



**MINUTES FOR THE MEETING OF THE BOARD OF THE
BOSTON PUBLIC HEALTH COMMISSION
Thursday, February 26, 2015**

A meeting of the Board of the Boston Public Health Commission ("Commission") was held on Thursday, February 26, 2015 in the Hayes Conference Room, 2nd floor, 1010 Massachusetts Avenue, Boston, MA 02118.

Board Members Present:

Paula Johnson, MD, MPH, Chair
Huy Nguyen, MD, Interim Executive Director
Harold Cox
Manny Lopes
Kate Walsh
Celia Wcislo

Also Present Were:

John Townsend, Tim Harrington, Chuck Gagnon, Kathy Hussey, Chief James Hooley, Gerry Thomas, PJ McCann, Lisa Conley, Brad Cohen, Triniese Polk, Jeanne Cannata, Debra Paul, Megan McClaire, McKenzie Ridings, Devon McCarley, Deb Allen, Snehal Shah, Anne McHugh, Maia BrodyField, Vivien Morris, Atyia Martin, William Kibaja, Shawn Freuned, Maureen Nothnagle, Lisa Bartucca, Kelsey Budnick, Mary McGovern, Nicole Morgan, Jacqueline Rocheville, Tanya White, Elise Bitterman, Sarah Bloom, Michael Hyatt, Scott Turner, Anthony Manfredi, Ryan Kelly, Danielle Egan, Chris Carroll, and Olivia Reevey.

Proceedings:

Chairwoman's Comments

Paula Johnson, MD, MPH

- After calling the meeting to order at 4:03pm, Dr. Johnson turned the meeting over to Dr. Nguyen for an update on the Homeless Census.

Report from the Executive Office

Huy Nguyen, MD, Medical Director and

Interim Executive Director, Boston Public Health Commission

- Dr. Nguyen let the Board know, if they weren't already aware, that last night BPHC administered the 35th Annual Homeless Census lead by Mayor Walsh and was a very successful night. He thanked Board member Harold Cox for coming out to brave the very cold weather, along with a number of staff who were team leaders. As the Board knows, this was the point-in-time street count. A lot of the work will proceed over the next few weeks in which we do the full count of sheltered homeless as well as family homeless or in transition programs including an unaccompanied youth count.
- Our efforts continue in earnest to find long-term solutions for the relocation of the services that were on Long Island. This includes working with our city partners on completing Phase 2 of the South Hampton shelter that will allow for sheltering of a larger number of homeless individual adults.
- We are also continuing our work on readying the Mattapan Campus Building "N" in order to relocate two (2) of our recovery programs that were on the Island. We've had some delays due to the weather and the snow.

- We are also continuing community process regarding the Mattapan relocation that includes meeting with a smaller group of residents, the Community Action Board of Mattapan next Tuesday, March 3, 2015 from 6:00-8:00pm as well as with a larger Mattapan community on Tuesday, March 10, 2015 at the Mildred Ave Community Center at 6:00pm. The Board will have the fliers in your packets and, of course, we always welcome board members. The meeting will be to discuss the EMS Garage structure which we were asked to have a separate meeting about.
- Finally, Dr. Nguyen wanted to alert the Board that we have two changes to our Senior Leadership Team. Tim Harrington, who the Board knows has been our Acting General Counsel, has been made our General Counsel. We're very happy to continue to have Tim play that role. And McKenzie Ridings, who's our Director of Communications, will be having her last week at the Commission next week. We want to thank her for all the work that she's done. Not just being our public face regarding media and social media, but also for playing such an important role in our strategy in terms of numerous ongoing public health campaigns. We wish you well McKenzie.
- Dr. Johnson thanked Dr. Nguyen and everyone who was out on the count last night. She realized with the date change, things were difficult and appreciated their time and effort. She congratulated Mr. Harrington and said we are happy to have him. Dr. Johnson also reminded the Board they have to finish their state ethics survey by this Saturday.
- Lastly, Dr. Johnson provided a brief update on the Screening Committee's progress. Dr. Johnson noted that the Committee has "cast a wide net" and has a pool of applicants that reflects the breadth of knowledge and experience needed to support our work. The Committee has reviewed applications for this position and will begin the process of conducting the first round of interviews in the coming weeks. The Committee will narrow the field of qualified applicants and anticipates that the Board of Health will begin the required public interview process in the coming months.

Acceptance and Approval of January 2015 Board Meeting Minutes

- Dr. Johnson asked for a motion to approve the minutes from the January 22, 2015 meeting. Ms. Wcislo and Mr. Lopes seconded the motion with no objections. The minutes were unanimously approved by the Board members in attendance.

Presentation/Vote: BPHC FY2016 Budget

John Townsend, Director of Administration and Finance

- Dr. Johnson commented that we have several presentations today; however, the big piece is the budget. We heard from Dr. Nguyen and Mr. Townsend at the last meeting. Today we will hear the next reiteration after having heard from City Hall and we will also have a vote.
- Mr. Townsend introduced himself for the benefit of the newcomers. As promised last month, we are back with the budget we are considering for submission to the Mayor. We have to submit the budget to the Mayor by the second Wednesday in March (March 11th). Mr. Kibaja, our Budget Director, and Grants Administration are also here to help answer any questions.
- Mr. Townsend ran through the actual Maintenance Budget to review some of the discussions that took place at City Hall on Monday as well as the proposed budget reductions and new initiatives that have been submitted to the City. The actual budget the Board will be approving today is just the Maintenance Budget, but he wanted to give the Board a heads up regarding those reductions and new initiatives being considered by the City.
- Mr. Townsend reviewed the budget timeline. On February 23, 2015, he, Dr. Nguyen, Mr. Kibaja, Ms. McClaire and Chief Hooley went to City Hall and met with several people from the Budget Office to go over the Maintenance Budget as well as the new initiatives and reduction proposals. We were told some reductions wouldn't be necessary; we also got some favorable comments on our new initiatives. Again, these are still being reviewed by City Hall and the Mayor to see how they fit in with the City's FY2016 Budget.

- Today we have our final presentation on the Maintenance Budget to be voted on by the Board and submitted to the Mayor. There are ongoing conversations with us with regards to the reductions and new initiatives and are hoping to get some feedback.
- On March 26th, we will be back to go over what the City's decisions or suggestions are regarding final adjustments to the Maintenance Budget and get the final Board approval. April 8th, the Mayor submits the City Budget to the City Council for their consideration. In May, we will have the City Council Hearing on the final budget.
- Mr. Townsend covered the general budget themes: bottom up evaluation of all spending, alignment of spending with Mayoral priorities, and eliminating ineffective spending. He reminded the Board this is a four part budget process: Maintenance Budget, Additional Budget Reductions, New Initiatives, and Reform Proposals.
- The Maintenance Budget should provide sufficient funding for core functions and mission critical activities. It should include realignment of organization including staff transfers, position consolidation, and streamlining business processes. Our target number for FY2016 City Appropriation is \$71,267,288.
- The second element to the whole process is Additional Budget Reduction Proposals. We asked the Bureaus and Departments to develop budget reductions as part of the budget process which is a 5% reduction that all the City bureaus are looking for. They must be viable options for consideration, preserve core and critical functions and minimize the impact on staffing. Keep in mind the reductions are separate from the Maintenance budget; conversations are continuing with City Hall.
- Infectious Disease Bureau faces a reduction in the total dollar amount of 3-year grant contracts awarded for outreach and education to prevent infectious diseases. One good thing is that FY15 is the final year for these grant contracts and they will be going out for bid in the fall anyway. The grant contracts awarded for FY2016-2019 will be smaller and targeted to specific high-priority diseases. Implementation challenges: reducing the scope and total dollar amount of these grants will reduce overall funding to community-based providers of public health outreach and education. Amount saved: \$304,794.
- Community Initiatives will see a reorganization of bureau administration and programs by using external grants and by integrating the Safe Shops Program with the Environmental Health Program to streamline operations. There will be four FTEs eliminated; three FTEs that are currently vacant (including 1 possible lay-off). Amount saved: \$178,398.
- CAFH usually receives the largest amount of City funding and therefore the largest potential reduction. Unfortunately, this will result in the elimination of three programs: Connecting Families to School Program, The Youth Development Network and Health Crew. Some of the services provided by these programs can be provided by other City agencies or new initiatives. Mr. Cox asked if there was a possibility Health Crew might get picked up by the public schools. Mr. Townsend indicated that it would be picked up by a new initiative called HealthPACT.
- Mr. Townsend asked Ms. Allen, Director of CAFH, to speak to this issue. Ms. Allen stated what they are proposing is that the Crew become a vendor to the SSY/PACT Program with City funding and have the same number of slots and services being provided to young men. Ms. Allen and her staff feel this would be an improvement because there would be a clear source of referrals for young men at high risk. There will be 12 FTEs eliminated including the Director of Program Development and Improvement position and 9 possible layoffs (those 9 could possibly be switched over to other programs.) Amount saved: \$678,564.
- Community Health Center Funding will need to deal with 5% reductions in grant funding to Community Health Centers which is provided through City appropriation to the Commission. The health centers must take the same 5% cut required of all City agencies. Community Health Centers may use this City funding support for general operations. Amount saved \$194,963.
- Mr. Townsend provided a breakdown for each bureau and its anticipated reductions which totals \$1,356,719 or approximately a 2% reduction from the total FY2015 City appropriation.

- Mr. Townsend explained that each new initiative proposal must be targeted toward achieving the Administration's goals and include an implementation plan. Initiatives must be in line with the budget goals, performance measurements and must leverage other spending and resources.
- A chart was produced showing the proposed bureau projects being considered and the costs for each. It was clarified that these initiatives are evidence based. The total budget for these new initiatives is \$4,475,690. A discussion ensued around the CAFH initiatives HealthPACT, Parenting for Parents and Teens Aged 10-14, and particularly Healthy Start in Reading. Board members expressed concerns as to the process and rationale of how some programs are reduced and new ones implemented as well as the Board's role in this process.
- Mr. Townsend agreed that it's not entirely fair to the Board that it's presented as part of the budget presentation. However, the staff and programs had particular guidelines to follow and had to ensure there was minimal impact on the communities they serve and, if possible, determine if there were other agencies that can pick up those particular services being reduced. There was a large thought process involved in coming up with these initiatives and reduction proposals. Mr. Townsend wished we had the time to come in and give them a full presentation on each of the initiatives.
- Dr. Johnson commented that she believes the Board's job is to thoughtfully listen, understanding that we are not going to know the intimate details of every single program; to hear about what some of the tradeoffs are; to do just what we are doing which is to question as much as we can about the rationale and the reasoning; and to think, from our perspective as a Board, does it seem as sound as it can be.
- Ms. Wcislo expressed she sometimes has concerns between City agencies. If we're dealing with infants, for example, do we connect with other state programs along the way so that we're building a system and not just a one-time pilot? Dr. Johnson commented that this may be something for future work. What might be help for the Board, in terms of infants and families, is at some point have a presentation around where our programs from pre-natal/cradle through to teens/adolescents and how they map to each other. It's hard to do every last thing, but maybe take one particular problem like literacy and how the agencies map to each other, to the City and to the State. It might be just a good exercise for us to envision what that looks like. She's sure that it happens, but when we talk about individual programs, we can't really appreciate it. Ms. Walsh added it would be helpful to know where the public health interventions begin and where the handoff is to the existing provider networks.
- Mr. Townsend continued by detailing the remaining new initiatives for EMS, CHEC and CPD bureaus. EMS will be working on revenue enhancements/collection activity in order to recoup some of the approximately \$3million dollars in bad debt. We have to approach this in a gentle manner since we still encourage people to use their services. EMS also proposes to increase the number of personnel by 40 EMTs the reasoning is to keep up the level of response time, services and reduce overtime costs. There are two new academy classes coming up in the near future; each class takes 6 months to complete.
- Community Health Education Centers / Community Health Worker Skill Assessment. The State is coming out with new regulations sometime this summer or fall that will require an assessment competency for community health workers. This particular initiative is to allow our CHEC department to provide that assessment for the community health workers educational training program and can provide high quality education for community health workers.
- Lastly, Tomorrow's Workforce: Enhanced professional development and career pathways training for employees is the initiative through the Consortium for Professional Development. As you know, we are embarking on the accreditation process for the Commission and this is part of that initiative. Part of that accreditation is that we do have to meet certain guidelines and benchmarks with regards to training. This will provide funding for new training and professional development for Commission staff.
- The total amount budgeted for these proposed new initiatives being considered is \$4,475,690.
- We have a couple of Reform Proposals that are needed to streamline or enhance Commission processes. They may not always have an immediate cost impact. Proposals must have detailed

description, an explanation of possible challenges and spending impacts. The reduction proposals include: the South End Fitness Center, Long Island Operational Transfer, and Realignment of Substance Abuse Counseling in Emergency Homeless Shelters.

- First, once the temporary homeless shelter has been completely moved out, we plan on developing the South End Fitness Center into a YMCA. We are looking forward to embarking on that initiative.
- The second reform proposal is the Long Island Operational Transfer where we are trying to give the Island back to the City since we no longer have any programming there. We are working with Property Management to maintain the Island and welcome any suggestions regarding possible programs for the Island. Ms. Wcislo asked why we don't sell it. Mr. Townsend explained we can't sell the Island because the City actually owns it; we only have operational control. Dr. Johnson suggested expanding the Camp. Mr. Townsend confirmed that the Camp will definitely be operating this summer. Dr. Nguyen explained we included the estimated operational costs in our Maintenance Budget for the Island for the FY2016.
- The last reform proposal is the Realignment of Substance Abuse Counseling in Emergency Homeless Shelters to have those services provided by the PASS Program over at the APTRSS Bureau. This will allow some of the Homeless to reallocate some of the case managers funded by DHCD to focus on housing. We could then bill for the PASS services provided in the Homeless shelters.
- Mr. Cox understands we have continuation maintenance on the Island, but wondered how the costs for the new shelter on Southamptton Street factor into the budget. Mr. Townsend explained we took the funds originally allocated for Long Island and switched them over to cover the new facilities at Southamptton Street and the Mattapan Campus. We then created a separate budget just for the operational costs for Long Island.
- The Maintenance Budget Framework for FY2016 saw level funding in non-fixed costs. Fixed costs increased by \$1,440,076; pension costs increased by 8%; health insurance costs by 6%. BPHC's general obligation debt was paid off resulting in a 100% decrease in FY2015 GO Debt. COLA increases by 3% effective January 2016 due to COLA and Step increases for all unionized and non-unionized employees. This represents a reduction of the proposed budget as we need to absorb these costs. The projected increase in grant funding is \$7.9 million.
- Mr. Townsend provided percentage breakdowns for the source of funding for FY2016 as: Boston City Appropriation - 45%; Federal Grants - 14%; State Grants - 12%; and Billed/Other - 29%. In addition, a chart indicating how the total \$162,707 million from these sources is going to each bureau. Lastly, there was a comparison by bureaus of FTEs between FY2015 and FY2016. The increase in most of the FTEs comes from the transition of staff from Homeless Services to APTRSS.
- Mr. Townsend asked the Board to review the Vote in their packets. Upon review, Dr. Johnson called for a motion to approve the FY2016 Budget for submission to the Mayor. Ms. Wcislo and Ms. Walsh seconded the motion. There were no objections; vote was unanimously approved by the Board members in attendance.

VOTE TO APPROVE THE FISCAL YEAR 2016 PUBLIC HEALTH SERVICES BUDGET FOR SUBMISSION TO THE MAYOR OF THE CITY OF BOSTON

WHEREAS the Board has considered the Boston Public Health Commission's public health services budget for fiscal year 2016, prepared pursuant to M.G.L. c.111 App. 2-8 for submission to the Mayor of the City of Boston;

WHEREAS a copy of said Commission's public health services budget is attached hereto;

THEREFORE, the Board approves and adopts, the attached public health services budget, for submission to the Mayor of the City of Boston, pursuant to M.G.L. c.111 App. 2-8.

That on February 26, 2014, the Commission voted on the foregoing Resolution as follows:

YEAS- 5 NAYS- 0 ABSENT- 2

- Dr. Johnson commented it was good that we had a lot of powerful questions today. She believes the Commission went through a very thoughtful process which is never an easy thing. She thanked everyone for all of their hard work. Dr. Johnson said to let the Board know we can be of any assistance as the Commission makes those arguments. Mr. Townsend stated he will let the Board know as soon as we hear from City Hall.
- Dr. Johnson introduced Dr. Nguyen and Vivien Morris for their brief presentation on the Strategic Planning Process.

Presentation: Strategic Planning Process

Huy Nguyen, MD, Medical Director and Interim Executive Director

Vivien Morris, Director of Racial Equity and Health Improvement

- Dr. Nguyen stated, as the Board recalls, many of them were interviewed last fall. For several months we have been going through a Strategic Planning Process. We hope to update the Board on the process, review the next steps, solicit feedback and answer any questions.
- The goals are: to define BPHC's roles, priorities and direction over the next three (3) years; to define what BPHC plans to achieve, how it will achieve it, and how it will know if it has achieved it; to focus the entire health department; will allow us to link to other planning findings, recommendations, and activities; to develop the third prerequisite for PHAB accreditation; and help to sustain BPHC progress during transitions. Dr. Nguyen stated that Ms. Morris has been helping lead our planning process.
- Ms. Morris noted that this has been a very inclusive process over a period of time. With the Board's help last year, we redefined our mission, vision and values by compiling relevant information from internal and external sources. We analyzed the results and selected our strategic priorities. We are in the process of developing the Strategic and Implementation Plans and will monitor and revise as needed.
- Ms. Morris covered some of the things done to date: PHAB Accreditation Gap Analysis; IAG Public Health 2030 Scenarios; SLT Infrastructure Survey; Community Health Assessment (CHA) and Community Health Improvement Process (CHIP) using MAPP; 4 Focus Groups ("internal" view); 21 stakeholder interviews ("external" view); and SWOT - SLT (Sept. 29th), PDM (Oct. 17th & Nov. 7th), front-line staff (N=229) between Dec. 10th to Jan. 7th).
- Draft priority issues to be addressed include: Strategic Leadership to develop and promote strategic leadership at all levels; Workforce Development to ensure a diverse, qualified and prepared workforce; Public Health Surveillance and Informatics to support the use of data in setting priorities and making decisions at every level of the public health system; High Performing Public Health Programs to ensure effective programs which make measurable progress where all residents have equitable resources and opportunities to achieve optimal health and well-being; Health Equity by building citywide capacity to effectively address health inequities within a racial justice and health equity framework.
- The next steps are to finalize goals, objectives, and action steps; draft the written plan; hold staff presentations/staff meetings; have a review by SLT; and present the final product to the BPHC Board of Health for discussion and feedback. Ms. Wcislo asked that the final plan be sent ahead of time to the Board to review instead of just responding to something being presented to them.
- Dr. Johnson wondered if there might be an opportunity for a high level goal. You had external stakeholders provide information, but the Commission obviously has internal workings and external work and its impact on Boston and its communities. How do we understand the impact of Commission and the view of the Commission by the communities we serve? It's a different take on it and it may require a different goal. Dr. Johnson feels that's something we've heard loud and clear from a number of stakeholders where there are perceived gaps. It may be one of those areas where it's yet another measure of our impact, but understood much more from the community level. Mr. Lopes asked that with respect to the High Performing Public Health Programs, we consider the "sustainable and scalable."

Presentation: Boston Child Health Study

Deborah Allen, Bureau Director, Child, Adolescent and Family Health Program ("CAFH")

Diana I. Santiago, Project Manager, Child Health Assessment and Planning (CHAP), CAFH

Snehal Shah, Director, Research and Evaluation Office

- Dr. Johnson noted Dr. Shah would be representing the team for this presentation. Dr. Shah thanked the Board for the opportunity to share this work with them. The study has three parts: Boston survey of children's health - a copy of the report is in your packet; child health assessment mapping project - the report for this project will be ready around the middle of March which we'll share with you then; and Medicaid claims data analysis - we've been stalled a little on this project because we've had trouble getting access to Medicaid claims data. The survey of children's health report is also available for review online on our website at: <http://www.bphc.org/healthdata/Pages/Health-Data.aspx>. The study was funded by Boston Children's Hospital and the Boston Public Health Commission.
- The study objectives are: to provide a complete picture of child health in Boston, including: parent and other caregiver perceptions about children's health, health-related resources, and quality of life; the relationship between the environment and child health; and patterns of diagnosis, health care utilization, and treatment in Boston neighborhoods; to inform policy and practice; and to stimulate research aimed at eliminating health inequities and improving the health of all of Boston's children and families.
- Dr. Shah provided selected findings from the study beginning with the percentage of children with health insurance coverage aged 0-17 years: in Boston 96.4%; in MA 99%; and in the US 94.5%. We did an assessment of children's general health ranging from fair/poor to good to excellent. This metric has been associated with many different things both in adults and children; people who have fallen into that fair/poor category actually have higher mortality rates; there has also been experiences with emotional and mental health. The percentage for Boston children in fair/poor health is 5% which is higher than in MA or the US.
- Comparisons in child weight status aged 11-17 years: in Boston, 60.2% were in the low/normal range, while 39.8% were in the overweight/obese range which is higher than in MA or the US. The figures for MA were 71.5% low/normal and 28.5% overweight/obese. US figures were 70.1% low/normal and 29.9% overweight/obese.
- The study found that children ages 0-17 who had moved residences more than twice in their lifetime. About 24% of kids have moved more than twice. This sort of housing instability has been associated with poor school performance, poor mental health including anxiety and depression, and some chronic diseases. The rate is higher for Black (29%) and Latino (32%) for children who have moved more than twice. 40% of the children in the fair/poor health category have moved more than twice.
- Children with exposure to adverse childhood experiences, such as financial strife (27%), parent divorce/separation (15%), and/or neighborhood violence (16%) have had effects on children's health.
- Dr. Shah provided information from 2010 on the age distribution of children in the 0-2 and 15-17 age groups by Boston's neighborhoods. The largest percentage of infants versus adolescents appears in the Back Bay, Charlestown and South End. She also provided information from 2008-2012 combined on the number of residents employed in the health care and social assistance sectors.
- A graph from 2011 reported on violent crimes which includes homicide, rape, robbery and aggravated assault. The percentage 0-17 aged children of Parent/caregivers who reported that their child was either sometimes or never safe in their community or neighborhood was 26.3% in Boston, much higher than the 12.6% in MA and 13.4% in the US. The percentage of children who had witnessed violence in their neighborhoods was 15.6% in Boston. 19% of those children were Black, 18.9% Latino and only 5% White.
- Dr. Shah acknowledged all the Commission staff and our Boston Children's partners for their work on the study.

Adjournment

With no further business before the Board, Dr. Johnson thanked everyone for coming and adjourned the meeting at 6:00p.m.

Submitted by:

Kathy Hussey, Board Secretary