



**MINUTES FOR THE MEETING OF THE BOARD OF THE
BOSTON PUBLIC HEALTH COMMISSION
Wednesday, February 15, 2017**

A meeting of the Board of the Boston Public Health Commission (“Commission”) was held on Wednesday, February 15, 2017 in the Hayes Conference Room, 2nd floor, 1010 Massachusetts Avenue, Boston, MA 02118.

Board Members Present:

Francis J. Doyle, Esq., Chair
Monica Valdes Lupi, JD, MPH, Executive Director
Joseph Betancourt, MD, MPH
Harold Cox

Also Present Were:

Brian Castrucci (via conference call), Dr. Huy Nguyen, Alex Bosenberg, Ali Ragan, Laura Baker, Nicholas Harrison, Mackenzie Boedicker, Jeff Laughlin, Camille Cherit, Alison Nulty, Anna Proter, Dan Dooley, Angie Huang, Nicole Harter, Grace Connolly, Oyin Okolawole, Morgan Krush, Erica Strickland, Elie Valdes Lupi, Meghan McDermott, Catherine D’Vileskis, Katie Donovan, Heather Gasper, Debra Paul, Martha Farlow, Gary Than, Aditya Lalehani, Rebecca Farina, Christina Kasauskas, Yessica Garcia Rodriguez, Debby Allen, Emily Dore, Osagie Ebekozen, Dwayne Brown, Marje Nesin, Shawn Webb, Margaret Reid, Jen Tracey, Lia Beltrame, Yailka Cardenas, Theresa Young, Pareesa Charmchi, Micky Tripathi, Beth Grand, Deb Becker, Lucas Rohres, Chief Jimmy Hooley, Tim Harrington, PJ McCann, Chuck Gagnon and Kathy Hussey.

Proceedings:

Chairman’s Comments

Francis J. Doyle, Esq.

- The meeting was called to order by Mr. Doyle at 4:12pm and thanked everyone for coming. We have a full agenda so we’ll get started right away. We also have some great news. Monica will tell us about an award that all of you, the Commission staff and our Board Members have been a part of and want to celebrate.
- Last month we were talking about Recovery Services in the city and had presentations a few months back. We thought it important to reconvene on that issue as well and have a robust panel that will be presenting as well. Mr. Doyle asked Monica for her Executive Office Report

Report from the Executive Office

Monica Valdes Lupi, JD, MPH

Executive Director, Boston Public Health Commission

- Thank you, Frank. Good evening Board Members and audience. Just a quick recap on some events that we want to highlight for the Board since we last met.
- In terms of BPHC in the news, earlier this month Mayor Walsh and Sheriff Tompkins launched a recovery partnership between the Suffolk county Sheriff’s Department and the Mayor’s Office of Recovery Services. This partnership will expand the delivery of recovery services to inmates during incarceration and create a continuum of care that will continue after their release.
- The East Boston Alliance for Substance Use Treatment, Intervention and Education Coalition (EASTIE) has conducted many awareness events and parent and youth workshops. The coalition is co-chaired by Joanna Cataldo of East Boston Neighborhood Health Center and Representative Adrian Madaro.

- The group announced the LifeSkills curriculum is currently being piloted by the BPHC Bureau of Recovery Services. And will most likely be at the Excel High School. The program will also be offered to the Donald McKay School's sixth and seventh grades.
- The Maura Linh Spa, on the Allston/Brookline line at Packard's Corner, is among the first full-service spas to open under the Boston Public Health Commission's new safety regulations for air ventilation and disinfection of all tools and instruments. The Safe Shops Program of the BPHC Environmental and Occupational Health Division has also been working with existing salons to comply through a financial assistance program and technical assistance.
- A couple of Intergovernmental Relations updates: BPHC's legislative priorities have been officially filed and the co-sponsorship process has concluded. As leadership assigns committee chairs and the budget process unfolds, we look forward to continuing advocacy.
- At the end of January, the Governor's FY18 budget was released. It includes many health-related proposals and IGR is in the process of working with City Hall and our Bureau staff to monitor the budget lines that are most important to us. As a reminder, the Governor's budget serves as the first step in the budget process. This proposal lays the groundwork for the work the House and Senate will complete in the spring.
- We included the following items in your packets: FY16 financial statements, FY16 governance communication regarding the audit, and FY16 GAO and uniform guidance reports. Please let Grace Connolly know if you have any questions.
- That concludes the Executive Director's Report, so I'll hand it back to Frank.
- Mr. Doyle thanked Monica and let everyone know we were "live streaming" tonight, including members of the press in attendance. After introducing his fellow colleagues Dr. Betancourt and Dean Cox to the audience, he gave the floor back to Monica for the first presentation.

Presentation: City Health

Brian Castrucci, MA, Chief Program and Strategy Officer, de Beaumont Foundation

- Ms. Valdes Lupi was delighted to introduce our first presenter this evening. We are pleased to have Brian Castrucci joining our meeting remotely to tell us about the exciting CityHealth launch and the recognition Boston is receiving for its healthy policies. CityHealth awarded gold, silver, bronze or no medal to cities based on the number and strength of their policies in nine areas, as well as overall. Boston was among five cities to receive the overall gold medal; five received silver; nine received bronze; and 21 did not have enough strong policies to warrant a medal.
- This study not only elevates our work together toward creating a healthy city for all Boston residents, but also identifies other cities that are leading in each policy area, creating opportunity for collaboration and learning from one another. It also showcases the role of the health department and health official as a chief health strategist driving change.
- Mr. Castrucci explained that CityHealth is a project of the de Beaumont Foundation. He stated that policy is one of our most powerful tools to improve people's lives and make cities thrive. City Health is a policy package that's the result of extensive research, advice from experts, interviews with high-level city decision makers and focus groups of engaged voters; and includes a 40-city analysis of how cities' current laws stack up and compare and where they need to move the dial.
- The package is made up of nine policies: Paid sick leave; High-quality, universal pre-kindergarten; Affordable housing/inclusionary zoning; Complete streets; Alcohol sales control; Tobacco 21; Clean indoor air; Food safety and restaurant inspection rating; and Healthy food procurement.
- What's behind our package: a review of the scientific literature (from the National Academies of Sciences, Engineering and Medicine to the Centers for Disease Control and Prevention ("CDC") and beyond) for policies with evidence of improving health and well-being; counsel from national experts; review by Blue Ribbon Panel comprised of health, business, advocacy, and academic experts; and public opinion research, including stakeholder interviews with city policy leaders and focus groups of engaged voters.
- We are happy to announce that Boston received an overall Gold Medal with five or more gold-rated policies. Boston was the only city to receive a medal for each of the policies. **High-quality, universal pre-kindergarten:** children who attend high-quality pre-k are more likely to succeed in school, go on to stable jobs and earn more as adults – all of which are linked to better health and stronger communities. **Alcohol sales control:** neighborhoods with high concentration of alcohol outlets are linked to more drinking and higher rates of violence and driving under the influence. Policies that control the number of alcoholic sales outlets can reduce crime, increase safety, and reduce spending on health care and criminal justice. **Tobacco 21:** Curbing tobacco use among young adults

has been shown to decrease the number of people who start – and continue – smoking. **Food safety and restaurant inspection rating:** Policies requiring food establishments to publicly post food inspection “grades” empower consumers reduce foodborne illness rates and cut down on health care costs. **Healthy food procurement:** Policies that make sure healthy food options are available on public property aid city residents in making smart decisions that will help them achieve and maintain a healthy weight.

- Congratulations to Monica and her staff and all the leaders that came before her. More information can be found here: @city_health on Twitter. Keep pushing to find the next set of policies that will continue to help insure that every child born in the great City of Boston will have the same opportunity to live healthy productive lives regardless of where they were born in the city. Think about skating to where the puck is going and not to where it’s been. Thank you and congratulations again. Please amplify this message on Twitter: @city_health.
- Mr. Doyle thanked Brian on behalf of the board and the Foundation for this recognition. We are focused tonight, as you may have heard, on recovery services and many who are present work in recovery services. Do you know why that wasn’t considered as a policy? Mr. Castrucci replied that it was one they really debated on a lot. It was finding the policy that had the strongest evidence base that we could say was an evidence based policy that was achievable. CityHealth isn’t done with the ratings. We’ve made a multi-million dollar commitment to work with cities who want to help improve their ratings. We’ll be coming back in a couple of years with an update of these policies and, hopefully, a set of new policies and recovery and substance abuse will be really high on our list.

Panel and Discussion: Paths to Recovery Services: 311 Expansion and Enhanced Outreach

Jen Tracey, Director, Mayor’s Office of Recovery Services

Lia Beltrame, PAATHS Program Director, Bureau of Recovery Services

Theresa Young, Clinical Coordinator, Bureau of Recovery Services

Yailka Cardenas, Director of Programs and Planning, Bureau of Recovery Services

Dwayne Brown, Public Health Advocate, Bureau of Recovery Services

***Shawn Webb, Youth Services Unit Manager and Director of the Streetworker Program,
Boston Centers for Youth and Families***

Sargent Detective Ed Garvey, Commander, Opioid Overdose Unit, Boston Police Department

Lt. Detective Dave Murphy, Commander, Bicycle Unit, Boston Police Department

- Ms. Valdes Lupi commented that last month, we reviewed and reflected on progress made with new investments in FY17. Jen Tracey and Yailka Cardenas provided updates about 311/recovery services and expanded outreach. This month, we’re following up with a more detailed discussion about the “on-the-ground” work and strategic partnerships with other city agencies. Jen and Yailka are joined by colleagues from the street outreach team, Boston Centers for Youth and Families, and the Boston Police Department to speak about their efforts on “Recovery Road”. Jen would you like to kick it off for us?

Jen Tracey, Recovery Services: 311 Expansion and Enhanced Outreach

- Ms. Tracey thanked the Board for inviting them back. We’re pleased to be here and represent the work of the Commission, the Mayor’s Office and other city departments, Boston Police Department, Boston Center for Youth and Families. We’ll talk a little bit about how we’ve been working together in this area in particular.
- It’s great to see such a great crowd. Welcome everyone who’s new here. We’ve presented a couple of times in the past, but don’t have PowerPoints today. Today is just to elicit feedback and conversation with the Board and the group that’s here. We hope that we will stimulate you to ask questions. We have all the experts in the room that have been doing the work.
- First, I’m going to have folks individually introduce themselves and their program. Then we can go up and talk about some updates to the work and past presentations. And also our colleagues that aren’t usually here, Sargent Detective Ed Garvey and Shawn Webb from BCYF. Why don’t we just start with Dwayne. Just introduce yourself and then afterwards we’ll have Lia start.
- Hello, I’m Dwayne Brown. I’m with the Outreach Team in Recovery Services. There are about four of us that work together walking around the neighborhood and do outreach. Hi, I’m Lia Beltrame. I’m the Director of the PAATHS Program. Hello, I’m Theresa Young. I’m the Clinical Coordinator of the PAATHS Program. Ms. Tracey commented that Theresa a key person with 311 helping us get organized at City Hall. Hi, I’m Yailka Cardenas. I’m Director of Programs and Planning, Bureau of Recovery Services and the Supervisor for Outreach. Hi. I’m Ed Garvey. I’m a Sargent Detective with the Boston Police Drug Control Unit.

- Hello. I'm Shawn Webb. I'm the Youth Services Unit Manager and Director of the Streetworker Program, Boston Centers for Youth and Families. Hi. I'm Lt. Dave Murphy. I'm in charge of the City-wide Bicycle Unit. Hi. I'm Beth Grand. I oversee Homeless Services and work very closely with these folks.
- Ms. Tracey commented they have a really diverse team. She didn't want to waste time as there's a lot of information. We can't do this alone. We thank the partners that are here; there are many more that aren't. Thank you for being here in our partnerships. Thank you to the Board for your leadership to help us keep focused on these efforts. Chief Hooley, I think you should introduce yourself, because you're part of our team. Hi. I'm Jimmy Hooley, Boston EMS. So, we're going to do 3 to 5 minutes each, then open up for discussion.

***Lia Beltrame, PAATHS Program Director, Bureau of Recovery Services and
Theresa Young, Clinical Coordinator, Bureau of Recovery Services***

- Ms. Beltrame and Ms. Young work with the PAATHS Program. It's pretty much a one-stop shop for anybody who's looking for information or access to addiction treatment. Our role is to help people get access to substance abuse treatment services right on Albany Street. On average, we see about 40 to 50 people every day. 311 is traditionally a number that people call if they have non-emergency issues, such as potholes, or street lights that need to be fixed. In September of 2016, Mayor Walsh and the Office of Recovery Services launched 311 for Recovery Services and is a partnership between 301 and PAATHS. We get calls from individuals, family members looking for treatment options and providers looking for assistance navigating the system. We also get calls from the justice system, courts and corrections officers. A lot of people go to detox or post-detox programs. As you know, there are never enough beds for everybody. They may get discharged without a bed or treatment place to go to. So they'll call 311 just to see if there are some options.
- Mr. Doyle asked if there was any data showing how many people are using 311. Ms. Beltrame said they are gathering data and did see a spike in calls and an increase in people coming through the doors after the public announcements. A lot of people who call, end up coming in to get help with paperwork, etc., or providers may be referring somebody to PAATHS. Ms. Young added there has definitely been an increase in providers calling the hotline to get information and understand the continuum of care and how to help their folks get through that and whether or not their referral to PAATHS is the right route.

***Sargent Detective Ed Garvey, Commander, Opioid Overdose Unit, Boston Police Department
Lt. Detective Dave Murphy, Commander, Bicycle Unit, Boston Police Department***

- Sargent Detective Garvey explained that he's been with the Boston Police Department ("BPD") for 27 years, 20 of those have been with the Drug Control Unit. He heads up a new Drug Control Unit Squad that came into existence in 2015 specifically designed to investigate opioid overdoses. It's definitely a work in progress we're still fine tuning so we can continue reaching out to individuals we want to steer in the right direction. The Unit is comprised of me, 2 other detectives and 3 patrolmen and we each have different tasks. The detectives are tasked with investigating the fatal overdoses and try to get as much information as we can from family members and any evidence gathered at the scene. They investigate where the drugs are coming from and who the bad guys are and may be targeting those individuals.
- The other half of our unit is basically tasked with going out and visiting people that survived overdoses. Last year, we had over 400 overdoses in the City of Boston with 100 fatalities. We have a large number of people we try to visit and a number of them live outside the City. They get mailings from our department on where to get assistance. We try to get some people we reach out to down to the health commission. It's something we're battling on a daily basis and were trying to do the best we can. I'll be happy to answer any questions.
- Mr. Doyle asked Detective Garvey if he's seen any patterns such as the percentage of Bostonians or gang related involvement in these cases on the health care side that we might learn from? Detective Garvey responded that 37 to 40 percent of the people overdosing in the City of Boston aren't residents.
- As opposed to gang activity, there are individual enterprises operating within the City of Boston. We had a big raid yesterday. The biggest thing coming into these overdoses is the synthetic opioid Fentanyl. It's being packaged in Heroin, pills, and even pressed it into Aderol. They're also lacing Marijuana with it. So now unsuspecting individuals may think they're doing a non-harmful drug as, say Marijuana, and are going to the hospital overdosing. It's not only Fentanyl. There's a lot of stuff you can buy over the internet. One is a drug called U47700 strictly shipped from China. Another is Heroin laced with synthetic PCP. They're putting this drug in everything and we're trying to catch them. They're one step ahead of us, but we're getting there.

- Mr. Doyle asked the Detective with respect to recreational use of Marijuana and as we draw closer to facing the legalization of Marijuana and the retail stores having some, did he have any warnings, advice up front, or early keep an eye on this, as we start thinking through our responsibilities.
- Detective Garvey thinks we will have a big problem with the legalization of Marijuana because, in his opinion, it's a gateway drug. After 20 years in the Drug Control Unit, he thinks that someone using Marijuana may feel empowered and then take that next step to Cocaine or Heroin. He thinks it something that's going to hurt us in the end. Detective Garvey also mentioned that people are hanging around outside the Marijuana stores dealing other drugs. We'll now move on to the next presenter.
- Hi. I'm Lt. Dave Murphy. I'm in charge of the Boston Police Department Bike Unit. I've been on the job over 32 years now. The Bike Unit was re-established after Mayor Walsh took office. So, we've been doing this for about 2 ½ to 3 years now. Shortly after Long Island closed, we started having problems down at Mass. & Cass, so they expanded the Unit. I now have 36 Patrol Officers, 5 Sargents, plus myself. We're mostly out at night in all the high crime areas; but have expanded to a day tour over at the hospital area because of the ongoing problems there.
- The problem down there is that Police Districts 2, 6, and 4 all combine into that one area and no one District had sole responsibility for that area. We can get through all the Districts because we're mobile and can get into places that cars can't go, down alleyways, behind buildings, they're all over the place. We are targeting criminals; looking for people with warrants; looking for people who are dealing drugs, and people who are victimizing the homeless. We also find that there are a lot of gang bangers that come out because there's money to be made out there. There's starting to show up a little bit from the Orchard Park housing project which is just a short walk down Melnea Cass Blvd. There's also a different element coming around, in the last year or so we had some gun calls and done gun arrests. Those are the people we're targeting, not the homeless. Most of those people are harmless, except to themselves. We keep trying to steer them in the right direction, but sometimes they just don't want to go.
- We are working with a lot of people in the City trying to come up with a plan. We sat down with Judges Coffee and Minehan who are going to train us next month on what they call Section 35. It's a Section 35 if we're able to get some severely drug disabled people "Sectioned". If we can determine they are a harm to themselves, we'll try to steer them towards the Court. Judges Minehan and Coffee are going to streamline this for us. Once a Section 35 paper is signed from them, they'll fax it back to us and we'll identify these people. We're in the process of trying to identify certain "frequent flyers" we're finding them on the ground, wandering through traffic, falling down, etc. My guys are out there every day and they get to know them on a name basis and try to record how often we run into these people. Now we're going to try to streamline them over to the Judges who'll issue a Section 35, and we'll just go get them. Once they're in the court house, the court house will send them off to 21 days of rehab. Hopefully, it will help. It's going to be a pilot program starting next month where my guys and some of the District guys will be trained. Hopefully, it's going to work the way we envision it. We're working on one step at a time to help these people that are a harm to themselves. Again, my unit does not target the helpless; we try to help them.
- A lot of people we are identifying are not from the City; probably up to half are from surrounding towns. They come in for the Methadone and for services because everything's here. We have managed to disperse some; a lot of people are going down to Andrew Square.. They're coming down to 1010 Mass. Ave. They're moving over to the South End. We're trying to expand our guys as best we can, but we need your help also. If you're working or living in the area, and you see somebody dealing drugs, pick up the phone and call 911. Get as best a description as you can get of the person who's doing it. Obviously, we can't be there right away, but we'll be in the area and hopefully will run into them at some point. That's the best advice I can give you: get a good description of the person and we'll be out looking for him. Any questions?
- Before taking questions, Jen wanted to add that our partnership with the BPD has been invaluable on both fronts that have been presented as well as with the Districts. Certainly we work very closely with the Drug Unit who disperses information cards with resources on it for families and individuals. It's the first time ever that BPD has done that. Thank you for that. The Bike Unit is an integral part of the work we all do down here. We're lucky that as we move forward and develop our tools, we are also adding to the toolbox. There's not just one solution. As we continue to work together over time, we continue to identify gaps and seize opportunities for information sharing, and training.
- Mr. Cox noted that the area around Mass/Cass has raised a lot of concerns. As you look at the work that you're doing, what's missing from our current system? Secondly, as you talk about dispersing individuals, it means they'll be moving someplace else. The issue around Mass/Cass may be getting better, but then it poses a problem

for another neighborhood. Sargent Garvey addressed the first question saying that what he believes is missing in the whole fight against the opioid epidemic is prevention through education. He thinks we need to educate the new generations coming up, but feels some of these other generations are already lost. Education is the key thing to this; we need to get to people before they start using. We need to get out there and show people what can happen to them when they make one really bad decision. And that's all it is, one bad decision that's going to affect the rest of your life and your family's life.

- The detectives said the problem is beyond us. All of this stuff is dumped into one area and that's the problem. This area is unique to Boston. You won't see Methadone clinics combined with homeless shelters combined with hospitals combined with homeless advocacy combined with pharmacies. It's all right here; they don't have to go anywhere else. How do we deal with all of that? We don't have the answer, but we do the best we can by dispersing it out a little bit and targeting the hardcore dealers and people who are assaulting the people. Detective Garvey thinks it needs to come from the State level to try and get this stuff spread out. It's just too concentrated.
- Mr. Cox commented that those programs came about for a number of reasons and have been there a long time. Dispersing people from the Mass/Cass area is creating problems for other neighborhoods. Detective Garvey reiterated they are going after people with warrants, the drug dealers and those who target the homeless. Their goal is to make this area a bad place for them to be in. Mr. Doyle noted this is the site of the original City Hospital so the programs grew around it. Detective Garvey said things got worse once Long Island closed because they all congregate here now.
- Ms. Tracey. It's a national epidemic and Boston is lucky we have the partnerships we do. This has been a big shift for BPD to work with us. They aren't going to arrest their way through this. They realize people are sick and will work with us to get them help and to where they need to go. There are gaps in where folks can go with how they travel through the system. Boston has 9 outreach workers across the city. The Mayor has dedicated 4 workers just for the Commission to this area. We'll have more from the Outreach team.
- Ms. Valdes Lupi thanked the detectives for joining us. We talk with other big cities about the importance of having public safety. In all the conversations we have, it never ceases to amaze me about the commitment and the compassion that I hear from our police colleagues on this matter. Thank you for talking about the non-fatal overdoses, because we do think that's an opportunity for us to look at the data across our different departments to zero in. As you said, every life saved is a good thing. We wouldn't be where we are today if it weren't for the collaboration with our police colleagues. So thank you again.
- Dr. Betancourt asked in light of all that's gone on with police departments in other major cities across the country, what are your thoughts about Boston? Lt. Murphy responded that his unit is right there in the front line of all the demonstrations. We really don't have the problems other cities have had. We respect the people and they respect us in return. If we ask them to please march this way, they go. We don't have those contentious problems that other cities have. It's been that way since the beginning and hopefully it will stay that way.

Yailka Cardenas, Director of Programs and Planning, Bureau of Recovery Services

Dwayne Brown, Public Health Advocate, Bureau of Recovery Services

*Shawn Webb, Youth Services Unit Manager and Director of the Streetworker Program,
Boston Centers for Youth and Families*

- Ms. Tracey stated that Yailka will talk a little bit about how the Outreach team is working on creating a hybrid team. I think hearing from Shawn will be a nice segway from public safety to city outreach.
- Mr. Webb commented that it's an interesting transition from BPD to Outreach. I'm here to represent Boston Youth and Families. I'm also the Youth Services Division and Director of the Streetworker Program.
- Mr. Webb stated their target is to help the individuals in that area. We feel the human contact side is important because the environment is different in that area. We have a diverse group of outreach that has a very focused specialty area. I think we compliment each other because my folks have a very unique specialty area. Their specialty area is gangs. We are tracking the 45 most active gangs in the City of Boston. So when I do my walkthrough, I'm able to understand who's in the area. The collaboration with law enforcement has been very valuable.
- Ms. Cardenas commented they meet with various providers such as EMS, BPD and the Homeless Bureau, on a regular basis. We need these partners. We're out there Monday through Friday from 8a.m. to 4p.m. More people from outside the city are coming in to offer support. They want more training to be able to understand more about this population. We're City Strong, but need more help from the State.

- We focus on the Newmarket Square area from 1010 Mass. Ave. to the Jimmy Rice field down on Melnea. Everyday is different. Sometimes there are 100 people, sometimes 50. Sometimes the move along, sometimes they can't. One of our biggest challenges is language. There are a lot of Spanish speaking people who come for the programs in the area. Not all are substance abuse, they just need help with housing.
- We do a lot of work trying to get people into the shelters. Last month, Dave Thomas spoke about Front Door Triage. What we do is an expansion of this on the street level. Every day a lot of people want to go to the shelters and a lot who don't. We created a hybrid team, one BCYF and one Pine Street - who's goal is to work with BCYF to cover more area. They know the people and the people trust them.
- Mr. Brown said they work a lot with PAATHS and AHOPE to get people into detox and with the shelters to lift bars. There are stipulations and incentives, like going to a program or class, in order to have the bar lifted. We're trying to educate people. We've been collaborating the Newmarket Business Association. We've also gotten feedback from businesses that the want to be NARCAN trained which will help prevent overdoses. Our hybrid team has been working for about a month and collecting data. But it's hard to collect real-time data without a tablet. EMS has been helping with the data collection. The 311 hotline has also been very helpful. The local businesses will call us if there are any issues.
- Mr. Cox wanted to know who are their clients and how do you identify them? Mr. Brown responded they've been doing this since August and see the same people often in the same area. They know people by name and on check these areas on their daily walks. They seen new people all the time. Mr. Cox invited everyone to speak at a BU Medical School Committee meeting regarding "Life on Albany". The goal of the committee is to educate and involve the students and staff working in this area.
- Mr. Webb said they have a of 700 active clients. One of the big issues is rival gangs. We disperse some and others come in; numbers swell in summer. Most of these people have chronic behavior problems. We went from tracking 9 gangs to tracking 45. There is a shift to younger members 16-17 years old. They move between housing projects. They tend to be transient and more lively and try to target individuals. East Boston has become the newest area of young gang activity.
- Mr. Doyle wondered if the gangs were growing younger due to increased activity or from more of being with "family"? Mr. Webb replied that it's more from housing and broken family issues. Kids not in gangs are going into detention and coming out as gang members. They see things on social media and want to be a part of it. DYS, BPD, and BCYF conduct 45 home visits a week. We have sites in every city and every neighborhood. The shift is getting younger and the structure is unique to Boston. It's fueled by displaced and fractured homes and poverty. There are other cities worse off that ask for our help. Violence Prevention, Recovery Services, and Public Safety are collaborating to address these issues.

Presentation: Boston Health Equity Measure Set Update

Dr. Huy Q. Nguyen, Medical Director

- Dr. Nguyen will provide an update on work to implement a system for hospitals to report health equity measures in compliance with the Data Collection Regulation. The submission of demographic and clinical data will allow for improvement interventions to eliminate them.
- Dr. Nguyen gave a brief Regulation Overview in its current context. Health disparities on nearly every measure are persistent and longstanding. National and state health care payment reform is value-driven. Addressing health disparities is a national and local priority. There is a growing demand for transparency.
- Regulation Overview - Key Requirements: requires all acute care hospitals and Community Health Centers ("CHC") in Boston to collect demographic information on all inpatient, outpatient observation, ambulatory, and emergency department visits; requires submission of demographic and clinical data to allow identification of healthcare disparities; requires BPHC to convene hospitals and CHCs to develop quality improvement interventions to eliminate healthcare disparities.
- A chart was displayed the Regulation Implementation History. In 2008, the Regulation promulgated by Board of Health. In 2008, hospitals collect and submit encounter level demographic data. In 2013, planned clinical data submission via customized HL-7C-CDA standard to BPHC and Boston Health Equity Measure Set ("BHEMS") using mostly HEDIS measures. In 2015, planned data submission via MU standard to 3rd party-hosted Quality Data System ("QDS") and revised BHEMS using CMS MU measures; SOGI added to required demographics. From 2016-2018, implementation with hospitals; revised BHEMS from original 19 to 7 "Core Measures."
- The Quality Data System design principles are: patient privacy, data security, feasibility, costs (initial and ongoing), and utility. A chart was shown that depicted the data system architecture and how MAeHC securely

removed, encrypted and transferred data into the database. Dr. Nguyen spoke about the Quality Data System roles for BPHC, Massachusetts e-Health Collaborative (“MAeHC”), and the Hospitals. **BPHC:** responsible for BHEMS program requirements and policy definition; acts as liaison with Board of Health; authorizes communications with hospitals; and QDS one-time set up. **MAeHC:** responsible for BHEMS data collection and reporting operations; BHEMS measure development, testing, and implementation; reporting (portal and data mart) development and maintenance for BPHC and hospitals; and maintains technical infrastructure and security of information. **Hospital:** responsible for compliance with BHEMS reporting requirements; contracting with MAeHC and payment of annual subscription fees; adjustment of workflows as necessary to document data required for BHEMS measures; and ensures that the measures accurately describe performance/quality.

- There was a chart showing the different Quality Data System Cost Components. BPHC’s costs include: BHEMS QDS set up; measure set, dashboard, and data mart development; hospital specific readiness assessments; set-up of hospital portal accounts; and one-time cost to validate hospital C-CDA and establish connection. Hospital costs include: maintenance of interface from clinical system (if applicable); data transport/export (if applicable); and ongoing annual cost of measure calculation, measure reporting to BPHC, and portal access (\$2,000 - \$9,000 per hospital per year).
- The next chart was a detailed breakdown of the remaining costs for product/services: System design and modification - \$55,000; Data source readiness assessments - \$10,600; Project management - \$48,000; CCDA validation and source set-up - \$22,000; QDS source connection - \$5,500; Hospital portal set-up - \$5,500. BPHC’s Total One-Time Cost: \$146,600. Hospital Annual Reporting Service (ongoing consumption and processing of data feeds; regular report and data-mart generation; maintenance of data feeds; hosting and maintenance of QDC environment). Eleven (11) Hospital Total Annual Cost: \$85,000 per year.
- The Core Boston Health Equity Measure Set involves the following measures: Controlling high blood pressure; Weight assessment and physical activity for children and adolescents; Preventive care and screening for tobacco use; Diabetes; Preventive care and screening for clinical depression; Thrombolytic therapy; and ED-3 Median time from ED arrival to ED departure for discharged ED patients. The CMS and NQF numbers were also shown on this chart.
- The Legal Architecture between the individual hospital, MAeHC, and BPHC with respect to the Boston Data Collection Regulation was presented on the next chart.
- The final chart indicated the proposed timeline for implementation: February 15, 2017: today’s BoH presentation. March 2017: release of Participant Agreement, BAA & Implementation Plan Requirements. May, 2017: Deadline for Waiver Request and Implementation Plan Submission. September, 2017: Reporting Period begins. January 1, 2018: Deadline for Go-Live Data Submission.
- Lastly, Dr. Nguyen acknowledged all the internal and external partners involved in the venture: BPHC staff, the Health Care Task Force, the Boston Conference Working Group, and the Massachusetts e-Health Collaborative.

Adjournment

- Mr. Doyle adjourned this meeting of the Board of Health at approximately 6:15p.m.

Addendum:

This report is a synopsis of the board meeting. Presentations are posted for review the day after a meeting to our BOH webpage: <http://www.bphc.org/boardofhealth/Pages/board-of-health.aspx>. All board meetings are recorded. Requests for a copy of a recorded meeting should be made via: info@bphc.org. Thank you.

Respectfully submitted by:



Kathy Hussey, Board Secretary