



MINUTES OF THE BOARD OF HEALTH
April 20, 2022, 4pm

A meeting of the Boston Board of Health (Board) was held on Wednesday, April 20th, 2022 by remote participation pursuant to An Act Extending Certain COVID-19 Measures Adopted During the State of Emergency.

Board Members Present

Guale Valdez, John Fernandez, Phillomin Laptiste, Rebecca Gutman

Others Present

PJ McCann, Julia Frederick, Tim Harrington, Batool Raza, Britt Frederick, Jon Latino, Catie Burbage, Tim Hesselton, Cynthia Hamwey, Sonia Carter, Puneet Sharma, Hamilton Paul, Perri Kasen, Vanessa Manzi, Johnna Murphy, Michelle Efendi, Jenn Wong, Stacey Kokaram, Mea Allen, Johanna Kaiser, Agathe Hoffer-Schaefer

Executive Office Report: Dr. Bisola Ojikutu, Executive Director

Dr. Ojikutu: Welcome to the April Board of Health Meeting. This afternoon we'll take things a bit out of order and I will start with executive office report.

First, I am excited that the Office of Racial Equity and Community Engagement and Workplace Improvement Initiative (WIIN) is working to gain input from BPHC staff to help shape new BPHC organizational Core Values. These Core Values will ultimately take the place of our guiding principles, and drive our day-to-day work, interactions, and advancement of BPHC's Mission and Vision. Our core values help create BPHC culture and guide decisions including strategic planning, community investments, and partnerships. I look forward to sharing more about this process, and our other organizational planning and improvement efforts moving forward.

As you may have seen, Mayor Wu submitted the FY23 budget and ARPA funding proposals to City Council and the public. I am pleased to report that this included many of our proposed new investments. You'll hear more tonight about historic investment in behavioral health, including \$18 million in total funding across city agencies to tackle behavioral health and substance use disorder challenges.

Our Director of Administration and Finance, Tim Harrington, is here as well, Tim feel free to share any additional updates.

Mr. Harrington presented the posted sides. Over the next two to three weeks we will continue to build out our proposed detail for these ARPA funds. A hearing will be held before the City Council and will return.

Mr. Valdez asked if the conversation with City Council was about how funds are going to be released. Is that process part of the conversation? Harrington: Yes, it will be up for discussion with the Council. We anticipate questions and feedback and will take under advisement.

Dr. Ojikutu: Also, as I believe you all know, Manny Lopes has announced his resignation from the Board to focus on his new role with Blue Cross Blue Shield of Massachusetts. I want to start by sharing for the record how grateful I and the staff here at the Commission, as well as Mayor Wu and her team are for Manny's dedicated public service. He was first appointed to the Board in 2015 and has given invaluable advice and leadership support to four BPHC Executive Directors, through times of enormous change and transition. Manny was instrumental in several initiatives to promote health equity during his tenure, including the adoption of regulations to prevent youth initiation to tobacco and vaping. I am personally grateful to Manny's leadership throughout my transition into this role and his thoughtful guidance of the Commission's recent COVID-19 response efforts.

It is my understanding that in the absence of a chair, our bylaws allow for the Board to vote to select a member to serve as a temporary chair for the purpose of the meeting. I welcome any volunteers...

Chairperson Pro Tem Selection: Board

Mr. Valdez: I would be happy to serve in this capacity unless anyone else would like to volunteer. It sounds like we need a roll call vote for this; I would welcome a motion to appoint me as chair pro tem.

A motion was made by Mr. Fernandez, seconded by Ms. Gutman and approved unanimously by all members present by roll call vote.

Mr. Valdez. Thank you. We all have the same goal, and want to make the best decisions for the health of the people of Boston. I am glad to serve in this capacity on an interim basis. Briefly, I'll cover some housekeeping notes.

Welcome, everyone, to this meeting of the Board of Health, I appreciate our Board members, BPHC staff, and members of the public for joining us. This meeting is being conducted by remote participation as authorized by state law and any so any votes will be taken by a roll call of the members.

In keeping with our 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.

Acceptance and Approval of Minutes from the March 9th Meeting

Mr. Valdez: The next order of business is the approval of the minutes from our March 9th meeting. If there are no questions, I'll accept a motion to approve the minutes.

A motion was made by Mr. Fernandes, seconded by Ms. Laptiste, and approved by roll call vote by all members present.

4:20 COVID-19 Updates and Discussion: Dr. Bisola Ojikutu, Commission Staff

Thank you Commissioner Valdez and thank you for stepping in in this role.

Dr. Kathryn Hall, Deputy Director for Population Health and Health Equity, presented slides regarding COVID Data.

Ojikutu: These data are consistent with what we know from the Broad institute and other sources of information about the BA2 variant. The rise in cases is concerning because it is beginning to spread into older populations.

Hospitalizations have increased a bit but not in line with cases. We are not seeing strain on the hospital system. We need to be vigilant and cautious and make strong recommendations about how people should proceed.

With vaccination and boosting, we are at higher percentage than other places but it is still suboptimal, and we have work to do and are putting in the time and effort to connect with people. Making strong recommendations, including:

- Masking in indoor public settings, especially if you have co-morbidities, are unvaccinated, immunocompromised or over age 65
- Stay up to date with vaccination and boosting
- Stay home if you are ill
- Test before large indoor gatherings and prior to visiting higher risk individuals
- If you are positive, reach out to your health care provider for treatment

Organizations can request rapid tests for helping to expand access to testing in the community. We will be releasing a statement to the press shortly.

Mr. Valdez: I'll open up to members of the Board

Gutman: Did we set specific metrics for reinstating a state of emergency. Could you remind us?

Ojikutu: We have not set specific numbers, but what we've said we would do is watch our metrics closely, and look at modeling, particularly about strain on hospital settings. If we observe that, we will return to the Board for additional guidance.

Valdez: What specific actions will BPHC take?.

Ojikutu: We have been promoting many of these interventions. We have promoted masking, and helping to give guidance and access to well-fitting and appropriate masks. We put information out and encourage people to protect themselves.

For vaccinations, we work closely with community to address awareness gaps through communications and awareness. With regard to testing, we are still supporting free walk-in testing sites, and are making rapid testing kits available to community organizations. We will continue to do everything we can, particularly with additional funding opportunities.

Valdez:

Thank you, Bisola for this update and context on where we are in the pandemic. I'd like to open the floor to any questions from my fellow Board members.

Hearing no further questions or discussion, I'm pleased to turn it over to Deputy Director for Programs and Services Michele Clark to share more about the new behavioral health initiative.

Behavioral Health Initiative Planning:
Michele Clark, Deputy Director for Programs and Services

Ms. Clark: Thank you. Again, I am excited that Mayor Wu announced funding in the administration's FY23 budget and ARPA request to establish a Center for Behavioral Health and Wellness at the Boston Public Health Commission to elevate mental health as a Citywide priority.

We had some good preliminary feedback at previous Board meetings about this initiative, and we heard at the last meeting that the Board was interested in hearing more about plans and in providing more guidance about the direction of the initiative during this formative planning stage.

For quick background, when we talk about behavioral health, we are considering the prevention and response to mental health, substance use and community wellness. Also noting that a critical component of the response is workforce and community preparedness and resilience.

Highlighting the *2019 Boston Community Health Needs Assessment* and the *2020 Community Health Improvement Plan* identified behavioral health as a priority.

As you know, we have requested funding from the City for a Chief Behavioral Health Officer and three other positions to staff a Center for Behavioral Health and Wellness within BPHC. I am pleased to report that we are in the final stages of the recruitment and hiring process for a Chief Behavioral Health Officer. We are excited about this new position for BPHC and the City.

The other positions include two program manager positions to lead communications, community engagement, coordination across city and community partners, and evaluation of key activities.

A first priority for the strategic vision of this work is that it be additive, coordinated, and done in collaboration with BPHC Bureaus and Offices and City of Boston departments and cabinets that are already working in this space and/or seeking to expand reach and impact.

At BPHC, our existing work on behavioral health takes many different forms, including trauma response, child, adolescent, and family interventions, workforce resilience, services for people experiencing homelessness, and services for people with substance use disorders.

Across the City, several other departments also engage in important behavioral health work, and we are in the process of speaking with many of these departments to learn about how we can further collaborate and support them on these issues. For example, there were two recent requests for proposals intended to address behavioral health issues: the Age Strong Commission is providing funding and support to local organizations to build social connections and community for Boston's older adults, and the Mayor's Office of Immigrant Advancement is funding efforts to destigmatize mental health challenges in immigrant communities and encouraging culturally and linguistically sensitive practices. We also know that staff across almost every department are working with city residents every day and facing challenging behavioral health issues.

We want to be really thoughtful about how the new work not only fits in with, but elevates the significant lines of work that we already have in place in the behavioral health space. We see this work as multidisciplinary and collaborative because that's what it requires.

Our thinking is not to move everything that touches behavioral health to one place in the Commission, but instead to make sure that the new center creates a new level of alignment and coordination.

We have created an Internal working group within BPHC and looking to draw on the expertise and guidance from community voices from those with lived experience and working in the behavioral health space, and working to identify evidence-based, innovative workforce and community resilience and response models.

Areas of focus: are public education, community and workforce capacity – including internal BPHC workforce resilience, workforce pipeline and assessment/planning.

The goal of this Center will be to: Develop innovative prevention and response models to mental health, substance use, and wellness that address systemic inequities through a comprehensive, coordinated citywide response in Boston.

Draft priority areas are:

1. Disseminate communications about wellness, mental health, and substance use that offer coping skills to individuals, families, and communities and increase access to care
2. Expand the capacity and resilience of BPHC staff, community partners, and neighborhoods in order to support initial response to mental health and substance use
3. Strengthen the availability, accessibility, and cultural and linguistic diversity of the behavioral health workforce
4. Conduct enhanced public health surveillance of mental health and substance use in Boston and current and emerging evidence to guide planning and promote outcomes

Valdez: This is a wonderful approach to have a consolidated effort. You mention “under several bureaus” but do you anticipate any restructuring. Clark: We are thinking about opportunities to make sure that there is alignment with existing offices and the Center. We know we have critical

internal partners. We are looking at the Center as four core staff individuals, who will focus on connection and communication, looking at opportunities to expand and augment existing programs. We are looking to enhance the role of the workforce pipeline, and look at opportunities to explore partnerships and collaboration.

Ojikutu: This concept of a Center is new for the Commission, the point is that we have cross bureau and cross office collaboration. Under the umbrella, we can do things differently, and hopefully better. We hope for cross discipline and cross sector work, involving those outside BPHC. We hope to find was to think bigger.

Valdez: I'm familiar with some programs. Some that involves outward facing with Commission work. How does the center achieve that, or will it be done through existing programs.

Clark: The existing outward-facing work is critical, so that piece will be a key element of the Center's work, working with the structures, programs, and networks that have been put in place. We are looking to the center to provide opportunities to expand the reach that we already have.

Laptiste: In addition to trauma response, want to highlight trauma recovery piece. I know that there are a number of programs that touch, but want to highlight. The other piece about workforce pipeline, in my organization, we've struggled with long term engagement in care. Often times we see engagement when something is happening then people are lost. But focusing on language access, and relationships and commonality to draw people in is important.

Clark: Thank you, we will be sure to integrate into our planning.

Valdez: Regarding the pipeline, the key part for our organizations is focusing on specific language capacities. Finding therapists who understand the language and culture is so important as we're thinking about pipeline.

Clerk: Thank you, that is something that we will continue to keep at the forefront of our planning.

Adjournment

Valdez: Thank you Michele and the team working on this exciting initiative. We look forward to staying involved moving forward. Hearing no other questions, the Board will stand adjourned.

Attest:

/s/ PJ McCann

Deputy Director for Policy and Planning, Commission Secretary