



**MINUTES FOR THE MEETING OF THE BOARD OF THE
BOSTON PUBLIC HEALTH COMMISSION
Wednesday, April 11, 2018**

A meeting of the Board of the Boston Public Health Commission (“Commission”) was held on Wednesday, April 11, 2018, in the Hayes Conference Room, 2nd floor, 1010 Massachusetts Avenue, Boston, MA 02118.

Board Members Present:

Francis J. Doyle, Esq., Chair; Monica Valdes Lupi, JD, MPH, Executive Director; Manny Lopes; and Jennifer Childs-Roshak, MD.

Also Present Were:

Abby Kim, Taylor Platt, PJ McCann, Maya Saunders, Heather Gasper, Marje Nesin, Catherine Cairns, Kailen Santos, Jennifer Lo, Devon McCarley, Gerry Thomas, Jenifer Jaeger, Jacqueline Shendai, Katie Donovan, Marc Nascarella, Rachel Wilson, Dian Fico, Devin Larkin, David Pia, Gerald James, Leon Bethune, Julien Farland, Ariel Kuo, David Dreher, Paul Shoemaker, Mary Bovenzi, Chief Jimmy Hooley, Alex Davidson, Puneet Sharma, Marty Martinez, Shekeima Dockery, Anne McHugh, Grace Connolly, Tim Harrington, Alice Andrees, Jen Tracey, David Susich, Rita Nieves, Oyin Kolawole, and Kathy Hussey.

Proceedings:

Chairman’s Comments

Francis J. Doyle, Esq

- The meeting was called to order by Mr. Doyle at approximately 4:09 pm.
- We have a busy agenda once again. There’s been a lot happening the last several weeks. There are things that are in the process right now, front page and elsewhere, that we’ll be updated on, particularly around marijuana, but also on the operational assessment that’s been done. So, we’re looking forward to those presentations as well.

We have had two new members appointed and approved by the Boston City Council. One of them is on her way. Jennifer Childs-Roshak is a family medicine doctor. She has been a longtime advocate and women’s health expert. She is deeply involved in reproductive health in the larger context than just the agenda, if you will, that people sometimes associate with Planned Parenthood. It’s a much broader total reproductive health agenda that she runs there and does a great job at it. I’ve known her for some time. We’re thrilled to have her here. I think she can help guide us particularly around women’s health issues and can give us, in addition to Dr. Jordan, additional insight in health and direction. We will welcome her further we she gets here.

Also, there is John Fernandez, who is the President and CEO of Mass Eye and Ear, will also be joining us at the next meeting. You may have seen that Mass Eye and Ear is in the middle of their merger with Partners Health Systems and therefore was unable to fit this in tonight. They were just approved the beginning of last week by the City Council so this is very timely.

Then in relation to that of course, our two dear friends, Dr. Betancourt and Dean Cox, their terms on the Board have expired. They were gracious enough to stay on this year until the new appointees were made and approved by the council. We’ve thanked them and talked about it a little bit, and Monica did before, all the accomplishments they oversaw during their many years of contributions to

DRAFT – FOR INTERNAL REVIEW ONLY

this Board. The Mayor has issued proclamations acknowledging those efforts and those achievements in their tenure. We had hoped to get them here tonight to publicly honor them, but both were stuck in other duties. I just wanted to acknowledge that a proclamation has been made by the Mayor and are being presented to them in person and that the Board's gratitude is very deep and affectionate. So, without further ado, I'll ask our Executive Director to begin her report.

Acceptance and Approval of March 7, 2018 Minutes

Unfortunately, we are without quorum this afternoon which prevents us from approving the minutes from the March 7, 2018 Board meeting.

Report from the Executive Office

Monica Valdes Lupi, JD, MPH

Executive Director, Boston Public Health Commission

- Thank you. Good afternoon everyone. Good afternoon Board Members. I want to start my updates this month by welcoming and introducing our new Medical Director, Dr. Jennifer Jose Lo. Over the last five years, she's served as the medical director at the Greater Roslindale Medical and Dental Center where she's implemented new programs such as behavioral health integration, family planning services, and physician training programs. She also served as the Family Team Medical Director at Boston Health Care for the Homeless Program and led a multidisciplinary team to increase access to health care for homeless families and children in the Boston area.

We're really excited that she is here. This is day three and has hit the ground running. She has participated in different tours of some of our facilities and also participated in different internal budget meetings that we've had with staff and know that she is very passionate about the work we do here at the City and we're really excited that she's here.

I'd also like to extend a thank you to Dr. Jenifer Jaeger for serving the Interim Medical Director role until Dr. Lo arrived. I think at the last Board meeting had announced that Dr. Jaeger is now officially moved into her appointment as our new Director of Infectious Diseases. You'll hear from both Jennifers at future meetings.

Frank interjected: I know I speak for my colleagues at Boston HealthNet, that not only has Dr. Lo been at Greater Roslindale, but has been a leader both with the Boston HealthNet citywide. I know Commissioner Lopes has worked with her as well over the years. She has a very broad understanding and knowledge of all the neighborhoods in the City. I'm just thrilled you were able to convince her to come on over here. And also to Dr. Jaeger for all of her support to-date and now she can actually have just one focus, well maybe not just one focus. Thank you.

Manny Lopes had a response to Frank's comments: Ditto!

Monica continued her report. Just a couple of quick updates. A couple of late-breakers. Over the last few days, Board Members and others have probably heard about, read about in the news, some upcoming previews about our FY19 Budget. We will have more details at our May Board meeting where we'll ask you to take a vote on that budget. In the news, they featured some investments in FY19 that have been made to Boston EMS, so Chief Hooley's work in terms of additional FTEs and investments in EMS. New investments, and thank you to the Board Members for all your support, around our Neighborhood Trauma Teams. And also, new investments to our Engagement Center which is led by Devin Larkin. More to follow on that but did want to flag for all of you as they were late-breakers in the news.

Frank commented: I did want to note and express appreciation to Commissioner Lopes, also who highlighted the issue of ambulances in East Boston and is going to be funded in FY19. We're going to have to find a way to fund the second ambulance for FY18.

Manny commented: Thank you to the Mayor. And thank you to Chief Hooley for engaging with the community and listening to their concerns then responding very quickly and appropriately.

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Monica resumed: A big thank you to our Board Members. In your Board folders, you'll see a flyer and post card about MassHealth. If you recall earlier this year, staff had presented, Jim Imprescia and Beth Baker from the Public Health Commission, had presented specifically on the ways in which ACO implementation has impacted our programs. So, because of your guidance and advice, we were able to loop back with teams and constituents to develop some promotional materials about the importance of paying attention to these upcoming deadlines. So, thank you. They are available in different languages. Sorry I can't remember how many, but starting out with Spanish and their might be others.

Manny said they had changed the date. Monica replied yes, they did extend it about a month after these went to print. We have stickers with the correct date to place over it. Frank stated he thinks that just highlights how much of a gap there is in communication still around the ACOs. I don't think patients are clear until they show up for care. So, the more we can help with that is even more important now than it was last month. Thank you very much for taking that forward Monica and the team for putting all those things together. It's great, really terrific.

BPHC in the News: Boston EMS made the news by delivering exceptional and compassionate care during a blizzard. Mayor Walsh announced in a press conference last month that EMS delivered a baby boy during a nor'easter that buried the City in snow. The news was covered by WCVB, WHDH, WBZ, Fox 25, and MassLive.

Boston EMS also made the new when the Mayor announced that he added a second dedicated ambulance to East Boston, which is now operating under overtime costs and will be included in his FY19 budget proposal. The goal is to reduce citywide response times and deliver a more timely service to Eastie residents. The news was first covered by the *East Boston Times* and then covered by the *Boston Globe*, *Boston 25*, and *Herald*.

Our peer-leadership program Start Strong was featured in the *Globe's* new *podcast Love Letters*. Acting Director Jess Alder and one of our peer leaders, Kyrah Davis, spoke with columnist Meredith Goldstein about the do's and don'ts of breaking up, as taught by and to our teens in our annual Breakup Summits. Our eight Breakup Summit will be taking place on July 26th at Simmons College.

NACCHO's Member Spotlight series featured an interview with me. I shared my leadership journey and steps the Commission is taking to prepare for the future.

Intergovernmental Relations Updates

Heather Gasper, Director

Intergovernmental Relations and Policy Development

- **Federal Update.**

Budget: On Friday, March 23rd, the President signed into law a \$1/3 trillion spending bill which will fund the federal government through September 30, 2018.

Some highlights of the bill included clarification around the ability of the CDC to conduct research on gun violence. The CDC has not conducted this research since 1996, when the Dickey Amendment restricted funding for any actions which could be considered gun control lobbying.

Congress did not agree to the requested roll back of the requirement that drug manufacturers pay 70 percent of the prescription costs for seniors stuck in Medicare's "donut hole" coverage gap.

Lawmakers did not include any plans to stabilize health insurance markets through payments to insurer known as cost-sharing reductions.

Congress did increase medical research funds by \$3 billion and added \$4 billion to address the opioid epidemic which the administration has declared a public health crisis.

Research for a universal influenza vaccine increased \$40 million to bring the total to \$100 million.

Nearly \$51 million for Racial and Ethnic Approaches to Community Health (REACH) is included.

CDC Director: Secretary of Health and Human Services Alex Azar named Dr. Robert Redfield, Jr., to be the new CDC Director. Dr. Redfield is a medical school professor at University of Maryland and co-founder of the Institute of Human Virology. He has a clinical and research background in HIV/AIDS and substance use disorders.

DRAFT – FOR INTERNAL REVIEW ONLY

- **State Update.**

Statewide Health Equity: Last week, Monica was invited to speak at the Massachusetts Chapter of the American College of Physicians yearly State House Advocacy Day. The ACP strongly supports H.622 / S. 641 – An Act eliminating racial and ethnic health disparities in the Commonwealth sponsored by Chairman Sanchez, Representative Byron Rushing, and Senator Jason Lewis. BPHC’s rich history of working on social and environmental factors that impact health outcomes have made this an easy bill to support. She actually testified in favor of it during its hearing at the State House last year.

H.622 and S.641 would establish an office in the Executive Office of Health and Human Services similar to BPHC’s Office of Health Equity (OHE). Monica appreciated the opportunity to talk about how OHE has worked hard to influence change in Boston as well as embedding health equity and racial justice in the Commission’s culture. The bill would also establish an annual health disparities report. The Health of Boston Report takes a similar lens and includes extensive data that compare health outcomes by race, ethnicity, neighborhood, housing status and more. She thanked the ACP for inviting me to participate and applaud them for their commitment to advocating for health equity and social justice.

House Budget: The House is expected to release its budget at any moment. After the House releases their outline, we will review their proposal and work with staff at City Hall to support funding critical to BPHC’s work.

- **City Update.** BPHC is about a month away from presenting the City Council with our FY19 budget. BPHC non-EMS is scheduled for a May 17th hearing and EMS is scheduled for a May 21st hearing. We’ll be getting ready for that and will keep you updated as things move along.

Frank had a couple of observations/questions regarding federal and state funding for opioid and substance abuse disorder and how we approach grant opportunities. This started a lengthy discussion about how grants are announced and how competitive it can get; looking at DPH block grants for more flexibility; looking for ways to explore partnerships and/or going in with others in preparation for it all. The ones that have come out, unfortunately, were only made state eligible; they’ve kept the money and have come up with state-wide strategies. Our Pre-Awards Manager, Catherine D’Vileskis is checking every day and is on the notification list. She’ll send them out for us to review as soon as she gets them. If not, we’ll try and find someone with whom we can partner. This is a national trend and we’ll keep our eyes open.

The conversation switched to gun violence. The CDC will have the ability to do a study and report. Kaiser is going to do their own study by looking at patients that they serve and have dedicated \$2 million towards it. We will follow up with Chief Martinez about federal philanthropic opportunities that reach back out to the departments and try to connect the dots where there are opportunities to leverage expertise. We can follow up more offline.

Frank asked Manny if he’d heard anything from HRSA. Manny replied no. There’s \$600 million in the re-authorization for the health centers. I’m not sure if HRSA’s been very clear about how they plan on spending that money. We’re all watching and waiting to hear.

Frank: Lastly, on the health equity office. If there’s something the Board can do to help in any way, sometimes we issue a letter, sometimes not, or need us to testify. I think that’s a true and perfect thing. It aligns with all the social determinants activity going on around ACOs. It just really puts things in an altogether kind of fashion moving down the road. So, let us know if we can be helpful.

Presentation: Marijuana Baseline Health Study
Marc A. Nascarella, PhD, Principal Investigator
Massachusetts Department of Public Health

- Monica commented: in an effort to keep all of our Board Members up to date on the latest policy developments on our favorite topic in public health - marijuana policy development – we’ve got two presenters lined up for you this afternoon.

DRAFT – FOR INTERNAL REVIEW ONLY

We're joined by Marc Nascarella who is a principal investigator at the Massachusetts Department of Health, who'll walk us through the DPH Marijuana Baseline Study. After Dr. Nascarella, we'll have some opportunities to do some discussion Q&A, they're not a shy group. So, thank you for joining us. Then we'll pivot and have that followed by PJ McCann, who's our Deputy General Counsel, to give us the latest updates on some developments at the city and begin to plant some seeds for discussion with the Board Members today about our role in public health vis-a-vis other cities public health departments and tee it up for next month's Board Meeting when we'll have quorum and can figure out where to go from there. So, with that Dr. Nascarella.

- Thank you. Thank the Boston Public Health Commission for inviting us here. It's a pleasure for our department to be here. It's my pleasure to be here on behalf of Commissioner Bharel. I'd like to thank Dan Dooley, Leon Bethune and PJ McCann who heard an earlier version of this presentation and thought it important enough to bring to this group.

I want to introduce you to this Marijuana Baseline Health Study. This was a legislative mandate that the Department was directed to perform. It is funded by the existing medical marijuana trust fund. This is a study that the Legislature said to the Department of Public Health: You will investigate three items. 1: You will investigate the patterns of use and perceptions of marijuana. 2: You will investigate the incidents of impaired driving and hospitalization. And 3: You will investigate economic and fiscal impacts for state and local governments.

This was in a session bill introduced around December 31, 2016 and became law shortly thereafter. The requirements of the bill require that we design this entire study to evaluate these things prior to the large scale offering of retail marijuana in the Commonwealth. So, understand baseline conditions before retail marijuana was widely available.

The Legislature gave us approximately 30 days from the time this entire study identified investigators and get them involved in the project. What you're about to see is the design of that study, progress thus far, and what our timeline is for completing that work. The Legislative mandate requires that we submit to the clerks of the House and Senate a copy of the final report by July 1, 2018, the end of our state fiscal year. We're on track to do that.

The study as we've designed it, we've interpreted those three tasks to mean these following activities. This is a multi-site, multiple investigator study. It involves a number of different IRBs to approve Institutional Review Board ("IRB") procedures for dealing with confidential data to insure the protection of human subjects.

Dr. Nascarella continued with a breakdown of each of the three tasks followed by a lengthy question and answer session.

Presentation: Marijuana Legalization Update

PJ McCann, Deputy General Counsel

- **Final CNB Regulations Overview.** Social consumption and delivery issues delayed until at least next February. Authorizes local control and permitting, within limits: Reasonableness standard; Cannot conflict with state statute or regulation. Edible not subject to local food inspections absent local regulations. Resolves youth siting language

- **School Buffer Zone in Final CNB Regulations.**

Draft – 935 CMR 500.110(C): A Marijuana Establishment shall comply with all local requirements regarding siting, provided however that if no local requirements exist, then Marijuana Establishment shall not be sited within a radius of 500 feet of a public or private school, daycare center, or any facility in which children commonly congregate.

Final - 935 CMR 110(3). The property where the proposed Marijuana Establishment is to be located, at the time the license application is received by the Commission, is not located within 500 feet of a pre-existing public or private school providing education in kindergarten or any grades 1 through 12, unless a city or town adopts an ordinance or by-law that reduces the distance requirement. The distance under this section shall be measured in a straight line from the nearest point of the

DRAFT – FOR INTERNAL REVIEW ONLY

property line in question to the nearest point of the property line where the Marijuana Establishment is or will be located.

Proposed Boston Zoning Code Amendment. Extends existing Zoning Code for medical marijuana to adult use. Makes cannabis establishments forbidden in all residential districts and conditional in all others. Applies the existing ½ mile buffer between medical marijuana sites to adult use. Adds 500 feet K-12 school buffer zone language. Includes cultivation, processing and retail.

Proposed Boston Zoning Code Amendment: Buffer Footnote. *Cannabis Establishment – provided that any cannabis establishment shall be sited at least one-half mile or 2,640 feet from another existing cannabis establishment and at least 500 feet from a pre-existing public or private school providing education in kindergarten or any of grades 1 through 12. Distances shall be determined from the nearest lot line of the proposed establishment to the nearest lot line of an existing establishment or school. Use approval shall be applicable to the applicant only.

Existing Board Regulation Siting Language. In no instance shall an Operating Permit be issued to any RMD that is within a radius of five hundred feet of a school, daycare center, or any facility in which children commonly congregate.

Existing BPHC Guideline Language. Notwithstanding the foregoing, the Commission will defer to the Boston Zoning Code and the Zoning Board of Appeal with respect to siting determinations.

Board Policy Issues for Discussion. Retain the Medical Marijuana Regulation, but amend to remove provisions that are generally addressed through zoning or ZBA: remove siting language, formalizing existing practice; remove signage language. Clarify that Regulations apply to medical marijuana retail only. Clarify that workplaces grandfathered from the Smoke Free Workplace Regulation may not allow marijuana smoking or vaping. Revise references to reflect transfer of medical oversight from DPH to CNB.

Presentation: Review of Operational Audit *David Dreher and Ariel Kuo, EY, LLP*

- **Timeline and Overview.** EY Phase 1: began in March 2017 and concluded in November 2017. EY Phase 2: began in December 2017 – ongoing. EY Phase 3: kick off April 2018.

Phase 1 Scope: Accounting and Finance, Information Technology, Privacy, Property, EMS, Homeless, Recovery.

Included processes and internal controls over the following areas: Financial: internal controls, post awards grants, budgeting, billing, and AR management; Information Technology; Privacy and Security; Facilities and Property Management; Inventory Management; and Controlled Substances.

- **Phase 1 Key Findings (#86).**

Financial: Process and internal controls over financial reporting. Grants billing and reporting. Accounts Payable processing, internal controls and segregation of duties. Patient billing: EMS and Bureaus.

Controlled Substances: Documentation and internal controls over controlled substance inventory at EMS, Homeless Services, and Recovery Services.

Information Technology: Outdated Information Technology (infrastructure and software).

Privacy and Security: Privacy and HIPAA compliance and internal controls (protection of PHI and PII).

Facilities and Property Management: Facilities management and maintenance of properties.

Inventory Management: Physical access controls to drug and non-drug inventories.

Human Resources: System access and controls to monitor access for terminated employees.

- **Progress to Date.** All findings related to controlled substances were remediated before the end of the assessment. Many other findings were also remediated prior to the completion of the assessment. Evidence to support the corrective actions were provided to the Assessment Team.

DRAFT – FOR INTERNAL REVIEW ONLY

An **Action Tracker** has been developed and a process to monitor all key findings has been developed. Executive Owners have been identified for all issues. Management responses with specific action plan owners, including the expected date of implementation, have been documented.

Remediation plans will be tracked until fully implemented.

- **Next Steps. Updates to:**

Internal stakeholders: City Hall, HHS, Mayor's Office, OBM, Press, IGR.

Internal BPHC Programs: a) Staff from BPHC programs that were covered by operational review: A&F, EMS, Homeless, Recovery Services, General Counsel, ITS; b) Board of Health; c) BPHC Senior Leadership Team; and d) BPHC Program Directors.

External Stakeholders: City Council and Boston delegation; DPH (OEMS licensing body for emergency medical services; BSAS – funder and enforcement of substance addictions activities); DHCD (funder of BPHC Homeless Service programs).

EY presentation of operational review on April 11, 2018, Board Meeting.

Convene an **Advisory Group** to guide remediation activities. Chair: Manny Lopes, BPHC Board Member. SMEs: Third Party Billing; IT; Facilities/Property; Pharmacy Inventory Management. Provide periodic updates to the BPHC Board and other key stakeholders.

Thank you to Grace and Monica for your assistance throughout this process. It was very helpful in getting things done and closing things out. Be assured that we will be tracking the remediation process through until it's completion.

Monica: Great. Thank you, Ariel and David, and Chief Martinez for the opportunity to review this operational review with you. It really has been a part of our quality improvement efforts to look at the Commission to see where we have strengths and where we might have weaknesses. We can use this as an opportunity to strengthen our internal capacity and to make the work better for our internal and external stakeholders.

As we were thinking about how we would share the information that we've learned through this operational review, we did work very closely with colleagues in our HHS cabinet, with the Mayor's staff, as we developed a communication plan. What we have been doing is that we've done updates to both internal and external stakeholders. Obviously, Chief Martinez has taken the lead, in terms of working with our colleagues at City Hall. Within the Commission, we have had a number of different briefings. We actually held two today with staff. The first with staff who were immediately covered by the operational review: colleagues and staff from A&F, EMS, Homeless, Recovery Services, General Counsel's Office, YES Teams(?) and then today, here with all of you to present it to the Board. We had a larger meeting, actually using this technology, so this has been a huge improvement that we've been able to share and disseminate information with the Microsoft Hub. We have multiple campuses, sites, locations that were part of the information sharing this afternoon in our Program Directors meeting. Chief Martinez and I met with City Council leadership. We've also worked with sharing some of these findings with our partners at the State Department of Public Health, because they regulate and fund some of our programs that were part of the review: OEMS, ??, EMS, Substance/Addiction Services. Our colleagues at the state have been briefing Commissioner Bharel along the way. And also with our partners at Housing and Community Development as they provide assistance to our Homeless Services Bureau.

I think we've done a good job in terms of communicating where there are key findings. These are actually things that, as David said, do not come as a huge surprise. I think that those of you who have worked here at the Commission for many years, have been on the receiving end of some of these areas where we've identified these weaknesses. We take these findings and the advice and counsel of EY very seriously. We will be working with all of our staff in terms of insuring that we're held accountable in terms of needing and implementing all the action steps that will be required in that Action Tracker that you described. I know that of those 86 findings, many of them, the majority fall under our Administration and Finance teams. I just looked at the team of executive sponsors to look at each of the individual trackers to those respective action steps that people are taking and have begun to update them. We will be meeting regularly internally to make sure that we're holding ourselves accountable

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and actually be transparent with the staff so that they see all of the work that they've done and give them credit for that, and all of the work that's ahead of us. Again, I want to thank David, Ariel, and Chief Martinez for their support. And also, the Board, because the Board has been very supportive throughout this process. So, with that, I will hand off to our Board Chair.

Frank: I want to highlight a couple of things. In my business of healthcare, over the years whenever you heard the auditors were coming into town, it was like hearing the federal government was here to help you. With this team and with EY, I know Commissioner Lopes has worked with them as well, they've always had an attitude, whether in this environment or others, that says we really are here to help. We want to help you get better. We want to see you improve. But, we also want to find all of those things that need to be improved. I know that's their philosophy and have taken it to this engagement as well.

That said, I don't want anyone to leave here without knowing, as Monica just said, that some of these findings are serious. Some of them are very significant. And they must be, not only remediated right now, but they have to stick. I think David used the term earlier. There has to be a stickiness to all this stuff. It's not just the plan and the action tracker. It's embedding it in the way we work so that it doesn't shake loose later, when EY is gone, or the Commission is gone or whatever, that these become fundamental changes for the mode of operation within the department.

One thing I do also want to point out is that the EY team with us has been very laudatory toward all of your engagement with this, and the Espris de Corps among all of you in wanting to make things better and wanting to tighten things and wanting to make improvements. Because as Dr. Betancourt said, earlier, you are totally committed to the mission here and our work in the public health spectrum forum. In this day and age, all of us have to operate like we're private businesses as far as efficiency, accountability, and improvement, because that's what the public demands. That's certainly what our Mayor, your Chief, and our Board demand of all of us, including Monica and Grace, who have been engaged since the beginning on this, and certainly our partners in this.

So, 55 findings are significant; 55 high-risk findings. Just so you know, especially an operational assessment, we take it very seriously. As the Commission, that is our primary responsibility here is the fiduciary responsibility for this department. We will be actively engaged in this throughout the process. We decided to have an Advisory Group of folks that are knowledgeable and expert in certain areas that the audit has identified. But also in general business terms, so that they can be helpful guiding EY, guiding all of you, and acting as the arm of your Commission, the Board, to make sure that we get all of this done with Monica and Grace. And that all of you take it and make it stick, because you're the ones that have to do that part of it.

We can hand out a lot of paper identifying things. A lot of plans that I've seen over the years sitting on shelves after a year or two after people lose focus. Can't do that with this stuff. The stuff that's been identified has to be fixed and it has to stick. So, to that end, I've asked our Commissioner Lopes if he would Chair a committee. We have been speaking with some folks to participate in that. I know Chief Martinez will definitely be participating. Obviously, I will stay very close to it as well. But in order to identify the right people to help us make sure that we are not only following and remediating the findings of the operational audit, but also helping all of you to make it stick and reporting back to the Board. I appreciate Commissioner Lopes agreeing to that and Chief Martinez's agreement to participate as well.

Do you have any questions of us, because we're all in this together? So, if there's any question to ask or you have something to say, please say it. We're always open to discuss it publicly and privately, as long as there's 3 or less of us to discuss it with you, otherwise we have to discuss it here. We are partners in this and want to work with you, because I know all of you want to achieve the same goals as we do as well. Thank you for your participation to date with EY. This is the first public discussion of this in a public forum. We will have this as a regular agenda item along with the Advisory Group's advice and allowing us to know and follow our progress. Obviously, on the day-to-day basis between Monica and Grace, which we do often, but on a larger scale with the entire audit assessment. Any questions, thoughts?

DRAFT – FOR INTERNAL REVIEW ONLY

Thank you for all the work you do and thanks to EY. We are completely engaged and will continue to do so.

Manny stated he looks forward to working with the Advisory Group. I'm hopeful that we can be helpful. Another word that I like to use beyond stickiness is repeatable. A process that I hope will help you do your job better and more efficiently. Just a final note, because I think Dr. Betancourt said it best: a lot of what we're hoping to accomplish is to make things better and more efficient, but it does not reflect on the commitment of the Commission and the work you do every day outside this building within our communities, our neighborhoods. I thank you for continuing to stay focused on that. The goal is to be helpful, make all this better, and hopefully, you'll see those results in your day-to-day work. Thank you.

Frank stated that the full draft of the audit would be made available tomorrow.

Adjourn

Frank called for a motion to adjourn. Manny Lopes seconded the motion. There were no oppositions. The meeting was adjourned at approximately 6:19pm.

Addendum:

PLEASE NOTE: This report is a synopsis of the board meeting. Presentations are posted for review a day or two after a meeting to our BOH webpage: <http://www.bphc.org/boardofhealth/Pages/board-of-health.aspx>.

All board meetings are recorded. Requests for a copy of a recorded meeting should be made via: info@bphc.org. Thank you.

RESPECTFULLY SUBMITTED BY:



Kathleen B. Hussey; Board Secretary

