



**MINUTES FOR THE MEETING OF THE BOARD OF THE
BOSTON PUBLIC HEALTH COMMISSION
Thursday, October 15, 2015**

A meeting of the Board of the Boston Public Health Commission (“Commission”) was held on Thursday, October 15, 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
Joseph Betancourt, MD, MPH
Harold Cox
Manny Lopes
Kate Walsh
Celia Wcislo

Also Present Were:

John Townsend, Chuck Gagnon, Kathy Hussey, Tim Harrington, PJ McCann, Courtney Grey, Michael Colanti, Catherine Fine, Tegan Evans, Osagie Ebekoziem, Celina Rogers, Philomena Asante, Jen Tracey, Maia BrodyField, Gerry Thomas, Anne McHugh, Juli Hanscom, Elizabeth Church, Jim Greene, Nicole Ferraro, Craig Regis, Debbie Allen, Debra Paul, David Susich, Chief Jimmy Hooley, Deputy Superintendent Neil Blackington, Ann Henry, Osagie Ebekoziem, Vivien Morris, Brad Cohen, Rachel Glogowski, Anne Heerdegen, Selam Engida, Roselaine Koech, Cassandra Millet, Richard Hedstrom, Martin Kimeira, Josephine Foucault, Katelyn Hasson, Rebecca Thal, Caitlin Whelan, Jacquelyn Mello, Gabriela Felili, Eliza Ong, Neuzar Fernandes, Caitlin Noone, Jentina Mitchell, Christine Joseph, Brenda Gonzalez, Julisa Williams, Kaitlyn Carlson, and Michael MacDonald.

Proceedings:

Chairwoman’s Comments

Paula Johnson, MD, MPH

- Dr. Johnson greeted everyone calling the meeting to order at 4:06p.m. and immediately turned the meeting over to Dr. Nguyen for his report.

Report from the Executive Office

*Huy Nguyen, MD, Medical Director and
Interim Executive Director, Boston Public Health Commission*

- Dr. Nguyen noted the weather is getting cooler which means that Fall is here and the flu season has begun. He assured the Board that BPHC is preparing for the flu season as we have every year. A large part of that is ensuring that our staff is vaccinated. We will be marketing a campaign for a Boston Influenza Vaccination Week that will be held in mid-November and will include a large public vaccination offering at City Hall on November 20, 2015.
- The Board should recall that the Commission, as well as other partners, brought to the Board considerations regarding our tobacco regulation updates. Dr. Nguyen wanted to inform the Board that we are continuing on with that process and anticipate returning to the Board with an analysis later in the year.
- Last week was the anniversary of the abrupt closure of the Long Island Bridge due to its instability. Dr. Nguyen took this opportunity not just to note that, but to again thank, staff at the Commission and would be hard pressed to find any department that was not involved in some way in ensuring that programs were reestablished. He thanked

staff for keeping the interests of our clients at the center of their work, particularly, with the services that we were providing on Long Island. All of the recovery and emergency shelter programs are back online.

- About two (2) weeks ago, we started Phase 3 of construction at the new men's shelter at 112 Southampton Street. This will include, among other things, improved and enhanced renovations to the dining area, entrance and intake area, as well as an elevator. Dr. Nguyen wanted to thank Mayor Walsh and our City agency partners for helping us with this final phase of the renovation.
- The anniversary was also marked with a few articles in the newspapers. Dr. Nguyen responded to one issue that has come up concerning the quality of life for other businesses and institutions that are in this area. He let the Board know that we are continuing to work very closely with area partners, which includes sister agencies, law enforcement: Boston Police Department, State Police, MBTA Police, as well as local businesses in the Newmarket area in particular, but also in the neighboring communities, to coordinate our efforts and to do our part in protecting the health and safety of the people who use this very busy corridor.
- Regarding the issue of emergency homeless shelter, Dr. Nguyen let the Board know we are working with partner and City agencies, as well as other homeless service providers in the City, to prepare for the upcoming winter and the anticipated need for additional shelter.
- Dr. Nguyen noted that in their Board packets, is the latest Legislative Update produced by our Intergovernmental Regulations and Policy office. Lisa Conley is not here, but if the Board has any questions or interest in other policy issues not included in the update, please contact him and he will pass it on to Ms. Conley.

Presentation: Framework for Trauma Notification and Response Services

Courtney Mark Grey, Director of Trauma Response and Recovery, Office of Public Health Preparedness

Michael Colanti, MBA, CEM, Associate Director, Office of Public Health Preparedness

- Mr. Colanti explained this was a joint presentation with Courtney and they are here to speak about the framework for trauma notification. He is aware that Atyia Martin, who was previously from their office, had already given the Board some background as to what their office does. Mr. Colanti noted there are a lot of slides to go through, but will answer any questions as we go along.
- The Office of Public Health Preparedness ("OPHP") envisions a resilient Boston through healthy, informed, and connected communities that are supported every day and during emergencies by strong, integrated public health systems. The mission of the OPHP is to enhance community, public health, and healthcare system resilience in order to prepare for, respond to, and recover from emergencies that impact health and access to healthcare.
- Mr. Colanti showed a chart depicting some of the elements that compose their office and who they engage with. The Community Preparedness piece, which in recent years, has taken on a much more elevated role both at the state and federal levels all the way down to local levels, in terms of how we better engage with our neighborhoods and community members to make them more resilient, more prepared and better partners in terms of what we're trying to do on a big picture.
- There is a "Get Ready, Be Safe, Stay Healthy" campaign that we use as an outreach in the neighborhoods when we go to community events, health events. It was developed internally to try and breakthrough and work in those neighborhoods to make people more aware and give them some indication of what it is that we're trying to do. You can see social connectedness is really one of the main things we've been looking at in recent years in terms of trying to strengthen the over-arching system within the City of Boston.
- Some of the aspects of community resilience include: wellness, access (social, economic, physical and psychological health): education (risk communication); engagement, self-sufficiency (social connectedness); and partnership (community, government, non-profit and private sector) and are an ongoing development of community resilience. Again, the social connectedness is where this all ties in. It's not just having plans, but having a systematic approach to being out there; meeting people where they're at, providing services for what they need, and then being able to loop it back and connect it to the over-arching picture.
- The "MIC" is the City's Medical Intelligence Center and is the Department Operations Center ("DOC") for the Commission. It was very heavily utilized during the Long Island Bridge closure and evacuation of individuals as an operations center. It's also a support service center for the City of Boston, what we call the Emergency Support Function 8: Public Health & Medical Services Multi-Agency Coordination Center ("MACC"). The MIC was open the day of the Marathon Bombing and was open for 2-3 weeks afterwards serving in that capacity. Where this ties into the trauma piece is that it's a built-in, established infrastructure that we utilize for coordination across the City and our partners that we can bring in a lot of separate types of responses into.

- Quickly, some of our mission areas are situational awareness and information sharing; resource coordination; and human services coordination. Situational awareness and information sharing is really the key one. It's a trusted avenue within the City of Boston for public safety, health care partners, and city agency partners to call into. They know the services we provide. They know they're going to get someone to pick up - we have a 24/7 on-call system.
- We have lots of standard operating procedures ("SOPs") and protocols in place on how to deal with different types of scenarios and how to triage different types of things as they come in either from the police department or partner health care agency. It could be anything from a shooting in the middle of the night, a building fire, a hospital Code Black, if it loses power or electricity, or anything of that nature. If it is a triage situation that requires scaling up, we have SOPs in place to bring in human resources, provide resource coordination and if any of our partners call in looking for assistance, then we have the human resources coordination.
- The MIC has a Duty Officer who serves as the 24/7/365 representative of the MIC and point of contact for partners during off hours. The Duty Officer monitors and receives incident notifications on behalf of OPHP.
- Mr. Colanti explained the various Activation Levels and the difference between an Alert: Network partners are needed to support a response and Advisory: an incident has occurred that may impact Network partners but there is no specific request for assistance.
- Mr. Grey gave an overview of the All-Hazards Psychological Trauma Coordination Network ("Network"). It was actually established after the Marathon. Its vision is for Boston communities to have access to support in utilizing their natural and existing resilience to cope with the biological, psychosocial, emotional, and spiritual impacts of potentially traumatic events. The mission is to coordinate consistent and inclusive supportive services for Boston communities impacted by potentially traumatic incidents using a system of sustainable trauma response, mental health clinical services, human services, and community partners.
- There is an ongoing evaluation process. We have a Steering Committee which meets on a regular basis to evaluate the system. We have our neighborhood constituents covered. We have people with language expertise and cultural expertise, as with the Somalia population in Mission Hill, for example.
- The Network is comprised of 20 confirmed members: American Red Cross, BPHC, Boston Public Schools, BMC, MDPH and MDMH, Salvation Army, South Boston Community Trauma Team, Justice Resource Institute (JRI), Boston NAACP, Louis D. Brown Peace Institute, Black Ministerial Alliance, Catholic Charities, Quincy Geneva CDC, Project RIGHT, Dorchester Bay Economic Development Corporation, Ella J. Baker House, Madison Park Development Corporation/Orchard Gardens, Teens Advocating a Global Vision, and Jamaica Plain Violence Intervention Team.
- Mr. Grey explained how information received travels through the trauma system. Notifications of a trauma event come into the MIC from the Boston Police Department, Boston Public Schools, BPHC/Boston EMS, the Mayor's Office or any of our Network partners. The notifications trigger trauma response coordination through to trauma recovery coordination through to ongoing evaluation and quality improvement. A much more detailed chart depicting the flow for the trauma response plan was also shown.
- Mr. Grey spoke about the trauma response interventions. The first intervention, Incident Command System (ICS), does incident intelligence gathering, assessment, planning, management, coordination, and after-action. The second intervention, Post Traumatic Stress Management, was implemented around 1985 specifically for fire fighters who were having bad exposures post-response. A fire fighter himself said, 'our guys are going through stuff and they're not seeking traditional therapy, so we need to create a peer intervention.' and that is our standard right now. After the Marathon, approximately 600 first responders received a CISM(sp?) intervention. If there is an incident at or near a school, we do a group intervention with the teachers, before meeting with the students. This carries over to the neighborhood communities as well.
- The third intervention is Psychological First Aid which is supported by the Substance Abuse Mental Health Service (SAMHSA) grant and administered by SAMHSA and the National Child Traumatic Stress Network (NCTSN).
- Mr. Grey continued by discussing the 2015 Activations that have all been in the news. Accidents: an 8 year old on a bicycle, 17 year old on a bicycle and a 13 month old that fell from a third window. Homicides: Muslim/Officer shooting in Roslindale, Officer involved fatality on Humboldt Ave., incident at Trotter School on Holworthy Street and Egleston Square double fatality. The accidents involving the 17year old, the 13month old, and the Muslim/Officer shooting were all happening at the same time, creating a surge and an All Hazards Activation.
- Next steps to be addressed: increase access to Trauma Response Services for the public in partnership with the Mayor's 311; identify additional sources of funding to support work, such as the Shannon Grant Application; and continue engagement with Network partners through the Steering Committee and Stakeholder meetings.
- Dr. Johnson thanked both gentlemen. She thinks it's clear this is such a critically important function in public health and one that is often not appreciated as such an important part of the services and the infrastructure. Obviously, the transition we were talking about with the community services and community health centers is a critical hand-off.

- When we're done with both, one of the things Dr. Johnson would love to ask is one indicator of are you getting to the right people is: What are the services? Are you getting to the right people? How do we measure? What are the indicators of success of the interventions? She believes it's more continuous, so she will hold the questions, because it's a continuous piece, for the next presentation. Really outstanding work. Thank you.

Presentation: Trauma Recovery Teams

Catherine Fine, Director, Division of Violence Prevention; Child, Adolescent and Family Health Bureau

Tegan Evans, Violence Prevention Program Manager, Division of Violence Prevention; Child, Adolescent and Family Health Bureau

- Ms. Evans stated that she and Ms. Fine are here to talk about some work they are doing for the Division of Violence Prevention with Trauma Recovery Teams and Community Health Centers. Dr. Nguyen asked to interrupt just to let the Board know that yesterday we had the opportunity to present our trauma work to the City Council as part of a city-wide hearing. He believes that the last five (5) hearings relating to working groups related to trauma response in the City of Boston. He was fortunate to have with him both Mr. Grey and Ms. Fine's team, which includes Tegan. Dr. Nguyen commented that we've put these two presentations to the Board together today because they are very much inter-related pieces of our work in this area. One of the things that we have recognized over time and has evolved based on our learnings over time. Clearly beyond the immediate aftermath of an incident, there will be ongoing needs of a community, family, and even individual. Part of the Trauma Recovery Teams is a built-in response to that.
- What we also know from the epidemiological data in the City of Boston is violence being the leading cause of death among Latino and Black children, as well as 48%, almost half, of all high school students reporting they have been witness to a shooting or violent crime. There is a huge scale of need beyond the need to provide for ongoing capacity in the City to provide services, but to also recognize that the Commission itself does not have the ability to be the sole provider or direct provider of these services. How can we enhance and empower other community providers to be a part of a network that provides these services? That's part of the context for the work of the Trauma Recovery Centers
- Ms. Evans stated that as part of a Mayoral Initiative over a year ago, BPHC has increased its resources, by going out from two (2) different areas: from the Office of Public Health Preparedness and also from the Division of Violence Prevention. We see that in the Trauma Recovery Teams which are at eight (8) community health centers. The framework that we have, the model we use, at these health centers is a clinician/community health worker (family partner/community support person/trauma mentor) which is a Dyad structure. We also ask them to identify additional staff within their health center that they can pool on as well to help to sufficiently meet their needs. We've asked for this clinician/family partner to pool the work, but there are other clinicians from neighborhood health departments they can call in for expertise or if there is a cultural barrier they need some support with.
- As mentioned, the Trauma Recover Teams work with the Bowdoin, Codman Square, Dimock, Dot House Health, Harvard (newer relationship with the Commission; pilot site), Mattapan, Upham's Corner, and Whittier Street Health Centers.
- The primary goals of the teams are: to promote positive protective factors and positive social and emotional development, as well as, mitigate trauma triggers and impact and promote healing in their respective communities. This is accomplished through three (3) different domains: Prevention, Community Support Services; and Short & Longer-term Treatment/Care.
- Ms. Evans paused, needing to backup a little bit to explain that as we've been going through this process, we've been very collaborative with the health centers. They've really helped us define their scope of work in these domains. We wanted this to make sense for the care they're already providing. Each of these different domains has produced protocols and service delivery models that were collaborative in nature and all the teams use.
- For the Prevention activities, each of the teams was asked to develop a menu of prevention activities that really support peer and community connections and healing within their community. Some of the support services that we have seen: Bowdoin Street has a peer leadership group for 14-16 year olds that focuses on community violence; Upham's started trauma yoga that's open to the community; Dot House Health had a fuzzy bear clinic. It was an opportunity for families to come in with their young kids, talk about self-care, as well as introducing them to the doctor's office and what it looks like so they would be comfortable going in to see their pediatrician. They also do Family Fun Nights monthly which is a great way for people to come in and make those peer connections in a fun and safe environment; Mattapan has a monthly movie night and Whittier Street has ongoing community peer support groups.

- The second piece is Community Support Services which are offered in direct response to a violent or traumatic community event. We offer or provide assistance to a peer support group; provide clinical consultation to providers; attend community meetings or events as needed; and link victims, families and/or communities to other health and human services as needed, such as participating in the Garden of Peace for victims of Homicide, to support the community and those affected by trauma
- The last piece we've asked the teams to focus on is the Recover/Care piece where we really focused on providing them with somewhat of a collaborative structure to be able to provide training to not only the clinician and family partner who are holding this work, but also larger teams. In March, we provided training based on the "ARC" model, (Attachment, Self-Regulation and Competency). We chose this model because the framework is a core-components treatment model, developed to provide a guiding framework for thoughtful clinical intervention with complexly traumatized youth and their care giving systems.
- Ms. Fine continued with a chart showing the team's productivity between March 6, 2015 and October 1, 2015. During that period, 887 referrals were received, 635 clients completed a first visit, and had a total number of 3,762 visits. In addition, 316 referrals were made to other healthcare providers and/or social service agencies. Weekly activities include: outreach to community agencies (193); community meetings (78); peer support groups (56); consultations (395); Trauma Team program/event (29); and other (23). Community activities are in direct relation to a violent or traumatic community event and include: outreach to community agencies (32); community meetings (34); peer support groups (17); consultations (123); and other (20).
- Client demographics for March 6, 2015 through August 6, 2015 for the seven (7) centers (pilot site not included) were: 54% female, 46% male; 58% Black, 24% Latino; over half were under the age of 17; 20% between the ages of 12-17; and 33% under the age of 12. Exposure to violence: within the Community = 39%; Domestic =16%; and Child Abuse = 14%. Chronic exposure to multiple forms of violence = 46%; chronic exposure to single form of violence = 24%; and single exposure to violence = 13%.
- Lastly, Ms. Fine presented a breakdown of funding the eight (8) Community Health Centers received from the City and from BPHC Grants (DoN and SAMSHA).
- Because we were running short on time, Dr. Nguyen asked Dr. Ebekoziem if he could conduct his presentation in 20 minutes which might leave some time for questions afterwards. Dr. Ebekoziem said he would do his best.

Presentation: National Public Health Accreditation: Is BPHC Ready?

Osagie Ebekoziem, MD, MPH, CPHQ, CPHRM, Director of Accreditation and Quality Improvement

- Dr. Ebekoziem began with the presentation objectives: a brief review of National Public Health Accreditation; a brief overview of the Accreditation and Quality Improvement Committee activities in the last 6 months; BOH's role in the current process; and BOH shared understanding of BPHC SOI readiness for National Public Health Accreditation.
- The Public Health Accreditation Board's ("PHAB") goal is to improve and protect the health of the public. PHAB is a non-profit organization founded in 2007; accreditation was launched in 2011 and is based on the 10 essential public health services; PHAB is supported and endorsed by the Robert Wood Johnson Foundation ("RWJF") and the Center for Disease Control and Prevention ("CDC").
- Dr. Ebekoziem showed a chart depicting Accreditation Activity across the country as of September 2015. It showed the types and totals of health departments: local, state, tribal, centralized states with integrated systems, and multi-jurisdictional, as well as how many had been accredited, were in the process, or were in e-PHAB.
- Is there value added to being accredited? We believe so, because PHAB supports the BPHC mission; supports health equity goals and framework; will assure high quality services and programs; will provide value-added service benchmarking; will increase performance improvement and workforce development; and will have external validation.
- Dr. Ebekoziem went on to discuss the decreases in public health funding: \$276million for disaster response; 52,000 less jobs in local health departments; and a 10% decrease in spending from 2009-2013. He explained there are over 80 eligible grants since January 2013. Dr. Ebekoziem also spoke about the CDC Funding Opportunity Announcements and the inclusion of Accreditation-related language that should be used.
- The Accreditation process is part of BPHC's 2015-2018 Strategic Plan. As such, we need to: meet Accreditation pre-requisites (Strategic plan, Community Health Improvement Plan, Community Health Assessment); develop a Quality Improvement plan; develop a Performance management framework; collect at least over 40% of required documentation; and build Staff understanding and support on National Accreditation. The Community Health Improvement Plan and Community Health Assessment were completed in October 2014 (the Assessment requires modification to fit Accreditation standards).

- The process steps begin with preparation/statement of intent. The application and documentation will be submitted in June 2016. There will be a site visit between March-June 2017, with a final decision made in June. Afterwards, we'll need to submit annual reports and continue to strengthen the culture of QI. Reaccreditation occurs every five (5) years.
- Dr. Ebekoziien presented detailed information on the Accreditation timeline, the document collection trend, and how it affects health outcomes, health equity and racial justice. Quality Improvement is a dedicated, continuous and ongoing process towards equity, efficiency, effectiveness and client and resident satisfaction. The Quality Improvement Plan was approved in August 2015.
- Staff Engagement is an important piece of the QI Plan. We participate in new hire orientations, conduct Intro to Accreditation and QI workshops, publish monthly newsletters and participate in staff meetings.
- The Board's role in this process is to help prioritize and support BPHC Accreditation efforts; provide feedback and guidance; and help meet the PHAB requirements for Governance engagement and capacity. Is BPHC ready? We will be if we continue with these steps: build staff understanding and support on National Accreditation; meet Accreditation pre-requisites (Strategic plan, Community health improvement plan, and community health assessment); develop a Quality Improvement plan; develop a Performance management framework; and collect at least 40% of required documentation.
- Dr. Ebekoziien wanted to thank and acknowledge the AQI Team Members: Dr. Nguyen, Ann Henry, Anne Christine, Maia BrodyField (CIB), Yailka Cardenas (APTRSS), Cheri Epps (Homeless), Debbie Lay (Exec. Office), Craig Regis (IDB), Laura Segal (EMS), Neil Blackington (EMS) and soon a representative from CAFH.

Acceptance and Approval of September 2015 Board Meeting Minutes

- Dr. Johnson asked for a motion to approve the minutes from the September 17, 2015 meeting. Ms. Walsh, Ms. Wcislo and Mr. Lopes seconded the motion with no objections. The minutes were unanimously approved by the Board members in attendance.

Adjournment

With no further business before the Board, Dr. Johnson thanked everyone for coming and adjourned the meeting at 5:55p.m.

Submitted by:

Kathy Hussey, Board Secretary