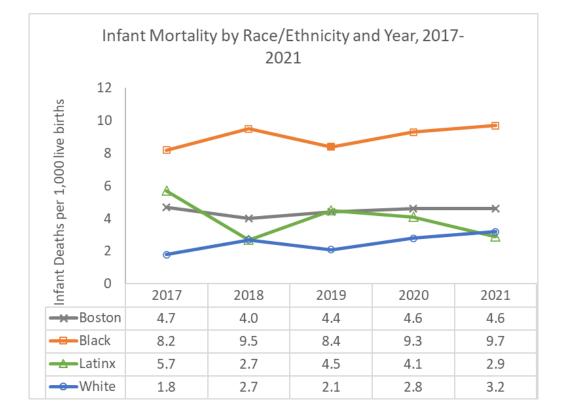
BUILDING A HEALTHY BOSTON

MATERNAL AND INFANT HEALTH

Preterm Birth Rate and Infant Mortality Rate



- Significant decrease in preterm births among White residents
- Preterm birth rate among Black residents was 2X that of White residents
- Preterm birth rate among Latinx residents sig. higher than White residents *Similarly*
- Low birthweight births among Black residents was 2X White residents
- Low birthweight births among Latinx sig. higher than White residents



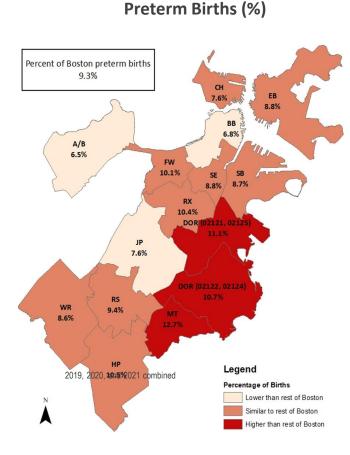
Infant mortality among Black residents was >3X that of White residents

- Infant mortality among Black residents was >3X that of Latinx residents
- Low infant mortality among Asian residents (not reported here)

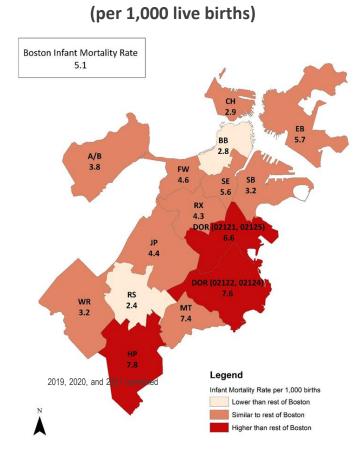


MATERNAL AND INFANT HEALTH

Preterm Birth and Infant Mortality Rates by Neighborhood



DATA SOURCE: Boston resident live births, Massachusetts Department of Public Health



Infant Mortality Rate

DATA SOURCE: Boston live births, Massachusetts Department of Public Health; Boston resident deaths, Massachusetts Department of Public Health

- Striking differences in pre-term births and infant mortality by neighborhood
- Highest rates of both outcomes in Dorchester, Mattapan and Hyde Park



HEALTHY START SYSTEMS *Our Mission*

Promote the health and well-being of women, children, and families in the City of Boston, particularly those living in communities that are disproportionately impacted by infant mortality and other health disparities





HEALTHY START SYSTEMS *Boston Healthy Start Initiative (BHSI)*

BHSI serves self-identified Black women/persons that are pregnant or postpartum up to 18 months through care coordination, connection to resources, health education, and advocacy.

BHSI coordinates the Community Action Network (CAN), a community coalition focusing on reducing inequities in infant mortality and poor birth outcomes through policy strategies.



Morgan Taylor-McFadden, BHSI Director



HEALTHY START SYSTEMS

Fetal and Infant Mortality Review (FIMR)

H.2187/S.1414, "An Act relative to conducting fetal and infant mortality review"

What would this bill do?

•Authorize local health agencies to create fetal and infant mortality reviews (FIMR). FIMR would track individual cases of infant and fetal deaths within communities to identify local factors that may have an impact on infant and fetal mortality.

Why is this bill necessary?

•While Massachusetts currently has one of the lowest infant mortality rates in the country, racial disparities persist. The infant mortality rate for infants of color, especially Black infants, is significantly higher than their white counterparts.

•FIMRs would allow communities to examine individual cases of fetal and infant mortality to improve health disparities at a local level.

•FIMRs are conducted in multiple other states with evaluations indicating significantly improved performance of public health functions.

Bill Status:

The bills have been referred to the Joint Committee on Public Health. Hearing scheduled for November 15^{th.}



BOSTON HEALTHY START INITIATIVE

Our History and Impact

BHSI has been part of a national initiative to reduce racial inequities in infant mortality and poor birth outcomes for the past 33 years.

Eligibility

Residents receiving services at affiliated health centers or through Healthy Baby Healthy Child who selfidentify as Black women.

Boston Residents Served

- 509 children
- 403 pregnant women
- 295 post-partum women



- Bowdoin Street Health Center
- BMC Teen & Tots Program
- Codman Square Health Center
- Mattapan Community Health Center
- Whittier Street Health Center





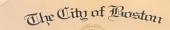
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BOSTON PUBLIC HEALTH COMMISSION

love for latch





and the second

PROCLAMATION

- This week is dedicated to increase awareness of the critical role that breastly mproving family health and birth outcomes in the Black community; AND
- The City of Boston is committed to building a new foundation for breastfeeding while velebrating past, present and future accomplishments in breastfeeding outcomes; AND
- e City of Boston and the Boston Public Health Commission, together with residents and wed community partners, continue to work to improve breasfeeding infrastructure, as with installation of a new free, publicly accessible lactation pod at the Bolling Building; AND
- the instattation of a new free, punity eccession another point and solution provide and the solution of the second Wherea.
- Love for Latch is focused on supporting Black women, because health outcomes for mothers and children continue to show rounding mequities based on race and ethnicity, with Black residents in Baston experiencing higher rates of preterm births, low birthweight births, and ighten mortality, AD Whereas
- Improving breastfeeding inequity in Boston calls for action across the city to increase awareness and reduce stigma, strengthen support, foster supportive workplaces, and improve the integration of breastfeeding support services within communities; NOW Whereas
- I. Michelle Wu, Mayor of the City of Boston, do hereby proclaim August 25 August 31 to be: Therefore:

Black Breastfeeding Week in the City of Boston

I urge all of my fellow Bostonians to join me in recognizing this important week.

1-MICHELLE WU MAYOR OF BOSTON August 25 - 31, 2023

HEALTHY START SYSTEMS *Highlight: Healthy Baby Healthy Child*

A city-funded home visiting program that provides nursing, advocacy, and social work services from pregnancy through early childhood.

- Eligibility
 - Boston residents with children up to age five
- Currently Serving
 - 900 children
 - 423 pregnant women
 - 586 post-partum women
 - 39 fathers







HEALTHY START SYSTEMS *Highlight: Healthy Start in Housing*

A city-funded program to support housing insecure high risk pregnant and/or parenting families, to secure and retain housing.

- Eligibility
 - Pregnant/or with a child up to the age of 2 yrs. Old
 - Medical condition (mother or child(ren))
 - Housing unstable
- Boston Residents Served
 - 54 families currently housed and provided services



HEALTHY START IN HOUSING

Nadine Jones Ruffin, HSIH Program Manager





BOSTON PUBLIC HEALTH COMMISSION | BUILDING A HEALTHY BOSTON | BOARD OF HEALTH, NOVEMBER 8th, 2023

HEALTHY START SYSTEMS

Supportive Programs





BOSTON PUBLIC HEALTH COMMISSION | BUILDING A HEALTHY BOSTON | BOARD OF HEALTH, NOVEMBER 8th, 2023

For babies to be born healthy and stay healthy, mothers and families need to have access to quality health care and physical, social, and economic environments that promote health throughout their lifetimes.

BOSTON BOARD OF HEALTH November 8th, 2013

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