BOARD MEETING MINUTES

A meeting of the Boston Board of Health (Board) was held at 4pm on Wednesday, September 13th by remote participation Pursuant to *An Act Extending Certain COVID-19 Measures Adopted During the State of Emergency.*

Board Members Present

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

Others Present

Dr. Bisola Ojikutu, PJ McCann, Catie Burbage, Eugene Barros, Julia Frederick, Kathryn Hall, Michelle Clark, Pai En Yu, Agathe Hoffer-Schaefer, Ally Huh, Andrea Detorre, Caitlin Connors, Cara Willis, Colinda Cole-French, Dan Dooley, Helen Ayanian, Julia Gunn, Johnna Murphy, Jon Latino, Kemmie William, Laferne Nathan, Mahlet Meshesha, Marai Agrim, Meredith Brown, Shoba Nair, Sumaiya Maiah, Sweta, Tierney Flaherty, Tim Harrington, Timothy Heselton, Uchenna Ndulue, Laferne Nathan

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 September 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, as well as an infectious disease update and a presentation about a new initiative related to Alzheimer's Disease and Related Dementias.

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

Executive Office Report

Dr. Ojikutu presented the following remarks:

On August 24th BPHC hosted an event at the Bolling Building in Nubian Square acknowledging Black Breastfeeding Week, gallery walk, and ribbon cutting the Mamava lactation pod, designed to provide mothers with positive breastfeeding experiences. This work is supported by the Love for Latch social media and public information campaign, with supporting materials at loveforlatch.org. The City Council also adopted a resolution recognizing Black Breastfeeding week and acknowledging the work of BPHC's

Healthy Baby Healthy Child program. I want to thank the Healthy Baby team for their ongoing work to support breastfeeding and other needs of Boston's families.

I want to acknowledge and thank the members of our team that participated in the moving Overdose Awareness Day event and Recovery Month events that have already occurred. A calendar of Recovery Month community events is available at: bit.ly/BostonRecoveryMonth.

I also want to congratulate the Recovery Services team on being awarded the CDC's Overdose Data to Action grant which will expand Narcan access, community engagement, substance use services navigation throughout Boston. This was a competitive process and I am excited about the work ahead and sharing more with the Board.

As we've shared, the City of Boston received the key Chapter 91 permitting for the Long Island Bridge project, and with this new certainty in the process, the City is moving forward on this once in a lifetime opportunity to redevelop a public health campus on the island. As the ($38M City capital investment) work to stabilize a set of existing buildings for use and advance bridge construction ($81M initial City capital investment) moves forward, BPHC will be taking the lead on a collaborative planning process to set a vision for services on the campus. We're seeing this as an opportunity truly reimagine and think about what we can do differently going forward to weave together a more a coordinated system of care. We have held an initial convening of providers and other key stakeholders in July and a site visit with providers and press in August. I'm looking forward to this ongoing work.

I want to start by sharing that after three years of leadership at BPHC, Dr. Sari Sanchez has stepped down from her role as Medical Director of the Infectious Disease Bureau. Sari has decided to return home to Puerto Rico and has accepted a wonderful leadership position, Assistant Dean for Admissions at the Ponce Health Sciences University. I would like to thank Sari for her outstanding leadership over the years. She has been an enormous asset to BPHC and to our city serving as a leader during the COVID-19 pandemic and was instrumental in the citywide response to MPox, the resurgence of RSV and influenza. Sari will continue to support IDB operations during the transition.

I want to congratulate and thank Tegan Evans, who has previously served as our Associate Infectious Disease Bureau Director as well as a number of other roles in our Child, Adolescent, and Family Health Bureau, who has agreed to serve as the Interim Infectious Disease Bureau Director. Thank you, Tegan.

I am also pleased to share that Donald Osgood been appointed to serve as the Neighborhood Trauma Team Network Program Director, where he will lead a network of 25+ partners working to heal our neighborhoods from the aftermath of community violence. Before joining BPHC, Donald cared for families living in the aftermath of homicide at the Louis D. Brown Peace Institute and before that was with Boston Medical Center's Violence Intervention and Advocacy Program (VIAP) where he worked in the Emergency Department to aid gunshot and stabbing patients, their family members, and friends. Congratulations, Donald.

I am also excited to share that Pai En Yu has started today, as our Communications Director. She comes to us from the Mayor's Office of Immigrant Advancement, where she has been running their communications work for the past few years. She brings a wealth of experience - before coming to work for the city, she spent 14 years in publishing, journalism, and as a TV news producer. We are thrilled to have her join the team.

I want to thank Catherine D'Vileskis who stepped up to serve as the interim Communications Director over the past several months.

Before moving on to the other agenda items related to COVID-19 and exciting work related to Alzheimer's Disease and related dementias, I want to spend some time focusing on issues related to unsheltered homelessness and substance use disorder as well as public safety in the area of Mass Ave. and Melnea Cass Boulevard.

As we have previously shared with the Board, the City, and BPHC, have made significant investments of resources to meet the needs of individuals in the area, particularly over the last two years.

This has been a public health-led approach, and we have worked hard to develop innovative approaches to reach the individuals hardest to serve, create new low threshold housing sites, conduct outreach in new and expanded ways, help decentralize services by funding new day spaces, and stand up shuttle services to help people engage in services outside the area.

This work is done in close coordination with City and provider partners, participating actively with the City's Coordinated Response Team.

We know the efforts overall have resulted in positive outcomes and that these innovative low threshold housing models are an important part of the solution to addressing unsheltered homelessness.

In January 2022, those identified with barriers to housing and shelter were relocated from tents into new low threshold housing sites.

In the time period since January 2022, more than 500 people from the area have been served by these how threshold supportive housing sites, and 149 have moved on to recovery and permanent housing.

The broader coordinated public health response at Mass and Cass has put hundreds more people on pathways to recovery and permanent housing, and overall, 4,229 individuals have been placed in substance sue treatment since January 12, 2022.

We have also done a lot of work, led by Gerry Thomas and our Homeless Services Bureau, to address barriers to accessing emergency shelter beds, including by expanding the number of lower-threshold beds in our emergency shelters, up to 75 beds. The Bureau has also continued its longstanding work of placing individuals living in shelter in permanent housing.

We expanded mobile outreach to include overnight coverage. Through this overnight outreach and intensive case management efforts in partnership with Eliot Community Human Services, we now have better information about the individuals known to be unsheltered, residing nightly in the encampment, and actively engaging with case management services.

From this data we know that the majority of individuals present on Atkinson Street are not sleeping in the encampment and have shelter or housing. Staff from BPHC and other partner agencies work with individuals on family reunification and reconnecting with services.

We also know that while crowding and tents in the area persist, we have reduced unsheltered homelessness in the area, and the kind of entrenched structures that we saw in 2021.

However, the current public safety conditions have reached a point where they are preventing us and our partner organizations from being able to safely and effectively provide these needed public health interventions.

It is clear that we need to shift into a new phase of our coordinated City response. This requires public safety actions needed to prevent dangerous criminal activity and restore the safety and stability that is a necessary precedent to public health outreach and engagement. An enhanced public safety effort will

ensure that BPHC's public health workforce and our partners can implement strategies to serve those who are here to get help safely.

As you are aware, in response to these circumstances, Mayor Wu filed an ordinance on Monday, August 28th with the Boston City Council to prohibit the tents, tarps, and other temporary structures which are unsafe and shielding much of the dangerous activity in the area and undermining the ability of providers to deliver services to individuals in need. The language of the proposed ordinance was carefully drafted to protect individual rights and ensure that each person in an encampment experiencing unsheltered homelessness will be engaged and offered shelter and storage for their belongings.

To support this effort to provide alternatives for the smaller group of individuals sleeping in the encampments, BPHC is working with partners to bring online additional shelter beds, temporary overnight space, and to temporarily relocate medical services to support unsheltered residents.

As part of this strategy, BPHC is planning to open and operate a temporary transitional space in our Northampton Square campus at 727 Mass Avenue that will provide night-time respite and supportive services for up to 30 unsheltered individuals currently living in the encampment who are registered through our case management work and are engaged with counselors to seek support on a pathway from homelessness to housing.

The Engagement Center on Atkinson Street will be closed during this public safety intervention. We are planning for a separate portion of the 727 Mass Ave space to be used temporarily by Boston Healthcare for the Homeless to ensure continuity of the clinical services that they had provided in the Engagement Center.

Additionally, Boston Police Commissioner Michael Cox has outlined plans for officers' sustained presence on Atkinson Street and through mobile Citywide units coordinated through a central operations post to eliminate violence in the area and return Atkinson Street to standard use as a road for vehicular traffic, while addressing any other areas of concern Citywide.

BPD outreach units will work in coordination with BPHC Recovery Services mobile outreach teams to ensure that individuals have opportunities to be connected with treatment and shelter.

Because the public safety actions called for in the Ordinance are not within the authority of the Board or BPHC, we are supportive of the approach of setting clear, lasting expectations for these public safety interactions through City Ordinance.

The Council referred the ordinance to the Committee on Government Operations on August 30th. The next step will be a hearing, currently scheduled for September 28th, followed by a vote of the full Council.

My understanding is that because this is a Mayoral proposal, if the Council does not vote on it within 60 days – around the end of October – it will become law.

I also want to note that before the Ordinance was filed with the Council, BPHC joined a series of community meetings in the South End, Roxbury, and South Boston hosted by the City's Civic Engagement Cabinet, along with representatives from the City's Coordinated Response team and Boston Police Department. We are committed to continuing to engage with the community on these important issues.

As the Board is aware, after the Ordinance was filed the Board received a recommendation from four City Councilors to declare a public health emergency related to the Mass and Cass area.

I thought it would be helpful to share some context that guides our determinations about what circumstances meet the threshold of constituting a public health emergency.

The specific mechanism of a public health emergency declaration carries legal implications and limitations. The statute under which public health emergencies are declared at the local level, Chapter 111, Section 30, gives Boards of Health the ability to delegate authority to their agents to act on their behalf to address emergencies.

BPHC protocol defines a public health emergency as an occurrence or imminent threat of an illness or adverse health condition that poses a substantial risk of a significant number of human fatalities or incidences of permanent or long-term disability, or will substantially endanger, threaten or interfere with the health, safety or well-being of the public within the City of Boston.

Most significantly, a public health emergency declaration allows public health officials to temporarily do certain things that they would not otherwise be able to do without engaging in a regulatory process, effectively suspending important requirements that the health department and Board of Health engage with the public through public meetings, public hearings, public comment, and votes in public meetings to approve of specific regulatory interventions.

In recognition of the fact that these expectations on public agencies should only be suspended as long as necessary to address and imminent public health threat, courts have advised that public health emergency declarations, and specific orders issued pursuant to them, need to be limited to rare situations where there is an imminent public health threat, are limited in time, and are only used when other measures are not available.

This delegation of authority from the Board to the agency is only in place during the limited period of time when a declared public health emergency exists.

While Boston has grappled with numerous serious public health threats and crises over its history, the use of the specific mechanism of a declaration a public health emergency has only one precedent since the Boston Public Health Commission was created in 1996: March 15, 2020 when Interim BPHC Executive Director Rita Nieves made a declaration related to the emergent COVID-19 epidemic, which was ratified by the Board of Health on March 17, 2020 and was rescinded effective April 1, 2022.

Looking back on our recent experience with emergency authority is helpful as we consider the use of a public health emergency declaration to address the current conditions.

Under the framework of public health statutes cited in the COVID-19 public health emergency declaration, including G.L. c. 30 as well as statutes related to containing infectious diseases, the Board of Health authorized the Boston Public Health Commission to implement measures and recommendations for the prevention and control of COVID-19 as circumstances may require. It also authorized BPHC to use employees, equipment resources, and additional directives necessary to support Boston's COVID-19 response efforts.

The emergency orders that BPHC issued to address COVID-19, including orders related to masking, vaccination in certain public spaces, and evictions were temporary measures that were necessary to prevent the spread of COVID-19 and reduce the burden of severe illness and death. You will also recall that the use of this authority drew legal challenge, which resulted in judicial guidance reinforcing the expectation that public health emergency measures need to be reasonably related to public health and limited in duration.

We have certainly taken many of the lessons learned from the COVID emergency forward into our work to address unsheltered homelessness and substance use disorder, including using new and innovative staffing models, partnerships, and funding sources to address barriers to engagement, treatment, shelter, and housing.

Additionally, a Mayoral Executive Order issued in October 2021, An Order Establishing a Coordinated Response to Public Health and Encampments in the City of Boston, remains in effect, and calls for implementing social service interventions to address the public health risks associated with living in tents and temporary structures, building capacity for immediate placements, establishing clear and clean streets and walkways, increasing crime and violence control and enforcement. This document "orders every relevant City cabinet, department, agency, and office to take all necessary steps to implement [the actions called for in the Executive Order] including through the allocation of funding and other resources in a manner consistent with applicable law."

It is clear that the ongoing public health strategies and the all-hands-on-deck collaboration called for in the existing Executive Order are needed, and we are prepared to leverage our resources, authorities, and lessons learned from the COVID-19 response to address the current situation.

However, because addressing the complicated and entrenched public health and public safety issues related to unsheltered homelessness and substance use disorder requires lasting interventions, namely public safety measures that are outside the scope of BPHC's public health authority, it is important that the legal tools necessary to address them not be tied to a time-limited and extraordinary measure such as a declaration of a public health emergency, especially when we have the opportunity to expeditiously put them in place through City Ordinance.

As we continue to work with City Council to establish the urgently needed public safety tools to address this situation, the Boston Public Health Commission is actively planning in collaboration with other City Agencies to ensure that the necessary plans, resources, and staffing are in place to effectuate this escalated and coordinated response to unsheltered homelessness and substance use disorder.

In short, while I appreciate the engagement from the Council and welcome any particular solutions they may have in mind, I do not declare a state of emergency or recommend any further action on this particular proposal. That said, I would like to welcome any questions or discussion from the members of the Board.

Dr. Galea: Thank you for the full report. I know many of us feel this acutely. It is clearly a wicked problem, and we need to balance public health led approach and public safety approach.

I am very strongly opposed to the use of emergency here; should be reserved for situations where there clear need to unlock resources and authorities. I stand exactly where you stand. That should in no way mean that we shouldn't do everything in our power to improve conditions. Can you give a bit of timing and measures of progress?

Dr. Ojikutu: A hearing on the Ordinance is scheduled for September 28th, and we anticipate a vote from the Council shortly after that, followed by seven-day notice period. Around that time, will move people in a phased fashion. We hope that by mid-late October, before winter becomes another factor, so we will need to be up and ready and have strategies in place, including temporary space and mobile outreach teams.

Wilmot: Thank you. Can you contextualize some of the numbers. You noted just over 500 served. Is there any current estimate of numbers congregating in area? Thinking about challenges with people

moving into other neighborhoods and previous experience with South End, what are supports and impacts we observed.

Dr. Ojikutu: Approximately 200 are in the area on a daily basis, depending on weather and other factors. Of those 200, we have done a lot of assessments and collected data to determine who needs shelter, and among that number are many that are there because it is a norm for them. We think upwards of 70 percent are sheltered. Something like 30 percent need a place to go. We think that moving the 30 individuals that we are working with to a place where they can exist will help. I acknowledge some people have barriers to engaging in traditional shelters, couples, reasons related to gender identity and comfort, active substance use disorder also presents a barrier. We are trying our best to match people and meet people's needs, especially as they are disaggregated from the area. We are making sure they have access to other services harm reduction, medications for opioid use disorder, and have access to services they had received in the past.

Valdez: Thank you for your eloquent articulation of PH emergency and what it means. How will this position be communicated back to the Council; what is that dialogue? Also, you mentioned that BPHC will provide services. Do we have the resources to provide, and what steps will be taken to procure them? Thank you for all the work to address this.

Dr. Ojikutu: I agree that it is important to have dialogue; we have a strong partnership with Council and communicate regularly, particularly through Tierney Flaherty in our Intergovernmental Relations Office, and I myself. After this meeting and discussion, we will communicate with the Councilors as to the outcome of this meetings and discuss further if needed.

With respect to mobile outreach; we are doing it now, and are staffed to do this. This is about task shifting and moving teams to work with BPD coordinated response team. That coordination planning is what we've been working on. We're pulling staff into these services, including the temporary space. We do have resources to move tis forward, and other City agencies including the Mayor's Office of Housing are assisting, and BPD will be moving staffing portfolio around as this mobilization gets started.

Dr. Bell: Thank you for all of your work on this. It is a challenging issue with diverse set of drivers that are rarely understood. The Mayor took steps when she took office that we were proud to support. I have questions about what we should be planning for. With about 200 there, and 30 in low threshold site, and others will then will disperse, where are we assuming that others will congregate during the day? We saw quite a lot of dispersion into the broader area and related public safety aspects.

Dr. Ojikutu: This is a great question and part of the challenge. We have created day spaces that offer similar services to the Engagement Center at Whittier and Connecter. We have also provided a shuttle from the area to other day spaces in the city, including Saint Francis House, Rosies Place, and others. We know that these efforts alone will not entirely solve the problem of congregating elsewhere. So then what do you do, what do you offer people? In our discussions with BPD, their hope is that Atkinson Street will return to the state of a normal passable street, without tents, and congregation; a new norm where fewer people are coming to the area from elsewhere. The hope is that people will not frequent as often, but we anticipate that it will take some time. We're hoping for the best here. Mobile outreach work will offer family reunification, solutions to individual barriers. A part of this is that the closure of the Engagement Center space is expected to be temporary. We acknowledge that we have to provide spaces for people to be. There is no magic bullet, I appreciate thoughts and suggestions, especially from BMC. This is complicated, and there is no one answer. I appreciate the work that has been done to move this forward, as we move forward to longer term responses including Long Island and other assets in the city.

Dr. Bell: Help us join the dots between immediate response, and longer term. You mentioned Long Island. How temporary is temporary?

Dr. Ojikutu: We need a sustained effort in this area to change circumstances. I don't have an answer about what is temporary. Thinking of Long Island, it will take four years to establish an initial set of services there. We would be thinking about a coordinated set of responses that have a big front door, thinking about a range of service models on the island but reimagining it so that it is another neighborhood where we engage in public health activities. We want to ensure that people who are coming here are receiving more services in a more coordinated way, and more rehabilitative so that people can reengage with activities on the mainland. I don't have the full mid-term plan to share, but something has to change, part of it is public safety. Happy to see the intense response and engagement, and sustained response.

Dr. Bell: Our concerns as a health system are around the 727 space. If that is a low threshold site, they may be engaged, but may be using substances. This would be locating people who are actively using in an area where there is a lot of that. I'm concerned about the public safety impacts, the impacts on staff of the broader medical campus. BMC is committed to addressing substance use disorder. We are providing care to communities of Boston, communities of color, want to make sure that the area is not unappealing for people to get health care.

Dr. Ojikutu: I appreciate that. Security in and around the area is a primary concern. The way we are looking at this, is that if there are 30 people who are already on Atkinson, on housing lists, and we are hoping not to lose them. These people will not go to other shelters, and we are trying to meet the needs without placing an undue burden on other neighborhoods. We're meeting the needs of individuals who for reasons related to structural racism are unhoused. Trying to provide them a place that meets their needs. This is a temporary space. We're working to implement a security plan and how to manage this space. Working with BMC and will continue to. I acknowledge that there is no perfect solution.

Dr. Taveras: I want to echo your description about when it is appropriate to declare an emergency. I agree with the overall recommendation that this is not a situation to call for an emergency. This is a perfect storm of looking for shelter for Mass and Cass at the same time as migrant surge. We've talked about the Long Island campus. Could you give us an update on what is happening with the Shattuck?

Dr. Ojikutu: There are enormous pressures on the shelter system. Those pressures have reached boiling point, particularly on the family shelter system. It has been challenging to meet need. A lot of what we're doing is creating a list of provider partners that we work with, who have offered spaces to people who are unsheltered, and identify spaces. In some cases, a site will have five beds available. These are providers who are around the city, and it is in process. These providers operate in a different space from the family shelter system. With respect to the Shattuck, I defer to BMC and State for an update. A question I often get is why do we need both? The resource need is immense and growing. What we hope is that we will work together in a coordinated fashion to develop coordinated systems of care.

Dr. Galea: Thank you, Dr. Ojikutu. The right course of action is the current course of action, not getting diverted by a public health emergency. I also hear a sense of urgency from the Board. This is a difficult, difficult problem, when there are so many levers it is hard to know which will have the most effect. I will accept an update at the next Board meeting, I share the dual concerns for the safety of the population we serve and the other populations in the area.

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 June 14th, 2023 Meeting

Dr. Galea: If there is no discussion, I will accept a motion to approve the minutes from the June 14th Board of Health meeting.

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

Dr. Galea: Now I will turn it over to Deputy Commissioner for Population Health and Health Equity, Dr. Kathryn Hall, for an update regarding infectious diseases.

Infectious Disease Update

Dr. Hall presents

Dr. Galea: Thank you for this; with respect to the race and ethnicity update, it seems like Black was ahead of other races, and then less with respect to bivalent boosters.

Dr. Hall: Part of it may be fatigue. We did a lot of work in partnership with community to increase rates in communities of color. These numbers are DPH data and are a bit dated; we will continue to follow.

Ms. Gutman: Curious with schools starting up if we're going to see numbers up with kids, and whether there are recommendations for BPS, including testing.

Dr. Ojikutu: We are meeting regularly with BPS and making recommendations about mitigation strategies. We are suggesting that people stay up to date on vaccinations. BPS is working with some of our contractors to make COVID and flu vaccinations on-site. We have a protocol where BPS is looking into data as it is voluntarily reported, and making families aware of need to test and suggest masking where data suggests it's appropriate. It's a challenge, but we're going to continue to do the work.

Ms. Gutman: Are tests being given out?

Dr. Ojikutu: No pool testing, we are but making tests available to give out to BPS as they deem appropriate, and informing parents where tests are available.

Dr. Galea: Thank you, Dr. Hall to you and your team. It is important that we as a city have this surveillance and analysis capacity. Are there any questions from the Board?

Hearing no other questions, I will turn it over to Eugene Barros and Andrea Dettore from BPHC's Division of Healthy Homes and Community Supports to share some important work related to the CDC's BOLD Alzheimer's Disease and Related Dementias initiative.

Boston BOLD Alzheimer's and Related Dementias Project

Dr. Galea: Thank you, Eugene and Andrea for leading this work and for sharing this presentation. This is an area where I have done some work, and I'm particularly interested in unpaid caregiving. What do you think success looks like at the end of this grant period?

Ms. Detorre: Given the disparities in risk and prevalence, we're lifting up strategies to engage Black Latino populations, and building up infrastructure that goes beyond the life of this project, particularly to ensure screening in this population.

Mr. Wilmot: I want to applaud the team. I believe that communities are better, stronger when elder adults can age in the community as long as possible, so this idea of connecting families and caregivers and supports is great. My comment is that as you were outlining priorities, didn't include strategies to support community tenure; to what extent it was discussed?

Ms. Detorre: That wasn't named in that way as a priority, but it is something that we're thinking about.

Mr. Barros: Housing is something we're thinking about, especially with the Boston Housing Authority, thinking about age friendly housing, and we have representation from Age Strong Boston and BHA on the advisory committee.

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

Adjourn

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

Attest:

/s/ PJ McCann

Deputy Commissioner for Policy and Planning, Board Secretary