BOARD MEETING MINUTES

A meeting of the Boston Board of Health (Board) was held at 4pm on Wednesday, November 8th, 2023th by remote participation Pursuant to *An Act Extending Certain COVID-19 Measures Adopted During the State of Emergency.*

Board Members Present

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

Others Present

Dr. Bisola Ojikutu, PJ McCann, Catie Burbage, Steve Simmons, Julia Frederick, Kathryn Hall, Michelle Clark, Krystal Garcia, Hamilton Paul, Chris Valdez, Johnna Murphy, Jennifer Cook, Tierney Flaherty, Jessica Monroe, Tim Harrington, Kristen Lupini, Ada Romero, Agathe Hoffer-Schaefer, Becky Cruz Crosson, Taneesha Peoples, Gerry Thomas, Meredith Brown, Gayla Cawley, Anissa Ray, Duncan Silayo, Helen Ayanian, Anthony Livingston, Tegan Evans, Pai En Yu, Leon Bethune, Batool Raza, Roy Wada, Darris Jordan, Catherine D'Vileskis

Chairperson's Remarks

Dr. Galea: Good afternoon, fellow Board of Health members, Boston Public Health Commission staff, and members of the public. Welcome to the November 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.

This afternoon, we will hear a report from the Executive Office well as reports on the Fiscal Audit, the response to unsheltered homelessness, substance use disorder, and public safety, as well as Maternal and Child Health. Now I will turn it over to Dr. Ojikutu.

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

Executive Office Report

Dr. Ojikutu presented the following remarks:

Thanks to the leadership of Triniese Polk, ORECE, our external Racial Health Equity Advisory Committee (RHEAC), our internal Anti-Racism Advisory Committee (ARAC), this Board, and the nearly 300 staff members who shared their opinions, I am excited to share that BPHC has a revised mission statement:

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.

BPHC as an organization deeply values community partnerships and has long been committed to addressing the connections between racism and other systems of oppression, and it is important to elevate these foundational values in our mission.

I want to acknowledge the retirement of Gerry Thomas, who will conclude a 25-plus career of service with the Commission. Gerry has served as Bureau Director of our Homeless Services and Community Initiatives Bureau and held the position of Interim Deputy Director from 2019 through 2021, where she helped to provide invaluable stability and leadership in a time of transition and crisis. The earlier phases of Gerry's career were in some ways even more impactful. As the leader of Commission's Community Initiatives Bureau for several years, Gerry advanced community health and demonstrated skill and leadership in identifying, advocating for, and implementing policy and systems changes to address the root causes of health inequities and racial injustice. Her work to create healthier environments, workplaces, and housing as well as restrict the sale of tobacco products that target youth of color will leave a lasting protective impact on the health of Boston residents.

I deeply appreciated the role that Gerry played in my own transition into this role, and over the past two years I have continued to learn a lot about how to put the people we serve first, to really care about them and their stories, and to value, celebrate, and cultivate staff.

To say that her retirement is well deserved is an understatement, and while she will be impossible to replace, her strength as a mentor in cultivating a pipeline of leadership at the commission leaves us in a strong position to carry her work forward.

I want to thank Homeless Services Bureau associate bureau director Gregory Grays-Thomas who will step up to serve as interim bureau director.

I also want to introduce Chris Valdez as BPHC's new Budget Director. Chris comes to us from the Boston Alliance of LGBTQ+ Youth (BAGLY) where he served as their first Director of Finance and Administration and has hit the ground running.

I'm also pleased to share that Dr. Adi Rattner has joined the Commission as the medical director for Healthy Start Systems, which you'll be hearing more about later this evening. Dr. Ratner is a practicing family medicine doctor within the BMC system.

I want to congratulate Ms. Shirley Shillingford and the Healthy Baby Healthy Child team on the reopening of Shirley's Pantry after recent renovations. A longstanding fixture within the Mattapan community, Shirley's Pantry is now better equipped to provide residents with food and fresh produce thanks to new appliances and other improvements. Thank you to the entire Healthy Start Division team for the meaningful work they do for Boston's families.

Finally, I would like to close with one reminder: For anyone joining us who haven't received the updated COVID-19 vaccine yet, please note the vaccine is now available at our public vaccination sites located in the Bolling Building and City Hall. I encourage everyone to obtain the vaccine which provides protection from the potentially severe complications of COVID-19, including hospitalization. Please help us spread the word.

Later in the agenda we will be focusing Maternal and Child Health, and BPHC's efforts to understand, build community awareness, and address striking and persistent inequities in maternal and child health outcomes in Boston.

I am happy to pause for any questions the Board may have.

Ms. Laptiste: I just want to extend my gratitude for having worked with Jerry in a different number of settings, especially also leading up to and around Covid.

Dr. Galea: On behalf of the board, thank you for your service, Gerry. It's really people like you who give so many years of service to the Public Health Commission and to the city that make the city such a great place to be. So. Thank you.

Ms. Thomas: Thank you so much. It's been a pleasure.

Dr. Galea: Hearing no more questions, we can move to the approval of the minutes.

Acceptance and Approval of Minutes from the September 13th, 2023 Meeting

Dr. Galea: If there is no discussion, I will accept a motion to approve the minutes from the September 13th Board of Health meeting.

Motion by Mr. Valdez, seconded by Mr. Wilmot and approved unanimously.

Dr. Galea: Now I will introduce Director of Administration and Finance Tim Harrington and Jennifer Cook from audit firm Clifton Larson Allen to provide a report on BPHC's annual financial audit.

Audit Report

Tim Harrington, Jennifer Cook present.

Dr. Galea: Thank you. Are there any questions from my fellow members?

Mr. Valdez: Are there any management letter items?

Ms. Cook: None that we have identified, but when details are finalized, we will share with management and the Board as well.

Dr. Galea: Hearing no more questions, I will turn it back to Dr. Ojikutu

Unsheltered Homelessness and Substance use Disorder Response Update

Before I share some important updates about our work to address the serous public health and public safety conditions in the Mass and Cass area, I wanted to start with a note of gratitude for the many staff, really from across the Commission but particularly from our Recovery Services and Homeless Services Bureaus, along with our Public Safety, Property, BostonEMS, and Community Initiatives Bureau teams. Our partners, Eliot Human Services, Boston Healthcare for the Homeless, Victory Programs, Department of Mental Health, Newmarket Business Improvement District, and volunteers from the faith community were invaluable in the planning and on-the-ground response. Beyond working incredibly hard, our people have worked on this with a degree of collaboration, creativity, and compassion that I know can be difficult to sustain under immense pressures.

Following our discussion of the situation at Mass and Cass at our meeting in mid-September, BPHC participated in a hearing and subsequent working session with the City Council's Committee on Government operations. Both of these public meetings ran longer than seven hours, and provided an opportunity for the Council and members of the public to hear directly about plans for implementation, housing, outreach, and public safety from relevant agencies. The working session in particular focused on specific changes to clarify and revise provisions of the ordinance and address important concerns related to civil liberties.

The Committee's revised version of ordinance was adopted by the Council two weeks ago, on October 25th. It was signed that afternoon by Mayor Wu, and notifications to individuals present in the encampment started immediately.

While this formal written notification to individuals was an important safeguard written into the ordinance, it is important to note that BPHC's street outreach teams have been having conversations about the plan had been ongoing in the weeks before that date to make engage people on a one-on-one basis about their needs and offer of shelter and other alternative housing options, treatment, and reunification along with storage and transportation. The relationships and level of trust between outreach staff members and the people they are serving has been critical in making these placements to safer situations possible.

The enforcement provisions took effect on November 1. As of that date, all tents and tarps have been removed from the street. No arrests directly related to that initial enforcement. By the end of the day on November 1st, more than 100 people were placed, 73 in low threshold spaces, and we are not aware of any arrests.

The temporary space that BPHC was able to open at our Northampton Square campus at 727 Massachusetts Ave played an important part in us being able to find a space that each individual's needs and allowed for continuity of case management and other supportive services. As of Monday, 11/6, BPHC's new temporary space had 27 of the 30 beds filled.

As we have transitioned to city-wide outreach model and repositioned Recovery Services outreach workers from Atkinson Street into mobile teams to reach people where they are, we are focused on ensuring continuity of engagement, case management, overdose prevention, and harm reduction services.

As has been the case in the existing low-threshold sites, we are seeing that we are able to more effectively engage people in attaining services and planning for pathways to stability once food safety, and shelter needs are being met in shelter or other placements.

The stories that I am hearing from our staff really underscore this. Talking to our Recovery Services teams, I am hearing a new sense of relief and reinvigoration in being able to do the important work of connecting with people in safe environments, and connect with people who are now more likely to have their basic needs being met. I'm hearing that our Southampton Street shelter guests and staff feel safer coming in and out of the space.

And now we get to work more closely with people to find out what they need and see what we can do to provide it. When I was at our space at 727 Mass Ave on Friday, staff were organizing a group of guests to get haircuts.

In a lot of ways it was hard to appreciate just how challenging the conditions had become until the dynamic changed. I am happy to see that our teams now have the conditions where they can do what they do best: think creatively about how to support the residents.

I want to highlight a few points, which have been lost in some of the public discussions. First, extensive planning and data-driven process helped us understand who is staying on Atkinson Street and inform the work of outreach teams on the ground. Second, case management coordination across providers to finalize list and assign a lead provider for the response (multi service provider coordination and response and follow-up with clients after the moves through mobile teams, Boston Health Care for the Homeless services, Department of Mental Health case management, Victory connector and services, and Eliot case

management contract through BPHC). Third, the role of trusted known outreach team, providers, and Newmarket Business Improvement District leading important aspects of the response on the ground. Fourth, availability and ability to hold low threshold site beds for the response, including in the space at 727, and the important role that these sites and their services play in engaging individuals who might not otherwise come inside.

Again, I want to acknowledge BPHC's teams, our colleagues across City government, and the broad range of partner organizations who are continuing to work so hard and so effectively on this ongoing effort.

While it is important to acknowledge and learn from things that have worked well to date, I want to acknowledge that the underlying crises that we are facing, regarding homelessness across individuals and families, and substance use disorder, mental illness, and so many other complicating challenges will persist, and require sustained effort and continuing to collaborate effectively, put people first, and deliver the right kind of care at the right time.

Dr. Galea: Just one question from my end. First of all, I want to recognize the enormous work that's been done by you, and by many others in the Commission, as well as by people and other City agencies. What's your assessment right now of the mismatch or match between need and service availability? How are we on that?

Dr. Ojikutu: It depends on the type of services. If we're talking about low threshold spaces, there's a mismatch. There are not enough spaces that people will be willing to go inside if they are actively using and using frequently, because many are using fentanyl. So there's a mismatch there in terms of other services we have detox that's available.

One of the issues is that you have a lot of people who go to detox and then there's nowhere for them to go afterwards or wherever they're going afterwards, is not really feasible for them. There are some problems there, some gaps and I think that's really critical. It's not just about the immediate service. It's what happens next. Some think "maybe it's better that I stay in my current situation as opposed to taking that initial step, because I don't know where that step is going to take me." I think you know we have had a lot of interest in methadone starts, but it's really looking at that system and making it easier for people to use methadone at the right doses. So, I think there are just gaps in the system here that need to be worked on, and I know a number of you on this call are very much so engaged in and involved in that process, and we are talking very closely with the State as well as with our partners, about how to create better systems for people

Mr. Wilmot: I just wanted to thank you for the update on this challenging circumstance, and I want to thank you and your teams for the efforts. East Boston Health Center operates the South End Community Health Center. We're interested in hearing more about the role of service providers in this area.

Dr. Ojikutu: I really appreciate that. Our desire would be for every health center to have some focus on substance, use disorder and navigation particularly. I think one of the things that we are doing is we have an Overdose Data to Action Grant from the CDC, and we will be placing substance use disorder navigators at a number of different health centers. That will be helpful because part of it is about navigating folks through the system and ensuring that even if something is broken, or if there's a big gap, there a way that we can shore up that gap. I do think we can focus more on this idea of individualized case management, which is sort of new. When I say new, new to how we approach encampments and just trying to figure out what are the specific needs that this individual has. Where would they best be served? Where do they want to be served? I think, that those are the things that we

don't, we haven't necessarily always scaled up to meet individual needs. I appreciate your willingness to be supportive and look forward to continuing conversation.

Dr. Bell: Our concern at Boston Medical Center was that some of these issues would be addressed and some would be distributed, and the related impacts on clinical services. We have seen increased loitering in places including sidewalks and parking garages. We have increased security and a call box. Our partnership at BMC with Boston Police Department has been very good, our concern would be ensuring safety beyond this period. The safe sleeping space at 727 Mass Ave and security there is working quite well. On the clinical side, we are seeing people sheltering in our emergency rooms, before we typically do. We have also seen acute psychosis. Like others, we are concerned about shelter capacity.

Dr. Ojikutu: Thank you; that is helpful. We've been continuing to meet with your public safety teams. This is about more than an ordinance, and the public safety work is needed to address some of these underlying problems. We have people that are resistant to coming in, and hearing more about where people are going is helpful. We are continuing to look at overflow; and it is a work in progress. In terms of public safety presence, my understanding is that things will scale up and down as needed. Again, it is helpful to know where we are seeing issues.

Dr. Taveras: I want to also commend you and Mayor Wu and all of the agencies that have been involved in this, the careful planning and thoughtfulness, the outreach teams, the coordination of where to open up safe sleeping areas. It's a model and I think you all deserve a lot of credit for the thoughtfulness that went into it. I think it's fair to say that there should be more state engagement or some resources. Boston is a hub of care, is there advocacy that's needed for more resources?

Dr. Ojikutu: The state is a partner in a lot of this work, and we meet with them regularly to talk about ongoing needs. They have stepped in and continue to fund a lot of our harm reduction, shelter system, they stepped in with additional beds, naloxone, methadone access strategies. The settlement funds is an important piece, but it is a relatively small amount compared to the need. The amount is approximately $22 over 15 years. It is an important opportunity, and our Office of Recovery Services has engaged community to inform uses of this funding. We're looking ahead at building better systems across the board. I appreciate the support that we've gotten from all the organizations that have stepped up.

Mr. Valdez: I echo all of the support from other Commissioners. My thought is about duration; is this about getting through the winter? Or is there a longer-term vision?

Dr. Ojikutu: Our approach from a public health standpoint is to continue the momentum, the effort, the outreach, all that we can do to ensure that people are safe, and that people have access to as many spaces as we can and build a more sustained response. Our hope is that this will be a sustained response and do what we can in our own spheres to serve people and get people to safer spaces. It's complicated, but we hope to sustain a response over time.

Dr. Galea: This description should be in a textbook about how to handle incredibly complex problems and careful leadership. I will introduce Program Director for Health of Boston Johnna Murphy to lead a panel regarding maternal and child health.

Maternal and Child Health Data and Program Report

Ms. Murphy, Ms. Cruz-Crosson , present.

Dr. Galea: Thank you; I appreciate all of the work from the team on the analysis and report and the ongoing work to address these persistent inequities. Are there any questions from my fellow members?

Dr. Taveras: I had a couple of questions actually about the report, which I think was again so well done, and many of us have now used the Health of Boston report, and we were anxiously waiting for it to see if there had been any progress in infant mortality. It is really striking how flat that line has been for black infants over the course of the period, so I had two questions. One was on that kind of flat line, and in some cases a little bit of an uptick. It almost forces you to think about implementation and go back to thinking what has worked for who and how and what hasn't worked? Are we not scaling what we know works because either funding or scaling partnerships? Is it that there are other things that we should bring to this space? But the flatness of that line just makes me pause and wonder. Can we interrogate that a bit to understand? Is it that we need more scaling of the programs that you just mentioned? Or is it that we need to introduce new best practices, new innovations in this space? That's one and then my other question is there any information available about maternal deaths or maternal readmissions? I know there was a part in the in the report towards the end to say that the numbers were hard to then summarize, because those numbers were so small.

Ms. Murphy: I can speak to the second question, and maybe It' be better for Becky to speak to the first, but to the second. A lot of our mortality data comes from our vital records, our death records, and they utilize sort of a limited cause of death related to maternal health. It would have to be sort of direct causes; they leave out sort of indirect causes, such as like hypertension or other aggravating factors. So when we look at that number, it is extremely small. Only a handful over several years. Currently we don't have the ability to link data to do that kind of analysis.

Ms. Cruz Crosson: I think much of the work that when you talk about like capacity, how do we build the capacity to continue to address these inequities that are going that are happening, and for us, one for adding dula services, and we feel like part of the work is also being able to just build upon this legacy program that's been in place for a very long time, and in addressing, like there are interventions. But how do we prevent these inequities that we're seeing. This program that we are about to implement would allow families to access a Dula; most of our families may not be able to afford that kind of service, and so our hope as a division is that it will be integrated with our existing home visiting program and available to residents in the city of Boston. For us it's really just building up on what we already have. And how do we continue to create these wrap-around services where within our division. I go back to accessibility, because for families to access certain services that could help and become a preventative measure.

Mr. Wilmot: Thank you, Becky, and team for the presentation. The data that you heard both in the report and today very compelling as to the challenge that we're seeing in our city and significant disparities that exist in the city for people of color, one of the things that I would encourage us to continue to think through and how we can engage around why these disparities are occurring; whether it be clinical or social factors or um other structural issues, or just calling it out of racism as some of the drivers of these types of disparities. This is an acknowledgment that we need, more data on the why, so

that as we think about strategic interventions, we're getting closer to the root causes of these issues and starting to address them systemically.

Ms. Murphy: The Health of Boston report is sort of seen as the first step and kind of leads to the why questions helping us figure out which sort of research, questions or surveillance questions come next.

Dr. Kathryn Hall: And just to build on that, I think you can see the importance of the Fetal and Infant Mortality Review that we hope to implement. Because there are a lot of unanswered questions here and only through deep research we're going to be able to understand what's happening, and so we can be able to address it.

Ms. Laptiste: Thank you for your presentation, and also your work and pulling all of this together. This question is for Becky, recognizing that when some of this work was happening. It was in the middle of Covid and just wondering if there were any pivots in terms of how you approached the work, that might have been helpful.

Ms. Cruz Crosson: A couple of things that stand out for me within our division was that because we're a home visiting program we had pivot to telehealth, and offering services to our families, even during the pandemic. During that time, also making sure that they had access to resources, especially during that time. When it came to layoffs or a lot of families impacted, we were fortunate enough to be able to provide basic resources around care, as far as like diapers and wipes, and making sure that families who may have not been breastfeeding had access to formula, or making sure that they were able to access the food pantry. A lot of it was really addressing social determinants of health, often in partnership with health centers.

Sandro Galea: Thank you to Becky and Johnna for your work in the entire team. This is a deep, long-standing problem and it is encouraging to see the systemic effort towards it.

Dr. Ojikutu: I appreciate all the work that the team is doing. We are committed to thinking beyond what has been done, because, as Dr. Taveras mentioned, this has been a persistent issue, really thinking about innovation and the structural drivers of this issue, I think we're really coalescing around a list of interventions that hopefully will create some meaningful change over the course of the next few years.

Adjourn

Sandro Galea: Hearing no more questions. I'm going to adjourn the meeting. Just a quick note that we're in a moment in the in the world where there is plenty going on in the world that can result in a heavy heart for anybody of a good conscience who thinks carefully about the health of populations, and within that context to see the Boston and Boston Public Health Commission attacking our own local difficult problems with care, compassion, but also moving forward with heart, and I think it's really a privilege to

be a part of that. I want to say thank you to everybody at the Commission for all the work that you do. You are an inspiration to all of us, everybody. Thank you. Have a good evening. Take good care.

Attest:

/s/ PJ McCann

Deputy Commissioner for Policy and Planning, Board Secretary