



**MINUTES FOR THE MEETING OF THE BOARD OF THE
BOSTON PUBLIC HEALTH COMMISSION
Wednesday, May 16, 2018**

A meeting of the Board of the Boston Public Health Commission ("Commission") was held on Wednesday, May 16, 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 John Fernandez.

Also Present Were:

Yelena Tsilker, Jessica Heslam, Gerry Thomas, Devin Larkin, Jen Tracey, Alex Davidson, Puneet Sharma, Debra Paul, Shekeima Dockery, Heather Gasper, Dr. Sophia Dyer, PJ McCann, Dr. Jenifer Jaeger, Brad Cohen, Ana Vivas, Dr. Jennifer Lo, Katie Donovan, Anne Marie Delaney, Nicolas Czarnecki, Tim Harrington, Grace Connolly, Estelle Cadrain, Devon McCarley, Catherine Cairn, Dave Susich, Margaret Reid, Catherine Fine, Marje Nesin, Lieutenant Donna Gavin (BPD), Detective Ludwik Bartkiewicz (BPD), Chief Jimmy Hooley, Anne McHugh, Chief Dennis Rorie (Director Public Safety/Campus Police), Deputy Chief Shumeane Benford (Deputy Director Public Safety/Campus Police), and Kathy Hussey.

Proceedings:

Chairman's Comments

Francis J. Doyle, Esq

The meeting was called to order by Mr. Doyle at approximately 4:10 pm.

Welcome and thank you for being here. A couple of things I want to mention first. I want to welcome our newest Commissioner John Fernandez. We did speak a little bit about him at our last meeting when we introduced Dr. Childs-Roshak, the other new member of the Commission. John comes to us as the CEO and President of Mass Eye and Ear with a ton of experience in healthcare and public health areas. He is the chair of the Conference of Boston Teaching Hospitals, as well right now. He is intimately involved across the city with all the academic medical centers too. He hails from Philadelphia – we won't hold that against him – but the Celtics are his favorite team and that's all that counts. We very much welcome John and if you'd like to say anything.

Thank you. My dad's a preacher. My mother's a teacher and then became a politician, City Counselor-At-Large in Philadelphia for a couple of terms. She was the first, and unfortunately the last, woman to run for mayor on the Democratic ticket in Philadelphia. So, I was born and raised in politics.

Thanks, John. We're delighted to have you with us and have your expertise at the table.

**Acceptance and Approval of
March 7, 2018 and April 11, 2018 Minutes**

I think I'll move directly into the agenda. We have a couple of months meeting minutes that were not approved from the past meeting. If I could entertain a motion from the table. Kate Walsh and Manny Lopes seconded the motion. There being no objections, we have approved the minutes from March 7, 2018 and April 11, 2018. Thank you, Kathy for putting those together in a comprehensive fashion.

Just two other quick mentions. Last week was National Nurses Week. We celebrated the nurses across the City of Boston. The Globe did a nice write-up honoring a number of them, particularly the addiction team at Boston Medical Center was highlighted, and our own Colleen LaBelle in the addiction center, the

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old OBAT, which is just a wonderful group of nurses. Very, very dedicated for a long period of time and very successful with the OBAT program. So, congratulations, Kate.

Also, this week is National Women's Health Week. In addition to our mothers on Sunday, we want to honor all of the women here and all of their contributions to healthcare both locally, statewide, and nationally. Thank you very much. Without more I will hand it off to our Executive Director., Monica.

Report from the Executive Office
Monica Valdes Lupi, JD, MPH
Executive Director, Boston Public Health Commission

Thank you. Welcome as well to our newest member. I know that we share experiences living in the other great Commonwealth of Pennsylvania. Welcome to the Board.

I wanted to start off, before I give some highlights about the Commission's work in the news, about some other things that happened in the last week. I wanted to say a special thank you to our Board member Kate for the support that she has offered to our teams. So, in the news, and I think I sent a note to the Board members as well, that there was a fatal stabbing that occurred outside of our men's shelter at 112 Southampton Street.

It was very traumatic, needless to say, not only for the staff, but for the clients of the shelter and Engagement Center. We worked with our colleagues at City Hall to have emergency assistance, employee assistance provided to the staff, but we were also able to deploy our Boston Neighborhood Trauma and Recovery team to the shelter. They were there immediately following the stabbing. Kate was very quick, literally within hours, to also support us in whatever way we needed in terms of additional counselling support. We were also able to lean on Barry Bock and colleagues at Healthcare for the Homeless to provide some additional counselling. Support services, after a few days, following up on the double homicide at Bromley Heath, the neighborhood response team, the Commission staff, I want to thank all of them for the work that tough and challenging 5-day stretch for the staff. I wanted to thank you all.

I also wanted to relay that former Board member, Assistant Dean Harold Cox, was kind enough and generous enough to provide some food and some comfort to the shelter staff over the course of several days. I wanted to relay that to you all as well.

- **BPHC in the news:** In terms of other items that made the news with the Commission events, you'll hear more about our FY19 budget process with our Director of Administration and Finance, Grace Connolly. But in the news, there was good press about the Mayor's investments in public health were featured in a Globe article. Mayor Walsh proposed a \$3.3 billion budget, which highlights addiction needs and the rebuilding of the Long Island Bridge. *WGHB: Boston Mayor Walsh Proposes a \$3/3 Billion Budget; Highlights Addiction Needs, Rebuilding Long Island Bridge.*

I saw something from Dean Entman(SP?) in *Commonwealth Medicine* and wanted to identify that in terms of ways to create long-term therapeutic recovery support services on Long Island. I wanted to flag that for Board members.

Two of our Board members, Myechia Minter-Jordan and Kate Walsh, made it to the 100 Most Influential People in Boston list by Boston Magazine. Congratulations, we're so lucky to have you! *Boston Magazine: The 100 Most Influential People in Boston.*

I also wanted to highlight that we were in the Globe and Telemundo for our "Take Back" Day, which is a day where the Commission and our other partners encouraged our residents to turn in their expired or unwanted medications last month. It's a good reminder about the importance of having drop-off kiosks available year-round. *Boston Globe: Boston residents urged to drop off old medications Saturday. And Telemundo, WBZ.*

Members of BPHC's Community Action Network (CAN), part of our Child, Adolescent and Family Health Bureau, recently joined advocates to promote safer childbirth. The rally took place in Copley Square and had the objective of raising awareness of the number of women dying in childbirth, especially women of color. I know the Board has really been on the vanguard of addressing infant mortality and premature births, but also maternal mortality. So, I wanted to share that with you in terms of advocacy efforts. *Boston Globe: Women rally to promote safer childbirth.*

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Intergovernmental Relations Updates *Heather Gasper, Director* *Intergovernmental Relations and Policy Development*

That segways into our Intergovernmental Relations updates from Heather Gasper, who'll give us a quick update on Federal, local federal, and state activities.

- **Federal Update.**

Teen Pregnancy Prevention Program Update: The Trump administration recently announced it will shift federal funding aimed at reducing teen pregnancy rates to programs that teach abstinence. The funding is available through the Teen Pregnancy Prevention Program, a grant program created under President Obama that funds organizations and programs working to reduce teen pregnancy rates.

Unfortunately, the announcement outlined that these grants will be geared toward organizations that teach abstinence education to teens instead of comprehensive sex education approach the previous administration supported.

The Farm Bill and SNAP Program Funding: The House Republicans' proposed farm bill is estimated to slash \$20 billion from the Supplemental Nutrition Assistance Program (SNAP) over the next 1 ye4ars, and 1 million households with more than two (2) million people could be pushed off the program or experience reduced benefits.

The President is also expected to veto the bill unless the final product includes stricter work requirements in order to received benefits. That provision isn't currently included, but if stringent proposed work requirements and anti-fraud measures are put into place, it could mean tens of billions of dollars more in cuts to the anti-poverty program that serves more than 42 million Americans.

The massive legislative package, which Congress largely renews every five years to subsidize agriculture and food assistance programs, needs bipartisan support to pass the 60-vote threshold in the Senate. Eighty percent of the farm bill's spending is on nutrition programs. At the time of writing, the House is expected to vote on the bill in this week. The Senate has yet to put together its own version.

- **State Update.**

Tobacco 21: Last week, the Massachusetts House voted 147-4 for a bill to raise the tobacco sales age from 18 to 21 across the state. In addition to raising the age, it adds e-cigarettes to the state's smoke-free workplace law and bans statewide tobacco sales in pharmacies. A similar bill cleared the Senate in 2016 by a 32-2 vote, so it should have easy sailing there and Governor Baker also supports such efforts. In a shortened legislative session, its only enemy may be time.

Boston raised the legal age for buying tobacco in 2016. About 170 communities, representing 70 percent of the state's population have acted on their own to ban sales of the product to those under the age of 21. Additionally, some 160 communities have banned the sale of tobacco in pharmacies.

State Senate Budget: Also last week, the Massachusetts Senate Ways and Means Committee released a \$41.42 billion state budget proposal for fiscal 2019 that would represent a 3 percent increase in spending over the current year. That is higher than the \$41.5 billion budget passed by the House last month. Senators will likely add more money into the budget during debate on the Senate floor, which is scheduled to begin May 22.

Frank questioned if there was language in the Senate budget that should be mirrored in the House budget. Heather stated for the most part the language is on point with the exception of a few small things, but it shouldn't impede the process. Frank asked the other Commissioners if there was anything on the health center side or hospital side that we should be tracking in the House and Senate right now because it will be well over with by the time of our next meeting.

Kate commented that the Senate bill on the House side had lots of hospital language on things that were most worrisome from our standpoint is neutrality around hospital ambulatory bills. I don't know where that sits. The House has been talking about it and the Policy Committee has been talking about it. It's one area that there's strong sentiment in the hospital community that those organizations that are reimbursed below a benchmark, say 80-90% of the commercial rates in the state, that the floor will be raised. I think that's on the House side; it didn't move on the Senate side. The other thing we're watching is the Governor's bill on opioids; would like to get the Commission's view on that. There are some places **????** in that bill that will be hard to replace from a delivery standpoint.

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Some highlights:

- ◆ A program to reduce drug costs in MassHealth by setting an annual target for prescription drug spending and letting the state pursue rebates from drug manufacturers. This is expected to save MassHealth \$40 million out of \$16.1 billion budget.

- ◆ The budget would set aside \$633 million to offset costs incurred by hospitals serving large numbers of MassHealth patients.

- ◆ Money for increased staffing at rape crisis centers; \$3.8 million to eliminate the wait list for pediatric palliative care for terminally ill children; and \$500,000 for a new “mobile integrated health unit,” which can offer care in someone’s home, limiting emergency room visits.

- ◆ The proposal rejected Baker’s proposal to move 240,000 non-disabled adults off MassHealth onto Health Connector plans.

- ◆ Like the House, the Senate wants to open five new drug addiction recovery centers.

- ◆ A significant amount of money would be spent on mental health services, including \$2million to divert people with mental illness out of the criminal justice system and \$4 million to increase reimbursement rates for mental health providers.

- ◆ The budget includes \$1 billion for the Department of Children and Services. That includes \$15.5 million for family resource centers to expand to new communities and help families displaced by the hurricanes in Puerto Rico.

- ◆ It invests \$1.5 million in a program that offers money to families on food stamps to cover transportation to job training programs. Other line items would expand access to healthy foods for food stamp recipients and provide job training and job placement services to welfare recipients. The budget would increase a children’s clothing allowance from \$300 to \$350 per child.

- ◆ The Senate budget is relatively similar to the House budget on housing, providing slightly more or less for various shelter and rental assistance programs. The Senate creates a new grant program for developers to create accessible affordable housing.

- **City Update.**

Health of Boston Presentation: Last week Chief Martinez, Dan Dooley, BPHC’s Director of Research and Evaluation, and Monica presented the Health of Boston Report to City Council. Thank you to Councilor Pressley for hosting us and facilitating this important discussion.

Budget: Starting this week, BPHC will present the City Council with our FY19 budget. The BPHC non-EMS hearing is scheduled for tomorrow, May 17th and EMS is scheduled for its hearing on Monday, May 21st. We are very appreciative of the Board’s support throughout this process.

Presentation and Vote: BPHC FY19 Budget

Grace Connolly, Director of Administration and Finance

- **Background.** Not too many changes from our previous meetings. We have taken a data-driven managerial approach to the budget. There has been modest revenue growth for FY19. For the 4th consecutive year, we have a AAA credit rating. State aid continues to be a challenge. Fixed income costs continue to grow, but at a slower rate than past years (anticipated at 7/5%). Collective bargaining negotiations are ongoing.

- **Two Step Process.** The two-step process is still in place and all segments remain the same as before: Maintenance request and New budget proposals consisting of: operational reforms; budget savings; new initiatives/investments; and revenue proposals.

- **Maintenance Request:** Reflect FY18 operations in terms of FY19 costs. Review possible realignments during this period: Staff transfers and consolidations; Streamlining business processes; Shared service models; Reduce fragmentation and duplication of effort; Enhancing managerial controls.

- **New Budget Proposals:** Operational Reforms: Planning efforts; Operational audits; Departmental experience; Service and program demand changes; One-time investments must show ROI and implementation steps. Savings proposals: 2% reduction must be proposed; Does not mean that our budget will be cut by 2%.

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- **Framework for Savings Proposals:** Be cognizant of vulnerable populations and equity implications; Preserve core public health services provided by BPHC programs and partners; Mitigate impact on FTEs [particularly revenue generating positions]; Streamline operational functions to support services.
- **New Initiatives.** New initiatives/investments: provide analysis to show measurable progress toward specific goals. Priority for projects that: Data show investment will have a significant positive impact relative to the investment; Targeted at the vision of a thriving, healthy and innovative city; Support the implementation of Imagine Boston 2030; and Leverage other spending and resources.
- **Revenue Proposals.** Revenue options: Estimates consistent with service levels in maintenance budget. Alternatives: Fees and fines that haven't risen to keep pace with inflation; and Maximizing existing revenue streams.

• **FY19 Recommended Budget.** A new chart was shown indicating percentages of funding for FY19 and the change from FY18: City of Boston Appropriation: \$84,881,542 / Change: 6.75%. Federal, State, Billed, Other: \$46,515,679 / Change: 2.11%. EMS Billed: \$37,043,970 / Change: 0.64%. Non-EMS Revenue: \$480,000 / Change: -5.23%. Property Revenue: \$2,324,000 / Change: -0.26%.

FTEs Internal for FY19: 923.74; variance of 37.16 / 4.19%. FTEs External for FY19: 244.4; variance of 7.70 / 3.99%. NOTE: FY17 COB appropriation increase from initial \$79,341,731 is a result of settled CBAs.

- **FY19 Changes.** The next chart broke down Investments in Current Recommended, Expiring Grants, and Reductions in Current Recommended.

Investments in Current Recommended. Continuing the Engagement Center: \$1,870,738 / FTEs: 19.42. Addressing EMS demands with additional FTEs: \$1,321,440 / FTEs 20.00. Neighborhood Trauma Team Expansion: \$284,000 / FTEs 0.00. Recovery Services Youth Prevention Program Managers: \$175,000 / FTEs 2.0. Marijuana Communications Campaign: \$75,000 / FTEs 0.00. Totals: \$3,726,788 / FTEs 41.42.

Expiring Grants (recommended). Start Strong – Child, Adolescent and Family Health Bureau: \$60,2880 / FTEs 1.0. Violence Prevention Staff: \$44,458 / FTEs: 0.46. Totals: \$104,738 / FTEs 1.46.

Reductions in Current Recommended. Miscellaneous Savings: (\$472,553) / FTEs 0.00. Associate Director of Chronic Disease: (\$111,461) / FTEs (1). CDC Outreach: \$60,280) / FTEs (1). Totals: (\$644,294) / FTEs (2).

- **Capital Budget.** Addresses urgent needs while planning strategically for the city's future. Facilities projects: Public Facilities Department feasibility site visits and data collection ongoing. IT and Equipment projects. Departmental meetings held in January and February; walkthroughs with COB capital team.

- **Capital Project Summary.**

Project	Amount	Type	Managing Department
112 Southampton Generator	\$1,646,000	New	PFD
201 River Street Roof Replacement	\$1,300,000	New	PFD
EMS Training Academy	\$ 800,000	New	PFD
Engagement Center Planning	\$ 50,000	New	ORS/BPHC
Long Island Planning	\$1,000,000	New	ORS
Upgrade Network Infrastructure	\$1,500,000	New	BPHC
WMS Elevator	\$ 852,300	New	PFD
Budget Software Upgrade	\$ 500,000	Continuing	BPHC
EMS Innovation District Site Study	\$ 100,000	Continuing	PFD
EMS Training Academy Prog. Study	\$ 50,000	Continuing	PFD
SEFC Work	\$1,390,000	Continuing	PFD
WMS 2 nd Floor Renovations	\$1,500,000	Continuing	PFD

- **Timeline.** We've finally made it to the bottom. Final Board approval will be today, 05/16. City Council hearings will be 05/17 and 05/22. All staff meetings to review FY19 budge will take place in June.

Frank thanked Grace for the whole process on this. Congratulations, it's been a long process. I think having all of us aligned, both in the Hall and here, both budget offices, Chief Martinez, the most significant increases, the majority of the increases in addiction and recovery services and emergency services. Obviously, those have been our top priorities all year long for this mission. We appreciate all the support and alignment that I know you guys work on every day to make sure that when we get to this point, it goes smoothly before the Council. Thanks again.

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With that, I would entertain a motion to accept and approve the budget for FY19. Motion has been moved by John Fernandez and seconded by Manny Lopes. All those in favor? Yea from all Board members. Any opposed? No. It is unanimous and the vote is therefore so ordered. Thank you all very, very much.

VOTE TO APPROVE THE BOSTON PUBLIC HEALTH COMMISSION'S PUBLIC HEALTH SERVICES BUDGET FOR FY 2019

WHEREAS, on March 7, 2018, the Board considered and approved the proposed Boston Public Health Commission's public health services budget for fiscal year 2019, prepared pursuant to Chapter 147 section 8(c) of the Acts of 1995 and submitted said budget to the Mayor of the City of Boston;

WHEREAS, the submitted budget was received by the Mayor of the City of Boston and the net cost of said budget was included in the proposed annual budget of expenses for the City of Boston and submitted by the Mayor to the City Council of the City of Boston;

WHEREAS, a copy of said Commission's Public Health Services Budget for fiscal year 2019 is attached hereto;

THEREFORE, the Board approves and adopts, the attached public health services budget, for the Boston Public Health Commission.

That on May 16, 2018, the Commission voted on the foregoing Resolution as follows:

YEAS - 4 NAYS - 0 ABSTAIN - 0 ABSENT - 2

Panel: Human Trafficking, Sexual Exploitation and the Opioid Epidemic

Anne Marie Delaney, Director Family Justice Center, BPHC

Lieutenant Donna Gavin, Human Trafficking Unit, BPD

Dr. Sophia Dyer, Medical Director, Boston EMS

Devin Larkin, Bureau Director, Recovery Services Bureau, BPHC

Monica thanked Grace. While Grace heads back, I'm going to do a little bit of a change up and while Miss Hussey gets us started, just for background, because this is the first meeting for our newest Board member. What we have tried to do is take our cue and our lead from our Board members if there are particular issues that they might want to hear about.

One example of that was because of the uptick in what we were seeing last year around gun violence we invited Dean Galea from BU in November. I would like to say that conversation has really moved us forward in other discussions and planning efforts that we're having with the Police Commissioner Evans. You saw in that FY19 budget proposal an investment in expanding our neighborhood trauma response and recovery team. So, when there are issues that the Board brings to us, we try to tee them up for discussion. There are also issues from what I'm hearing from the Board members is that they really want us to pay attention to the types of panelists and presenters we were bringing before the Board. So, really, we've been trying to be intentional about creating opportunities for other city colleagues to join us in doing joint briefings on the Board to highlight the work that we're doing collaboratively across Mayor Walsh's administration.

I actually think this is another great panel that we've pulled together because it shows good cross-departmental partnership and collaboration on an issue that all of the Board members, many people in the audience, and outside these walls are paying attention to in terms of the opioid epidemic. I know each of you in your different roles are responding to this. We thought it would be a good opportunity to share with colleagues in different programs across the Commission, Boston EMS, Boston Police Department are doing around the intersection of human trafficking and sexual exploitation and the opioid epidemic.

This afternoon I will have panel presenters, I'm trying to think. Why don't we start with Anne Marie Delaney, who leads our Family Justice Center. She's going to tee us up in this conversation and talk about the work that she's leading at the Family Justice Center in partnership with BPHC and the Boston Police Department. Anne Marie has a slide deck, then we'll have Lieutenant Gavin from Boston Police Department sharing what they're doing from that agency. We'll hear from Devin Larkin who's our Director

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of Recovery Services. Then we'll round out with a presentation from Dr. Sophia Dyer who is our Chief Medical Director at Boston EMS. Then we'll open it up for discussion. They have the hard task of keeping their remarks, and I'll keep you to it, to eight (8) minutes, rapid fire, to allow for a good healthy conversation with the Board. So, with that I'll hand off to Anne Marie.

Anne Marie Delaney, Director, Family Justice Center, BPHC

Thank you, Monica and the members of the Board. I appreciate this opportunity to come and have this conversation with you in order to highlight, after my 10 years of running the Family Justice Center, ways in which we do collaborate with our partners and let you know that the Family Justice Center has a lot going on.

- **The Boston Family Justice Center** is a program of the Boston Public Health Commission. A chart was shown depicting the organizational levels: City of Boston → Boston Public Health Commission → Division of Violence Prevention → Family Justice Center → FJC Director → FJC Training Coordinator, FJC Staff Assistants (2).

- **FJC Vision Statement:** The Family Justice Center of Boston (FJC) is a community of agencies providing direct services to the individuals and families in the City of Boston (and beyond) who have been affected by and/or exposed to domestic violence (“DV”), sexual assault (“SV”), child abuse (“CSA”), or human trafficking (“HT”). **Collectively, FJC Partners strive to (a) be a vibrant and dynamic collector, incubator, and disseminator of the best learning and knowledge about issues affecting those exposed; and (b) prevent these harms.**

- **FJC Strategic Objectives.** Training: emphasis on giving providers skills to identify needs and provide appropriate serviced to vulnerable population at risk of experiencing DV, SA, HT, or CSA offered for free or low cost to providers in the City of Boston.

Advocacy/Policy: advancing violence prevention legislation as it pertains to sexual assault, intimate partner violence, child abuse, and human trafficking.

Data Collection: useful in understanding city-wide incidence and prevalence of human trafficking, intimate partner violence, child abuse, and sexual assault, and to direct resources accordingly.

Public Awareness: health education and awareness strategies that focus on violence prevention based on the work and findings of FJC partners.

The objectives are achieved under the stewardship of the FJC Council, comprised of the leadership of all onsite partner agencies.

- **FJC On-site Community Partners.** Child Sexual Abuse and Sexual Assault: Children’s Advocacy Center of Suffolk County; Boston Area Rape Crisis Center. Domestic Violence: MA Alliance of Portuguese Speakers; Asian Task Force Against Domestic Violence; Association of Haitian Women of Boston; The Network/La Red; Casa Myrna. Human Trafficking: The EVA Butler Center; My Life My Choice; BU Human Trafficking Legal Clinic. Economic Empowerment: Dress for Success. Boston Police Department Family Justice Group: Crimes Against Children Unit; Domestic Violence Unit; Sexual Assault Unit; and Human Trafficking Unit. Suffolk County District Attorney: Family Protection and Sexual Assault Unit.

- **Services Provided at the FJC.** FJC partners provide the following free, culturally and linguistically-specific services in order to meet client’s needs for: Counseling/mentoring; Advocacy; Safety planning; Forensic medical services; Civil/legal services; Connection to emergency shelter, substance abuse and mental health treatment; Employment support; and Self-sufficiency programming.

Who We Serve: Victims and survivors, including: Those speaking languages including Spanish, Portuguese, Haitian Creole, Cape Verdean Creole, Cantonese, Mandarin, Vietnamese, and English; Immigrants (regardless of immigration status); and Members of LGBTQ/T communities. In FY17, FJC on-site partner agencies served 5,326 new clients.

- **Examples of FJC Partner Initiatives.** My Life My Choice (“MLMC”): Preventing the commercial sexual exploitation of children: offers a unique continuum of survivor-led services; has trained over 11,000 youth providers in Massachusetts and nationally; has provided prevention groups to more than 2,000 girls, and has mentored over 350 girls in the Greater Boston area; has trained facilitators on the MLMC Prevention Curriculum in 29 states.

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CEASE Boston (Cities Empowered Against Sexual Exploitation): The CEASE Network unites cities across the United States that are committed to reducing sex-buying by 20 percent in two (2) years. The cities in the network use strategies aimed at stopping current buyers, deterring future buyers, and educating the public about the harms inherent to sex-buying and sex trafficking.

Meetings held at the Family Justice Center and several FJC Partner Agencies are members of the strategy and implementation team of CEASE Boston.

The demand for purchased sex is a complex, multi-layered issue, requiring an equally multi-dimensional response. To address this, CEASE Network teams include people with different backgrounds and expertise. Sectors represented on each team include: survivors of the illegal sex industry; local law enforcement; government officials; philanthropists; other committed stakeholders, among them people in existing coalitions working to reduce the harm of the illegal sex trade.

- **Local to Statewide Action.** The tragic death of a young girl in 2001 has led to a number of programs/changes: My Life My Choice – 2002; Support to End Exploitation Now (SEEN) – 2004; MA Human Trafficking Law – 2012; MA Child Welfare Trafficking Grant – 2014 to present.

- **Children’s Advocacy Center of Suffolk County.** Is a one-stop center providing: family services; medical services; prosecution team; law enforcement; child welfare; mental health and/or family advocate; and forensic interviewer.

- **Promoting Agency Collaboration.** FJC FY 2018 Violence Prevention Projects.

My Life My Choice and Dress for Success: Leadership Development and Career Preparedness for Exploited Youth. Casa Myrna and Boston Area Rape Crisis Center: Design and Facilitation of Title IX Workshops with and for Local High School Students. Children’s Advocacy Center and MA Alliance of Portuguese Speakers: Increase Capacity to Provide Culturally-Specific Resources and Support for Child Victims of Abuse and Their Families.

- **FJC Human Trafficking Transit Ad Public Awareness Campaign.** Two examples of transit ads were shown: “Seductive Blonde Angel” – I’m the girl behind this ad. I’m 15 years old. I’m from Boston. Every day men pay to have sex with me. If I don’t make enough money, my boyfriend beats me. I don’t know how to get out of this life, but I do know this – I fear the man who sells me and I hate the men who by me. “Lilah.”

“Asian Sweetheart, Baby Doll” – I’m the “sweetheart” who placed this ad. I’m an undercover detective and I arrest johns who respond to these ads. These guys meet girls in nice hotel rooms. They never see the poverty, the pimps, and the beatings the girls get when they don’t meet their quotas. Men who pay for sex support this criminal enterprise. It’s that simple. “Jasmine,” Undercover Detective, Boston Police Department. TheSexTradeDestroysLives.org. For more information call FJC Family Justice Center: 617-779-2100.

- **Training and Capacity Building.**

On-site partner agency trainings: 782 individuals (including FJC agency staff, clients, community partners, students and residents) received training on topics related to domestic violence, sexual assault, human trafficking, crimes against children and economic empowerment in FY17.

Training coordination among partner agencies. Priority areas: Strengthening trauma-informed approaches (partnership with Boston Defending Childhood Initiative); Promoting equitable access to safety and healing.

- **FJC Training Institute:** Addressing Safety and Healing Through Cultural Awareness: a collaborative development process; 18-hour Training Institute focuses on increasing equity-related knowledge and skills; the Institute has been offered three times in the past year; next to be held June 2018.

For More Information: Contact Anne Marie Delaney, FJC Director at amdolaney@bphc.org or Bronwen White, Training Coordinator at bwhite@bphc.org.

Website: www.bphc.org/whatwedo/violence-prevention/Family-Justice-Center.

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Lieutenant Donna Gavin Human Trafficking Unit, BPD

Good evening. I'm Donna Gavin with the Boston Police Department. Thank you, Monica and the Board for inviting me here today. So, in eight minutes, I'm just going to talk a little bit about Anne Marie outlined. I will say we are so fortunate to have the Family Justice Center. Monica visited with us a couple of weeks ago and I think the best part is to have it co-located with the District Attorney's office, Children's Advocacy Center, and the EVA Center which serves the population of women 18 and over who are trying to exit the sex trade, who a lot of us see every day when we go out of this building to the next intersection.

I started with the Unit in 2009. I had worked in Domestic Violence, Sexual Assault and Crimes Against Children during my career. Unfortunately, what I see is that human trafficking, prostitution, sex trafficking – those words are interchangeable now. It's very hard to de-link them. If we don't reduce prostitution, we'll never reduce sex trafficking.

What I really see is that human trafficking is a little bit of child abuse. Most of the young women that are being trafficked or controlled by pimps are in intimate relationships with them. Now I have the pleasure to oversee the Crimes Against Children Unit as well. So, what we see now, are mandated reports on children 2 and 3 years old who are the children of young women that are being exploited out on the street.

As Anne Marie mentioned, it was in 2012 that Massachusetts finally passed today's state statute against sex trafficking. Prior to that, we could only use driving support for prostitution, which was a challenge to put a young woman who is homeless, or marginalized, or had other various issues, perhaps drug addiction, to put somebody on the stand to talk about their abuser.

What we do now, I'll mention one case that was the defendant was given an 18-year plea agreement in Federal Court, I have amazing detectives, and it was because of the work that they do. One of them is here tonight, Lu Bartkiewicz. He had a trial and the defendant was sentenced to 3 life sentences. You can't imagine what we see is a lot of inter-generational harm. But I never expected until September 2016 when I got a call for a runaway, of the horror and abuse that would come. If it wasn't for Lu's work that night, and great collaboration with both the prosecutor, as well as the Victim Witness person, as well as the mentor from My Life, My Choice, that young woman never would have stayed on board. He was convicted of sex trafficking, rape, incest, and impregnating his own biological daughter. I sat through closings, I couldn't be there prior because I was a potential witness. It sounds horrific, and it is horrific, but that's just one case and that was almost two years. I do love your mission and I would say to protect, preserve, and promote the health and well-being of all Boston residents, particularly the most vulnerable, these are the most vulnerable people.

Lt. Gavin went on to discuss: a safe house for women: the SEEM Coalition; the EVA Center; 2012 mandate to report incidents involving under 18 youth: challenges with the internet and pornography; she also recommended reading materials by or go see Gail Dines speak about how pornography feeds into young boys; the CEASE Network, founded by Ambassador Swanee Hunt; Women's Recovery Conference in March and presentation by Cherie Jimenez.

Monica: Why don't we pause because both you and Anne Marie have presented some pretty powerful stories, information about resources before we pivot to the next two presenters then we'll have some Q&A.

Frank: Thank you very much Detective and Anne Marie thank you as well. The parallels between non-sex trafficking opioid issues and the ones that are sex trafficking and opioid related is remarkable. I think some of the language that you used is very similar to those issues around opioid use that don't involve sex trafficking. We're never going to reduce this by arresting our way out of it. We have to change the culture and that is true of opioid use as well as the culture that accepts this.

Lt. Gavin continued: they are currently working with faith-based community to bring this issue out of the darkness; ease of internet access for sex buyers is big challenge; effects of sex-trafficking on immigrant population and working with Homeland Security. This line of discussion, including "arresting our way out," continued for a while during which Detective Gavin pointed out that although we are getting good sentencing, the cases take about two (2) years to complete; plus, the fact that there is a huge demand and the culture needs to change. Detective Gavin noted there was a lot of information thrown at you and that she would be happy to come back another time.

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Monica: I think we'll get into provider awareness, education screenings with Dr. Dyer's remarks. From a public health perspective, I can share with you that there are two (2) programs, and we can come back to this. We talked about work that is happening in our Child, Adolescent and Family Health Bureau and the trainings they are doing around porn literacy. We highlighted that in terms to address this challenge that the Lieutenant raised about the porn being unhealthy perceptions about what relationships are and they're not. We're doing a lot of work through our Youth Peer Leadership Institute, our Youth Advisory Board and our young people in CAFH to raise awareness.

I have just seen some work that we're doing with our partners through the Infectious Disease Bureau through funds that we provide to different communities, organizations, and health centers around education and outreach. There are stories that they're creating in terms of screening and being more proactive. So, I think that's a great segway to Dr. Dyer. Thank you, Lieutenant and Anne Marie. Dr. Dyer has some slides, then round that out with Devin. Afterwards, we'll ask everyone to sit up front to continue the conversation. Dr. Dyer.

***Dr. Sophia Dyer, Medical Director, Boston EMS
EMS on the Front Lines: Human Trafficking Awareness***

Thank you. Thank you, Lieutenant and Anne Marie for all the good work. I'm Sophia Dyer, Medical Director for Boston EMS. This is tough stuff to hear about, so everyone should take a collective breath. This is a good segway to a conversation I had with the Chief a number of years ago when I walked into his office and said I want to do some training on human trafficking. He said sure, talk to Donna Gavin.

- **Overview.** How can EMS be one of the key links in helping identify? What Factors about EM work, makes this workforce the potential key to health care identification of human trafficking? How and what do you teach, to make a difference? Perhaps hiding in plain sight for EMS...

A map of the location of potential human trafficking cases in the U.S. was brought up. It only reflected cases where the location of the potential trafficking was known. Some cases may involve more than one location. There are high volume locations in the Great Lakes region, Northeast and Eastern seaboard.

Human Trafficking and Healthcare: 88%. Dentist: 26.5%; Emergency/Urgent care provider: 55.6%; OB/GYN: 25.6%; Primary Care Provider: 44.4%; Pediatrician: 3.4%; Alternative Healer: 8.5%; Don't Know: 0.9%; Other: 5.1%.

Inside the thinking: might not see themselves as victims; shame/self-blame; double shame: drug abuse and sexual behaviors.

Current status: All recruit classes have training on identification of human trafficking; Feedback on sessions with improvement for next training cycle; majority of command staff have received training.

***Devin Larkin, Bureau Director
Recovery Services Bureau, BPHC***

Hi, everybody. I'm Devin Larkin and I'm the Director of the Recovery Services Bureau. I've been asked to give some comments as a provider in the neighborhood how we are and given what you've heard about the vulnerability of the population and the opioid crisis, how we're changing the way we do things to better respond to this crisis as well.

Devin continued explaining that the recently opened engagement center is a place to come for refreshments, watch TV and most importantly they feel safe. People may be active in their addiction and/or sex workers, as a are lot of the women who come in. She also stated because of warrants, they are apprehensive about going to the police or emergency rooms because of the shame factor involved with sex work and/or they may have warrants against them. The Engagement Center is a place where people feel safe. As the staff gets to know them over time, they become comfortable enough to come forward and tell us what's going on out on the street and can discuss what's happened.

Given that we have that ability, how do we then build a bridge to both the authorities and the medical community to help in that situation? The person is saying no, I'm not going to report this, I'm not going to do it. How do we just continue to work with them to come forward? We work very closely with Healthcare for the Homeless so we can get people right in the back door because they don't want to be seen going into the main clinic.

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Most recently we've been working with the BPD Sexual Assault Unit trying to have someone drop in during our hours. They don't have to speak to them, but at least they know they are here. They aren't here to arrest you, they just want to hear your story. And reiterate that the Engagement Center is a safe place to do that.

Another thing is that we are trying to improve the quality of life in this neighborhood and feel that the Engagement Center will be a big part of doing that over the summer and going forward.

Monica: Thank you Devin. Why don't we have everyone come up to the front of the room. Also, while you get seated, I wanted to acknowledge that there are other members of our team that are also involved in our programs and response activities. I wanted to acknowledge them because they can jump in too.

We've got Jen Tracey, who's the Director of the Mayor's Office of Recovery Services. We're also joined by Chief Rorie and Deputy Chief Benford, who lead our Campus Public Safety here at the Commission, work in our neighborhood and help with the coordinated patrols, and work with the staff to insure staff safety. Gerry Thomas is our Director of Homeless Services and shares clients with Devin. Why don't we open it up for discussion.

Frank: A couple of themes just to kick it off. A couple of themes to develop from the Commissioners, put together with Kate, John, and Manny, was this notion, and I was startled by it, that we identified that we were the 48th state to actually adopt the changes in law. I'm thinking I hope we're not 48th the next time on the next thing that needs to be done to address this. So, between the legal aspects, and as Kate referred to mandatory sentencing, I don't want this to become a permanent justice discussion. As the public health commission, which Kate said, are there legal things that all of you perceive that we can use, either directly as a regulatory authority or bully pulpit, to try and help change with our intergovernmental folks and the folks downtown, to support you to get on the front end of that 48 the next time rather than being the 48th state?

Secondarily, and John mentioned that as well, how do you begin this discussion? What questions do we ask and when do we ask them? I think, Dr., that you addressed them a little bit. I know there's been talk and we've had an intake series of questions at the primary care level and at least at our health centers. I believe at the hospitals as well and maybe at the ED, but I'm not sure.

Most recently, I was involved with questions that we're trying to add on to that list around food security. I'm saying today, wow, that is important and it would be great to make people, to find a way to ask that question comfortably, whatever that is, to shape that question so that you can illicit and coax out the issue by asking it correctly. If there's something like that we can do as healthcare providers in our own institutions and as the Commission to promote it across institutions in Boston. So, maybe the four (4) of you can direct your thoughts on those couple of things.

Lt. Gavin: I'm going to refer back to something Devin said earlier. So many of the young women that we deal with do have warrants. We work with the EVA Center, where we refer all our cases to, but also with the BU walk-in clinic, one of the professors there gives help. And often times the advocates will go around and remove those warrants. That's a big barrier. Even if you go to detox and you're in recovery, the way that Cherie explained it, it's trying to dig yourself out of all these other problems.

Often times what we think about is safety first, even if we have someone disclose to us, like a couple of weeks ago. A couple of weeks ago, this young woman called 911 and turned herself in on a couple of warrants in Dorchester. I got a call from the police officers that responded. She was held overnight, went to court in the morning. The probation officer and I got together in the morning, then we met and I spoke with her. She disclosed that she was being exploited. She did go through a program for a short time and go to the safe house, but unfortunately, she's left.

We didn't run out and charge the guy because, quite frankly, we were concerned for her safety. This person is on our radar, like I said, we really try to build these cases. Dan Connolly, since 2005, hasn't arrested a minor for prostitution. That just changed with the statute across the state and has become our practice. We've really tried to move away from arresting the young women. We're trying to look at them as victims as opposed to a community problem, but certainly with street prostitution, we do have communities that complain. I do think that collaboration is so important like places like the Engagement Center. I worked in South Boston. The women's lunch place, I used to stop in there when I was in uniform. A lot of women would go in there during the day for a respite because they didn't want to go into the shelter at night. I don't know if I answered your question, but it is a collaboration and a matter of trust.

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Frank: So, in the gambit of public health, criminal justice, health care, are there other things that you would say well, let's be the first or second on this time out by legal change? Whether it's separate the procedural and policy issues that evolve around how do we intake these people and how do we try and get to them early or even at all and have that as one piece of the question, but the one right now, other things would be statutorily, or regulatorily that could have an impact?

Kate: Listening to this and thinking about some of BMC's experiences here, I think maybe one place we can be more effective is finding ways to encourage further collaboration like After Midnight, it's us at BMC and BPD initiative that grabbed our social work staff. I wonder if there's more interagency or recovery services in the city, because I think it's less regulatory and statutory and more how we actually execute and integrate services. Even if we can't change the law, we can change how we behave as pieces of a system that aren't working for people.

Lt. Gavin: I think for the funding, that could be statutory, and that's something to talk about because I think there are a couple of potential things there. But I would say that it is working closely together. I know Captain ??? in Roxbury will call and say can you come out during the school year. Kids are standing at the bus stop in the morning and there are women out there, so we'll go out. Not too long ago, a 22 year old woman from California was out there at 3-4 o'clock in the morning. She asked us to put handcuffs on her. We didn't want to, we just asked us to come with us. She was sick, so we did take her to BMC and she was in-patient for a couple of weeks. But as far as a public health problem....

Monica: I wonder, one question and maybe anyone can answer this related to Kate's, in terms of opportunities and looking at risk and being more aware. I don't know if this is going on in terms of training or ??? if it comes up in that context.

Dr. Dyer: I don't think there's a magic question or a perfectly designed question. I think that sometimes I think it's just opening up opportunity. What I've told providers and EMS grads, this is a hard question. How can I ask someone I just met this question? Maybe, gee, this situation makes me feel unsafe and uncomfortable. How do you feel? And sometimes that can help someone say I really uncomfortable too and maybe that can open the conversation. Or say if you're ever feeling uncomfortable, there are other resources out there. So, I think just kind of opening it up so that maybe that person won't disclose to you, but maybe to their health care provider they'll disclose, or maybe the fifth EMS provider they'll disclose to.

Anne Marie: I think the experience I've had in just witnessing others doing the work, not being on the front line, that what seems to resonate is that type of question maybe most effective for someone who is truly being trafficked. We spend so much time talking about the language that we're using: is it constitution; is it entrapment; is it trafficking; is it sexual exploitation. I think that at the FJC, more often than not, we're talking about those who are being exploited sexually. We're not talking about those who are being trafficked by the legal federal definition. And that right there, that sort of means when to stop and pause....

Monica interjected: We're not aware of that definition, so when you say a little bit more about the legal definition of trafficking.

Lt. Gavin: Under the federal definition, up until 2012 and until we passed our statute, forced fraud and coercion is necessary unless you're a minor, under 18. What I will say is that forced fraud and coercion is usually inherent in these situations with the federal. If you see somebody that appears and juries will say well, she could have left at any time. Even though you try to explain to juries that she has nowhere to go, she has a substance abuse disorder, or the emotional fear, she wasn't chained to a radiator. The federal standard can be a harder bar and they don't take every case. That being said, the state statute was challenged when it first came out for being overly broad and it was specifically upheld.

One more thing we did mention and I'd like to point out is that Massachusetts trial courts have been wonderful to a lot of the folks involved in public health, probably here in the room and some of your programs. Back in 2016, one of the Chief Justices of the District Court came back from a symposium in New York was asked why we weren't seeing human trafficking cases. I said we are seeing them in Superior Court and we have a trafficking court and they arrest the women. Thirty or forty years ago at Boston Municipal Court you had the first session, then the second session. All the young women would be in the second session. I was a police officer and you would see all the pimps out in the hallway. I said we don't want to go back to that. Chief Justice Paula Carey and a group from Dorchester District Court and Judge Coffey, who does the homelessness courts and specialty courts, got together. We had a symposium at the Shaddock hospital back in October. I hope the report is coming out shortly. It was a wonderful

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collaboration where 63 people from different agencies/programs. We do want to have a task force for adults. There's a lot of good stuff in the report and we will be having a follow up. Dept. Superintendent Cotter, who is in charge in this area, was on the planning committee with me. The idea is to pilot a program in three of the district courts where we're not arresting these women for sex trafficking, but are coming in under other charges, whether it's shop lifting or whatever. But it doesn't take a rocket scientist to figure out who they are. So, we want to have someone in the court who can refer them to the EVA Center or wherever. I'm really hopeful for that.

Anne Marie: I think there's a ton to be **????** from the interceptor model that is being laid over the court system and to borrow from that and lay it over the public health sector. Where are these folks being seen, whether it's hospitals or health centers or any place else, and then what questions are the right questions.

John: Just a quick question. Is there a technology that we could employ to reduce the demand? Get the MIT smart guys to come do a hack-a-thon on how you could catch people doing stuff electronically. If the internet's helping to grow it, use it to help kill it.

Lt. Gavin: One of the great things to come out of the CEASE initiative with all the cities, we kind of have used some techniques in the past. When we did and I think it's promising. It's good to have the conversation among the programs and moving it out to the recovery process. One thing spoken about by some survivors was having gender specific recovery programs, because there have been issues.

Anne Marie: While there are so many technologies that could be named now or later, but we would be remiss to not point out that the degree of resources needed to employ verses what we have available right now. And we can't take advantage of because there aren't enough detectives in the unit. It's this conversation that needs to spawn resource development. We can't do it without more people.

Manny: As you mentioned, the need is much greater than the capacity, So, we just heard about detectives. Are there other areas that we need to build upon in terms of building the capacity to deal with this issue? It's much greater than what we can handle today.

Ann Marie: It's one thing to talk about identification, but if we don't have anything to offer once identified, the EVA Center most specifically, although we mentioned the group of nuns, the EVA Center is the only game in town. We're a small shop and it's our first safe house and only opened last year. Manny: It's the only one in the city? Anne Marie: Yes, for this population.

Lt. Gavin: We should really hear from Cherie. She's trying to deal with second generations of sex workers. One pimp had 10 little kids. At sentencing in federal court, he asked the judge what do you expect, since his mother was a sex worker. If we don't break that cycle, they'll end up back in the same systems.

Manny: What are we doing in terms of awareness. We are doing some great work, but how do we get this on everyone's radar? Are we in crisis mode? Are we in a situation like we are with substance abuse?

Devin: That's what I've been thinking as well, mostly because of what I hear from the women. There are three things that are holding them back: 1) they're afraid for their safety; 2) they don't think people will believe them or that their word means anything; or 3) there's nothing that can be done about it, so what's the point. I'll keep it to myself right now because I'm safe right now. Those are the three things I hear. How do we get the communication out to them and to the community? We need to be having those conversations because changing the word on the street particularly in our role as providers to be better trained to respond to this.

Lt. Gavin: As Cherie has pointed out to us, this is a case of one step forward, three steps back. You won't always get the cases. A pimp said to me no face, no case and he was right because the witness didn't show up and the case was dismissed.

Monica: One of the things that was really impressive when we went to the Family Justice Center, was thinking about the public health capacity, not just the local health and state department too. We got to meet the pediatric sexual assault nurse examiner, I can't remember, but I think she was the only one – in Suffolk County. One, and there are maybe four or five statewide pediatric nurses and that funding sits within the MA Department of Public Health. So, in terms of additional capacity to help with the need alongside public safety, clearly there is more that needs to be done on the healthcare side.

Kate: This neighborhood might be an exception. Could we think about "hot spotting" or some kind of coalition work where we might coordinate the data between EMS calls, police activity, so that we could concentrate services? The Engagement Center is here and look at what's happened as a result of it. So, the question is: is there a similar spot in East Boston? Can we put the data together? The second thing in terms

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of resources, I think the resources are there but need to be coordinated. For instance, BMC doing work in housing. You might need one of those houses. How do we put people together?

Anne Marie: That's precisely what the sequential interceptor model is being employed to do. If someone was at the court house or at the hospital if something happened what resources are available.

Monica: It's multiple data sets, multiple partners and I think the platform is bringing together those different data surveillance systems to figure out where there are gaps in opportunities based on the different players that are involved. Because it really is resource coordination which is a challenge.

One suggestion might be, and Board members can jump in, is partnering with Judge Coffey. I know Jen has worked with Judge Coffey as well at another sim exercise they did around opioids. That could be an opportunity for the Board to convene following the release of the report and kind of figure out how can we amplify what's learned through that process and how can we do a better job in terms of resource coordination.

Kate: I think that's the right way to go. The resources are there. We could always use more, but it's just coordination.

Manny: I'm thinking this can't just be a city problem. Sometimes when it goes beyond the city, it's when it gets the most attention. Like when it hits the suburbs.

Lt. Gavin: Mostly all the buyers are from the suburbs. We see that a lot of the buyers have professional degrees: doctors, lawyers. They're coming into our city.

Monica: I talked with you all about this when we visited the FJC. Before moving back to Boston, this is something that parents were inundated with where we lived in northern Virginia. Donna and Anne Marie told me they were actually farther ahead in terms of mandating public awareness, educational things through the public health system. So, this was actually something that we heard about in school forums, in different discussion, just in terms of being aware. Because apparently where we lived was like a mecca for trafficking. This was suburbia and being aware of what happened when you dropped off your kids at the Tyson Corner mall in McLean.

Manny: That's unfortunate, because that's what it takes to get the state's awareness and put it on top of the list.

Monica: Our colleagues at Healthcare for the Homeless have talked about The Spot. I don't know if they've written this up yet in terms of majority of people that they have coming into The Spot being women. It is a safe space where they can be observed and taken care of and not any more vulnerable. I think this is one of those issues similar to gun violence where you've got a confluence of issues and partners all involved. Unfortunately, the marginalized community that we're serving in our neighborhood, this could be an opportunity for the Board.

Frank: I'm reminded of the conversations that we've had two years ago around substance use disorder and the convening nature of this Commission. In fact, the convening that you helped coordinate with BMC and had all of the elements of the substance use disorder community. Many of whom said this was the first time I ever sat with anybody else.

So, going back to the very beginning of this presentation, both the enormity of the problem appears, at least anecdotally if not scientifically, to be data driven and very closely to the opioid crisis and substance use disorder and the growth in that crisis. I wonder if we could at least peel off a section of this, and not duplicate what the DA is doing, but slice off a piece we could deal with in the context of the convening structure that we created. Those three or four committees that we did. Because some of the stuff seems to be the same to me Jen, data and the sharing of data and trying to systemize rather than all these segmented different data sources. And the fact that it is so intimately involved with the same people that are doing the substance use disorder, from street walkers all the way the way up, with our police department who were present that day as well. If you guys could think that through, both our own folks internally. And Jen whether you can see if it fits into the roadwork we already created with those committees, so that this doesn't just become something that we touch base on every few months, but actually have a methodology to continue to convene folks around the issue.

Well, we're at six o'clock. This has been wonderful. I think there is a potential of some subgroupings we might ask to come back. There were several today and maybe we can do that and drill a little further into it. Thank you all very, very much.

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Adjourn

Frank called for a motion to adjourn. John Fernandez seconded the motion. There were no oppositions. The meeting was adjourned at approximately 6:00 pm.

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 to: info@bphc.org. Thank you.

RESPECTFULLY SUBMITTED BY:



Kathleen B. Hussey; Board Secretary

