

The following is a collection of questions that were asked by the Committee regarding the FY22 budget for the Boston Public Health Commission at the Working Session on Friday, May 14, 2021 at 10:00 a.m.

Recording here: <https://www.youtube.com/watch?v=CNkRo2Yo8kc>

The Administration is requested to respond to all questions in one of three ways:

1. Verbally at the hearing on Thursday, May 27th, at 2PM.
2. For factual questions, through written responses supplied prior to May 27th, including budget book page numbers or other references where appropriate.
3. By deferring to a specific scheduled departmental budget hearing.

Please annotate and return this information request before May 27th, indicating how each question will be answered.

BPHC Budget Questions

Councilor Kenzie Bok, Chair asked:

- **Please describe the reason for the overall decrease in the Homeless Services Bureau. What impact will this have?**

Our negotiated fringe benefit rate agreement with HHS calculates fringe benefits differently from previous agreements. In FY21, fringe benefits were calculated as 53% of all personnel spending (salaries of all FT and PT employees, differentials, and overtime). In FY22, our agreement with HHS calculates fringe benefits as 57.7% for all full and part-time benefit eligible employees and 8% for all benefit ineligible employees, differentials, bonuses, and overtime. Therefore, bureaus that are differential and overtime heavy (such as EMS) or have relatively more benefit ineligible employees (such as Homeless Services Bureau for fill-in counselors and client workers) will see a decrease in their calculated fringe, while other bureaus will pick up an increase. This is just an internal redistribution that more closely aligns fringe benefit costs to the employees who actually receive fringe benefits. There are no anticipated impacts to services.

- **What is BPHC's plan for how it would put additional federal dollars received as part of the American Rescue Plan to use?**

We would defer to HHS for a full discussion of this question.

- **Please elaborate on the Consortium for Professional Development line item.**

The Consortium for Professional Development is a public health service center of BPHC, committed to providing staff and community partners with high quality professional and personal development opportunities. Our goal is to increase competencies for the public health workforce by developing and delivering comprehensive trainings, collaborating with internal and external partners. The Consortium also provides opportunities to the upcoming public health workforce by managing BPHC's internship program.

In FY21, The Consortium for Professional Development transformed their Community Health Workers (CHWs) training program into a successful online program, including the 80-hour Comprehensive Outreach Educator Certificate (COEC) program. As of 4/9/21, 60 Community Health Workers have been trained. The Consortium also updated and expanded BPHC's comprehensive 2-day *New Hire Orientation* on an online platform to respond to COVID-19 restrictions, make use of LMS capacity for self-paced and live webinar capabilities, and incorporate BPHC's commitment to racial and health equity into all sections. BPHC has onboarded 157 new employees through New Hire Orientation in FY21, as of 4/9/2021. The Consortium created a new presence for Learning on the BPHC intranet, including an expansive calendar of learning events that listed 719 events as of 4/9/2021. Additional sections include Ways to Learn, with subsections on online learning, academic events, continuing education and assistance and calls for presentations and publications; Internships; and Resources for Trainers, with subsections on CEUs, Evaluation and Checklists for Event Planners. The Consortium also created and published 41 issues of Learning@BPHC as of 4/9/2021, a new weekly round-up of internal and external learning opportunities. And finally, in collaboration with the Office of Human Resources, the Consortium successfully placed 36 interns from 13 schools as of 4/9/2021.

- **What trends are we seeing in opioid addiction and overdosing, and what specific impacts has the pandemic had?**

The declared opioid epidemic and COVID-19 pandemic have caused a disruption to healthcare, social services, and public health systems, which has had a devastating impact on Boston's most vulnerable residents. During the pandemic, there was a significant disruption in services, this includes safety net of emergency rooms/hospitals, treatment programs but also correctional facilities, shelters and other congregate living situations. The disruption resulted in large numbers of vulnerable and disfranchised populations being released or relocated to new settings or in many cases released with no plans at all. That disruption can not be overlooked or minimized.

More specifically, Black male residents are the most burdened by the co-occurring public health emergencies. The ensuing data highlights the health inequities in Boston among residents of color that use drugs.

- According to the Massachusetts DPH, Fentanyl remains a key factor in opioid-related overdose deaths.
- In 2020, Fentanyl was present in 92% of overdose related toxicology screens.
- Nearly half (46%) of opioid-related overdose deaths had cocaine present.
- There were increases in opioid-related overdose deaths in both males and females as well as adults aged 25 and older.
- The rate of overdose death increased significantly among Black non-Hispanic men, rising from 32.6 per 100,000 in 2019 to 55.1 per 100,000 in 2020.

The pandemic shifted the ways in which people use drugs, causing:

- Increase in people using drugs who had used before, but were abstaining or lowering their use
- Increase in people using drugs who hadn't used before
- Increase in people using drugs due to social isolation and mental health changes
- People started using whatever drugs they could find around the house, from friends, buying from unknown sellers
- Decrease in supply access – turning to less stable supplies due to access issues
- **Please explain the functions and programs carried out at each BPHC property.**

BPHC programs and services are carried out in properties across the city. The work is split across three main campuses and additional buildings. The campuses are: The Mattapan Campus, the Northampton Sq. Campus, and the Albany Street Campus.

- The **Mattapan Campus** is comprised of nine buildings, including:
 - **Transitions Building** – Wyman Re-Entry Program & Transitions
 - **EMS vehicle depot** – 11 bays for ambulances and oversize vehicles
 - **205 River Street** – Property Management and Campus Police
 - **209 River Street** – Entre Familia
 - **M building** – offices and a day care for Entre Familia
 - **213 River Street** – food pantry
 - **215 River Street** – kitchen, dining, and storage
 - **255 River Street** – BPD, Boston Medical Center's Spark Center searching highest-risk children living with complicated medical conditions and Horizon House
 - **207 River Street** – unoccupied building.
- The **Northampton Sq. Campus** is comprised of:
 - **860 Harrison Ave.** – residential building; 2nd floor occupied by BPHC's CHEC and Burial Permit Offices
 - **35 Northampton Street** – residential building
 - **Northampton Sq. Garage** the roof of which is leased to Nubian United Benevolent International Association for growing vegetables in a roof garden, 1/3 of which are delivered to Homeless Services
 - **South End Fitness Center**
 - **721 Mass Ave.** – Project Trust
 - **723 & 727 Mass Ave.** – occupied by the following CAFH Bureau programs: School Based Health Programs, Youth Development Network, Men's Health Crew, Peer Leadership, Start Strong, and BAHEC
 - **Miranda-Creamer Building** – BPHC Property Management Public Safety, EMS Admin, Consortium for Professional Development, Del Valle Office of Public Health Preparedness.
- The **Albany Street Campus** is comprised of four buildings, including:
 - **Finland Building** – Recovery Service Bureau and its programs: AHOPE, Recovery Center, Mental Health Clinic, Men's Health and Recovery, Mom's Project, PATTHS, Overdose Prevention and Sharp Removal Team, Prevention and

Community Mobilization
Office, Father Friendly
Initiative, and the CAFH
program Health Start and
Healthy Baby/Healthy Child.

- **794 Mass Ave.** – Woods Mullen Women’s Shelter and Cab Health Recovery – a substance abuse program,

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- Additional BPHC properties include:

- **1010 Mass Ave.** – BPHC’s main offices
- Location leased to the Boston Medical Center
- **198 Quincy Street** – kitchen and Homeless Services
- **989 Commonwealth Ave.** – Family Justice Center
- **300 Frontage Road** – operated and maintained by BTB.

- **112 Southampton St.** – Southampton Men’s Shelter and the Engagement Center – a day shelter.
- **764 Albany St.** – Health Care for the Homeless.



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- **What is the success rate of the DHCD Rapid Rehousing program? What are the barriers to getting folks rehoused within 90 days, if there are any?**
 - **How many individuals did the program rehouse this year?**
 - **What have the outcomes been for the Youth Rapid Rehousing Program?**

DHCD's O102 Rapid Transition of Individuals funding has been crucial to our ability to house people who come through our doors. Its flexibility to let us target interventions to quickly get people out of shelter has filled critical gaps. Since funding began we have rehoused 589 individuals.

We have been offering rapid rehousing services in partnership with the Department of Neighborhood Development (DND) and the Pine Street Inn for the past 3 years. Rapid rehousing helps people quickly find and move into market rate units. The program then provides in-home case management and rental assistance, while helping the client to gain independent living skills.

We were recently awarded an additional 3M through CARES funding to expand rapid rehousing in response to COVID. While Rapid Rehousing has proven successful for many individuals, we will note that it does not replace the need for permanent supportive housing for chronically homeless individuals, which is still in short supply.

In this fiscal year we have rapidly rehoused 193 individuals.

BPHC has partnered with Bridge Over Troubled Waters to have a young adult liaison in our shelters. This staff member outreaches to every young adult who walks through our doors and works to quickly get them connected to housing opportunities. This year we were able to connect 45 young adults to housing opportunities. Please note that Bridge Over Troubled Waters is the Youth Rapid Rehousing grantee, and the initiative is run by the City of Boston – we would defer further questions to DND.



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- **Please detail spending on Environmental Hazards. Are these Hazards that others have created (possibly companies/industry) that we are cleaning up or mitigating?**

The Environmental Hazards line item funds the work of the Environmental Hazards and Occupational Health Division within the Community Initiatives Bureau. This Division addresses the broad range of environmental health hazards in Boston through a combination of inspection and enforcement; regulation of industries; and proactive outreach, education, and technical assistance to individuals, community organizations, and businesses.

Throughout the COVID pandemic, the Division has worked on development of BPHC policies and guidance documents, consulted with operators of multi-residence buildings on COVID control operating plans, inspected businesses to ensure compliance with COVID operating requirements, reviewed COVID control plans for special events, and conducted pre-opening inspections/reviews of mass vaccination sites and screening locations.

Program areas of the Division include:

- The Boston Lead Poisoning Prevention Program which responds to cases of lead poisoned children with environmental inspection to find and remove lead hazards in the home and comprehensive case management to connect the family with resources. The program also conducts preventive educational outreach to the community.
- The Environmental Hazards Program responds to complaints about hazards in homes, businesses, and public spaces as varied as unsafe asbestos conditions, mold, bed bugs, and chemical spills with inspection of the site and enforcement of local, state, and federal regulations to correct any environmental health hazards found.
- The Biosafety Program ensures that biological research laboratories operating in Boston do so in a way that protects the public health from risks through annual permits, inspections of lab facilities, document reviews, review of research protocols, and other oversight.
- Our Occupational Health and Education Program works with small businesses in Boston to help them implement alternative products and work practices to reduce pollution and protect their workers, customers, and neighbors from hazards. It also includes the Green & Clean Business Recognition Program to promote those businesses that go above and beyond.



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- The Burial Permits Office processes and issues disposition permits for all individuals who die in Boston or who are transported to Boston for burial/cremation. This is part of the city and state vital records process.
- The Hazards Permit Program regulates potentially hazardous businesses including solid waste/recycling businesses, asbestos removal projects, indoor ice rinks, nail salons, tanning salons, body art (tattoo/piercing) businesses and artists, medical marijuana dispensaries and agents, funeral directors, and private water wells.
- The Division also works closely with other city agencies on climate change mitigation and adaptation planning efforts.
- **What can we do to support those who have had serious cases of COVID and are experiencing long term effects?**

Long term effects of COVID-19 are still being determined. Reports include fatigue, confusion/memory issues, SOB, mental health issues (depression/anxiety), muscle pain, persistent changes in taste/smell. Support groups are being developed across the City for individuals to connect with others experiencing these symptoms. Again, the main goal is for individuals to connect to primary care so they can be referred to specialty services. In addition, BPHC is developing mental health resources for our residents regardless of the cause. As we expect to see a persistence in mental health conditions for our highest-risk residents, including those who are suffering post-COVID symptoms, these resources will be a huge benefit to those in need.

Regarding insurance coverage for treatment: per federal guidance and Governor Baker's extension of mandates requiring COVID-19 care be reimbursed, treatment related to COVID-19 including extended or complicated hospital stays and some post-care can be covered. Details, however, are unclear. Though hospitals often enroll patients in Health Safety Net options to ensure delivery of services upon discharge, BPHC's Mayor's Health Line has always been a resource for individuals who need access to health care and will continue to provide this for patients with COVID-19 related needs after discharge in the outpatient setting.

- **What is the success with getting folks in Long Term Stayers Housing to more permanent housing? What is the average time spent in the program?**



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We partner with the Pine Street Inn in running the Long Term Stayers Housing program. Every year we serve 24 previously chronically homeless individuals, keeping them housed through a housing subsidy and intensive supportive services. This program is a successful permanent supportive housing intervention for individuals who were chronically homeless. The nature of permanent supportive housing is that it is a long-lasting subsidy. We have had many individuals gain independent living skills and rely less on staff support. We work with the City's Moving On Program, which helps individuals in permanent supportive housing who no longer need supportive services move on.

- **How does BPHC think about serving and paying attention to the local native and indigenous population, especially given that they are often too few to be included in statistical reports. Does BPHC have a partnership been with the North American Indian Center of Boston? I would love for us to be more intentional about this aspect of public health outreach.**

It is important to us that the Declaration work includes our Native and Indigenous residents. We worked to ensure our Request for Information: Racism-Free Boston reached all our residents. 5 respondents identified as being either an American Indian or Alaskan Native and 1 of those 5 also identified as a Native Hawaiian or other Pacific Islander (many were multiracial). This means 2.5% of RFI respondents were Native. The Boston at a Glance 2021, a report from the BPDA with Boston's most recent demographic data, identifies that 1,376 American Indian and Alaska Native Bostonians, making up .2% of the population. It is possible that some Native respondents selected "Other" or "Prefer not to answer" to this question. There also may have been Indigenous respondents who, due to our current racial and ethnic categories, we cannot place in our RFI data, such as immigrants Indigenous to South America who may usually select Hispanic or Latinx. Our respondents wrote about the need for more affordable housing, culturally competent healthcare, and the need for good jobs. Our work in these areas will support our Native residents.

- Year 1: Data Collection: One key area in which our work is including our Native American and Indigenous residents is in our Race, Ethnicity, and Language Data Collection Pilot (REAL Pilot). We are including tribal data as an ethnic category in our REAL Pilot. Collecting better data about our Native American residents will inform our future programming and ensure that our programs are reaching these residents. We will also be able to address health inequities specific to our



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Indigenous residents. This will also be important because we know that COVID-19 has presented its own challenges to Native populations. Poor data collection practices for these populations make it even harder to track their COVID-19 case numbers and mortality rates.

- Year 2: Behavioral and Mental Health: Another key area of intervention for us is in our forthcoming mental health and behavioral health work (planned for the second year of Declaration funding). From our RFI, we learned that our respondents viewed sadness and anxiety due to racism as one of their greatest challenges. Native populations, even prior to COVID-19, were more likely to have mental illness or experience psychological distress. [Medical News Today](#) has noted some Canadian Indigenous populations have seen a spike in suicide rates. Our Asian residents expressed anxiety due to xenophobic stereotypes about COVID-19's origins. Our Black and Latinx residents wrote extensively about policing. This work will uplift the experiences of all our residents of color.
- **Are there plans to get the folks that were temporarily housed during the height of the COVID pandemic into permanent housing? How much of this has happened so far? If so, do we have an idea of what proportion of these folks were able to be housed? What pieces of this work belong to DND vs. BPHC?**

Please note that this work is being led by DND and we would defer to them for a fuller discussion of this question.

People were not temporarily housed during COVID — BPHC continued to find permanent housing options for individuals and were one of the only service providers to keep offering housing search and placement services during the pandemic. We permanently housed more than 300 homeless individuals during the pandemic. In addition, we opened many auxiliary shelter sites to help de-densify shelter.

DND and all service providers have been focusing their housing efforts on individuals at auxiliary sites to try to prevent large numbers of people returning to large congregate shelters like 112 Southamptn Street and Woods Mullen.



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- **It looks like there are significant hiring challenges. Obviously we still have an Interim ED, but also for many positions below that. Is there a strategy or plan in place to overcome these challenges?**

Over the course of FY21, BPHC was led by an interim leadership team including Rita Nieves (Interim Executive Director), Gerry Thomas (Interim Deputy Director), and Margaret Reid (Interim Chief of Staff), who together represent decades of experience at the Commission. Despite major transitions and interim leadership, BPHC continued to be diligent in filling other management positions. We filled a number of key positions in FY21, including:

Bureau Director - Infectious Disease Bureau
Director of Enterprise Applications & Business Intelligence
Director, Ryan White Dental Program - Infectious Disease Bureau
Program Director - PAATHS Resource and Referral Center
Associate Director of Human Resources
Director, Office of Health Equity - Executive Administration
Director of Emergency Shelter Services
Director, Division of Violence Prevention
Assistant Director of Housing Search and Placement (Housing Administrator)
Assistant Director of Emergency Shelter Services

We would like to highlight the hire of Dr. Sarimer Sanchez, who has taken on the role of Infectious Disease Bureau Director. You might recall that this role had previously been filled on an interim basis by our Medical Director, Dr. Jennifer Lo until Dr. Sanchez's hire in November 2020. We are excited to have Dr. Sanchez join the team.

- **It was hard on the department not to have an Infectious Disease Bureau Director when COVID first hit. What is BPHC doing to enhance our infectious disease infrastructure and implement other preventative measures, to prepare for future pandemics?**

We learned several lessons during the pandemic, including the ongoing importance of a robust infectious disease infrastructure. At the local level, BPHC's work can add incredible value to pandemic case investigation and contact tracing due to knowledge of and trust built with our community. One of the challenges that we faced during the



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pandemic was little extra capacity to handle the massive case numbers with appropriate contact tracing. In response, the FY22 budget allocates funding to develop our Infectious Disease Bureau and tackle four strategies: (1) education and outreach to successfully connect with the community to distribute and communicate emerging information on infectious diseases, (2) infrastructure support for the clinical work of the CDC division, (3) data analysis to inform critical response efforts, and (4) nurses to investigate cases of infectious diseases.

The FY22 budget includes funding for:

- Four new public health nurses to support the type of case investigation and contact tracing needed during an outbreak and strengthen ties with community partners.
- A Senior Operations Manager for the Communicable Disease Control Division to standardize procedures and protocols in the department, as well as a Program Coordinator.
- Two Infectious Disease Epidemiologists, to better connect our data knowledge with service delivery. Surveillance of other communicable diseases, such as STIs, was necessarily put on pause during the pandemic. With the help of these additional epidemiologists, we will grow our capacity to conduct robust infectious disease surveillance.

Councilor Ed Flynn asked:

- **Are there any programs within BPHC to address gambling addiction in the AAPI community?**

While BPHC does not operate any programs specifically for gambling addiction, we do refer residents to the Mass State Helpline. <https://helplinema.org/>

- **How is BPHC preparing to make COVID-19 vaccine booster shots available to the community in the near future?**

BPHC has begun planning for the possibility of booster vaccines. BPHC's approach to coordinating booster shots is aligned with our seasonal flu vaccination strategy. We plan to partner with community health centers, hospitals, pharmacies, and other facilities to offer clinics throughout Boston that utilize our current strategy of hosting public vaccination clinics in various communities. Similarly to our current partnerships with CBOs, FBOs, and others to provide mobile clinics in order to deliver vaccines to our hard-to-reach populations, we can do mobile vaccine efforts for boosters in the fall. We



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are looking to connect outreach with delivery, so our vaccination strategy includes outreach and messaging that targets hard-to-reach communities.

- **Can you provide an update on the renovations of the Woods-Mullen shelter?**

Phase 2 of the Woods Mullen renovation project includes the addition of a new elevator, replacing and upgrading guest bathrooms on the 2nd and 3rd floors, a new entrance and expansion and remodeling of the current health services/clinic space. The project is expected to be completed by end of the calendar year.

- **What programs and partnerships are available to address the spread of HIV among intravenous drug users? What resources are currently available to those living with HIV/AIDS?**

BPHC is taking a coordinated, cross-disciplinary approach to the concerning issue of increases in HIV infections among persons who inject drugs. BPHC and the Massachusetts Department of Public Health jointly issued a bulletin to healthcare providers on March 15, 2021, advising them of the ongoing cluster of HIV infections in the City of Boston in persons who inject drugs and giving recommendations for care. This spring, the Infectious Disease Bureau received a \$2 million, 2-year federally funded grant to enable BPHC to implement strategies, interventions, approaches and core medical and support services to reduce HIV infections. Together with DPH and other providers, we are identifying short and long term goals for response, which include: coordinating services delivered by BPHC and partners to increase access to HIV and STI testing; performing at least as many tests on a quarterly basis as done pre-pandemic, and offering tests at every encounter with client regardless of last test date; identifying opportunities to increase needle exchange programs (expand hours and/or locations); working with State to increase access to HIV and STI data so resources can more rapidly be directed towards high-risk areas; identifying strategies to increase PrEP utilization to prevent HIV transmission; and identifying the systems gaps that exist in services.

In addition to working to prevent HIV infections, BPHC provides services and resources to support those living with HIV and AIDs, through the Ryan White Program as well as the activities of the Recovery Services Bureau. Recovery Services recently successfully advocated with DPH to fill critical gaps in care, securing funding to add a low threshold housing first model for unsheltered individuals with HIV and substance use disorders. Through this funding, Boston will now have two outreach coordinators that are specific for women who are unhoused, at risk for HIV and who have a substance use disorder and



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living in the Mass/Cass neighborhood. AHOPE and Engagement Center staff partner with Boston Health Care for the Homeless to provide street based HIV/hepatitis C/sexually transmitted infection testing and treatment, as well as directly observed treatment (DOT) for PrEP/PEP for HIV prevention and treatment on a daily basis out of the comfort station. AHOPE continues to offer syringe, safe injection, safe smoking, and condom access across all sites and on street outreach. We will continue to refer individuals living with HIV and AIDS to housing and medical services, along with continuing to increase syringe distribution across program sites, and increase HIV/HCV/STI testing at the Engagement Center, 112 Southamptn and Woods Mullen in addition to ongoing efforts at AHOPE. Across all sites, especially the Engagement Center and AHOPE, we are able to offer medical services, including medication management, allowing individuals with HIV and AIDS to get their medications at the lowest threshold.

BPHC is also utilizing Ryan White Part A grant funding, a federal grant awarded through the Health Resources and Services Administration (HRSA), to develop and enhance access to a comprehensive continuum of high quality, community-based care for low-income individuals and families living with HIV in the Boston Eligible Metropolitan Area (EMA) which includes Suffolk County and nine other counties. This comprehensive continuum of care includes core medical and social support services, which aim to promote health and enhance the quality of life. Ryan White Part A providers served 5,186 clients in FY21. BPHC is distributing COVID Emergency funds in the Boston EMA to enhance telehealth infrastructure for Ryan White services and expand housing, emergency financial assistance, food assistance and legal assistance to clients to meet increased need resulting from the economic impact of COVID. BPHC is also utilizing Ending the HIV Epidemic (EHE) funds through HRSA to support enhanced rapid linkage to and retention in care for people living with HIV in Suffolk County and to support HIV outbreak response activities in Suffolk County. BPHC staff are in the process of planning for allocation of funds to support medical outreach, case management, short term emergency housing and financial assistance, food, access to mobile phones, food and transportation for people who are living with HIV, homeless and injecting drugs in the Melnea Cass Boulevard area.

Councilor Matt O'Malley asked:

- **What is the plan for the COVID-19 vaccine booster shoots?**

We have begun planning for the possibility of booster vaccines. BPHC's approach to coordinating booster shots is aligned with our seasonal flu vaccination strategy. We plan



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to partner with community health centers, hospitals, pharmacies, etc. to offer clinics throughout Boston that utilize our current strategy of hosting public vaccination clinics in various communities. Similarly to our current partnerships with CBOs, FBOs, and others to provide mobile clinics in order to deliver vaccines to our hard-to-reach populations, we can do mobile vaccine efforts for boosters in the fall. We are looking to connect outreach with delivery, so our vaccination strategy includes outreach and messaging that targets hard-to-reach communities.

Councilor Liz Breadon asked:

- **Can BPHC help support youth workers for families living in Faneuil Gardens in Allston-Brighton?**

BPHC defers to the Boston Housing Authority on this question, as Faneuil Gardens is a BHA site.

Councilor Julia Mejia asked:

- **Last year, then-Councilor Janey wrote a letter to the Mayor alongside Councilors of color urging financial investment in order to eradicate negative health impacts that racism has in our city. How does the BPHC budget actually reflect this?**

In June 2020, protests and vigils to honor the life of George Floyd and other Black Americans and people of color that died from police violence were attended nationwide. At the same time, the COVID-19 pandemic disproportionately impacted Black and Latinx Americans. On June 12, the Mayor declared racism to be a public health crisis in the City of Boston and released funds to the Boston Public Health Commission for work related to eight strategies to reduce racial health inequities in the City.

BPHC is leading or co-leading (together with the Health and Human Services Cabinet and the Equity Cabinet) the main work streams related to the Declaration:

- **Policy & Practice:**
 - The Office of Racial Equity and Community Engagement released the **“Racism-Free Boston” RFI, asking residents and community**



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organizations for their vision of a Boston without racism, poverty, and other systems of oppression. 197 Residents and 23 organizations offered policy suggestions in the areas: City Policy & Practice, Healthcare Access, Data, and Advocacy. Residents also wrote about sadness due to racism and policing. Residents stated that we should prioritize housing, education, jobs, and mental health. We are using these responses to inform both BPHC operations as well as our broader policy agenda.

- BPHC has released **two RFRs for health equity projects** related to the Declaration: The first funding opportunity is for community organizations to support and pilot standard Race, Ethnicity and Language (REAL) data tools; while the second funding opportunity is to pilot community-based translation.
 - The Race Ethnicity and Language Data Collection Project Awardees have been named. They are: Agencia ALPHA, Asian Women for Health, Bridge over Troubled Water, Charlestown Adult Education Center, the Massachusetts Coalition of Domestic Workers, and the Multicultural AIDS Coalition. We also dedicated additional funds to organizations to support a data accessibility project. For the completion of these projects we are contracting with 11 organizations and distributing \$310,000.
 - The Community-Based Translation Pilot Awardees have been named. They are: Asian Community Development Center, the Brazilian Worker Center, the Immigrant Family Services Institute, the Somali Development Center, and the Vietnamese American Civic Association. Each organization will be receiving \$25,000 once the contracts are finalized (\$125,000) total.
- We also dedicated \$143,659 to substance use prevention and workforce development programs in partnership with Recovery Services. The projects include a syringe redemption program, workforce development for reentering citizens, and community member stipends for neighborhood engagement teams in Nubian Square, and Subsidized employment stipends for neighborhood improvement efforts in the Mass Ave/Melnea Cass. Area.
- Declaration funds were also dedicated to an Equitable Vaccine Communications, multilingual COVID-19 Vaccine HOPE Campaign.
- Administration and Finance is leading BPHC's **equitable procurement initiative, which seeks to increase BPHC contracts with Certified Underrepresented Business Enterprises (CUBEs).** COVID-19 resulted



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in hundreds of contracts and purchase orders. The majority of PPE have been purchased from a disabled, veteran owned business, and both our reusable masks and cleaning services for our vaccination clinics have been purchased from separate Boston-based minority, women owned businesses. Nearly all COVID-related food purchases have been from small, local Boston businesses.

- Equity questions were embedded in BPHC's FY21 Budget form, setting expectations for Program/Departments to describe how their budgets will advance achievement of racial justice and health equity as outlined in the BPHC's Strategic Plan's Racial Justice Health Equity Priority and/or the Mayor's Declaration and how resources will be distributed to those most impacted by COVID.
- The Office of Racial Equity and Community Engagement also led a series of initiatives focusing on BPHC staff, including:
 - **Race-Based Affinity Employee Resource Groups** to help create a culture of belonging for all employees, especially Black, Indigenous and People of Color employees. The 4 groups include Asian and Pacific Island-American, Black, Latinx and Anti-Racist White Affinity Groups. Emergency Medical Services also launched an employee affinity group, the Boston chapter of the United Coalition of Emergency Medical Service Providers, that seeks to advance diversity and build an inclusive culture within Boston EMS.
 - **New Hire Orientation Update:** ORECE has updated the New Hire Orientation presentation—and continues to work collaboratively to update—to ensure our live presentation focuses on defining terms and concepts that are foundational to all staff understanding racial justice and health equity as well as providing information on existing opportunities to encourage staff to actively engage in racial equity and community engagement work that is currently underway at the Commission.
 - **Racial Justice Health Equity Cafes:** ORECE held 5 Racial Justice Health Equity Cafés for staff as a space for staff to process and discuss racial equity issues. These included COVID-19 vaccine information and responses to police violence.
- **Advocacy & Access:**
 - BPHC advocates at the state and national level for policies that further health equity and racial justice. For the past two years, **BPHC has been**



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working to convene a coalition in support of “An Act to reduce racial inequities in maternal health”, a bill at the state level which would establish a commission to study and produce recommendations on eliminating racial inequities in maternal mortality and severe maternal morbidity. The bill was passed by the Legislature and signed into law by the Governor on January 13th, and BPHC’s Healthy Start Assistant Director was appointed to the Commission by the Chairs.

- BPHC produced and posted “**We Asked, You Said, We Did**”, an internal and external webpage to demonstrate BPHC’s commitment to its principles within the BPHC Equitable Community Engagement Plan and Policy. From this webpage, staff, residents and community-based organizations can view the results of their engagement with BPHC.
- **Data:** BPHC is working to ensure the availability of specific race and ethnicity data that documents the health inequities that exist, and to analyze social determinants of health data to better understand inequities.
 - BPHC re-launched the **Boston Health Equity Measures Set Advisory Council** and collaborated with Boston hospitals and community health centers to increase compliance and coordination with BPHC’s data reporting regulations. We are working to establish a core set of health equity measures across institutions.
 - BPHC works to **assess the role of social determinants on adult resident health inequities using the Boston Behavioral Risk Factor Surveillance System (BBRFSS)**. The Office of Research and Evaluation (REO) analyzed and prepared descriptive statistics monitoring social determinants and adult resident health inequities for internal use using the results of the 2019 BBRFSS. We continue to work on more in-depth analyses, including examining potential associations between informal caregiving and health. We also developed the 2021 BBRFSS tool. This survey iteration expands the social determinant section, with an emphasis on resident experiences of both structural and interpersonal racism and will field April 2021.
 - In addition, the **COVID-19 Health Equity Survey (CHES)** was conducted in December 2020 – January 2021 via telephone survey among Boston adults who had previously completed the BBRFSS in 2017 or 2019. The 25-minute CHES was offered in English and Spanish and covered topics including health and access, COVID-19 testing, demographics, COVID-19, mask wearing behavior, vaccination, income and employment needs. REO produced a comprehensive descriptive



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statistics report and is conducting analyses in support of data briefs that focus on specific COVID-related areas impacting health equity. The report is due to be released in May 2021.

- The Office of Research and Evaluation has also continued work on the **Boston Overdose Linkage to Treatment Study (BOLTS)**. This is a health equity treatment access qualitative study with more than 25 key informant interviews conducted and a dozen resident surveys conducted. The Office designed and implemented interview tools for Boston residents who recently experienced an opioid overdose and other key informants in support of the study.
- **The letter written by Mayor Janey also urged that all violence prevention funding be moved from the BPD to the BPHC. Is this reflected in this year's budget? I'm also thinking about any future grant funding, such as the Shannon Grant.**

BPHC would defer questions on city-wide budgetary decisions to the Office of Budget Management.

Councilor Ricardo Arroyo asked:

- **What is the status on appointing a permanent Executive Director for the BPHC? Why has the BPHC only had an Interim Director for over a year now?**

The Board of Health, who appoints BPHC's Executive Director, has been successful in carrying out an extensive search process in spite of the unforeseen delays and challenges posed by the COVID-19 pandemic. The Board's search is in an advanced stage and we anticipate that the process will yield a final candidate soon.

- **Can the Commission talk a bit about the annual \$100,000 for "State of Emergency for Communities of Color" line item within the Infectious Diseases Bureau? What does this investment fund?**



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Since the City Council first declared an HIV State of Emergency within the Black Community (2006), the Boston Public Health Commission has annually set aside \$100,000 of its total allocation for Community Based Prevention of HIV, HCV, and STIs towards raising awareness of risk and reducing rates of infection amongst communities of color in Boston. As a part of the current three-year funding cycle, ABCD Health Services, Justice Resource Institute, and The Multicultural AIDS Coalition were recipients of these dollars, utilized through high profile events, role model stories, and outreach and testing activities targeting the most vulnerable members of Boston's communities of color.

- ABCD received a portion of the SOE funds to provide or support high profile community events designed to increase awareness of, and reduce rates of infection amongst Boston's communities of color at high risk of infection.
 - Justice Resource Institute received a portion of SOE funds to produce role model stories by and for communities of color at high risk of infection for distribution during outreach and events.
 - The Multicultural AIDS Coalition received a portion of the SOE funds to provide high profile events (held virtually in the time of COVID) and targeted outreach and staffing for the programming components targeting high risk members of Boston's communities of color, with an emphasis on the Black community, including those who emigrated from South Saharan Africa and MSM of color.
-
- **Why is the “Racial Equity and Health Improvement” line item within the Public Health Service Centers set to decrease by \$527,206? What will be the impact of this decrease?**

For FY22, funding for Project Management for the Health In All Policies (HIAP) related interventions was shifted from the subcontracts section to the personnel section of the budget. We created a new full-time position to support this work, rather than utilizing a consultant, in the interest of long-term sustainability. Funding in the Facilitator for Health Inequities Task Force line item was shifted to the Office of Research and Evaluation to support health equity data work being done out of that office. Again, the Office of Research and Evaluation was able to make a full time hire to ensure long term sustainability of the work.

Note that additional outside grant funding is being used to supplement the Racial Equity Subcontracts section.



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RACIAL EQUITY SUBCONTRACTS	FY21	FY22
Facilitate for HIAP process)	220,000	220,000
Project Management for HIAP related interventions	70,000	-
Facilitator for Health Inequities Taskforce	875,000	150,000
Community/residents health equity projects mini-grants	145,000	294,042
Facilitator (Cultural and Linguistic appropriate COVID-19 Communications)	-	100,000
 Racial Equity Trainer for BPHC and Partners		
	-	60,000
TOTAL SUBCONTRACTS	1,310,000	824,042
RESEARCH AND EVALUATION SUBCONTRACTS	FY21	FY22
Data Warehouse Vendor	550,000	550,000
Hospitals Support for data management and transfer	165,000	495,000
BRFSS additional support and expansion	400,000	400,000
TOTAL SUBCONTRACTS	1,115,000	1,445,000

- **BPHC’s breakdown of top ten department salaries shows 80% white, 10% Latino/Hispanic, and 10% Asian, despite 37% of all BPHC employees being Black: Can BPHC explain this discrepancy and efforts that are being made to ensure that Black employees are not locked out of these opportunities?**

BPHC is committed to furthering racial equity in our hiring processes and ensuring that leadership and staff reflect the diversity of Boston. The Executive Director and Deputy Director openings provide us with a valuable opportunity to make progress on this front, and the search process has been very intentional in seeking out diversity candidates. In addition, Bureaus and Programs are engaged in active succession planning in which racial diversity is a key consideration.

We are also working to build a pipeline of talented, diverse public health workers who will be the leaders of tomorrow for BPHC and other public health organizations. BPHC’s Consortium of Professional Development connects staff to learning opportunities, runs an extensive Internship program, and offers courses to strengthen the skills of our workforce. For instance, the Consortium is currently offering *Managing Effectively In Today’s Public Health Environment*, which focuses exclusively on BPHC organizational priorities and culture for BPHC staff. Graduates receive certificates from the BU School of Public Health.



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- **Does any part of BPHC’s budget go toward partnerships with community health services? If so, how much and what specifically will this fund in FY22?**

Just a note that we are answering this question with the assumption that the Councilor intended to refer to “community health centers”. If this is incorrect, please let us know and we will be happy to resubmit an answer.

Over the course of FY21, across all Bureaus and Programs, BPHC distributed \$22.1 million in funding to community health centers (CHCs) in the City of Boston. Of this funding, approximately \$14.3 million was related to COVID-19 response, which included funding for testing, vaccination, education and outreach, mental health and counseling, and other COVID-related needs.

City funding is distributed to CHCs through the Community Health Center Grant Program, which supports the delivery of traditional health services to the communities surrounding the CHCs. For example, the South Jamaica Plain Health Center’s plans for FY21 funding included supporting the Perinatal Case Manager Program, which provides services to pregnant women and provides screening for both medical and social needs. CHCs will apply for FY22 funding in July 2021.

- **The Recovery Services Bureau and the Homeless Services Bureau have two of the highest proportions of externally funded FTEs compared to internally funded FTEs within the BPHC: Why are such a large portion of positions externally funded and does the Commission plan to change any of these positions to internally funded?**

Both Homeless Services and Recovery Services have very diverse funding sources. Their services are supported by grants, City funds, State funds, and Federal funds. All FTEs are paid according to each funding source’s guidelines.