



**MINUTES FOR THE MEETING OF THE BOARD OF THE
BOSTON PUBLIC HEALTH COMMISSION
Tuesday, March 12, 2013**

The monthly meeting of the Board of the Boston Public Health Commission (“Commission”) was held on Tuesday, March 12, 2013 in the Hayes Conference Room at the Commission’s offices at 1010 Massachusetts Avenue, 2nd floor, Boston, MA 02118.

Board Members Present:

Paula Johnson, MD, MPH, Chair
Ruth Ellen Fitch, JD
Jack Cradock
Kate Walsh
Celia Wcislo

Also Present Were:

Dr. Barbara Ferrer, John Townsend, Fatema Fazendeiro, Kathy Hussey, Chuck Gagnon, Maia BrodyField, Dr. Huy Nguyen, Pam Jones, Paul (PJ) McCann, Nick Martin, Mitchell Thomas, Gerry Thomas, Jim Hooley, Jim Greene, Ellen Hatch, Jim Montgomery, William Kibaja, Steven Belec, David Pia, Beth Grand, Miriam Alves, Debra Paul, Aliza Wasserman, Lisa Conley, Vivien Morris, David Susich, Christa Gumbs, Janine Anzalota, Bernard Killarney, Jeanne Cannata, Eva Erlich, Hank Keating, Terry McNeil, Kate Franco, Deirdre Wyman, Caroline Thermilor, Malore Resil, Martha Charley, and Mitchell Thomas.

Proceedings:

Chairwoman’s Comments

Paula Johnson, MD, MPH

- Dr. Johnson welcomed and thanked everyone and then gave the floor to Dr. Ferrer.

Executive Director’s Report

Barbara Ferrer, PhD, MPH, MEd

- Dr. Ferrer thanked all the teams at the Commission who participated in the Boston Moves for Health Corporate Challenge, and particularly thanked José Massó, the Director of Boston Moves for Health and his staff for their efforts in coordinating the event. There were approximately 40 organizations city-wide participating in the challenge.

- Dr. Ferrer stated John Townsend, William Kibaja and Maia BrodyField would present on the budget and noted that a lot of staff work was put into the budget because it was a difficult year with unusual constraints and challenges.
- Dr. Ferrer informed the Board of the newly formed Public Health Response Teams which are staffed mostly by managers to be on call for one week periods when there is an unanticipated emergency requiring an immediate response.
- Dr. Ferrer stated we received notice by all the federal agencies that fund us about the effects of sequestration. She stated that the Commission anticipates losing as much as \$3.5million dollars this year due to the sequestration cuts. In anticipation of the cuts, the Commission is freezing all vacant non-essential positions.
- Dr. Ferrer explained we have been working closely with the Mayor's office around a couple of health system changes happening in the city such as Faulkner Hospital's closing of its Level 4 detoxification unit and the Martha Eliot health center closing down adult services. There are about 5,000 former Martha Eliot adult patients that need to be transitioned to other health centers.
- Dr. Ferrer informed the Board that the Roxbury Comprehensive Community Health Center has also been struggling and has stopped running some services, including clinical services. Some patients have been transitioned to BMC and some to Dimock and Board members Walsh and Fitch have been helpful and accommodating.
- Ms. Wcislo mentioned that the Health Policy Commission would appreciate any data we can provide them on health center patients in light of these health center closings. Dr. Ferrer stated that she could try to get that information to Ms. Wcislo but also suggested that the Health Policy Commission contact Dr. Lauren Smith at the DPH since they hold the licenses to these health centers.
- Lastly, Dr. Ferrer invited the Board to attend the BPHC's Employee Recognition event on April 11th.

Acceptance and Approval of Board Meeting Minutes

- Dr. Johnson called for a motion to approve the February minutes. Board Members Cradock and Walsh seconded the motion with no objections. The Board Members then unanimously approved the February 7, 2013 Board Meeting Minutes.

Update: Boston Homeless Census

Jim Greene, Director of the Emergency Shelter Commission

- Dr. Johnson commended Mr. Greene on the enormous job of the organization and the tremendous participation with the homeless census and she found the experience personally moving.
- Mr. Greene presented on the overall trends in homelessness in Boston from 2004-2012; there has been a major increase in family and child homelessness.
- Mr. Greene noted the following key findings: from last year to this, homelessness of individuals has increased by 5%; homelessness of families has also increased; unsheltered numbers continue to be relatively low compared to most other major cities; and adults in emergency shelters rose to the highest levels in a 6 year period. Another finding was more homeless adults are in recovery homes, which is critical, based on Boston Health Care for the Homeless report citing overdose as main cause of mortality in homeless population.
- Mr. Greene cited the gap between housing and income as a contributor to homelessness. He stated that there are a lot of people with disabilities or insufficient income from work. Fair market rents are

much higher for studio or 1 bedroom apartments than an individual on SSI would make. Mr. Greene cited substance abuse, mental health and medical issues plus unemployment as barriers as well. The causes for homelessness remain systemic and structural.

- Mr. Greene noted that when it comes to homelessness, race and place in Boston matters. Children who live in poverty in Dorchester, Mattapan and Roxbury have increased from 32% to 42% between the years 2000-2010. There is a heightened concentration of homelessness in the areas of Dorchester, Mattapan and Roxbury. Mr. Greene noted that 42% of children in these areas of Boston live in poverty; that 85% of families are headed by a single parent, mainly mothers; and 20% of adults have no high school diploma. Mr. Greene also explained that in 1990, 24% of African-American children across the city lived in poverty and currently the figure has risen to 35%.
- Other systemic and structural causes of homelessness include high housing costs; limited amount of adult shelter space in Boston due to regional and seasonal need; and inadequate discharge planning across systems.
- Mr. Greene noted some of the challenges and opportunities for the Commission are to address adult shelter capacity, especially for women; improve coordination between homelessness, health care and the housing systems; end veterans homelessness with supportive housing (HUD/VA); return families to their own communities; and assess homelessness and youth (report due out end of March).
- Mr. Cradock inquired about the availability of housing units from HUD. Mr. Greene explained that while HUD has allocated more money to permanent housing, the recent sequestration cuts could impact the number of permanent housing units. However, he explained that there are partnerships in place with the BHA so there is the potential for new supportive housing.
- Dr. Ferrer commented that the Boston Healthcare for the Homeless project to develop supportive housing on Walnut Street is moving forward now and will create 30+ units. She added that there is another initiative for more supportive housing for veterans in the pipeline.
- Mr. Cradock and Ms. Fitch stated that they were overwhelmed by the data regarding race and place. Ms. Fitch added that with other dynamics like education, jobs, lack of jobs, and other factors, the communities of color in Boston are bearing the burden of everything negative in Boston.
- Dr. Ferrer believes that we have not been able to adequately tackle the pipeline into homelessness, particularly in situations where individuals get discharged from prisons or mental health facilities and end up in homeless shelters.

Presentation/Vote: BPHC Fiscal Year (FY) 2014 Budget

John Townsend, Esq., Director of Administration and Finance

William Kibaja, Budget Director

Maia BrodyField, Chief of Staff

- Ms. BrodyField began by giving a high level overview of our accomplishments in FY13. She spoke of the Commission's Overarching Goals: improving birth outcomes; reducing obesity rates and reducing the rates of STIs.
- Ms. BrodyField commented that this past year, the Commission focused on chronic disease and emerging illness. The Commission launched a successful and timely response to the flu thanks in part to our community health centers.

- Regarding tobacco, Ms. BrodyField, stated we expanded our workplace restrictions and the number of smoke-free housing units across the city in both public and private housing by working with our community partners. The city also stepped forward as a leader in negotiating a tobacco cessation benefit.
- Ms. BrodyField noted our work on supporting the healthy development of children by focusing on their mental health and emotional wellness and addressing chronic absenteeism in school.
- Staying on the topic of mental health, Ms. BrodyField explained that we developed a number of partnerships with the healthcare system and the Boston Police Department to address substance abuse and particularly focus on overdose prevention and response.
- Finally, Ms. BrodyField commented on our efforts to integrate public health and primary care. In keeping with the Mayor's concern and interest in primary care, and with Dr. Johnson's leadership, we continued to look at ways to integrate public health and primary care and facilitate transitions between emergency departments and primary care.
- Mr. Townsend continued the presentation by giving a sobering picture of the challenges of FY14, including losses in our funding stream. Mr. Townsend stated that due to the federal government's sequestration cuts, he anticipates that we will be losing as much as \$3.5 million dollars in federal grant money. Furthermore, Mr. Townsend stated that EMS will lose \$6.4 million dollars for FY 2013, which reflects money that EMS received in the past as part of the State's Health Safety Net.
- Mr. Townsend noted that due to the loss of funding, the Commission is proposing to close the budget gap by implementing 22 layoffs across the Commission and freezing 29 vacant positions.
- Mr. Townsend also stated that the EMS budget shortfall necessitates that the Commission eliminate some community service programs. In addition, Mr. Townsend explained that the Commission was proposing a 10% decrease in community health center funding, which would be put back into EMS to cover their deficit.
- Mr. Townsend indicated that the Commission will also be looking to make up for the deficit by maximizing third-party billing; implementing fees for training programs; reviewing all clinical services to maximize billing of claims; collaborating with private sector partners by pursuing opportunities to participate in ACOs; and by being fiscally very conservative.
- Mr. Townsend presented the budget timeline process which began in December 2012 and culminates in June 2013. Mr. Townsend then gave the floor to Mr. Kibaja to provide a breakdown of the proposed \$151 million dollar budget.
- Mr. Kibaja described the fluctuations in city funding as well as the decrease in grant and other revenue. He also presented bureau comparisons between FY13 and FY14.
- Mr. Townsend then went on to explain the specific budget for each bureau as well as for administration, public health service centers and property, wherein he discussed the detailed budget impact for each program, staffing changes, revenue changes and program realignments.
- Mr. Townsend explained that EMS has been the hardest hit with a projected loss of \$6.4 million resulting in staffing reductions for EMS Administration, the elimination of most community programming; a reduction in training, clinical support and surveillance; and a reduction in purchases of vehicles and durable equipment, which hopefully will be a onetime occurrence.
- Dr. Ferrer said the budget strategy will allow EMS to keep as many ambulances on the street responding to 911 calls. Dr. Ferrer commented that presently, we do not aggressively seek payment

from individuals who do not pay their ambulance bill but that we will now work with our billing company to collect this bad debt from those who can pay it.

- Additionally, Dr. Ferrer indicated we would also advocate for state support for some of the services EMS currently provides to the state at no cost.
- Dr. Ferrer stated we have started an initiative to review all of the responses to calls to make sure that we are responding appropriately and efficiently. Mr. Cradock commented that when talking about curtailing EMS services, people will ask how it will affect the response time. Dr. Ferrer responded that if the Board approved this budget with a 10% cut to community health centers that money would go directly to EMS. She said we have requested additional support from the City in order to keep response times unaffected.
- Mr. Cradock asked if the proposed budget included the 10% cut to community health centers presently and Dr. Ferrer responded affirmatively. Mr. Townsend presented the details of the 10% cuts to the community health centers which total \$408,070.
- Mr. Cradock indicated that it was hard to vote on a budget without looking at what other resources the Commission could tap into, such as its reserves, to make up for the losses and he asked if he could see the financial statements for the Commission.
- Dr. Ferrer replied that money in reserves has only been used to satisfy large legal judgments or for emergency capital improvement expenditures. She indicated that reserve money is never used for operating expenses.
- Mr. Cradock reiterated that he felt he needed more time to look at the Commission's whole financial situation before he felt comfortable approving a budget with significant cuts. Mr. Cradock stated that the issue was not the cut in grants to the community health centers. Ms. Fitch agreed with Mr. Cradock that she felt she needed more time to ponder the budget but that her reservation had nothing to do with the cuts to the community health centers.
- Ms. Walsh opined that the role of the Board was to support the Commission and management in terms of how it best sees fit to run its affairs. Ms. Walsh acknowledged that the decision to make the cuts was not easy but that the Commission was only responding to a dire time of need. Ms. Wcislo concurred.
- Dr. Ferrer reminded the Board that FY 2013's budget had significant cuts as well and that in fact budget cuts are not rare. However, Ms. Ferrer acknowledged Mr. Cradock's concerns and noted that the Board's vote on this day was only preliminary because the budget has to go to the Mayor before ultimate approval. In this circumstance, Dr. Ferrer explained that she could simply present the budget to the Mayor and explain that the Board did not initially approve it because of its concerns about the cuts. She stated that we take our direction from the Mayor and she will discuss those proposed cuts with him. Dr. Ferrer stated that she is willing to remove the 10% cut to the community health centers and request that City give us additional funding instead.
- Dr. Johnson recommended that Dr. Ferrer go to the Mayor and state that the Board has reviewed the budget, but they would really need to see additional context for final approval. Dr. Johnson stated that the issue was not that the Board disapproves the budget, but rather a request for more time and information.
- Dr. Johnson believes it is the fiduciary responsibility of the Board to put forth their absolute best effort and thinking to deliver on the mission of the Commission and that simply involves looking at

a larger context. From her perspective, she thinks the budget is a big vote but that was not to say that the Board does not have confidence in the leadership of the Commission. All other Board members agreed with Dr. Johnson's suggestion.

- Dr. Ferrer commented that she understands the Board's concerns and respects the questions about reserves and the practice of how to use that money. She knows the Mayor will give them good feedback and that it will get back to the Board. Dr. Ferrer hoped to reconvene another meeting regarding the budget soon after her meeting with the Mayor.
- Dr. Johnson wanted to also recognize that the loss of funding had only recently occurred which necessitated that the Commission act quickly with little time to fully engage the Board on every aspect of the proposed budget.

Update/Vote: Trinity Financial - 35 Northampton Street Project

Eva Erlich, Project Manager

Hank Keating, Vice President of Design and Construction

Terry McNeil, General Counsel

- Ms. Erlich introduced the Trinity team and presented a detailed overview of project goals of Phase One which are to: address the capital needs of the existing building; preserve the affordable nature of the existing housing; set aside 37 affordable units for clients of BPHC programs; make the renovated buildings more energy efficient; create a healthier and safer environment for residents; provide \$1 million annually from Northampton to the Commission and an additional \$500,000 from 860 Harrison.
- Mr. Keating explained the project's goal is a \$20 million scope of work which would include: security system upgrades by connecting the buildings with a corridor; creating a central entry; new energy efficient windows; repairs to exterior façade; renovating trash chutes; restoring laundry rooms on every other floor; new and upgraded kitchens and baths with low flow plumbing fixtures.
- Mr. Keating stated there would be 11 accessible units on the 4th and 5th floors which involves the relocation of some Commission programs. Mr. Keating has been working with Commission staff to relocate them to new space to be developed at 860 Harrison Avenue.
- Ms. Erlich explained they are seeking an amendment to the approval the Board made back in November to reflect that Unit 1 of the commercial condominium scheme would include an option to the second floor of 860 Harrison Avenue in the event that the Commission uses that space for its programs.
- Mr. McNeil gave an overview of the legal structure of the transaction and stated that the first step for purposes of segregating ownership and financing of the campus is to have the BPHC submit the entire campus to a condominium scheme.
- Mr. McNeil explained that at the financial closing of Phase One, there will be a condo unit, Unit 1, which will consist of 35 Northampton, the corridor that connects to 860 Harrison Avenue, and the second floor of 860 Harrison Avenue may also be a part of that unit depending on relocation.
- Mr. McNeil continued saying that Unit 1 will be conveyed from the BPHC to an entity, a non-profit corporation controlled by the BPHC and known as BPHC Northampton Development Corporation.

- Mr. McNeil stated that entity would then enter into a long-term lease from BPHC Northampton to the Trinity entity which will own and operate it as affordable housing. The payment of \$1 million will come under the lease and be an annual payment made under the partnership.
- Mr. McNeil noted after the closing in June or July, the rest of the campus would become Unit 2 and will continue to be owned by the BPHC. Mr. McNeil stated one change from November is the anticipated relocation of Commission programs to 860 Harrison Avenue and such a change would need to be reflected in the condominium scheme.
- Ms. Erlich then introduced Kate Franco, CEO from Trinity Management. Ms. Franco stated Trinity Management's mission was to exceed the owner's expectations through customer focused exceptional property management services. For 35 Northampton, Trinity Management wants to enhance the housing experience for the residents with exceptional customer service and fostering resident involvement and building care.
- Ms. Walsh asked how Trinity plans to accommodate aging residents. Ms. Franco responded they had different ways of delivering what they call "resident service coordination". She noted some of their properties actually have in-place resident service coordinators that can assist residents and families as issues arise. Ms. Franco added that as they work through the budget, they will determine if those services will be included in Northampton.
- Ms. Erlich described the schedule and next steps of the project: waiting on State DHCD funding award; begin City Council hearing and approval process anticipated for March; close and start on construction in June or July; and complete construction in November, 2014.
- Dr. Johnson thanked Ms. Erlich and the team. She asked if there were any more questions for Trinity before voting. Dr. Johnson called for a motion to vote. Ms. Walsh and Mr. Cradock seconded the motion. The Board then unanimously approved the Amendment No. 1 to the Approval of the Redevelopment of Northampton Phase One as Affordable Housing.

Adjournment

Dr. Johnson called for a motion to adjourn the public session and called for a short Executive Session. Ms. Walsh, Ms. Fitch and Mr. Cradock seconded that motion with no objections. The meeting was adjourned at 6:25p.m.

Submitted By:

Kathy Hussey, Secretary