

## Recommendation #3

### Make every “touch” count by using existing programs and staff for greater impact through coordination.

The city of Boston’s health, housing and inspection agencies touch many families at risk of housing based health problems. The opportunity to use these connections to better serve families and to incorporate green concepts into our interventions is great. Integrating services holds promise for providing families with more comprehensive care, while more efficiently allocating staff time. Taking advantage of key moments when city personnel interact with families and/or property owners regarding homes can leverage these opportunities for more green and healthy activities that benefit families and the city at large.

The city agencies involved in health and housing are the Boston Public Health Commission (Community Initiatives Bureau), the Inspectional Services Department (Housing Division) and the Department of Neighborhood Development (Homeowner Services and Residential Development). NCHH surveyed staff in these agencies and mapped the existing programs and services. We also interviewed and studied the Boston Housing Authority as one of the largest providers of housing for Boston’s low income families and Action for Boston Community Development (ABCD) the main provider of weatherization services for low income families. We found many opportunities for better “One Touch” coordination. These opportunities fall into four key areas:

- Integrate Intake
- Integrate Inspections
- Integrate Healthy and Green Measures in Interventions
- Increase Referrals within and across Departments

While there are multiple opportunities for better integration, there are three short term opportunities we recommend for immediate action.

#### **A. Create an interdepartmental Healthy and Green Homes Task Force modeled after the Distressed Properties Task Force.**

The Department of Neighborhood Development’s Homeowner Services division has facilitated a Distressed Properties Task Force including several city agencies (Elderly Commission, Inspectional Services Department, Boston Water and Sewer Commission (BWSC)) along with a host of elder service provider agencies and community agencies (including Ensuring Stability through Action in our Community (ESAC), ETHOS, Kit Clark, Urban Edge, Nuestra Comunidad and Boston Medical Center). The Distressed Property Task Force began as a response to addressing distressed properties where there was a senior citizen. Frequently the overlapping issues of social services and psychological and physical needs coupled with the financial limitations of many seniors citizen conspire to bring properties to an unhealthy and degraded state. Therefore a concerted cross disciplinary response was required to return the properties and the occupants to a healthier condition.

While families with children experiencing housing based health issues differ from seniors, a similar facilitated task force focusing on family's challenges and specific properties in the targeted neighborhoods could bring similar levels of creative cross disciplinary problem solving to the effort. It would also help break down the silos created by individual programs and assure families and properties were treated more comprehensively. We recommend that the Healthy and Green Homes Task Force be facilitated by DND and include ISD, BWSC, BPHC Community Initiatives Bureau (Asthma/Injury/Lead Programs), and Boston Housing Authority. Given ESAC, Urban Edge, and Nuestra's existing work on the distressed property task force and their work on healthy housing, it would be valuable to bring those groups to the table as well. Expansion of the group might include Action for Boston Community Development, and NStar to facilitate the inclusion of weatherization and energy efficiency elements.

### **B. Create a single integrated intake system for the BPHC Community Initiatives Bureau, modeled after the Mayor's Health Line.**

The Community Initiatives Bureau has programs addressing asthma, lead poisoning prevention, injury, and tobacco regulation. Despite these programs being contained in the same bureau, they act independently, having separate inspectors, case managers, educators, and initial points of contact. Any intake process should provide as seamless a connection for families to the range of city services.

The bureau currently runs a specialized referral program, the Mayor's Health Line. Using a software program (Real Benefits) and trained staff, the Health Line helps families identify and qualify for health insurance. This program also identifies families eligible for weatherization funds and food stamps. The operators are extremely skilled at interviewing clients and quickly assessing their eligibility for programs. Unofficially, operators screen families for referral to the lead poisoning prevention program, given the number of families with young children. The Mayor's Health Line offers an existing computerized intake system as well as trained and skilled operators and educators. It could be expanded to become the centralized intake point for the rest of the programs within the Community Initiatives Bureau including the asthma, lead, and injury prevention programs. To fully staff the Health Line and continue to provide timely service would require additional staffing on the Health Line. However, it should decrease the time required by program staff to field initial calls, and would increase the likelihood that families would receive more comprehensive care.

### **C. Create more integrated home visits and inspections.**

Under the current system all three health programs can provide some level of home inspection - lead inspection, safe home visit, and healthy homes inspections. The Inspectional Services



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Department and Neighborhood Development Department Homeowner Services Division visit and inspect homes. Any time a city inspector enters a home, (s)he could be gathering key information to facilitate referrals across healthy homes programs. Each visit is an opportunity to identify housing related factors affecting health.

The Healthy and Green Task Force could be the forum where each agency agrees on the core set of inspection items and a referral process between agencies. In the interim, the Community Initiatives Bureau should develop a short (i.e. four items or less) list of core inspection criteria, regardless of program. The core set should be connected to referrals for services. All inspectors and home visitors in BPHC and ISD should also be cross trained to use the core criteria in inspections and home visits and know which agency has enforcement authority, financial resources or other services to support families and property owners.