

**MINUTES FOR THE MEETING OF THE BOARD OF THE  
BOSTON PUBLIC HEALTH COMMISSION  
Wednesday, March 7, 2018**

A meeting of the Board of the Boston Public Health Commission (“Commission”) was held on Wednesday, March 7, 2018, 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, Manny Lopes, Myechia Minter-Jordan, MD, and Kate Walsh.

**Also Present Were:**

Jim Imprescia, Maya Sanders, Beth Baker, Shekeima Dockery, Peter Rempelkin, Morgan Simko, Marje Negin, Heather Gasper, PJ McCann, Jen Tracey, Devin Larkin, David Pia, Jenifer Jaeger, Felipe Ruiz, Eugene Barros, Caitlin Hanson, Mary Bovenzi, Gerry Thomas, Tim Harrington, Fritz Gustave, Anne McHugh, Chief Jimmy Hooley, Margaret Reid, Jasmine Smout, Puneet Sharma, Rita Nieves, Grace Connolly, David Susich, Catherine Cairns, Devon McCarley, Oyin Kolawole, and Kathy Hussey.

**Proceedings:**

**Chairman’s Comments**

*Francis J. Doyle, Esq*

- The meeting was called to order by Mr. Doyle at approximately 4:13 pm.
- We have a number of important items today, including the FY19 budget and the changes that are going on with the ACOs and MassHealth. They are alive, I won’t say well, but they are alive in Massachusetts. We’ll have updates later on all of that. I wanted to mention up front, and I know Monica will take a second to recognize a couple of folks.

The terms of our Commissioners are three-year terms. Both Commissioner Betancourt and Commissioner Cox terms ended in January. They have been kind enough and gracious enough to stay on until the Mayor appoints new people to take their places. So, on Monday, the Mayor filed with the City Council that he is appointing Dr. Jennifer Childs-Roshak, who is the CEO and President of Planned Parenthood. I’ve worked with Dr. Roshak before. She’s very smart. She’s very broadly experienced in women’s health, but generally as well. I think she’ll be a great addition to us. Also, President and CEO of Mass Eye and Ear, John Fernandez, will be a member of the Commission. As I said those appointments were filed with the Boston City Council and assigned to committee. We hopefully will be hearing on those appointments soon and will get them onboarded. I know Monica is already working with them on this process. We wanted to let you know that and we’re delighted that they’re joining us. We’re wicked sorry to see Joe and Harold leave us. They’ve made tremendous contributions which I know Monica will acknowledge and we’ll try to do something in April for them.

Anyway, our Executive Directors report.

# DRAFT – FOR INTERNAL REVIEW ONLY

**Report from the Executive Office**  
**Monica Valdes Lupi, JD, MPH**  
**Executive Director, Boston Public Health Commission**

- Thank you. Again, I just want to echo what Frank has said about Joe and Harold and to thank them. I'm sorry that we weren't able to do this early last month. I've been in touch with both of them and what we're trying to organize for the April meeting is to hold a reception, probably before the meeting begins, to let them know how much of an important part they played an important role alongside you over the years.

There are a couple of things I just want to highlight for the Board and all of our guests this evening. Joe and Harold were really part of the original constellation of Board members that worked so hard on some of the toughest tobacco regulations in the nation:

In 2008, the Board prohibited the sale of blunt wraps, banned the sale of tobacco in pharmacies and colleges, broadened workplace smoking protections and banned trans fats;

In 2011, the Board adopted strong protections for nail salon workers and clients, and restricted the sale of inexpensive cigars that appeal to our youth, and protected youth from emerging nicotine delivery products;

In 2013, the Board strengthened infectious disease reporting requirements, and expanded environmental health protections for nail salons and water wells; and most recently

In 2015, the Board increased the tobacco and nicotine purchase age to 21 and banned flavored tobacco products.

So, we are really thankful from the staff's perspective and also from the Board. I know that you all probably talked with them individually as well for their service. We look forward to honoring them next month. And we look forward to bringing on two new board members to work with us.

- **BPHC in the News.** BPHC's harm reduction and needle exchange site AHOPE was featured in TIME's Opioid Diaries. TIME spent months on the streets of Boston and San Francisco, on patrol with first responders in Ohio, New Mexico and West Virginia, inside jail cells in Kentucky, funerals in New Hampshire and prayer meetings in Massachusetts. The series features an interview with Sarah Mackin from AHOPE. Thank you to our Communications and Recovery Services teams for their work on this story. ***TIME: Harm Reductions "Inside a Needle Exchange"***.

Last month, we shared that our Health of Boston report was released on February 8<sup>th</sup>. It continues to be covered by major new outlets as well as local and neighborhood papers: Boston Metro: Lower infant mortality, teen smoking among findings in Health of Boston report. Boston Globe: Health of Boston report highlights opioid crisis, positive signs in other indicators. WGBH: Boston Health Report shows Increase In Chronic Disease, Adult Anxiety. Boston Herald: Expert: City homicides show need for stricter firearm control. El Planeta: La salud de los bostonianos ha mejorado, pero se evidencia la crisis de opiodes. Dorchester Reporter: Latest citywide health report shows a familiar pattern in Dot, Mattapan.

Our peer leadership program ***Start Strong*** was also widely featured in the news because of their "***The Truth About Pornography***" course, which was developed with BU's Dr. Emily Rothman. Dr. Rothman conducted research that revealed that some youth were imitating things they saw in pornography, were being asked to act out things their partner first saw in pornography, and that the majority who were asked were not happy about it.

***Start Strong*** realized pornography was affecting youth, but adults weren't talking to them about it. A reporter from the *New York Times Magazine* covered the program: New York Times Magazine: What Teenagers Are Learning From Online Porn. It was also covered by the Boston Globe and Semana, a Columbian magazine. Boston Globe: Should you consider letting your teen take a porn literacy class? Semana: Graduados en porno.



# DRAFT – FOR INTERNAL REVIEW ONLY

## Intergovernmental Relations Updates

*Heather Gasper, Director*

### *Intergovernmental Relations and Policy Development*

- **Federal Update.** *NACCHO Visit.* Last week, Intergovernmental Relations Director Heather Gasper and I joined the annual convening by the National Association of County and City Health Officials (NACCHO) to advocate for local health departments and public health funding on Capitol Hill.

We visited the offices of Senators Warren and Markey and Congressmen Capuano and Lynch. While on the Hill, we discussed the importance of local health departments and how BPHC is on front lines of public health, while also emphasizing the need for continued and increased funding for the CDC and the Public Health and Prevention Fund. Many of the conversations focused on the ongoing opioid epidemic as well as gun violence as a public health issue. Though these are challenging times in Washington, our delegation remains committed, engaged and responsive.

**CARA 2.0.** Last week, a group of eight senators unveiled bipartisan legislation that would increase funding for addiction treatment and prevention by roughly \$1 billion, and impose a sweeping 3-day limit on opioid prescriptions for initial pain treatment.

The *CARA 2.0 Act*, billed as the sequel to the *Comprehensive Addiction and Recovery Act* of late 2016, would be the most substantive action Congress has taken to address the opioid crisis since President Trump took office. The legislations' unveiling comes as Republicans in both chambers are ramping up their legislative efforts to address the opioid crisis.

The two-year budget deal Congress passed earlier this year included \$6 billion in extra funding to address the crisis in 2018 and 2019, but offered only broad outlines of how funds would be used.

The bill would aggressively limit doctors' ability to write lengthy opioids prescriptions, exempting only cancer, chronic pain, and hospice treatment from the three-day initial prescription limits. A number of states have already enacted laws limiting first-time opioid prescriptions to three, five, or seven days.

The bill would also make permanent temporary provisions that allow nurse practitioners to prescribe buprenorphine, a form of medication-assisted treatment, and that waive the current 100-patient limit for physicians wishing to prescribe the drug.

It would fund \$300 million in training and expand access to the overdose-reversal drug naloxone for first responders, more stringently require physician use of prescription drug monitoring programs, and fund a variety of other new treatment and outreach programs.

The initial CARA, in combination with the 21<sup>st</sup> Century Cures Act, authorized roughly \$1 billion in annual spending on a more limited scope of programs. Senate Health, Education, Labor, and Pensions Committee Chairman Lamar Alexander of Tennessee has said his committee's markup could come as soon as the end of March.

- **State Update.** *Prevention Wellness Trust Fund:* Since the last time we met, there have been some developments in the Prevention Wellness Trust Fund bill. The standalone funding bill has been reported favorably by the Joint Committee on Public Health. This will give us an opportunity to continue to engage with Chairs Kate Hogan and Jason Lewis and the rest of the membership on the Committee on Public Health, as well as Leadership in the House and Senate.

- Monica recommended we switch up the agenda and have Jim and Beth do their presentation before Grace does the FY19 budget. This will give Kate Walsh enough time to get here for that presentation and the subsequent vote.

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## Presentation: Updates on MassHealth Changes and Impact on BPHC Programs

*Jim Imprescia, Revenue, Compliance, Credentialing, & Billing Administrator*

*Beth Baker, Director Health Access & Wellness Services*

- **MassHealth Changes.** As of March 1, 2018, approximately 1.2 million MassHealth managed-care members will have a new set of plan options to enroll in.: 13 new Accountable Care Partnership Plans; 3 new Primary Care Accountable Care Organizations (ACOs); 2 Managed Care Organizations (MCOs); and MassHealth's Primary Care Clinician (PCC) Plan. Accountable Care Partnership Plans and MCOs have their own network of providers, including behavioral health providers.
- **Continuity of Care Notification.** In November 2017, MassHealth began taking steps to notify its members of new plan choices that are effective March 1, 2018. Members whose primary care provider (PCP) of record is affiliated with an ACO (either Accountable Care Partnership Plan or Primary Care ACO) received information about that ACO and were prospectively enrolled into that ACO. All prospective enrollments are effective on March 1, 2018, unless the member makes a different choice.
- **Targeted Support with Transition.** MassHealth has worked with its ACOs and MCOs to identify members who may need extra help during this transition. People who may be: Pregnant; have significant health care needs or complex medical conditions; have autism spectrum disorder; have significant mental health or substance use needs; are receiving Children's Behavioral Health Initiative (CBHI) services; and/or are receiving ongoing services such as dialysis, home health, chemotherapy and/or radiation, or HepC treatments; or are hospitalized.
- **Behavioral Health.** Three behavioral health contractors among all of the managed care plans: Beacon Health Options is the behavioral health contractor for Accountable Care Partnership; plans affiliated with BMC Health Net, Fallon, and Neighborhood Health Plan as well as the BMC Health Net MCO. Tufts Health Plan provides its own behavioral health network for its Accountable Care Partnership Plans and its MCO. Massachusetts Behavioral Health Partnership (MBHP) provides the behavioral health network for all Primary Care ACOs, the PCC Plan, and Health New England/Be Healthy Partnership Plan.
- **Continuity of Care Documents.** A chart with copies of Continuity of Care Documents form MBHP and Beacon Health Strategies was shown.
- **Coverage Changes in Residential Programs.** The Executive Office of Health and Human Services has also approved MCO coverage of Residential and Recovery Home Programs beginning March 1, 2018. These programs were previously covered entirely by a contract with the Massachusetts Department of Public Health (MDPH). In FY17, MDPH split the reimbursement rate into two segments – Clinical Services and Room and Board with an off-set in Room and Board to the clients' food stamp benefit. On March 1, 2018, the initial roll-out is Massachusetts Behavioral Health Partnership that will cover their enrollees who are utilizing either Entre Familia or Wyman Recovery to cover their clinical fee with the room and board being billed to MDPH along with the off-set. Further roll-out will include the other MCOs.

Contracts that are currently in place to provide services at BPHC: Medicare for the Dual Eligible population – Medicare for Psych/Medicaid for Behavioral Health; Mass Medicaid for the Primary Care Plan – Delivery Model – One Care; Massachusetts Behavioral Health Partnership; Beacon Health Strategies – BMC Health Net Plan, Tufts Navigator; Tufts/Network Health – Tufts Together; Commonwealth Care Alliance; and Blue Cross and Blue Shield – HMO Blue – Subsidized BC/BS.

- **Support for BPHC Programs.** Informational documents have been shared with programs. All job aides/tools from the State have also been shared. BPHC Software for assistance: Eligibility Verification System (EVS) Commonwealth of Massachusetts – Immediate Response; NEHEN – New England Health Exchange Network – Immediate Response; HTSgo – Large Batch submission of client information – Batch Results return in 5-10 minutes.



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- **Recovery Bureau Current Clients.** A chart was shown indicating the percentages of Recovery Bureau clients: South Boston Collaborative 332/31%; Psychiatry Services 93/8%; Behavioral Health 34/3%; Mom’s Program 172/16%; and Men’s Health/Recovery 450/42%. Total clients: 1,081.

The next chart shown indicated the percentages of Recovery Bureau clients who need to change Medicaid product: South Boston Collaborative 50; Psychiatry Services 13; Behavioral Health 3; Mom’s Program 18; and Men’s Health/Recovery 23. Total patients: 107.

- **Mayor’s Health Line.** Many clients are unaware of changes to MassHealth and impact on their coverage and services. Tools to get the word out: Direct outreach to Mayor’s Health Line clients; Ethnic media; Social media; Community television; Coordinating messaging with Health Care for All and Mass League; Outreach to community partners.
- **Mayor’s Health Line ACO Services.** ACO enrollment events: collaborate with community partners (Children’s Hospital, Martha Elliot, VACA, Mujeres, BPL); Office of Recovery Services; and Engagement Center. Resident assistance: over the phone, in person at 1010 Mass. Ave (by appointment / walk-in); and in the community.
- **Discussion Questions.** Are there other strategies for helping clients with these transitions? Are there other tools/supports that we should be sharing with staff to help them support clients with transitions? Then Frank called for a motion for a brief adjournment we waited for Kate Walsh to arrive from her prior meeting. Manny approved and Myechia seconded the motion. A lengthy, robust discussion followed.

## Acceptance and Approval of January 17, 2017 and February 14, 2018 Minutes

### *Board Members*

- After Kate arrived, Frank entertained a motion to approve the minutes from our January 17<sup>th</sup> and February 14<sup>th</sup> meetings. Manny approved the motion which was seconded by Kate and Myechia. There were no objections. The minutes from January 17, 2018 and February 14, 2018 were unanimously approved.

## Presentation and Vote: FY2019 Budget

### *Grace Connolly, Director of Administration and Finance*

- **Background.** We’ve covered most this in previous meetings. COB finances are stable for FY19; AAA credit rating for 4<sup>th</sup> year in a row; State aid continues to shrink; Growth in fixed costs, anticipated at 7/5% (still slower than past years); Ongoing collective bargaining negotiations.
- **Two Step Process.** Once again, this is a two-step process: Maintenance request and New budget proposals consisting of: operational reforms; budget savings; new initiatives/investments; and revenue proposals.
- **Maintenance Request:** Reflect FY18 operations in terms of FY19 costs. Review possible realignments during this period: Staff transfers and consolidations; Streamlining business processes; Shared service models; Reduce fragmentation and duplication of effort; Enhancing managerial controls.

A chart was shown indicating the percentages of funding for FY19 and the change from FY18: City of Boston Appropriation: \$81,525,364 / Change: 2.75%. Federal, State, Billed, Other: 442,667,652 / Change: 3.26%. EMS Billed: \$36,663,970 / Change: -0.39%. Non-EMS Revenue: \$480,000 / Change: -5.23%. Property Revenue: \$2,324,000 / Change: -0.26%.

- **New Budget Proposals:** Operational Reforms: Planning efforts; Operational audits; Departmental experience; Service and program demand changes; One-time investments must show ROI and implementation steps. Savings proposals: 2% reduction must be proposed; Does not mean that our budget will be cut by 2%.

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- **Framework for Savings Proposals:** Be cognizant of vulnerable populations and equity implications; Preserve core public health services provided by BPHC programs and partners; Mitigate impact on FTEs [particularly revenue generating positions]; Streamline operational functions to support services.
- **New Initiatives.** New initiatives/investments: provide analysis to show measurable progress toward specific goals. Priority for projects that: Data show investment will have a significant positive impact relative to the investment; Targeted at the vision of a thriving, healthy and innovative city; Support the implementation of Imagine Boston 2030; and Leverage other spending and resources.
- **Revenue Proposals.** Revenue options: Estimates consistent with service levels in maintenance budget. Alternatives: Fees and fines that haven't risen to keep pace with inflation; and Maximizing existing revenue streams.
- **Capital Budget.** Addresses urgent needs while planning strategically for the city's future. Facilities projects: Public Facilities Department feasibility site visits and data collection ongoing. IT and Equipment projects. Departmental meetings held in January and February.
- **Timeline.** This month, we've had COB Office of Budget Management meetings, today's presentation to the Board and vote; submit to the Mayor next week. In April, we'll make any changes resulting from mayoral review. In May, we'll have the final Board approval and City Council hearings. In June, we'll conduct all staff meetings to review FY19 budget. Shortly after that, we'll start the process for FY20.
- **Vote.** At this time, Frank Doyle read the following budget vote into the minutes. He then called for a motion to approve the vote. Dr. Myechia Minter-Jordan approved the motion. Kate Walsh seconded the motion. Frank asked for a rollcall to approve the budget vote.

Frank Doyle–Yea; Manny Lopes–Yea; Myechia Minter-Jordan–Yea; and Kate Walsh–Yea.

The Board unanimously voted to submit our FY19 Budget to the Mayor.

## VOTE TO APPROVE THE FISCAL YEAR 2019 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 2019, 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 March 7, 2018, the Commission voted on the foregoing Resolution as follows:

YEAS-	<u>4</u>
NAYS-	<u>0</u>
ABSENT-	<u>0</u>

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## Adjourn

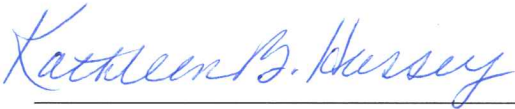
Frank thanked everyone and in light of the weather, said it's a good time to adjourn. He called for a motion to adjourn. Myechia Minter-Jordan approved the motion. Manny Lopes and Kate Walsh seconded the motion. Frank asked if there were any objections. There were no objections. Mr. Doyle adjourned the Board meeting at approximately 5:35p.m.

## Addendum:

**PLEASE NOTE:** This report is a synopsis of the board meeting. Presentations are posted for review a day or two 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](mailto:info@bphc.org). Thank you.

RESPECTFULLY SUBMITTED BY:



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Kathleen B. Hussey; Board Secretary

