



BOARD MEETING

By Remote Participation Pursuant to *An Act Extending Certain COVID-19 Measures*

Adopted During the State of Emergency.

Wednesday, June 12th, 2024

4:00 p.m.

Members Present

Dr. Galea, Ms. Laptiste, Dr. Tavares, Mr. Valdez

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 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.

Starting January of 2025, I will be leaving the Commonwealth of Massachusetts and accepting a position starting a new school of public health at Washington University in Saint Louis. I will serve as Chair of the Board of Health of the Boston Public Health Commission at the conclusion of 2024.

This afternoon, we will hear a report from the Executive Office well as a presentation and vote on the FY2025 Budget, and a presentation about an exciting new LGBTQ+ health and wellness initiative. Now I will turn it over to Dr. Ojikutu.

1. Executive Office Report

Dr. Ojikutu presents:

During our Board meeting in March, I introduced Boston's new Health Equity initiative which will be undertaken in collaboration with Atrius Health Equity Foundation and the Boston Community Health Collaborative, formerly known as the CHNA-CHIP. The purpose of this collaboration is to catalyze new investments to address racial, ethnic, and neighborhood-level gaps in life expectancy city-wide.

Last Thursday I joined many of you at the Health Equity Compact's Health Equity Trends event. I participated in a panel with Atrius Health Equity Foundation's president, and one of the steering committee co-chairs from the Collaborative on Amplifying Impact Through Community Collaboration and Sharing Power: Partnering to Close Life Expectancy Gaps in Boston.

Both in this discussion and throughout the day, there was very strong agreement that we need to deepen collaboration across government, philanthropy, and the community to align investments and align our goals as they address health inequity. This is a key priority of Mayor Wu and is in the Boston Public Health Commission's 2024 – 2027 strategic plan.

So I'm really excited to share that we will be formally announcing our initiative in July, and the Board will receive an invitation to the press event, and I'm certainly looking forward to seeing you there. I will share more details on the initiative in July.

Next I want to turn to substance use disorder. Earlier today, DPH released additional overdose mortality data that showed:

From 2022 to 2023, the Boston drug overdose mortality rate across substance types increased 14.6% and the opioid overdose mortality rate increased 15.0%. This is obviously very concerning, and in addition to the overall concern for all Bostonians, there were significant racial and ethnic inequities regarding overdose mortality.

For Black residents, the drug overdose mortality rate increased 27.9% and the opioid overdose mortality rate increased 27.3% from 2022 to 2023. For Latinx residents, the drug overdose mortality rate increased 5.6% and the opioid overdose mortality rate increased 15.7% from 2022 to 2023.

These data are very concerning and we are continuing as a City in collaboration with partners to tackle this issue. In addition to our ongoing work in mobile harm reduction, drug checking, treatment referrals, and other activities, we do have a new Overdose Data to Action \$6.5 million grant from the Centers for Disease Control and Prevention (CDC) and \$1 million in opioid remediation funding. This catalytic funding will increase our distribution of naloxone, increase training for overdose prevention and rescue, and hopefully build citywide infrastructure to support individuals living with substance use disorder. That means increasing our ability to refer to treatment, as well as thinking about scaling up our service provision and increasing our ability to reach people.

We're excited about the new work in this area but certainly concerned about the data that was just released.

We are also continuing to address the crisis of substance use disorder and homelessness using a housing-first strategy. I would like to give a few updates on our low-threshold shelter program.

We have looked at our data, and I'd like to emphasize that this program has been very successful, and individuals in the program have reported increased access to medical care, psychiatric treatment, substance use disorder treatment, and housing. I am also proud to say that this program has also given people living with substance use disorder hope for their future.

We have analyzed data since the program started in January of 2022, and a publication is currently under review and hopefully will be released soon.

That being said, there will be changes that will be occurring across the city with our low-threshold shelter program. I am going to highlight that there will be a wind-down of the Cottages, the pilot shelters located on the Shattuck campus. The cottages are a 22-bed facility funded by the State and funded by the Commonwealth Care Alliance as well as Elliot Human Services. When they first opened, we knew they would be temporary given their nature and location. They will be ending on July 31st, and thankfully the state has been able to identify alternative housing for everyone at that site.

It has also been reported and we have been made aware by our state partners that the EnVision is no longer going to be funded by the state effective December 31st. I want to make clear that we consider the EnVision as a low-threshold site, as a very important resource for the City of Boston and for individuals who are sheltered and cannot live in congregate settings, who need to be in a place that allows for single and double room occupancy. And the program has been very successful: 52% of guests have moved on to permanent supportive housing. Due to this, the city is actively working to identify resources to keep this program operating and to ensure continuity of care for everyone served there. We will keep you posted as the situation evolves and we think through resources.

I also want to update you on 727, the site that was opened urgently in November to accommodate individuals from the former encampment. We are actively working with Elliot, the partner I mentioned previously, in regard to housing placement, to find places for individuals who are currently staying at 727 Mass Ave, and to wind down operations. We will keep you updated on when those operations do so.

I want to assure you that we are very interested in keeping our low-threshold shelter program active in the City. It has been an important resource, and although it may seem as though things are winding down, like I said before, we are working to maintain and find resources to support Envision, and to maintain our other congregate sites: 112 Friends Floor, Woods Mullen Willows program, and Pine Street Shattuck. As I said before, we are excited about the Envision program and we do have a new

allocation of \$1 million dollars in our City budget, which you will hear more about from Tim Harrington later.

Now I'd like to turn to youth mental health. I was excited to join Mayor Wu, Superintendent Skipper, and other colleagues from BPS, BPHC, and partnering organizations in late March to announce \$21 million in investment to support youth behavioral health.

These investments over five years will serve more than 50,000 students, directly impact 21 BPS schools, support more than 600 people in pursuing behavioral health careers in Boston, grow and diversify BPS's mental health staff. We're just very excited to be working on this given this is such a crisis and there's such a great need. This investment is about equity, diversifying the workforce, and reflects an urgent need in our community, so we're very excited to announce that investment.

This important announcement came as BPHC released the Health of Boston Mental Health Report, which reaffirms the level of need we see in our young people. As you may have seen from press releases, we have many youths in Boston Public Schools who have expressed sadness, hopelessness, and anxiety, and we're hoping this investment can provide them with interventions that are meaningful to them, and that this will reflect in later data.

We did also post another report specifically on substance use disorder crisis, which I mentioned previously. So there are two new reports that I'm very proud of and happy that our Center for Science, Technology, and Innovation was able to complete within the last couple months.

On a related note, we want to thank Samara Grossman, the Director of the Center for Behavioral Health and Wellness, and Dr. Kevin Simon, our Chief Behavioral Officer, and the team for leading the effort for youth mental health work. Very recently they completed a successful series of Summits for Youth Mental Health, one focused on Boston teens, one for parents and caregivers of a Boston teens, and most recently, one for providers who work with teens. These are great examples of what investments can actually do within our communities, and they will take these resources and use them to inform future interventions.

Turning to our shelter migrant crisis, another key area that we're working on, our Homeless Services Bureau staff are doing very incredible work in very challenging circumstances, not just providing shelter but also workforce development for new populations entering our adult emergency shelter. Also food and nutrition services and more permanent housing placement.

As of last week's shelter Census data, across BPHC's two individual adult shelters, we had 173 immigrant arrivals staying with us. This represents 27% of our guests. (141, or 30% of our 112 Southamptn St. men's shelter and 32, or 17% of our Woods Mullen women's shelter). This is a new population and encompassing a lot of our effort, and a lot of work being done within our shelters are being focused on the migrant population.

Largely as a result of this influx, we are experiencing a high individual emergency shelter census across the system in Boston, at 1,296, well over our funded capacity of 997.

We are continuing to use the Engagement Center space adjacent to the 112 Southamptton Street shelter to meet this need. This space can shelter approximately 40 people per night. We're very happy that we have this space available, but this has really been about using and expanding resources in a nimble way to meet the needs of new populations.

I also want to mention that June is Pride Month! During this time, we celebrate the many contributions of the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) community and acknowledge that a lot of work remains to address homophobia, transphobia and other forms of stigma. The BPHC is doing a lot of work to address the needs of this very diverse population. For us, a healthy Boston for all means that every individual is able to openly be who they are and love who they choose without fear of discrimination or persecution. This year, the BPHC is celebrating Pride in several ways: the Infectious Disease Bureau once again co-sponsored Boston's Pride march on Saturday, June 8th, where a great contingent from BPHC marched and tabled, sharing health information and resources. I think it was a wonderful opportunity to show solidarity and collaboration with the LGBTQ+ community.

As you will hear more about later in the agenda, we are also working with Boston Pride for the People on a great new health information campaign called Safe is Sexy. It's about being very positive about sexual behavior, having conversations with your healthcare provider, and normalizing getting tested for HIV and STI's. This is work that continues to be critically important throughout our City.

In addition to focusing on HIV and STI's, we also produced a report entitled Advancing LGBTQ+ Health Equity in Boston. The underlying genesis of the report focused on what the underlying needs are for this community beyond just HIV and STI's, and how can the Commission be doing differently to meet those needs throughout Boston. The report was funded by the CDC and completed in partnership with a consulting organization called Ocha Transformations, and a community working group, which I'm glad about because it's very important to have community input. I'm very excited that this report is being published soon because it does bring up a number of gaps in Boston that we could potentially address.

Thank you to the team here at BPHC that led this important work.

Finally, as many of you know, Dr. Kathryn Hall stepped down from her position as Deputy Commissioner for Population Health and Health Equity here at the BPHC, to accept an exciting role at the New York Academy of Medicine. We are going to miss her, and are working hard internally to fill in gaps she left behind, as she did an enormous amount of work here. Shoba Nair will be serving as Interim Director for Public Health Science and Innovation, which is the title we're working with in terms of our research and evaluation work. She is doing a great job so far and we will be posting a position to fill that role very soon. Very excited for Kathryn and for the work Shoba will do.

Dr. Galea: Thank you, Dr. Ojikutu. Any questions from the Board?

2. Acceptance and Approval of Minutes from the March 13th, 2024 Meeting

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

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

3. FY2025 Budget Presentation and Vote to Approve

Dr. Galea: Now I will turn it to Director of Administration and Finance Tim Harrington for an update and vote to approve the Fiscal Year 2025 budget.

4. FY2025 Budget Presentation and Vote

Mr. Harrington presents.

Mr. Valdez emailed me with four particular questions. The first one regarding Recovery Services resources and referral and an increase they had of \$575,000. This is an internal transfer. There were several FTE's within Recovery Services that we had phased out, and essentially moved over to this program. This is also due to an increase in personnel funds that we had moved out from the administration line into a lot of these different programs. So this was essentially an internal transfer of FTE's along with a correction of moving personal costs that were sitting in administration in FY24 that should have been with this particular bureau.

The second one had to do with an increase in Healthy Baby Healthy Child by \$746,000—how is this being funded? This was due to this new investment, the Fetal and Infant Mortality Review Board which will sit under Healthy Baby Healthy Child. This does not account for the exact figure, as there are personnel being moved out from the administration costs of FY24 into this program.

The third question was related to the decrease in program operations by \$1.1 million. Historically a sum would be budgeted out to us for rent, which we would be invoiced later for use of 1010 Mass Ave. They are handling the auditing of this space in a different way. They are no longer allocating funds to us for rent, and are no longer charging us for rent. There's really no impact to our day-to-day operations from this particular decrease.

The last question around the OPBE (Other Post-Benefit Employments)—they're treating this in a different way. We have always treated this as its own line item similarly to the rent for 1010; They would give us a certain amount and we would pay it back to them. Now the cost is going into our fringe-rate calculations and we're paying it back to them in that way. That particular line did not go away, was just incorporated into the different fringe calculations of each bureau.

Thank you to Chris Valdez for helping me prepare these answers.

Dr. Galea: If there is no further discussion, I will accept a motion to approve the Boston Public Health Commission's Fiscal Year 2025 budget, subject to final approval from the City Council and Mayor Wu.

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

Now I will introduce Teakia Brown from BPHC's Infectious Disease Bureau to share about the Safe is Sexy campaign.

5. LGBTQ+ Health and Wellness

Ms. Brown presents.

Dr. Galea: Thank you; are there any questions?

Taking the lack of questions as an endorsement of the rousing work you are doing, we will stand adjourned. Thank you all.

6. Adjourn