**MINUTES OF THE PUBLIC HEALTH COUNCIL**

**Meeting of January 15, 2020**

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

**PUBLIC HEALTH COUNCIL**

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

**Henry I. Bowditch Public Health Council Room, 2nd Floor**

**250 Washington Street, Boston MA**

**Docket: Wednesday, January 15, 2020 - 9:00 AM**

1. **ROUTINE ITEMS**
	1. Introductions
	2. Updates from Commissioner Monica Bharel, MD, MPH.
	3. Record of the Public Health Council December 11, 2019 Meeting. **(Vote)**
2. **PRELIMINARY REGULATIONS**
	1. Informational overview of proposed amendments to 105 CMR 164.000, *Licensure of Substance Use Disorder Treatment Programs.*
	2. Informational overview of proposed amendments to 105 CMR 140.000, *Licensure of Clinics.*
3. **PRESENTATIONS**
	1. Update on Suicide Prevention Efforts at the Department.

*The Commissioner and the Public Health Council are defined by law as constituting the Department of Public Health. The Council has one regular meeting per month. These meetings are open to public attendance except when the Council meets in Executive Session. The Council’s meetings are not hearings, nor do members of the public have a right to speak or address the Council. The docket will indicate whether or not floor discussions are anticipated. For purposes of fairness since the regular meeting is not a hearing and is not advertised as such, presentations from the floor may require delaying a decision until a subsequent meeting.*

**Public Health Council**

Attendance and Summary of Votes:

Presented below is a summary of the meeting, including time-keeping, attendance and votes cast.

**Date of Meeting:** January 15, 2020

**Start Time:** 9:10AM **Ending Time:** 10:29AM

| **Board Member** | **Attended** | **First Order: Approval of December 9, 2019 Meeting Minutes (Vote)** |
| --- | --- | --- |
| Commissioner Monica Bharel | Yes | Yes |
| Edward Bernstein  | Absent | Absent |
| Lissette Blondet | Yes | Yes |
| Derek Brindisi | Absent | Absent |
| Kathleen Carey | Yes | Yes |
| Secretary Elizabeth Chen | Yes | Yes |
| Harold Cox | Absent | Absent |
| John Cunningham | Yes | Yes |
| Michele David | Yes | Abstained |
| Michael Kneeland | Yes | Abstained |
| Keith Hovan | Yes | Yes |
| Joanna Lambert | Yes | Yes |
| Lucilia Prates-Ramos | Yes | Yes  |
| Secretary Francisco Ureña | Yes | Yes |
| **Summary** | **11 members present, 3 members absent** | **9 members approved, 3 members absent, 2 members abstained** |

**PROCEEDINGS**

A regular meeting of the Massachusetts Department of Public Health’s Public Health Council (M.G.L. c. 17, §§ 1, 3) was held on Wednesday, January 15, 2020 at the Massachusetts Department of Public Health, 250 Washington Street, Henry I. Bowditch Public Health Council Room, 2nd Floor, Boston, Massachusetts 02108.

Members present were: Monica Bharel, MD, MPH; Lissette Blondet; Kathleen Carey, PhD, Secretary Elizabeth Chen, PhD, MPH, MBA; John Cunningham, PhD; Michelle David, MD; Michael Kneeland, MD; Keith Hovan; Joanna Lambert; Lucilia Prates-Ramos; and Secretary Francisco Ureña.

Absent members were: Edward Bernstein, Derek Brindisi, and Harold Cox.

Also in attendance was Margret Cooke, General Counsel at the Massachusetts Department of Public Health.

Commissioner Bharel called the meeting to order at 9:10AM and made opening remarks before reviewing the agenda.

**1. ROUTINE ITEMS**

**b. Updates from Commissioner Monica Bharel, MD, MPH**

Commissioner Bharel stated before the Council reviews and votes on minutes from the December Public Health Council meeting, she wanted to share a few highlights regarding recent public health work taking place at the Department and across the state.

*Fourth MA Vaping Death*

Commissioner Bharel stated she was sorry to announce that last week the Department confirmed the fourth vaping-related death in Massachusetts, a man in his 70s from Middlesex County. The patient is among 36 confirmed and 74 probable cases of vaping-associated lung injury known as EVALI that DPH has reported to the U.S. CDC since it began collecting reports on unexplained lung injury from clinicians. The tragic death serves as a reminder that we must continue to remain vigilant about the dangers of vaping, including educating residents about the risks associated with vaping and e-cigarettes. The Commissioner highlighted, that as a Council, members have been instrumental in that process, most recently through adopting regulations overseeing the sale of vaping products in Massachusetts. Commissioner Bharel thanked the Council for all their collaboration and commitment to this effort. As a reminder, those regulations will have a public hearing this Friday, January 17th here in the Council room at 10:30AM. More information may be found at the websites displayed on the screen, which we will be sure to send to the members.

*Year-In-Review*

Commissioner Bharel stated that heading into 2020 gave the Department a great opportunity to look back and take stock of what was a very busy 2019 and what we all did to advance public health throughout the year. In an End of Year post on our Massachusetts Public Health blog, we have included ten key highlights of DPH’s work in 2019, including the launch of DPH’s new Population Health Information Tool (PHIT) presented earlier in the year that helps us continue to turn data into action; efforts to successfully protect family planning services known as Title 10 in Massachusetts that ensured no disruption of these important services despite federal changes we saw earlier this year; and the launch of a new Gun Violence Prevention Program, examining gun violence through a public health lens and funding ten communities to focus on young people ages 10-24 to address disparities in neighborhoods with higher rates of gun violence. Commissioner Bharel emphasized that we will be sure to send the link to the Council members so they can take a look at the “Year in Review” blog post if they have not already, it is a great way to reflect on all the great public health work happening in Massachusetts.

*Opioid Testimony*

Commissioner Bharel stated yesterday, she was in Washington to testify before Congress, specifically the Energy and Commerce Committee’s Subcommittee on Oversight and Investigations, regarding Massachusetts efforts to combat the opioid epidemic. She was among five states asked to speak on the progress Massachusetts has made as well as the challenges that remain. Commissioner Bharel was pleased to share in her testimony that Massachusetts developed first-in-the-nation addiction-related core competencies to better educate medical students in Massachusetts. This has now grown to include other professionals ranging from nurses, to social workers, and to physical therapists. The Commissioner mentioned that in Massachusetts, graduates now have all the required training necessary to obtain a DEA-X waiver to prescribe essential medication-assisted treatment. The Commissioner spoke about Massachusetts expanding access to Naloxone, enhancing the utility of the Prescription Monitoring Program (PMP), and our use of data to focus our resources on high-risk priority populations including individuals experiencing homelessness, individuals with co-occurring substance use disorder and mental health diagnoses, pregnant women, people of color, and people who identify as LGBTQ. She said that our efforts are making a difference, and from 2016 to 2018 as you can see in our opioid quarterly reports, our opioid overdose deaths have seen a decline – as have the other four states invited to testify. However, with the media attention off of the opioid crisis, it is more important now than ever to maintain our focus. The Commissioner stated she was asked how the federal government could help Massachusetts continue to combat this crisis and in her testimony, and she made several recommendations including making life-saving naloxone over-the-counter, which would greatly improve availability with little to no public health risks, as well as removing barriers to prescribing medication for opioid use disorder (MOUD) by eliminating the X-waiver requirement to prescribe buprenorphine and integrating methadone into primary care settings. The Commissioner stated that if Council members are interested, she can share the full testimony with them.

*Project ASSERT*

Commissioner Bharel stated in December, she was pleased to visit Boston Medical Center’s Project ASSERT, which stands for Alcohol and Substance abuse Services, Education, and Referral to Treatment. This wonderful program celebrated its 25th year of service to the community. Project ASSERT, established by our own Dr. Bernstein and Ludy Young from Boston Medical Center’s Emergency Department, has provided alcohol and drug use screening and referral to treatment to more than 80,000 patients who demonstrate risky alcohol or drug use in the emergency department. It is a wonderful program. In Massachusetts, we are lucky that we have a trailblazing program like Project ASSERT. The Commissioner was astounded to see that the same individuals who were working at Project ASSERT when she was a medical student are still working there, underscoring their dedication and commitment to this important work.

*2nd Healthiest*

The Commissioner shared just in time to ring in the New Year, the Department has learned Massachusetts continues to hold strong as the second healthiest state in the country. As Council members know how competitive she is, this year we were bested only by Vermont and we were bested last year only by Hawaii. America’s Health Rankings lauded Massachusetts for having the lowest infant mortality rate and a high rate of immunization, among other measures. The Commissioner stated we will of course continue our efforts to maintain and improve health in Massachusetts and she hopes to make us number one in 2020.

With no further questions or comments, the Commissioner proceeded with the docket.

**1. ROUTINE ITEMS**

**c. Record of the Public Health Council December 11, 2019 Meeting (Vote).**

Commissioner Bharel asked if any members have any changes to be included in the December 11, 2019 meeting minutes. After a brief clarifying discussion amongst the members, there were no changes.

Commissioner Bharel asked for a motion to accept the minutes. Motion to accept minutes, Secretary Chen made the motion and Dr. Cunningham seconded it. Dr. David and Dr. Kneeland abstained. All other present members approved.

**2. PRELIMINARY REGULATIONS**

**a. Informational overview of proposed amendments to 105 CMR 164.000, Licensure of Substance Use Disorder Treatment Programs.**

Commissioner Bharel invited Deirdre Calvert, Director of the Bureau of Substance Addiction Services, and Beth McLaughlin, Senior Deputy General Counsel, to the table for an informational overview of proposed revisions to the BSAS licensure regulation, 105 CMR 164.000. The Commissioner stated, as members will hear in this presentation, and our next presentation on the clinic licensure regulation, some of the proposed changes are designed to encourage better integration of mental health and substance use disorder treatment, a key initiative of the Baker Administration. These updates were developed through consultation with our sister agencies, the Department of Mental Health (DMH) and MassHealth, who we look forward to also working with during our public comment period for this and the clinic licensure regulation.

Upon the conclusion of the presentation, the Commissioner asked the Council if they had any questions.

Ms. Blondet stated she was delighted to see revised regulations that truly reflect integration, in language, in procedures, and so forth. Bravo. For the workforce specific aspect, they all dealing with the need for integration of behavioral health and substance use disorder services, but it seems that in these integration efforts, community health workers are left aside when a lot of their work is trauma-informed. Ms. Blondet asked if there are any efforts to streamline trainings to include more of a behavioral health piece, and more interface with both substance use disorder and mental health.

Ms. Calvert stated she agreed with Ms. Blondet that the workforce is a huge issue and that they are looking to increase recovery coaches and community health workers to supplement the field. Additionally, they are looking to provide some type of licensure for recovery coaches per the Recovery Coach Commission’s recommendations.

Ms. Blondet stated she knows that DPH has done a lot of work with recovery coaches. It would be fantastic if DPH could orchestrate a similar vision for behavioral health integration and she would be happy to attend any forum or any event DPH organizes on this issue.

With no further questions, the Commissioner proceeded with the next item on the docket.

**1. PRELIMINARY REGULATIONS**

**b. Informational overview of proposed amendments to 105 CMR 140.000, Licensure of Clinics.**

Commissioner Bharel invited Sherman Lohnes, Director of the Division of Health Care Facility Licensure and Certification within the Bureau of Health Care Safety and Quality; Marita Callahan, Director of Policy and Health Communications for the Bureau; and Rebecca Rodman, Senior Deputy General Counsel, to the table for an overview of proposed updates to the Department’s clinic licensure regulation.

Upon the conclusion of the presentation, the Commissioner asked the Council if they had any questions.

Dr. Cunningham asked if it takes a long time for a full evaluation.

Mr. Lohnes stated that the feedback DPH received when they were talking to providers was that some of the requirements DPH currently has create limitations and constraints in certain situations, so they are trying to remove artificial barriers to increase access to treatment.

Dr. Cunningham asked if doing the whole evaluation was hindering the ability to give the first treatment or services to the patient.

Mr. Lohnes stated in some cases, yes.

Ms. Prates-Ramos asked what is prompting the change in regulations to allow for verbal or written notice to patients seven days after a serious reportable event. Currently in a hospital setting, we do require written notice, so she was wondering why DPH is looking to change that.

Mr. Lohnes stated that this refers only to the initial seven day notice. This is because given the option, under certain circumstances, it may be more appropriate to discuss it with the patient rather than just mail them a letter; however, there is still the written follow up requirement.

Ms. Prates-Ramos stated she was glad and she wanted to make sure it was not watered down because she deals with a lot of consumers who have never been notified either verbally or in writing.

Commissioner Bharel stated that this will alleviate that issue and will strengthen the process.

Mr. Lohnes stated it gives two options because in certain circumstances it might be a message that is much better delivered in person rather than just send a letter to someone and they open the mail and find out there has been an incident.

Ms. Rodman stated that the 30 day notification is required to be written.

With no further questions, the Commissioner proceeded with the next item on the docket.

**3. PRESENTATIONS**

**a. Update on Suicide Prevention Efforts at the Department.**

Commissioner Bharel invited Kelley Cunningham, Director of our Suicide Prevention Program, to the table for an update on the Department’s suicide prevention efforts. The previous presentations highlight work we will be doing to encourage behavioral health integration across facilities licensed by the Department, and the work of Kelley’s program across the state dovetails with those efforts in giving residents of the Commonwealth supportive resources outside of care settings.

Upon the conclusion of the presentation, the Commissioner asked the Council if they had any questions.

Dr. Kneeland asked how the outcome death by suicide determined, if it is determined by a medical examiner report, a police report, or both.

Ms. Cunningham stated typically what happens when a death occurs that is unknown or unsure, the state police do the investigation and the Medical Examiner’s office makes the final determination.

 Dr. Kneeland asked what the source of the data is for statistics shared in the presentation.

Ms. Cunningham stated the data comes from the State Police, but the Medical Examiner makes the final determination.

Dr. Kneeland asked if they report data directly to DPH.

Ms. Cunningham stated yes, and it becomes a part of DPH’s vital records.

Secretary Ureña asked how long it takes for the Medical Examiner’s investigation to complete, from the time of death to when they come to a conclusion.

Ms. Cunningham stated it varies completely based on the case, especially because there are a lot of cases which take a long time for the Medical Examiner’s office to make final.

Secretary Ureña asked on the poisoning/overdose statistics, how much of those could be accidental as opposed to a suicide.

Ms. Cunningham stated it was a very good question and that in general it is very difficult to determine. It is ultimately up to the Medical Examiner making that final decision, but usually there are signs or evidence of suicide, such as a note to family members. The Medical Examiner also does a toxicology report. Ms. Cunningham stated that the Medical Examiner has gotten much better at being able to determine between the two.

Dr. David thanked Ms. Cunningham for sharing the details about the collaboration with the Commuter Rail and MBTA on a public awareness campaign, sharing that her sister tried to commit suicide by jumping in front of a train.

Ms. Cunningham thanked Dr. David for sharing that personal story.

Secretary Chen asked what they see with older populations as suicide is an issue for them as well, especially due to isolation. She is wondering if they utilize the crisis lines and if they are any different and if Ms. Cunningham would refer them to one of these crisis lines.

Ms. Cunningham stated that she previously worked at a crisis line, and a majority of volunteers are older adults, and they are already using the line quite often. The statewide number also has a texting component which has become very popular with our youth.

Secretary Chen stated the texting feature is also great with their hearing impairment population, as one in five older adults have a hearing impairment.

Ms. Cunningham agreed.

Ms. Blondet asked, regarding the Latino increase, does the Department have data that shows by age group and geography. Additionally, she was wondering if we have seen similar increases in other states.

Ms. Cunningham stated in Massachusetts, we have noticed an increase among young Hispanic males and middle-aged men, but we are going to be diving into it deeper in the coming months.

Ms. Blondet asked how middle age is defined.

Ms. Cunningham stated ages 35-54.

Ms. Blondet asked how the younger age group is defined.

Ms. Cunningham stated ages 15-24, so it really spans the spectrum. She always wants to know where the pockets in the state are and has recently dived into the 2017 data; they are currently analyzing the geography portion. As far as nationally, she does not know where that analysis stands, but it something she can check into.

Ms. Blondet stated that it is important, and from an epidemiological point of view, if we are seeing similar trends elsewhere, we need to understand what is underneath that.

Ms. Cunningham stated one thing that many people are not aware of is if you press two on the crisis helpline, it transfers the caller to a center that answers in Spanish, and Massachusetts has the second highest number of calls to that center in the country, which was a shock to her.

Ms. Prates-Ramos asked what the language capacity of the crisis centers are here in Massachusetts; if she were Portuguese and she called, would she be able to be transferred to a Portuguese speaker.

Ms. Cunningham stated it was an excellent question and that we need to address the gap. In Massachusetts, the crisis line only has English, and nationally, she only knows of Spanish as being the only other language, but she knows they were talking about other languages. Ms. Cunningham stated she could look into this.

Ms. Prates-Ramos asked if the public awareness campaign with the Commuter Rail/MBTA was only in English.

Ms. Cunningham stated that she has a meeting with the Commuter Rail/MBTA folks next week and she can look into this. She believes they were thinking to translate the campaign into Spanish, but needs to check.

Ms. Prates-Ramos stated that she was glad they are looking into it because it is important.

Commissioner Bharel asked if Ms. Cunningham could explain the procedure of the calls and the 69% call rate.

Ms. Cunningham stated that we have five crisis enters in Massachusetts, four of them are under the name of Samaritans and they are all individually run, and the fifth one is called Call2Talk operated under the United Way. On top of answering calls to the main crisis line number, they are also answering calls to their individual phone lines. The 69% of answered calls only represents those calling the Lifeline number, 1-800-273-TALK. They are also answering 1-877-870-HOPE and each crisis center has their own numbers. In 2017, the crisis lines combined answered over 163,000 calls and 5,800 texts. We are answering 46,000 calls to the national Lifeline number and another 120,000 to their local numbers . And the people who are answering the lines are not clinicians; they are people like her who want to be involved in suicide prevention.

Commissioner Bharel asked Ms. Cunningham if she could explain the 31% of calls that go unanswered.

Ms. Cunningham stated that it is not they go unanswered. If the call to the Lifeline number is not answered in Massachusetts, then the call is routed out of state and to another crisis center to answer that call; however, this puts the caller further away from resources and services in Massachusetts.

Ms. Blondet asked if the 31% of those rerouted calls that get transferred out of state get answered.

Ms. Cunningham stated she cannot say that it is 100%, but it is close.

Ms. Lambert asked if there was any targeted programming for the LGBT population.

Ms. Cunningham stated they do a lot of work using the SAMHSA Garrett Lee Smith Grant specific to that population working in those communities and working with the DPH Safe Spaces Program as well. A couple of years ago, the Safe Spaces Program had a procurement specific to that population. It is a big area they are working on. As you saw in the Youth Risk (YRBS) survey, the data shows high numbers and we are doing what we can to help.

Dr. Carey asked if there is any way to follow up with people as well as how to evaluate calls and how to know how effective the efforts are.

Ms. Cunningham stated as far as the phone call, they are all given a risk assessment, “are you feeling suicidal today”, and if they are feeling suicidal, then they go through the next questions, which include: do you have a plan, do you have means, and where are you at in this moment as far as taking your life. The volunteers go through strenuous training to be able to ask these questions and follow up with the next piece. Typically, what would happen is most callers by the end of the call, their risk level will go down. A very very small percent are at imminent risk, and that is where the crisis center may need to call for help. A majority of folks are just having a bad day and are looking for someone to listen to them at that moment and how can we bring that down. For those that may need a follow up and the person that takes the call is concerned, the volunteer asks if they can call the caller back in a few hours, and they (or another volunteer) would follow up. Ms. Cunningham stated that as part of the zero suicide initiative, they are working with the crisis centers regarding engagement and follow up, and this is when someone is discharged from the hospital, whether it is the emergency department or inpatient, they are at their highest risk of suicide. So they have been working with a grant through SAMHSA and DMH down on the Cape and Islands with the Samaritans on Cape Cod to pilot this program. What will happen is when the patient is discharged they would be offered a follow up call. Over the next couple of months they will expand the pilot to include the two hospitals partnering with the Garrett Lee Smith Grant and two additional crisis centers.

Dr. David asked if the Department has any data regarding suicide rates on college campuses.

Ms. Cunningham stated not specific to college campuses; however, they can use the ages 18-24 data, but just cannot say they are all college students.

Dr. David asked if we have made any progress regarding discharge planning when someone is hospitalized for suicide; often the discharge planning is to primary care without any mental health care attached.

Ms. Cunningham stated that it is very complicated, but yes for those that have become part of the zero suicide initiative as part of safety planning because discharging to primary care would not be the best option for the patient. It is more about educating everyone in Massachusetts. The Joint Commission has been very supportive around zero suicide and universal screening for everyone.

Secretary Ureña asked if there was any way Massachusetts can get ahead of the three-number crisis line that has been proposed at the federal level.

Ms. Cunningham stated as far as the 988 number, it is going to take a couple years to get that up and running. It would help to have one standard number that all five crisis centers use, which will be the lifeline number and will eventually become the 988 number. As far as getting all five centers up and running, they are working to build that capacity so the centers can handle all the calls. What we are looking for now is a short code for texting, because not all centers are involved with that; they all have the software, but they need the volunteers to do it.

Secretary Ureña asked if she has any materials or information on the recruitment of volunteers.

Ms. Cunningham stated she can get that for him.

Dr. Cunningham stated he noted that there were no crisis centers past Worcester; however, there is a large public health school out there that can help with volunteers.

Ms. Cunningham stated there is no crisis center, but they still answer the calls; however, they could probably help with volunteers, but it is a point well taken.

With no further presentations, Commissioner Bharel reminded the Council that the next meeting is Wednesday, February 12, 2020 at 9:00AM.

Commissioner Bharel then asked for a motion to adjourn. Dr. David made the motion; Ms. Prates-Ramos seconded it. All present members approved.

The meeting adjourned at 10:29AM.