**In the Matter Of:**

*Boston DPH Hearing*

*CHILDREN'S MEDICAL CENTER HEARING*

*November 30, 2023*

LEXITAS™

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4 MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

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1. Public Meeting on the Determination of Need Application
2. #BCH-23082513-HE, filed on OCTOBER 13, 2023 by the CHILDREN'S
3. MEDICAL CENTER CORPORATION (Applicant), located at 300
4. Longwood Avenue, Boston, MA for a substantial capital
5. expenditure at FRANCISCAN HOSPITAL FOR CHILDREN located at 30
6. Warren Street, Brighton, MA. 13

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Thursday, November 30, 2023

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6:00 p.m. - 7:09 p.m.

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Christine E. Borrelli, CSR, RPR, RMR

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1 (Meeting commenced at 6:00 p.m.)

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1. OPERATOR: Welcome, and thank you for standing by.
2. At this time, all participants are on a listen-only mode until
3. the public comment portion of today's conference. To queue up
4. for public comment, please press star and the number 1 on your
5. phone, and record your name at the prompt. This cause is
6. being recorded. If you have any objections, please disconnect
7. at this time.
8. I will now turn the call over to Dennis Renaud.
9. Thank you. You may begin.
10. MR. RENAUD: Good evening. My name is Dennis
11. Renaud. I represent the Massachusetts Department of Public
12. Health, and I am the Director of the Determination of Need
13. Program.
14. For clarification, you will hear me refer to the
15. Determination of Need Program as the DoN program, and the
16. Department of Public Health as the Department.
17. Joining me today from DPH are my colleagues Fabiola
18. Catulle and Lynn Conover. On behalf of the DPH's Commissioner
19. Robert Goldstein and our Bureau Director Elizabeth Kelley, I
20. want to thank you for taking the time this evening to
21. participate in this hearing.
22. The Department is holding this hearing virtually by
23. conference call in order to promote public access. This
24. hearing has been called pursuant to an application submitted
25. by the Children's Medical Center Corporation. Upon receipt of
26. the application, DoN staff reviewed the application, and after
27. finding it to be in compliance with the DoN statute and
28. regulation for filing, assigned it a filing date of

6 October 13, 2023.

1. This DoN application is for the Children's Medical
2. Center Corporation for a proposed project at Franciscan
3. Hospital for Children. The enabling statute for the DoN
4. program requires that any person or government agency
5. intending to make a substantial capital expenditure as defined
6. in the DoN regulation, must apply for DoN approval before
7. engaging in such a project.
8. I will now provide a DoN project description. The
9. proposed project includes the construction fit-out and
10. equipment of approximately 278,000 gross square feet on the
11. Franciscan Hospital campus to include 116 licensed beds
12. comprised of 16 pediatric medical and rehabilitative beds, 12
13. net new beds, 48 pediatric mental health beds, 4 net new beds,
14. and 8 pediatric mental health beds for patients who have
15. intellectual disability disorders, resulting in 8 net new
16. beds. The total value of the proposed project based on the
17. maximum capital expenditure is $481,371,000.
18. In accordance with the statute and regulations
19. governing the DoN process, the DoN program is analyzing the
20. Children's Medical Center Corporation application for
21. compliance with the set of standards and criteria including,
22. but not limited to, a justification of the need for the
23. project, its planning process, financial feasibility,
24. environmental impact, and the reasonableness of cost and
25. expenditures. These are the key factors which the DoN program
26. will apply in its analysis of this application.
27. This public hearing is an effort to gather
28. information and to hear the opinions of interested parties
29. about the proposed project. It is not intended to be a
30. question and answer session. No questions will be permitted.
31. The DoN program will take all relevant information into
32. account in preparing its recommendation to the Massachusetts
33. Public Health Council, whose decision on whether to approve
34. the DoN for the proposed project will be made at one of its
35. upcoming public meetings. We will accept written comments on
36. the application for 10 days following this hearing.
37. As this is a virtual hearing, the logistics are
38. different from in-person hearings. I will review our process
39. for today. We will work to resolve any problem we experience.
40. Our plan for today is as follows:
41. We are using a moderated conference, so a moderator
42. will manage the queue for speaking. This meeting is being
43. recorded and transcribed. Press Star 1 if you would like to
44. testify. This will put you in the queue. You would not be
45. told where you are in the queue nor will you get much notice
46. that you are about to testify. When it is your turn to
47. testify, you will be told you are now the speaker, and you
48. will experience a short silence and will then be the speaker.
49. If you have muted your phone, you may need to unmute. Please
50. begin by stating your name, affiliation or town of residence.
51. Please speak clearly so that our transcriber can record
52. everything accurately. Because we expect many speakers, we
53. limit speakers to every one to three minutes. I will be
54. timing people, and when you have 30 seconds left, you will
55. hear this sound. When your three minutes is through, I will
56. say "Time is up," and the moderator will mute you and give the
57. floor to the next speaker. We may experience a slight pause
58. between speakers.
59. If testimony is lengthy, we suggest you present a
60. three-minute summary of those remarks and submit a full text
61. of your comments in writing. If you have a written comment of
62. your remarks, regardless of length, please feel free to submit
63. it to the Department by email or via postal service by

20 December 11, 2023. Email us at [DPH.don@state.ma.us.](mailto:DPH.don@state.ma.us) A mailed

1. response can be sent to Determination of Need, Massachusetts
2. Department of Public Health, 67 Forest Street, Suite 100,
3. Marlborough, Massachusetts 01752. Be assured that the
4. Department will consider all comments whether presented orally
5. or in writing. Whether you comment or not, please know that
6. the Department greatly values and appreciates your
7. participation in the DoN process.
8. Before we open the line to the general public, the
9. representative of the applicant will go first and will be
10. allotted four minutes to present information about the
11. proposed project. Following this presentation, we will
12. provide an opportunity for elected officials from the
13. community to comment and then begin calling on those
14. individuals who request to speak this evening. I will now ask
15. Dr. Joseph Mitchell, President and Chief Executive Officer of
16. Franciscan Hospital for Children, to make a brief statement on
17. the proposed changes. Dr. Mitchell, you may now start with
18. your comments.
19. DR. JOSEPH MITCHELL: Great. Thank you very much,
20. Dennis. Good evening. My name is Joe Mitchell, and I am the
21. President of Franciscan Children's, which is a specialty
22. hospital for children located in the Brighton neighbor of
23. Boston.
24. I would like to begin by thanking the Department of
25. Public Health for giving me the opportunity to speak about our
26. unique clinical services and mission. I will also provide
27. some context and rationale for our DoN application.
28. Founded in 1949, Franciscan Children's has become a
29. nationally recognized pediatric care provider. We care for
30. children with complex mental health, medical, and special
31. education needs. We are the only dedicated pediatric
32. rehabilitation hospital in New England, one of the largest
33. providers of pediatric inpatient, outpatient, and school-based
34. mental health services, and the market leader for providing
35. dental surgery to children. We are also a critical safety net
36. provider for the Commonwealth. Seventy percent of our
37. patients are MassHealth beneficiaries. Nearly one out of
38. three of our medical inpatients are involved with the
39. Department of Children and Families. We serve a culturally
40. diverse group of children and families. Nearly one in three
41. of our patients and families speak English as a second
42. language. We employ over 700 exceptional caregivers and staff
43. who are passionate about our mission to care for children with
44. complex needs.
45. While Franciscan has grown and evolved over the last
46. seven decades to meet the increasingly complex needs of
47. children and families, our campus in Brighton remained largely
48. unchanged. Four out of eight of our buildings on our campus
49. are original and date back to our founding over 75 years ago.
50. These buildings are severely outdated and expensive to
51. maintain. Our existing campus also significantly limits
52. patient access given our current bed configuration and lack of
53. private rooms.
54. We are pursuing this DoN with our sister hospital,
55. Boston Children's, to expand access for desperately needed
56. services and better meet the current and future needs of
57. patients and families. The goal is to build a world-class
58. state-of-the-art campus that matches our collective reputation
59. for providing distinctive clinical excellence.
60. The proposed facility has two primary goals. First,
61. we propose to significantly expand our mental health program
62. capacity to address the pediatric mental health crisis and
63. reduce the backlog of patients boarding in emergency rooms
64. across the state. In addition, the proposed facility will
65. house new inpatient and outpatient programs for specialty
66. populations, including children with intellectual and
67. developmental disabilities. Second, we propose to build a
68. signature rehabilitation facility designed to accommodate
69. children with complex chronic medical conditions, and those
70. who have suffered catastrophic illness or accident.
71. Today the City of Boston, despite its substantial
72. health resources and global leadership, lacks such a critical
73. facility for children. This facility will include
74. state-of-the-art rehabilitation spaces, including aquatic
75. therapy, therapeutic gymnasium, and private rooms for children
76. and families. It will also be environmentally sustainable.
77. Finally, our compass modernization plan calls for
78. the expansion of our ambulatory surgical suite by adding an
79. additional operating room. This fourth operating room will
80. allow us to meet the growing demand for pediatric dentistry
81. under anesthesia, which is required for children with complex
82. medical and mental health conditions.
83. In closing, our motto at Franciscan Children's is
84. "So every kid can." This means helping as many children as
85. possible receive the specialized care they need and allowing
86. them to live their lives to the fullest possible potential.
87. Unfortunately, given our current access constraints, many
88. children do not receive the care they need. The proposed
89. investment will help more kids, more families access
90. high-quality, safe, and compassionate care. Thank you for
91. your time and consideration and for your commitment to keeping
92. children safe and healthy.
93. MR. RENAUD: Thank you. We will now begin by taking
94. comments from invited elected officials. Our first speaker
95. will be State Representative Michael Moran.
96. MR. MORAN: Hello? Can you hear me?
97. MR. RENAUD: Yes, yes.
98. MR. MORAN: Thank you, Dennis. I appreciate you
99. taking me out of turn. As you said, my name is Representative
100. Michael Moran, and I have had the privilege of serving in the
101. Massachusetts House representing Allston-Brighton for the past
102. 17 years. Currently in my capacity as a member of the House,
103. I serve as the majority leader of the House.
104. I don't think you will hear from anyone this evening
105. that has as long a history with Franciscan Children's Hospital
106. as I have. As a child and up until the age of 18 years old, I
107. received all of my medical care at the hospital. As an adult,
108. I and many of my friends volunteered two to three times a year
109. taking the kids from Franciscan's to cookouts, minor league
110. hockey games, and minor league baseball. For many years, I
111. served on Franciscan's Board of Visitors. And finally as a
112. state representative, over my career I have helped steer over
113. $60 million in additional state revenue to Franciscan
114. Children's so they can provide more of the incredible services
115. that they do for these kids that are in need. Because of this
116. long association, believe me, I know firsthand that Franciscan
117. Children's Hospital campus needs to be modernized and updated
118. to meet the complex rehabilitation and behavioral challenges
119. of today's families.
120. Boston Children's Hospital provides world-class
121. healthcare to kids all over the world. And during the
122. acquisition of Franciscan Children's Hospital, they have
123. outlined a bold vision to create a world-class center of
124. excellence right here in Brighton on the Franciscan's campus.
125. This is an exciting time for Franciscan Children's
126. Hospital, however, I believe with these exciting times and
127. world-class aspirations comes an even greater responsibility
128. to the community it is in, and particularly the
129. Allston-Brighton community. This is why I am asking for your
130. help through the DPH DoN process to hold Boston Children's
131. accountable and not forget about our community.
132. So given what I have just said, I just want to be
133. clear and outline a few things that I would expect when it
134. comes to holding them accountable. First, I would hope that
135. the community engagement with the local community defined as
136. Allston-Brighton be robust. What I mean by that is that local
137. community organizations, parents, teachers, elected officials,
138. and all others be involved in and consulted in the
139. decision-making process when it comes to changes to Franciscan
140. Children's Hospital and the community investments as a result
141. of this project. I don't mean these groups being informed of
142. decisions that have already been made. I would rather like to
143. see them be part, a real part, of the decision-marking
144. process.
145. And lastly, and the most important part of it --
146. thing, I would hope, is that in Franciscan's own most recent
147. community health needs assessment, it defined its "Community
148. served" as the Allston-Brighton neighborhood because
149. Franciscan's "Recognizes the importance of focusing efforts
150. directly in the neighborhood where the hospital is located and
151. addressing the health needs of the local community." To that
152. end, I hope they use -- that Children's Hospital, and through
153. this process, use those words and remember that the
154. $24 million that is generated by the 5 percent of this project
155. that has to be committed through the community health needs
156. initiative be spent in Allston-Brighton consistent with the
157. needs assessment that was done by Franciscan Children's
158. Hospital. I would prefer that this be spent on -- in the area
159. of housing, but also we have a health center. We have an
160. addiction treatment center, and we have some projects in the
161. neighborhood like the Jewish Health Kitchen that is in
162. desperate need of funding.
163. This is an exciting time. It's an exciting time for
164. me because of my long history with Franciscan Children's
165. Hospital. I look forward to this process. I want to thank --
166. in particular, I would like to thank Dr. Churchwell for his
167. commitment to not forgetting about the mission of
168. Franciscan's, which is so unique, and we don't want to lose
169. that mission.
170. So, thank you again for taking me out of turn, and I
171. look forward to working with you as we move into the future.
172. MR. RENAUD: Thank you. I would now like to invite
173. Shelia Dillon from the Mayor's Housing Office to speak.
174. MS. DILLION: Can you hear me?
175. MR. RENAUD: Yes.
176. MS. DILLON: Okay, great. So, once again, yes,
177. thank you for taking me out of turn. I just want to very
178. quickly comment on the potential community benefits that would
179. be associated with this exciting project.
180. Like the good representative, we are very
     1. comfortable with the resources, the community benefits,
     2. staying and really benefiting the Allston-Brighton community.
     3. I am excited to think that some of these resources, the
     4. community benefit resources, could be used in the area of
     5. housing. Allston-Brighton is a neighborhood where there is so
     6. much pressure on the families and individuals that live there
     7. as they are not able to afford rent and sales prices. Allston
     8. and Brighton also have below the citywide average of
     9. income-restricted housing. We all need to work collectively
     10. to increase that. They also have 26 percent of the off-campus
     11. students that every year want to live in the Allston-Brighton
     12. neighborhood, putting additional pressure on the communities.
     13. So, I would, you know, make my office available,
     14. Mayor's Office of Housing, the Mayor's Office as well, and
     15. really work with the community, work with Children's, work
     16. with everyone that is very, very excited about this project to
     17. really shape community benefits. But, once again, do feel
     18. comfortable that the money -- the benefits stay to help the
     19. residents most impacted. And I would, you know, agree that
     20. housing is one of the greatest strains for the residents of
     21. this neighborhood and, you know, causes significant
     22. health-related issues. So I look forward to working with you
     23. further, but I do want to go on the record with those
     24. thoughts. Thank you.
     25. MR. RENAUD: Thank you. As a reminder, if you would
         1. like to testify, please press Star 1.
         2. Operator, may we have our next speaker, please?
         3. OPERATOR: The next speaker is Melanie McLaughlin.
         4. Your line is open.
         5. MS. McLAUGHLIN: Hello. My name is Melanie
         6. McLaughlin, and I live in Medford, Massachusetts. I am here
         7. in support of the Determination of Need application for a
         8. substantial capital expenditure at Franciscan Hospital for
         9. Children.
         10. In 2007, our third child was born with Down syndrome
         11. and a congenital heart defect requiring open heart surgery.
         12. At just two months old, her heart decided to strawberry, and
         13. was repaired at Boston Children's Hospital. Today Gracie is a
         14. happy soon-to-be 16-year-old young woman. Over the years, she
         15. has had a dozen subsequent surgeries all with BCH, and we
         16. consider ourselves fortunate. We live only six or so miles
         17. from the Longwood medical area. We met some families that
         18. traveled from across the world to get the care we have in our
         19. backyard. But now since the pandemic and with increasing need
         20. for behavioral health support, the area can feel overwhelming,
         21. especially for children with anxiety and social and emotional
         22. needs like Gracie. Gracie is often afraid at dental
         23. appointments and has had dental surgery historically with the
         24. hospital. The calmer atmosphere of a more remote location
         25. like Franciscan's will benefit children who are our most
181. vulnerable, children like my daughter.
182. Finally, as a project director at the Federation for
183. Children with Special Needs and a school committee member in
184. my community, I have witnessed the increased need for
185. behavioral health supports for children and youth. The
186. extension of pediatric behavioral health supports for children
187. with complex healthcare needs should be championed. That
188. expansion, a collaboration with an internationally renowned
189. provider like Boston Children's Hospital and a community-based
190. care organization with a history of relationship building like
191. Franciscan Children's Hospital, is both a need and a welcome
192. relief for the community of children and youth with complex
193. healthcare needs. Thank you.
194. MR. RENAUD: Thank you. Operator, may we have our
195. next speaker, please?
196. OPERATOR: The next caller is Kyra Mihalick. Your
197. line is open.
198. MS. MIHALICK: Good evening. My name is Kyra
199. Mihalick, and I'm the Senior Director of Rehabilitative
200. Therapy at Franciscan Children's and a physical therapist by
201. training. I am testifying to express my support for the
202. Children's Medical Center/Franciscan Children's Determination
203. of Need project.
204. I've had the opportunity to work in various
205. healthcare organizations throughout the country. In my
206. current position at Franciscan Children's, I oversee a
207. talented team of physical therapists, occupational therapists,
208. and speech pathologists who provide care to our patients. The
209. rehab patients we serve come to us with various conditions.
210. Our patients range from those with brain and spinal cord
211. injuries to those needing postoperative recovery to patients
212. needing to wean off of ventilators.
213. From my experience across the nation and in the
214. working with patients, families, and staff at Franciscan's
215. therapy department, I can enthusiastically say that a new
216. building will make a tremendous difference in the care that we
217. provide to our patients and families. Private rooms and
218. increased child and family spaces will improve the therapeutic
219. environment for our patients and families. Buildings designed
220. with improved patient flow, accessibility and technology will
221. improve work flows, collaboration and staff experience.
222. Larger treatment areas will allow us to utilize the
223. state-of-the-art equipment that families otherwise seek in
224. rehabilitation programs outside of New England.
225. The proposed investment will also enable Franciscan
226. to expand its rehab services to reach even more children and
227. families at such a critical time in healthcare. According to
228. the Children's Hospital Association, the population of
229. medically complex children is growing by 5 percent annually.
230. With that growth, the need for pediatric rehabilitative
231. therapies is increasing rapidly. The acuity of Franciscan
232. patients have grown steadily over the last several years. The
233. campus needs a state-of-the-art building that aligns with the
234. complexity of the children that we serve.
235. On behalf of our rehab patients and staff, I express
236. my extreme enthusiasm for this important and timely project.
237. Thank you for the opportunity to express my support for this
238. DoN application.
239. MR. RENAUD: Thank you. Operator, may we have the
240. next speaker, please?
241. OPERATOR: The next speaker is Sarah Spence. Your
242. line is open.
243. MS. SPENCE: Hi. My name is Sarah Spence. I'm a
244. child neurologist and the codirector of the Autism Spectrum
245. Center at Boston Children's Hospital, and I'm speaking in
246. strong support of the DoN for Franciscan.
247. I'm a provider dedicated to the care of patients
248. with neurodevelopmental disabilities, such as intellectual
249. disability and autism and related disorders. And I can't
250. emphasize strongly enough the need for further intensive
251. placements, behavioral health placements, for those patients
252. which this expansion at Franciscan's would provide.
253. I would like to make four major points. Number one,
254. there are just not enough appropriate inpatient programs in
255. the Commonwealth for individuals with neurodevelopmental

1. disabilities, and the proposed program will address this
2. directly. Previously we had to send patients out of state to
3. Bradley Hospital in Rhode Island and Hampstead in New
4. Hampshire, and those programs aren't even taking our patients
5. any longer because they won't take out-of-state Medicaid.
6. Number two, there is also a huge need for a range of services
7. beyond inpatient; things like partial hospitalization
8. programs, intensive outpatient programs, which really
9. currently don't exist for individuals with NVD, and these are
10. planned at the expansion at Franciscan. Three, sadly, the
11. current environment is that there is a critical shortage of
12. community-based therapeutic services creating the need for
13. these more intensive services. This population needs
14. continuous and consistent support or they end up in crisis.
15. And four, when they're in crisis, patients end up in the
16. emergency department. And I can't tell you enough that this
17. is the worst possible place for them. This is true even at a
18. place like Boston Children's where there's a robust autism
19. center. We have good ancillary staff. We have training
20. programs for providers. We work directly with the emergency
21. department staff, and still the situation creates a
22. significant safety issue for both patients and staff. I have
23. had many patients in my practice practically living in the ED
24. for weeks, if not more than a month. And there they just
25. don't get the care they need and, frankly, can become
26. traumatized. So I strongly support this expansion at
27. Franciscan, and I want to thank the DPH staff for the
28. opportunity to testify.
29. MR. RENAUD: Thank you. Operator, may we have our
30. next speaker.
31. OPERATOR: The next speaker is Elizabeth Brown.
32. Your line is open.
33. MS. BROWN: Good evening. My name is Elizabeth
34. Brown, and I am the CEO at Charles River Community Health. We
35. are a non-profit, federally qualified health center founded in
36. Allston-Brighton providing care to patients in need for 49
37. years. Our mission is to partner with individuals and
38. families so they can thrive and lead healthier lives by
39. delivering the comprehensive, integrated, and equitable
40. primary healthcare that matters most to them. Our board of
41. directors live or work in the community, and the majority of
42. our board members are patients of the health center.
43. In 2022, Charles River Community Health served
44. 13,800 patients. Of those, a little over 25 percent, or about
45. 3,600 were children. The families we serve are some of the
46. most vulnerable in our community. 80 percent of our patients
47. live below the poverty line earning no more than $30,000 a
48. year for a family of four. 87 percent identify as being from
49. communities of color, and 73 percent need services in a
50. language other than English; the third highest rate for all
51. community health centers in the Commonwealth. It reflects the
52. rich diversity of the Allston-Brighton community. We provide
53. care to patients of all backgrounds, regardless of insurance
54. or immigration status or ability to pay. Our patient
55. population would face significant linguistic, financial, and
56. other barriers to care and health inequities if not for the
57. fantastic work of our staff and our board.
58. Charles River works closely with many clinical and
59. community partners if there are services a patient needs that
60. we don't provide, such as hospital or specialty care, and to
61. connect families with if their needs are more significant than
62. what we can meet as a primary care provider. We rely on
63. partners like Franciscan Children's to meet these needs. Like
64. Charles River, they have been in the Allston-Brighton
65. community for decades with a similar mission, providing care
66. to children of all backgrounds regardless of the ability to
67. pay.
68. Charles River also has a long-standing and valuable
69. clinical affiliation with Children's Hospital to ensure that
70. our pediatric patients receive the specialty and hospital care
71. that they need.
72. As you may know, the healthcare system overall is
73. really being stretched to the limit at this time and needs to
74. expand to meet the greatly increased demand fore care coming
75. out of the pandemic. Many types of preventive and chronic
76. care were appropriately deferred during the pandemic. Places
77. like Charles River Community Health and Franciscan Children's
78. are now facing unprecedented demand for care.
79. Charles River Community Health fully supports
80. Franciscan Children's plan to renovate and expand its
81. facilities so that they can serve more patients. This is
82. especially critical for dental services for children with
83. special healthcare needs as the health center's dental clinic
84. is not equipped to serve this patient population.
85. In addition, it is absolutely critical for
86. Franciscan Children's to expand its pediatric behavioral
87. health capacity. We all read in the news every day about the
88. increased mental health needs among children coming out of the
89. pandemic. There are not enough providers to meet this need,
90. especially for children, and so it is vital that Franciscan
91. Children's have the facilities and capacity to meet the
92. healthcare needs of the community both now and in the future.
93. Finally, given Franciscan Children's has been in the
94. Allston-Brighton community for about 75 years, I also strongly
95. advocate for community benefits funding coming out of this
96. project to be allocated to projects in Allston-Brighton. I
97. share some concerns I have heard in the Allston-Brighton
98. community that because Franciscan Children's has now merged
99. with Children's Hospital that community benefits funds may
100. perhaps be allocated to Children's Hospital's wider service
101. area. We need to ensure funding and its impact are felt here
102. in Allston-Brighton so that continued investments are made to
103. meet the needs of this community. Thank you for the
104. opportunity to provide remarks this evening.
105. MR. RENAUD: Thank you. Operator, may we have our
106. next speaker?
107. OPERATOR: The next speaker is Danna Mauch. Your
108. line is open.
109. MS. MAUCH: Thank you, Commissioner, and staff of
110. the DPH Determination of Need Program. I appreciate the
111. opportunity to speak this evening.
112. I am the president and CEO of the Massachusetts
113. Association for Mental Health. We were founded over a century
114. ago in 1923 and have been dedicated to promoting mental health
115. and wellbeing while preventing behavioral health conditions
116. and associated disability for people across the Commonwealth.
117. Child mental health is our highest priority, and we are
118. committed to advancing prevention, early intervention,
119. effective treatment, and research for children and their
120. families.
121. I want to speak tonight in support of the Children's
122. Medical Center and Franciscan Children's Determination of Need
123. application to revitalize its facility in Brighton, Mass, and
124. to add some very critical services. This war, this plan, is
125. in direct response to the unmet needs for intensive behavioral
126. health treatment of children, particularly those with complex
127. conditions.
128. Franciscan serves children of complex medical mental
129. health and educational needs, and they have been doing so
130. skillfully for a long time, but lacking in a certain capacity
131. needed to respond to the full need. It's a crucial
132. institution to meet needs and unmet needs in the behavioral
133. healthcare system in the Commonwealth, and the challenge of
134. having too few beds, particularly specialty beds as earlier
135. described, is really poignant for the children and families
136. who are affected.
137. Child and adolescent mental health and wellbeing was
138. severely disrupted in the pandemic, and frankly, that was on
139. the heels of the pre-pandemic crisis of unmet need. Children
140. and families at risk from the wait are -- this has been going
141. on for many years. Children's Hospital is the top inpatient
142. boarding facility in the state. And if you look at the
143. Department of Mental Health data on expedited psychiatric
144. inpatient admission, those people who have been waiting for
145. several days or longer in the state, there are -- just in the
146. month of October, there were 127 patients who had been waiting
147. long periods of time. Nearly 15 percent of those were young
148. people, not only with mental health conditions, but autism
149. spectrum disorders, another several percent with intellectual
150. and developmental disabilities. For 20 percent of them, they
151. were waiting because there was simply no bed available.
152. Another 5 percent needed a specialty bed, and another
153. 6 percent were so medically complex none of the beds in the
154. system could handle them. So, out of all of the people
155. waiting, about 30 percent of them were kids with co-occurring
156. conditions and need of specialty beds, the very kind that
157. Franciscan is critically planning to develop, and they are
158. uniquely qualified.
159. In closing, I just want to say that we applaud the
160. hospital for stepping up to commit a substantial effort and
161. resources and respond to unmet needs of children with
162. behavioral health conditions and complex conditions. Thank
163. you.
164. MR. RENAUD: Thank you. Operator, may we have our
165. next speaker.
166. OPERATOR: The next speaker is Grace Alden. Your
167. line is open.
168. MS. ALDEN: Hello. My name is Grace Alden, and I'm
169. a charge nurse on the medical unit at Franciscan Children's.
170. I'm here tonight because I wholly support the Children's
171. Medical Center/Franciscan Children's Determination of Need
172. application to revitalize our facility in Brighton.
173. I have had the pleasure of working at Franciscan
174. Children's for the past six years as a registered nurse, both
175. as a staff nurse at the bedside caring for children with
176. complex medical conditions, and in the leadership position as
177. a charge nurse on the inpatient medical unit.
178. Franciscan Children's is the only post-acute care
179. facility in the Northeast region serving medically complex
180. children and children needing rehabilitative services. We are
181. the only facility in the area that accepts babies on
182. ventilators. The work we do is life changing and I'm so proud
183. to be a part of it.
184. Every patient we serve at Franciscan Children's
185. requires expert individualized care and receives that care in
186. a compassionate environment from people who are passionate
187. about helping children and families in need. We also provide
188. extensive care and education so that parents can take their
189. medically complex child home. I have discharged many of these
190. patients to their homes and families following extended-length
191. admissions and lengthy caregiver training, and the
192. overwhelming feeling of joy and accomplishment I feel never
193. gets old. Because of the specialized care we provide here at
194. Franciscan Children's, every patient has a chance to live
195. their life to their fullest potential. Unfortunately, our
196. current waitlist exceeds the capacity of the existing
197. building, and there are so many children who could benefit
198. from our care.
199. Through the proposed projects, Franciscan Children's
200. will construct a state-of-the-art family-friendly facility to
201. meet both the existing and growing needs of children who
202. require our specialized rehabilitative care. These new
203. medical units will make a huge difference in the lives of our
204. patients and families. Private rooms and enhanced
205. patient/family spaces will make our environment of care more
206. comfortable for families and improve the staff experience. An
207. increase in patient beds will also allows us to care for more
208. patients needing complex intra-disciplinary care.
209. My love for Franciscan Children's is deep, and I am
210. passionate about continuing the hospital's mission and values.
211. This proposed investment clearly demonstrates Franciscan's
212. commitment to the health and wellbeing of children throughout
213. Massachusetts. I am confident Franciscan Children's
214. investment in children and families and communities will have
215. a long-lasting impact and benefit future generations of
216. children for many years to come. Thank you for your time and
217. consideration.
218. MR. RENAUD: Thank you. Operator, may we have our
219. next speaker?
220. OPERATOR: The next speaker is Timothy Burke. Your
221. line is open.
222. MR. BURKE: Hi. Good evening. Thank you,
223. Commissioner Renaud, for the opportunity to testify this
224. evening. My name is Timothy Burke, and I'm here representing
225. a 10-taxpayer group comprised of executive leaders, board
226. members, and supporters of the Addiction Treatment Center of
227. New England located at 77 Warren Street, which is directly
228. across the street from Franciscan Children's Hospital, and
229. also the Granada House, which is a residential recovery
230. program located in Allston. Both of these non-profits provide
231. essential services for Boston and the surrounding communities.
232. We have been providing these services in this community for
233. over 13 years. I am also a longtime Brighton resident. I'm
234. active in the community and participating in several Allston
235. and Brighton social services and political organizations, and
236. I can speak firsthand about the needs of our neighborhood and
237. city. Additionally, I'm licensed clinical social worker and
238. have spent the last 18 years as a CEO of the Addiction
239. Treatment Center before retiring in 2019, but I remain on the
240. board of directors for the Addiction Treatment Center, and I'm
241. also on the board of the Granada House. I'm passionate about
242. providing services to those afflicted by addictions.
243. Just two years ago, Franciscan Children's own
244. community needs health assessment defined Allston-Brighton
245. specifically as the hospital's primary service area and focus,
246. outlining many of the health disparities and impacts our
247. residents face. As we have seen across the city, substance
248. abuse and the opioid epidemic have ravaged our communities,
249. sparing no neighborhood, street, or family. This is why the
250. DPH's established behavioral health program is responding to
251. the opioid crisis as a health priority. Area institutions
252. like Boston Children's should seek to invest heavily within
253. Brighton and Allston as part of their community health
254. initiative and community benefits investing.
255. I'm here today to ask for your support through this
256. process to hold Boston Children's accountable for their
257. promise and to ensure that any community health initiative
258. dollars are invested right here in Boston for health
259. priorities like addressing the opioid crisis. Our center is
260. directly across the street and has very real needs, and the
261. Granada House is less than a mile away. I am happy to meet
262. with anyone from the Boston Children's Hospital at any time to
263. discuss this issue.
264. As an integral part of the Allston-Brighton
265. community, we expect Boston Children's to meaningfully step up
266. to the plate in Brighton and make material investments with
267. our neighborhood and Boston. Please help our residents in
268. advocating for the very real investments and dedication to our
269. communities from this project. I thank you for your time, and
270. I look forward to working closely with you on these important
271. issues.
272. MR. RENAUD: Thank you. Operator, may we have our
273. next speaker?
274. OPERATOR: The next speaker is Dr. Siobhian Sprott.
275. Your line is open.
     1. MS. SPROTT: Thank you. Hello, my name is
     2. Dr. Siobhian Sprott. I am a board-certified pediatric dentist
     3. through the American Board of Pediatric Dentistry and the vice
     4. president of dental services at Franciscan Children's. Thank
     5. you for the opportunity to speak in support of the Children's
     6. Medical Center/Franciscan Children's Determination of Need
     7. application to revitalize our facility in Brighton.
     8. I have been a practicing dentist for over 15 years,
     9. and I'm very passionate about the need for all children to
     10. have access to quality dental care regardless of physical,
     11. intellectual, or emotional disability. At Franciscan
     12. Children's, dental surgery is a critical part of our mission.
     13. We serve children with extensive dental needs, developmental
     14. disabilities, complex medical conditions, and situational
     15. anxiety.
     16. As an example, imagine having a child with a
     17. diagnosis of autism spectrum disorder in need of multiple
     18. fillings but who is unable to sit still or follow simple
     19. commands in the traditional dental setting like you or I may
     20. be able to, but yet still receiving the care that they need.
     21. Sounds impossible, but we do the impossible for these kids.
     22. Franciscan Children's is a market leader in
     23. pediatric dental surgery providing nearly 70 percent of dental
     24. surgery for children with complex needs in Massachusetts. We
     25. are the only pediatric hospital in New England whose operating
276. rooms are dedicated solely to dental surgeries. Our three
277. dental ORs handled nearly 3,000 surgeries last year. As a
278. part of the proposed plan to revitalize our campus, we would
279. add a fourth dental OR. We already have more than 100
280. credentialed pediatric dentists from across the state
281. currently utilizing our ORs for their patients. By adding an
282. additional OR, we would be able to increase access to care by
283. accommodating more dentists, and most importantly, be able to
284. help more kids in need of our unique services.
285. On average, across the United States, the wait for a
286. pediatric dental patient with special needs to get an OR
287. appointment is 18 months, 18 months for a child with severe
288. dental needs who may also be in pain to get access to the
289. services they need. The addition of this fourth OR would
290. enable us to better meet the demands of our dentists and to
291. decrease wait times here in Massachusetts.
292. As a pediatric dental professional, I believe the
293. need to extend our operating room capacity through this
294. investment is paramount so we can continue to meet the rising
295. needs of children who require our services from across the
296. Commonwealth. I thank you for your time and consideration.
297. MR. RENAUD: Thank you. Operator, may we have our
298. next speaker.
299. OPERATOR: The next speaker is Casey Atkins. Your
300. line is open.
     1. MS. ATKINS: Thank you so much. Thank you to the
     2. Commission and to the Department of Public Health for this. I
     3. am here today in support of the Children's Hospital and
     4. Franciscan Determination of Need.
     5. My name is Casey Atkins, and I have a 10-year-old
     6. child who is on the autism spectrum. He has ADHD, anxiety,
     7. and depression. Over the past few years, he has struggled
     8. with his mental health coming out of the COVID-19 pandemic.
     9. In the fall of 2022, he was in crisis, and I had to
     10. make the agonizing decision to bring him to the emergency room
     11. at Boston Children's Hospital in order to get an inpatient
     12. placement for him at a mental health facility. Every single
     13. one of his providers expressed concern for what the experience
     14. in the emergency room would be like for him. But I had no
     15. choice. I could no longer keep him safe at home. We chose to
     16. go to Boston Children's Hospital because they are, frankly,
     17. the only place that I would trust with my child and his
     18. complex profile.
     19. We arrived in the ER, and we were coordinated in
     20. through our practitioners in the autism program at Boston
     21. Children's. The ER is a terrible place in general, and it is
     22. doubly terrible for children who are on the autism spectrum.
     23. It's scary, it's loud, and it is absolutely chaotic,
     24. especially for children with complex sensory needs. We spent
     25. two weeks waiting desperately for a placement for him. And it
301. became abundantly clear that the combination of his age and
302. his neurodivergent profile would make it very hard to find the
303. right fit for him or, frankly, any fit at all.
304. After our 14th night in the hospital, it was time to
305. make another agonizing decision to leave without getting an
306. inpatient placement and going back home to determine how to
307. support him from there. The hospital was able to coordinate
308. wraparound services for us for the Children's Behavioral
309. Health Initiative, a set of services that we have, frankly,
310. tried to receive a year prior but were unable to. It took
311. being hospitalized for him to gain access to those services.
312. There is a critical need right now for dedicated
313. mental health services for children like mine who are on the
314. spectrum, or who have our developmental and neurological
315. unique profiles. I am an ardent supporter of this project as
316. it will fill a critical need for these children and for other
317. families who need to know that there is a place for their
318. children to receive services and that they are not left to
319. weather this alone. Thank you.
320. MR. RENAUD: Thank you. Operator, may we have our
321. next speaker?
322. OPERATOR: The next speaker is Dr. Kevin Churchwell.
323. Your line is open.
324. MR. CHURCHWELL: Good evening. My name is Dr. Kevin
325. Churchwell. I'm privileged to serve as president and CEO of
326. Children's Medical Center Corporation, the parent company of
327. Franciscan Hospital for Children and Boston Children's
328. Hospital.
329. Boston Children's is the only freestanding
330. comprehensive pediatric care system in Massachusetts. We have
331. a long history of serving children from across the state, many
332. with complex medical and mental health needs regardless of
333. their race, ethnicity, where they live, or who pays for their
334. care.
335. I would like to begin my remarks by thanking the
336. Department of Public Health for the work you do to promote the
337. health and wellbeing of the people of Massachusetts. In
338. particular, I would like to thank you for your commitment to
339. give children a healthy start. Every day everyone from every
340. corner of the Boston Children's organization works to honor
341. and uphold that same commitment. I would also like to thank
342. the Allston-Brighton community which has been so engaged and
343. welcoming as we work together to get this proposal right. And
344. I also would like to thank Mayor Wu's office and
345. Representatives Honan and Moran of their endorsement and
346. leadership. Big, great things only happen when there is
347. support, enthusiasm, and leadership. Thank you.
348. Our creation of Franciscan Children's will allow us
349. to align our respective strengths to develop a more
350. coordinated and connected continuum of care for specialized
351. pediatric mental health services, plus acute rehabilitative
352. care for medically complex children and dental care that will
353. improve the lives of children and families in Massachusetts
354. and throughout New England. Together we will modernize the
355. Franciscan Children's campus and enhance critical programs and
356. services offered there.
357. Our campus modernization plan is targeted to
358. increase access to a full continuum of high-quality mental
359. health, post-acute medical and rehabilitation care, and
360. specialized inpatient beds, including those providing care to
361. pediatric patients with autism and neurodevelopmental
362. disorders.
363. Our plan is anchored by the creation of a more
364. diverse workforce, expanded community and school-based
365. prevention programs and an increase in research. This project
366. provides us the facilities to continue to promote health
367. equity and will not restrict the accessibility of services
368. from vulnerable and/or Medicaid-eligible individuals.
369. Franciscan Children's serves a vulnerable and
370. underserved population with the majority of their patients
371. covered by the Medicaid program. In addition, the medical and
372. mental health complexities and social challenges of the
373. patient population frequently requires the ongoing
374. coordination of care with one or more state agencies and local
375. school systems.
     1. Our new system will focus on improved prevention,
     2. identification and treatment, and provide children the care
     3. they need where and when they need it all with one point of
     4. contact per family.
     5. Thank you for the opportunity to share our plan for
     6. creating a new system that will better serve the growing needs
     7. of our children, families, and community. The modernization
     8. of Franciscan campus is an essential component of that plan,
     9. and I ask that you approve our application. Thank you.
     10. MR. RENAUD: Thank you. Operator, may we have our
     11. next speaker?
     12. OPERATOR: There are no speakers in queue. It is
     13. Star 1 to queue up for public comment.
     14. MR. RENAUD: At this point, we will wait to see if
     15. additional speakers present, and I will be back on in a few
     16. minutes. Thank you.
     17. OPERATOR: We do have Richard Rouse in queue.
     18. Richard, your line is open.
     19. MR. ROUSE: Thank you very much. Can you hear me?
     20. MR. RENAUD: Yes, we can.
     21. MR. ROUSE: Yes. Thank you, Dennis. My -- as I
     22. said, my name is Richard Rouse. I am a 70-year resident of
     23. the city of Boston, and I currently serve as the Chairman of
     24. the Board of Directors of the Addiction Treatment Center of
     25. New England, a non-profit across the street at Warren Street.
         1. I agree with everything that has been said by all of
         2. the testifiers. There is certainly a critical need for all of
         3. the services provided. I joined with Representative Moran and
         4. Housing Czar, Sheila Dillon, and Tim Burke, Elizabeth Brown,
         5. to be among those people who are concerned that the
         6. Allston-Brighton community be served as well by the community
         7. benefits process. So I wish to make sure that that focus is
         8. intensively followed for Allston-Brighton. And with that, I
         9. hope that the board gives this a very positive approval for a
         10. much-needed project and look forward to working with you
         11. through the community. Congratulations, and thank you for
         12. your work at the Department of Need process at DPH. Thank
         13. you.
         14. MR. RENAUD: Thank you. Operator, may we have our
         15. next speaker?
         16. OPERATOR: There is no one in queue currently. It
         17. is Star 1 to queue up for public comment. Again, Star 1 from
         18. your phone to queue up for public comment.

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| --- | --- | --- |
| 19 |  | MR. RENAUD: At this point, we will wait a period of |
| 20 | time | to see if we have any additional speakers. |
| 21 |  | OPERATOR: We do have comment from Stacy Drury. |
| 22 | Your | line is open. |

1. MS. DRURY: Good evening. Can you hear me?
2. MR. RENAUD: Yes, we can.
3. MS. DRURY: Great. My name is Dr. Stacy Drury, and
   1. I am the Chief of Psychiatry and Behavioral Sciences at Boston
   2. Children's Hospital. I am here to speak in strong support of
   3. the Determination of Need application for substantial capital
   4. expenditure at Franciscan Hospital for Children.
   5. Franciscan Children's is a critical institution to
   6. the healthcare and educational landscape, serving children
   7. with complex medical, mental health, and educational needs
   8. from neighborhoods across Boston, the state, and the New
   9. England region. Through the proposed project, Franciscan
   10. Children's will construct the state-of-the-art, family
   11. friendly, community facing facility to meet both the existing
   12. and growing needs of children requiring behavioral health and
   13. rehabilitative care, locating the entire continuum of care in
   14. one location.
   15. In addition, Franciscan Children's will enhance
   16. services to children who require dental surgery through the
   17. expansion of its existing operating room capacity. We
   18. envision this campus as a state-of-the-art training
   19. environment for the existing workforce providing services to
   20. children with mental and behavioral health needs and the next
   21. generation of providers.
   22. As the new Psychiatrist in Chief at Boston
   23. Children's Hospital, it is clear that the current mental
   24. healthcare crisis needs both short and long-term solutions.
   25. Often behavioral and mental health treatment centers are
4. located in places other specialties have vacated for more
5. updated facilities, leaving child mental and behavioral
6. healthcare as an afterthought, perpetuating the persistent
7. stigmatization around child mental illness.
8. In addition, despite significant investment from the
9. state, Boston Children's Hospital and Franciscan Children's
10. Hospital and our other academic partners, there are
11. substantial gaps in services, inadequate connection between
12. different providers and levels of care, and rates of boarding
13. patients continue to be high in Massachusetts. More than one
14. third of youth in Massachusetts struggle with significant
15. symptoms of mental and behavioral illness and rates of
16. suicidal ideations, suicide attempts, and suicide continue to
17. increase.
18. The planned campus at Franciscan Children's will
19. signal to the community, state, and country our commitment to
20. ensuring all children thrive and our recognition that without
21. child mental health, there is no physical health. The campus
22. will include areas for training, education, and outreach
23. programs that will be designed as a place of healing,
24. recovery, and health social-emotional growth.
25. In addition to being home to state-of-the-art
26. clinical programs, the proposed plans include creating space
27. for training of mental health providers at all levels and will
28. integrate the strengths of Boston Children's research and
29. innovation portfolio, laying the ground work for
30. transformative research and early identification, prevention,
31. treatment, and some day, cure.
32. Bringing together Franciscan Children's and Boston
33. Children's on this new campus will synergistically enhance
34. both systems' school-based mental health services. Together
35. these programs currently serve 23 different schools, and
36. within this new campus, we will offer a learning
37. collaboratives for school-based clinicians as well as
38. educational and outreach activities for teachers, principals
39. and parents.
40. I envision significant strengthening of our
41. partnerships with community programs including the Italian
42. Home, Youth Villages Central, Centro Presente, and many
43. others.
44. The proposed investment will help Franciscan
45. Children's increase its impact and reach even more families
46. and more patients, clearly demonstrating the hospital's
47. commitment to the health and wellbeing of children throughout
48. Massachusetts. The project will ensure that patients and
49. families have access to the full range of high-quality,
50. integrated pediatric care services.
51. Finally, this project will address a substantial gap
52. in the care continuum for children with autism and
53. neurodevelopmental disorders through the creation of new
54. inpatient, partial-day programs, and intensive outpatient
55. programs for this vulnerable population.
56. An example of the importance of this proposed campus
57. transformation for workplace recruitments, Boston Children's
58. Hospital recently hired Dr. Matthew Siegel to be the Chief of
59. Clinical Enterprises at Boston Children's and the Chief
60. Behavioral Health Officer at Franciscan Children's.
61. Dr. Siegel is the founder and principal investigator of the
62. autism and development disorders inpatient research
63. collaborative and the founder of the first learning health
64. network on inpatient units serving people with developmental
65. disabilities and his recruitment is the first of many thought
66. leaders that we expect to join us in this important project.
67. I am confident Franciscan Children's investment in
68. children, families, and communities will have a long-lasting
69. impact and benefit future generations of children. This is an
70. unprecedented opportunity to say to children, families,
71. communities and the nation that we are committed to ensuring
72. every child from every background, culture, and race have the
73. tools and skills they need to thrive in an ever changing and
74. challenging world.
75. I ask DPH to approve the Children's Medical
76. Center/Franciscan Children's Determination of Need application
77. to revitalize this facility in Brighton. I would like to
78. thank the staff for the opportunity to testify tonight.
    1. MR. RENAUD: Thank you. Operator, may we have our
    2. next speaker.
    3. OPERATOR: The next speaker is Anabela Gomes. Your
    4. line is open.
    5. MS. GOMES: Can you hear me?
    6. OPERATOR: We can hear you.
    7. MS. GOMES: Thank you for the opportunity to
    8. testify. My name is Anabela Gomes, resident of Brighton. I
    9. am here representing a group comprised of Brighton residents.
    10. I also serve as zoning chair of the Brighton Allston
    11. Improvement Association, a neighborhood association which
    12. serves the community, an organization reviewing development,
    13. zoning variances, quality of life and testifies on behalf of
    14. the BIA at the City of Boston Zoning Board of Appeals.
    15. Franciscan Children's Hospital and its campus have
    16. served as the pillar of our neighborhood since its inception.
    17. Families from across the neighborhood and Boston have come to
    18. rely on the clinical team and community-based school. To echo
    19. Michael Moran's words, we all know and agree the Franciscan
    20. campus needs to be modernized and updated to meet today's
    21. patient needs. We wholeheartedly support the response to that
    22. need, and have -- and to have a world-class institution like
    23. Boston Children's Hospital come to Brighton and recognize both
    24. the needs and opportunities that exist within our committee is
    25. exciting. However, with Boston Children's world-class
79. operation, we ask for your support through this process to
80. hold Boston Children's accountable for their promises and to
81. ensure that any community health initiative dollars are
82. invested right here in this neighborhood of Boston.
83. Just two years ago, Franciscan Children's own
84. community health needs assessment defined Allston-Brighton
85. specifically as the hospital's primary service area and focus.
86. This assessment clearly shows that Allston-Brighton community
87. and social detriments of health that affects its residents
88. should be central to any Boston Children's project and CHA
89. investment, which, by the way, DPH requirements establish the
90. CHA as a 5 percent of its project's total value as a minimum
91. expectation. Nothing precludes a DoN applicant, and certainly
92. Boston Children's, from dedicating a higher percentage of its
93. project costs to local CHA investments within its home
94. community. As an integral part of the Allston-Brighton
95. community, we expect Boston Children's to meaningfully step up
96. to the plate in Brighton and make material investment within
97. the neighborhood and Boston. Please help our residents in
98. advocating for a very real investment and dedication to our
99. community this project institution demands. Thank you for
100. your time, and I look forward to working closely with you on
101. this project important issue. Thank you.
102. MR. RENAUD: Thank you. Operator, may we have our
103. next speaker?
     1. OPERATOR: There is no one in queue currently. It
     2. is Star 1 if you would like to make public comment. Again,
     3. please press Star and the number 1 on your phone to queue up
     4. for public comment.
     5. MR. RENAUD: We will wait a period of time to see if
     6. we have another presenter.
     7. OPERATOR: As a reminder, it is star and the
     8. number 1 one to queue up for public comment. Please press
     9. Star 1 if you like to make public comment. There are no
     10. callers in queue at this time. 11

12 (Brief pause)

13

1. OPERATOR: There are no callers in queue at this
2. time. It is Star 1 to make a public comment.
3. MR. RENAUD: A period of five minutes has now passed
4. since we had a speaker in the queue, so this will now end our
5. public hearing.
6. As a reminder, written comments will be accepted
7. through December 11, 2023. And I want to thank you for
8. participating in this public hearing and have a good evening.
9. OPERATOR: That does conclude today's call. Thank
10. you for participating. You may disconnect at this time. 24

25 (Meeting concluded at 7:09 p.m.)

1 CERTIFICATE OF COURT REPORTER

2

1. I, Christine E. Borrelli, Registered Merit Reporter
2. and Certified Court Reporter, a Notary Public, in and for the
3. Commonwealth of Massachusetts, do certify that the public
4. hearing regarding the Determination of Need Application
5. #BCH-23082514-HE held on Thursday, November 30, 2023, was
6. stenographically reported by me; that the transcript produced
7. by me is a true and accurate record of the proceedings; that I
8. am neither counsel for, related to, nor employed by any of the
9. parties to the above action; and further that I am not a
10. relative or employee of any attorney or counsel employed by
11. the parties thereto, nor financially or otherwise interested
12. in the outcome of the action



1. Christine E. Borrelli Notary Public
2. MA CSR No. 102893
4. My Commission Expires:

December 28, 2023

21

22

23

24

25

**$**

**$24** [11:24](#_bookmark9)

**$30,000** [19:22](#_bookmark17)

**$481,371,000** [3:23](#_bookmark1)

**$60** [10:8](#_bookmark8)

**0**

**01752** [5:23](#_bookmark3)

**1**

**1** [2:6](#_bookmark0) [4:24](#_bookmark2) [14:1](#_bookmark12) [35:13](#_bookmark33) [36:17](#_bookmark34) [43:2,3,8,](#_bookmark41)

[9,15](#_bookmark41)

**10** [4:17](#_bookmark2)

**10-taxpayer** [26:25](#_bookmark24)

**10-year-old** [31:5](#_bookmark29)

**100** [5:22](#_bookmark3) [30:4](#_bookmark28)

**11** [5:20](#_bookmark3) [43:20](#_bookmark41)

**116** [3:17](#_bookmark1)

**12** [3:18](#_bookmark1)

**127** [23:21](#_bookmark21)

**13** [3:6](#_bookmark1) [27:8](#_bookmark25)

**13,800** [19:19](#_bookmark17)

**14th** [32:4](#_bookmark30)

**15** [23:22](#_bookmark21) [29:8](#_bookmark27)

**16** [3:18](#_bookmark1)

**16-year-old** [14:14](#_bookmark12)

**17** [9:22](#_bookmark7)

**18** [10:1](#_bookmark8) [27:13](#_bookmark25) [30:12](#_bookmark28)

**1923** [22:14](#_bookmark20)

**1949** [6:23](#_bookmark4)

**2**

**20** [23:25](#_bookmark21)

**2007** [14:10](#_bookmark12)

**2019** [27:14](#_bookmark25)

**2022** [19:18](#_bookmark17) [31:9](#_bookmark29)

**2023** [3:6](#_bookmark1) [5:20](#_bookmark3) [43:20](#_bookmark41)

**23** [39:7](#_bookmark37)

**25** [19:19](#_bookmark17)

**26** [13:10](#_bookmark11)

**278,000** [3:16](#_bookmark1)

**3**

**3,000** [30:2](#_bookmark28)

**3,600** [19:20](#_bookmark17)

**30** [5:10](#_bookmark3) [24:5](#_bookmark22)

**4**

**4** [3:19](#_bookmark1)

**48** [3:19](#_bookmark1)

**49** [19:11](#_bookmark17)

**5**

**5** [11:24](#_bookmark9) [16:24](#_bookmark14) [24:2](#_bookmark22) [42:12](#_bookmark40)

**6**

**6** [24:3](#_bookmark22)

**67** [5:22](#_bookmark3)

**6:00** [2:1](#_bookmark0)

**7**

**70** [29:23](#_bookmark27)

**70-year** [35:22](#_bookmark33)

**700** [7:12](#_bookmark5)

**73** [19:24](#_bookmark17)

**75** [7:19](#_bookmark5) [21:19](#_bookmark19)

**77** [27:2](#_bookmark25)

**7:09** [43:25](#_bookmark41)

**8**

**8** [3:20,21](#_bookmark1)

**80** [19:21](#_bookmark17)

**87** [19:23](#_bookmark17)

**A**

**ability** [20:4,16](#_bookmark18)

**absolutely** [21:10](#_bookmark19) [31:23](#_bookmark29)

**abundantly** [32:1](#_bookmark30)

**abuse** [27:23](#_bookmark25)

**academic** [38:7](#_bookmark36)

**accept** [4:16](#_bookmark2)

**accepted** [43:19](#_bookmark41)

**accepts** [25:6](#_bookmark23)

**access** [2:25](#_bookmark0) [7:22,25](#_bookmark5) [9:7,9](#_bookmark7) [29:10](#_bookmark27)

[30:7,13](#_bookmark28) [32:11](#_bookmark30) [34:8](#_bookmark32) [39:21](#_bookmark37)

**accessibility** [16:15](#_bookmark14) [34:17](#_bookmark32)

**accident** [8:15](#_bookmark6)

**accommodate** [8:13](#_bookmark6)

**accommodating** [30:8](#_bookmark28)

**accomplishment** [25:17](#_bookmark23)

**accordance** [3:24](#_bookmark1)

**account** [4:13](#_bookmark2)

**accountable** [11:1,4](#_bookmark9) [28:6](#_bookmark26) [42:2](#_bookmark40)

**accurately** [5:8](#_bookmark3)

**acquisition** [10:17](#_bookmark8)

**active** [27:9](#_bookmark25)

**activities** [39:10](#_bookmark37)

**acuity** [17:1](#_bookmark15)

**acute** [34:1](#_bookmark32)

**add** [22:24](#_bookmark20) [30:4](#_bookmark28)

**addiction** [12:5](#_bookmark10) [27:1,13,15](#_bookmark25) [35:24](#_bookmark33)

**addictions** [27:17](#_bookmark25)

**adding** [8:23](#_bookmark6) [30:6](#_bookmark28)

**addition** [8:9](#_bookmark6) [21:10](#_bookmark19) [30:14](#_bookmark28) [34:21](#_bookmark32)

[37:15](#_bookmark35) [38:5,22](#_bookmark36)

**additional** [8:24](#_bookmark6) [10:8](#_bookmark8) [13:12](#_bookmark11) [30:7](#_bookmark28)

[35:15](#_bookmark33) [36:20](#_bookmark34)

**Additionally** [27:12](#_bookmark25)

**address** [8:7](#_bookmark6) [18:1](#_bookmark16) [39:23](#_bookmark37)

**addressing** [11:21](#_bookmark9) [28:9](#_bookmark26)

**ADHD** [31:6](#_bookmark29)

**admission** [23:19](#_bookmark21)

**admissions** [25:16](#_bookmark23)

**adolescent** [23:12](#_bookmark21)

**adult** [10:2](#_bookmark8)

**advancing** [22:18](#_bookmark20)

**advocate** [21:20](#_bookmark19)

**advocating** [28:18](#_bookmark26) [42:20](#_bookmark40)

**affected** [23:11](#_bookmark21)

**affects** [42:9](#_bookmark40)

**affiliation** [5:6](#_bookmark3) [20:19](#_bookmark18)

**afflicted** [27:17](#_bookmark25)

**afford** [13:7](#_bookmark11)

**afraid** [14:22](#_bookmark12)

**afterthought** [38:3](#_bookmark36)

**age** [10:1](#_bookmark8) [32:1](#_bookmark30)

**agencies** [34:24](#_bookmark32)

**agency** [3:10](#_bookmark1)

**agonizing** [31:10](#_bookmark29) [32:5](#_bookmark30)

**agree** [13:19](#_bookmark11) [36:1](#_bookmark34) [41:19](#_bookmark39)

**Alden** [24:16,18](#_bookmark22)

**align** [33:24](#_bookmark31)

**aligns** [17:3](#_bookmark15)

**allocated** [21:21,25](#_bookmark19)

**allotted** [6:5](#_bookmark4)

**allowing** [9:5](#_bookmark7)

**Allston** [13:7](#_bookmark11) [27:5,9](#_bookmark25) [28:3](#_bookmark26) [41:10](#_bookmark39)

**Allston-brighton** [9:21](#_bookmark7) [10:24](#_bookmark8) [11:6,](#_bookmark9)

[18](#_bookmark9) [12:1](#_bookmark10) [13:2,5,11](#_bookmark11) [19:11](#_bookmark17) [20:2,14](#_bookmark18)

[21:19,21,22](#_bookmark19) [22:2](#_bookmark20) [27:19](#_bookmark25) [28:14](#_bookmark26) [33:17](#_bookmark31)

[36:6,8](#_bookmark34) [42:6,8,16](#_bookmark40)

**ambulatory** [8:23](#_bookmark6)

**American** [29:3](#_bookmark27)

**Anabela** [41:3,8](#_bookmark39)

**analysis** [4:7](#_bookmark2)

**analyzing** [3:25](#_bookmark1)

**anchored** [34:13](#_bookmark32)

**ancillary** [18:19](#_bookmark16)

**and/or** [34:18](#_bookmark32)

**anesthesia** [9:1](#_bookmark7)

**annually** [16:24](#_bookmark14)

**anxiety** [14:21](#_bookmark12) [29:15](#_bookmark27) [31:6](#_bookmark29)

**Appeals** [41:14](#_bookmark39)

**applaud** [24:9](#_bookmark22)

**applicant** [6:4](#_bookmark4) [42:13](#_bookmark40)

**application** [3:1,3,7](#_bookmark1) [4:1,7,17](#_bookmark2) [6:22](#_bookmark4)

[14:7](#_bookmark12) [17:8](#_bookmark15) [22:23](#_bookmark20) [24:22](#_bookmark22) [29:7](#_bookmark27) [35:9](#_bookmark33) [37:3](#_bookmark35)

[40:23](#_bookmark38)

**apply** [3:12](#_bookmark1) [4:7](#_bookmark2)

**appointment** [30:12](#_bookmark28)

**appointments** [14:23](#_bookmark12)

**appreciates** [6:1](#_bookmark4)

**appropriately** [21:1](#_bookmark19)

**approval** [3:12](#_bookmark1) [36:9](#_bookmark34)

**approve** [4:14](#_bookmark2) [35:9](#_bookmark33) [40:22](#_bookmark38)

**approximately** [3:16](#_bookmark1)

**aquatic** [8:19](#_bookmark6)

**ardent** [32:15](#_bookmark30)

**area** [12:3](#_bookmark10) [13:4](#_bookmark11) [14:17,20](#_bookmark12) [22:1](#_bookmark20) [25:6](#_bookmark23)

[27:20](#_bookmark25) [28:1](#_bookmark26) [42:7](#_bookmark40)

**areas** [16:17](#_bookmark14) [38:19](#_bookmark36)

**arrived** [31:19](#_bookmark29)

**aspirations** [10:22](#_bookmark8)

**assessment** [11:17](#_bookmark9) [12:2](#_bookmark10) [27:19](#_bookmark25) [42:6,](#_bookmark40)

[8](#_bookmark40)

**assigned** [3:5](#_bookmark1)

**association** [10:11](#_bookmark8) [16:23](#_bookmark14) [22:13](#_bookmark20)

[41:11](#_bookmark39)

**assured** [5:23](#_bookmark3)

**Atkins** [30:24](#_bookmark28) [31:1,5](#_bookmark29)

**atmosphere** [14:24](#_bookmark12)

**attempts** [38:13](#_bookmark36)

**autism** [17:14,19](#_bookmark15) [18:18](#_bookmark16) [23:23](#_bookmark21) [29:17](#_bookmark27)

[31:6,20,22](#_bookmark29) [34:11](#_bookmark32) [39:24](#_bookmark37) [40:9](#_bookmark38)

**average** [13:8](#_bookmark11) [30:10](#_bookmark28)

**B**

**babies** [25:6](#_bookmark23)

**back** [7:19](#_bookmark5) [32:6](#_bookmark30) [35:15](#_bookmark33)

**background** [40:19](#_bookmark38)

**backgrounds** [20:3,16](#_bookmark18)

**backlog** [8:8](#_bookmark6)

**backyard** [14:19](#_bookmark12)

**barriers** [20:6](#_bookmark18)

**baseball** [10:5](#_bookmark8)

**based** [3:22](#_bookmark1)

**BCH** [14:15](#_bookmark12)

**bed** [7:22](#_bookmark5) [24:1,2](#_bookmark22)

**beds** [3:17,18,19,20,22](#_bookmark1) [23:9](#_bookmark21) [24:3,6](#_bookmark22)

[26:7](#_bookmark24) [34:10](#_bookmark32)

**bedside** [24:25](#_bookmark22)

**begin** [2:11](#_bookmark0) [5:6](#_bookmark3) [6:8,19](#_bookmark4) [9:13](#_bookmark7) [33:10](#_bookmark31)

**behalf** [2:20](#_bookmark0) [17:5](#_bookmark15) [41:13](#_bookmark39)

**behavioral** [10:13](#_bookmark8) [14:20](#_bookmark12) [15:5,6](#_bookmark13) [17:21](#_bookmark15)

[21:11](#_bookmark19) [22:15,25](#_bookmark20) [23:7](#_bookmark21) [24:12](#_bookmark22) [27:25](#_bookmark25) [32:8](#_bookmark30)

[37:1,12,20,25](#_bookmark35) [38:2,12](#_bookmark36) [40:7](#_bookmark38)

**beneficiaries** [7:7](#_bookmark5)

**benefit** [13:4](#_bookmark11) [14:25](#_bookmark12) [25:22](#_bookmark23) [26:15](#_bookmark24) [40:16](#_bookmark38)

**benefiting** [13:2](#_bookmark11)

**benefits** [12:23](#_bookmark10) [13:1,17,18](#_bookmark11) [21:20,24](#_bookmark19)

[28:4](#_bookmark26) [36:7](#_bookmark34)

**BIA** [41:14](#_bookmark39)

**Big** [33:21](#_bookmark31)

**board** [10:6](#_bookmark8) [19:15,17](#_bookmark17) [20:7](#_bookmark18) [26:25](#_bookmark24)

[27:15,16](#_bookmark25) [29:3](#_bookmark27) [35:24](#_bookmark33) [36:9](#_bookmark34) [41:14](#_bookmark39)

**board-certified** [29:2](#_bookmark27)

**boarding** [8:8](#_bookmark6) [23:17](#_bookmark21) [38:9](#_bookmark36)

**bold** [10:18](#_bookmark8)

**born** [14:10](#_bookmark12)

**Boston** [6:18](#_bookmark4) [7:25](#_bookmark5) [8:16](#_bookmark6) [10:15,25](#_bookmark8)

[14:13](#_bookmark12) [15:9](#_bookmark13) [17:15](#_bookmark15) [18:18](#_bookmark16) [27:6](#_bookmark25) [28:2,6,8,](#_bookmark26)

[12,15,17](#_bookmark26) [31:11,16,20](#_bookmark29) [33:2,4,15](#_bookmark31) [35:23](#_bookmark33)

[37:1,8,22](#_bookmark35) [38:6,25](#_bookmark36) [39:4](#_bookmark37) [40:4,6](#_bookmark38) [41:14,](#_bookmark39)

[17,23,25](#_bookmark39) [42:2,4,10,14,17,19](#_bookmark40)

**Bradley** [18:3](#_bookmark16)

**brain** [16:5](#_bookmark14)

**Brighton** [6:17](#_bookmark4) [7:17](#_bookmark5) [10:19](#_bookmark8) [13:8](#_bookmark11) [22:23](#_bookmark20)

[24:22](#_bookmark22) [27:8,10](#_bookmark25) [28:3,16](#_bookmark26) [29:7](#_bookmark27) [40:24](#_bookmark38)

[41:8,9,10,23](#_bookmark39) [42:18](#_bookmark40)

**bring** [31:10](#_bookmark29)

**Bringing** [39:4](#_bookmark37)

**Brown** [19:6,8,9](#_bookmark17) [36:4](#_bookmark34)

**build** [8:2,12](#_bookmark6)

**building** [15:10](#_bookmark13) [16:11](#_bookmark14) [17:3](#_bookmark15) [25:22](#_bookmark23)

**buildings** [7:18,20](#_bookmark5) [16:14](#_bookmark14)

**Bureau** [2:21](#_bookmark0)

**Burke** [26:20,22,24](#_bookmark24) [36:4](#_bookmark34)

**C call** [2:10,25](#_bookmark0) [43:22](#_bookmark41)

**called** [3:1](#_bookmark1)

**caller** [15:16](#_bookmark13)

**callers** [43:10,14](#_bookmark41)

**calling** [6:8](#_bookmark4)

**calls** [8:22](#_bookmark6)

**calmer** [14:24](#_bookmark12)

**campus** [3:17](#_bookmark1) [7:17,18,21](#_bookmark5) [8:3](#_bookmark6) [10:12,](#_bookmark8)

[19](#_bookmark8) [17:3](#_bookmark15) [30:3](#_bookmark28) [34:5,7](#_bookmark32) [35:8](#_bookmark33) [37:18](#_bookmark35) [38:15,](#_bookmark36)

[18](#_bookmark36) [39:5,8](#_bookmark37) [40:3](#_bookmark38) [41:15,20](#_bookmark39)

**capacity** [8:7](#_bookmark6) [9:22](#_bookmark7) [21:12,16](#_bookmark19) [23:5](#_bookmark21)

[25:21](#_bookmark23) [30:18](#_bookmark28) [37:17](#_bookmark35)

**capital** [3:11,23](#_bookmark1) [14:8](#_bookmark12) [37:3](#_bookmark35)

**care** [6:24](#_bookmark4) [7:13](#_bookmark5) [9:5,8,10](#_bookmark7) [10:2](#_bookmark8) [14:18](#_bookmark12)

[15:10](#_bookmark13) [16:3,11](#_bookmark14) [17:17](#_bookmark15) [18:25](#_bookmark16) [19:11](#_bookmark17)

[20:3,6,10,12,15,20,24](#_bookmark18) [21:1,3](#_bookmark19) [25:3,10,](#_bookmark23)

[13,18,23](#_bookmark23) [26:2,5,7,8](#_bookmark24) [29:10,20](#_bookmark27) [30:7](#_bookmark28)

[33:5,9,25](#_bookmark31) [34:2,9,10,24](#_bookmark32) [35:2](#_bookmark33) [37:13](#_bookmark35)

[38:9](#_bookmark36) [39:22,24](#_bookmark37)

**career** [10:7](#_bookmark8)

**caregiver** [25:16](#_bookmark23)

**caregivers** [7:12](#_bookmark5)

**caring** [24:25](#_bookmark22)

**Casey** [30:24](#_bookmark28) [31:5](#_bookmark29)

**catastrophic** [8:15](#_bookmark6)

**Catulle** [2:20](#_bookmark0)

**center** [3:2,8](#_bookmark1) [4:1](#_bookmark2) [10:18](#_bookmark8) [12:4,5](#_bookmark10) [17:15](#_bookmark15)

[18:19](#_bookmark16) [19:10,17](#_bookmark17) [22:22](#_bookmark20) [27:1,14,15](#_bookmark25) [28:9](#_bookmark26)

[33:1](#_bookmark31) [35:24](#_bookmark33)

**center's** [21:8](#_bookmark19)

**Center/franciscan** [15:22](#_bookmark13) [24:21](#_bookmark22)

[29:6](#_bookmark27) [40:23](#_bookmark38)

**centers** [20:1](#_bookmark18) [37:25](#_bookmark35)

**central** [39:14](#_bookmark37) [42:10](#_bookmark40)

**Centro** [39:14](#_bookmark37)

**century** [22:13](#_bookmark20)

**CEO** [19:9](#_bookmark17) [22:12](#_bookmark20) [27:13](#_bookmark25) [32:25](#_bookmark30)

**CHA** [42:10,12,15](#_bookmark40)

**chair** [41:10](#_bookmark39)

**Chairman** [35:23](#_bookmark33)

**challenge** [23:8](#_bookmark21)

**challenges** [10:13](#_bookmark8) [34:22](#_bookmark32)

**challenging** [40:21](#_bookmark38)

**championed** [15:7](#_bookmark13)

**chance** [25:19](#_bookmark23)

**changing** [25:7](#_bookmark23) [40:20](#_bookmark38)

**chaotic** [31:23](#_bookmark29)

**charge** [24:19](#_bookmark22) [25:2](#_bookmark23)

**Charles** [19:9,18](#_bookmark17) [20:8,14,18](#_bookmark18) [21:2,4](#_bookmark19)

**Chief** [6:10](#_bookmark4) [37:1,22](#_bookmark35) [40:5,6](#_bookmark38)

**child** [10:1](#_bookmark8) [14:10](#_bookmark12) [16:13](#_bookmark14) [17:14](#_bookmark15) [22:17](#_bookmark20)

[23:12](#_bookmark21) [25:14](#_bookmark23) [29:16](#_bookmark27) [30:12](#_bookmark28) [31:6,17](#_bookmark29)

[38:2,4,18](#_bookmark36) [40:19](#_bookmark38)

**children** [3:9](#_bookmark1) [6:11,17,25](#_bookmark4) [7:5,9,10,13,](#_bookmark5)

[17](#_bookmark5) [8:11,14,18,20](#_bookmark6) [9:1,4,8,12](#_bookmark7) [14:9,21,](#_bookmark12)

[25](#_bookmark12) [15:1,3,5,6,12](#_bookmark13) [16:21,24](#_bookmark14) [17:4](#_bookmark15) [19:20](#_bookmark17)

[20:16](#_bookmark18) [21:7,13,15](#_bookmark19) [22:19](#_bookmark20) [23:1,3,10,14](#_bookmark21)

[24:11,25](#_bookmark22) [25:5,12,22](#_bookmark23) [26:1,12,14,16](#_bookmark24)

[29:9,13,24](#_bookmark27) [30:20](#_bookmark28) [31:22,24](#_bookmark29) [32:13,16,](#_bookmark30)

[18](#_bookmark30) [33:2,6,14](#_bookmark31) [34:2,3](#_bookmark32) [35:2,7](#_bookmark33) [37:4,6,12,](#_bookmark35)

[16,20](#_bookmark35) [38:17](#_bookmark36) [39:19,24](#_bookmark37) [40:15,16,17](#_bookmark38)

**Children's** [3:2,7](#_bookmark1) [4:1](#_bookmark2) [6:16,23](#_bookmark4) [7:25](#_bookmark5)

[9:3,25](#_bookmark7) [10:9,12,15,17,20,25](#_bookmark8) [11:10,22](#_bookmark9)

[12:2,9](#_bookmark10) [13:15](#_bookmark11) [14:13](#_bookmark12) [15:9,11,20,22](#_bookmark13)

[16:1,23](#_bookmark14) [17:15](#_bookmark15) [18:18](#_bookmark16) [20:13,19](#_bookmark18) [21:2,5,](#_bookmark19)

[11,16,18,23,24,25](#_bookmark19) [22:21,22](#_bookmark20) [23:16](#_bookmark21)

[24:19,20,21,24](#_bookmark22) [25:3,9,19,24](#_bookmark23) [26:9,13](#_bookmark24)

[27:3,18](#_bookmark25) [28:2,6,12,15](#_bookmark26) [29:4,5,6,12,22](#_bookmark27)

[31:3,11,16,21](#_bookmark29) [32:8](#_bookmark30) [33:1,2,4,15,23](#_bookmark31)

[34:5,19](#_bookmark32) [37:2,5,10,15,23](#_bookmark35) [38:6,15,25](#_bookmark36)

[39:4,5,17](#_bookmark37) [40:4,6,7,14,22,23](#_bookmark38) [41:15,23,](#_bookmark39)

[25](#_bookmark39) [42:2,5,10,14,17](#_bookmark40)

**choice** [31:15](#_bookmark29)

**chose** [31:15](#_bookmark29)

**chronic** [8:14](#_bookmark6) [20:25](#_bookmark18)

**Churchwell** [12:11](#_bookmark10) [32:22,24,25](#_bookmark30)

**city** [8:16](#_bookmark6) [27:12,22](#_bookmark25) [35:23](#_bookmark33) [41:14](#_bookmark39)

**citywide** [13:8](#_bookmark11)

**clarification** [2:16](#_bookmark0)

**clear** [11:3](#_bookmark9) [32:1](#_bookmark30) [37:23](#_bookmark35)

**clinic** [21:8](#_bookmark19)

**clinical** [6:21](#_bookmark4) [8:4](#_bookmark6) [20:8,19](#_bookmark18) [27:12](#_bookmark25) [38:23](#_bookmark36)

[40:6](#_bookmark38) [41:18](#_bookmark39)

**clinicians** [39:9](#_bookmark37)

**closely** [20:8](#_bookmark18) [28:20](#_bookmark26) [42:22](#_bookmark40)

**closing** [9:3](#_bookmark7) [24:9](#_bookmark22)

**co-occurring** [24:5](#_bookmark22)

**codirector** [17:14](#_bookmark15)

**collaboration** [15:8](#_bookmark13) [16:16](#_bookmark14)

**collaborative** [40:10](#_bookmark38)

**collaboratives** [39:9](#_bookmark37)

**colleagues** [2:19](#_bookmark0)

**collective** [8:3](#_bookmark6)

**collectively** [13:9](#_bookmark11)

**color** [19:24](#_bookmark17)

**combination** [32:1](#_bookmark30)

**comfortable** [13:1,18](#_bookmark11) [26:6](#_bookmark24)

**commands** [29:19](#_bookmark27)

**commenced** [2:1](#_bookmark0)

**comment** [2:5,6](#_bookmark0) [5:17,25](#_bookmark3) [6:8](#_bookmark4) [12:23](#_bookmark10)

[35:13](#_bookmark33) [36:17,18,21](#_bookmark34) [43:2,4,8,9,15](#_bookmark41)

**comments** [4:16](#_bookmark2) [5:17,24](#_bookmark3) [6:13](#_bookmark4) [9:14](#_bookmark7)

[43:19](#_bookmark41)

**Commission** [31:2](#_bookmark29)

**Commissioner** [2:20](#_bookmark0) [22:9](#_bookmark20) [26:23](#_bookmark24)

**commit** [24:10](#_bookmark22)

**commitment** [9:11](#_bookmark7) [12:12](#_bookmark10) [26:12](#_bookmark24)

[33:13,16](#_bookmark31) [38:16](#_bookmark36) [39:19](#_bookmark37)

**committed** [11:25](#_bookmark9) [22:18](#_bookmark20) [40:18](#_bookmark38)

**committee** [15:3](#_bookmark13) [41:24](#_bookmark39)

**Commonwealth** [7:6](#_bookmark5) [17:25](#_bookmark15) [20:1](#_bookmark18)

[22:16](#_bookmark20) [23:8](#_bookmark21) [30:21](#_bookmark28)

**communities** [13:12](#_bookmark11) [19:24](#_bookmark17) [26:14](#_bookmark24)

[27:6,23](#_bookmark25) [28:19](#_bookmark26) [40:15,18](#_bookmark38)

**community** [6:8](#_bookmark4) [10:23,24](#_bookmark8) [11:1,5,7,](#_bookmark9)

[10,17,21,25](#_bookmark9) [12:23](#_bookmark10) [13:1,2,4,15,17](#_bookmark11)

[15:4,12](#_bookmark13) [19:9,16,18,21](#_bookmark17) [20:1,2,9,15](#_bookmark18)

[21:2,4,17,19,20,23,24](#_bookmark19) [22:3](#_bookmark20) [27:7,9,19](#_bookmark25)

[28:3,4,7,15](#_bookmark26) [33:17](#_bookmark31) [34:14](#_bookmark32) [35:7](#_bookmark33) [36:6,11](#_bookmark34)

[37:11](#_bookmark35) [38:16](#_bookmark36) [39:13](#_bookmark37) [41:12](#_bookmark39) [42:3,6,8,16,](#_bookmark40)

[17,21](#_bookmark40)

**community-based** [15:9](#_bookmark13) [18:12](#_bookmark16)

[41:18](#_bookmark39)

**company** [33:1](#_bookmark31)

**compass** [8:22](#_bookmark6)

**compassionate** [9:10](#_bookmark7) [25:11](#_bookmark23)

**complex** [6:25](#_bookmark4) [7:14,16](#_bookmark5) [8:14](#_bookmark6) [9:1](#_bookmark7) [10:13](#_bookmark8)

[15:7,12](#_bookmark13) [16:24](#_bookmark14) [23:1,3](#_bookmark21) [24:3,12](#_bookmark22) [25:1,4,](#_bookmark23)

[14](#_bookmark23) [26:8](#_bookmark24) [29:14,24](#_bookmark27) [31:18,24](#_bookmark29) [33:7](#_bookmark31) [34:2](#_bookmark32)

[37:7](#_bookmark35)

**complexities** [34:22](#_bookmark32)

**complexity** [17:4](#_bookmark15)

**compliance** [3:4](#_bookmark1) [4:2](#_bookmark2)

**component** [35:8](#_bookmark33)

**comprehensive** [19:14](#_bookmark17) [33:5](#_bookmark31)

**comprised** [3:18](#_bookmark1) [26:25](#_bookmark24) [41:9](#_bookmark39)

**concern** [31:13](#_bookmark29)

**concerned** [36:5](#_bookmark34)

**concerns** [21:22](#_bookmark19)

**conclude** [43:22](#_bookmark41)

**concluded** [43:25](#_bookmark41)

**conditions** [8:14](#_bookmark6) [9:2](#_bookmark7) [16:4](#_bookmark14) [22:15](#_bookmark20) [23:2,](#_bookmark21)

[23](#_bookmark21) [24:6,12](#_bookmark22) [25:1](#_bookmark23) [29:14](#_bookmark27)

**conference** [2:5,25](#_bookmark0) [4:22](#_bookmark2)

**confident** [26:13](#_bookmark24) [40:14](#_bookmark38)

**configuration** [7:22](#_bookmark5)

**congenital** [14:11](#_bookmark12)

**Congratulations** [36:11](#_bookmark34)

**connect** [20:11](#_bookmark18)

**connected** [33:25](#_bookmark31)

**connection** [38:8](#_bookmark36)

**Conover** [2:20](#_bookmark0)

**consideration** [9:11](#_bookmark7) [26:17](#_bookmark24) [30:21](#_bookmark28)

**consistent** [12:1](#_bookmark10) [18:14](#_bookmark16)

**constraints** [9:7](#_bookmark7)

**construct** [25:25](#_bookmark23) [37:10](#_bookmark35)

**construction** [3:15](#_bookmark1)

**consulted** [11:8](#_bookmark9)

**contact** [35:4](#_bookmark33)

**context** [6:22](#_bookmark4)

**continue** [30:19](#_bookmark28) [34:16](#_bookmark32) [38:10,13](#_bookmark36)

**continued** [22:2](#_bookmark20)

**continuing** [26:10](#_bookmark24)

**continuous** [18:14](#_bookmark16)

**continuum** [33:25](#_bookmark31) [34:8](#_bookmark32) [37:13](#_bookmark35) [39:24](#_bookmark37)

**cookouts** [10:4](#_bookmark8)

**coordinate** [32:7](#_bookmark30)

**coordinated** [31:19](#_bookmark29) [33:25](#_bookmark31)

**coordination** [34:24](#_bookmark32)

**cord** [16:5](#_bookmark14)

**corner** [33:15](#_bookmark31)

**Corporation** [3:2,8](#_bookmark1) [4:1](#_bookmark2) [33:1](#_bookmark31)

**cost** [4:5](#_bookmark2)

**costs** [42:15](#_bookmark40)

**Council** [4:14](#_bookmark2)

**country** [15:25](#_bookmark13) [38:16](#_bookmark36)

**covered** [34:21](#_bookmark32)

**COVID-19** [31:8](#_bookmark29)

**create** [10:18](#_bookmark8)

**creates** [18:21](#_bookmark16)

**creating** [18:12](#_bookmark16) [35:6](#_bookmark33) [38:23](#_bookmark36)

**creation** [33:23](#_bookmark31) [34:13](#_bookmark32) [39:25](#_bookmark37)

**credentialed** [30:5](#_bookmark28)

**crisis** [8:7](#_bookmark6) [18:14,15](#_bookmark16) [23:14](#_bookmark21) [28:1,9](#_bookmark26) [31:9](#_bookmark29)

[37:24](#_bookmark35)

**criteria** [4:2](#_bookmark2)

**critical** [7:5](#_bookmark5) [8:17](#_bookmark6) [16:22](#_bookmark14) [18:11](#_bookmark16) [21:7,10](#_bookmark19)

[22:24](#_bookmark20) [29:12](#_bookmark27) [32:12,16](#_bookmark30) [34:5](#_bookmark32) [36:2](#_bookmark34) [37:5](#_bookmark35)

**critically** [24:7](#_bookmark22)

**crucial** [23:6](#_bookmark21)

**culturally** [7:9](#_bookmark5)

**culture** [40:19](#_bookmark38)

**cure** [39:3](#_bookmark37)

**current** [7:22](#_bookmark5) [8:1](#_bookmark6) [9:7](#_bookmark7) [16:1](#_bookmark14) [18:11](#_bookmark16)

[25:21](#_bookmark23) [37:23](#_bookmark35)

**Czar** [36:4](#_bookmark34)

**D**

**Danna** [22:7](#_bookmark20)

**data** [23:18](#_bookmark21)

**date** [3:5](#_bookmark1) [7:19](#_bookmark5)

**daughter** [15:1](#_bookmark13)

**day** [21:12](#_bookmark19) [33:14](#_bookmark31) [39:3](#_bookmark37)

**days** [4:17](#_bookmark2) [23:20](#_bookmark21)

**decades** [7:16](#_bookmark5) [20:15](#_bookmark18)

**December** [5:20](#_bookmark3) [43:20](#_bookmark41)

**decided** [14:12](#_bookmark12)

**decision** [4:14](#_bookmark2) [31:10](#_bookmark29) [32:5](#_bookmark30)

**decision-making** [11:9](#_bookmark9)

**decision-marking** [11:13](#_bookmark9)

**decisions** [11:12](#_bookmark9)

**decrease** [30:16](#_bookmark28)

**dedicated** [7:1](#_bookmark5) [17:17](#_bookmark15) [22:14](#_bookmark20) [30:1](#_bookmark28)

[32:12](#_bookmark30)

**dedicating** [42:14](#_bookmark40)

**dedication** [28:18](#_bookmark26) [42:20](#_bookmark40)

**deep** [26:9](#_bookmark24)

**defect** [14:11](#_bookmark12)

**deferred** [21:1](#_bookmark19)

**defined** [3:11](#_bookmark1) [11:5,17](#_bookmark9) [27:19](#_bookmark25) [42:6](#_bookmark40)

**delivering** [19:14](#_bookmark17)

**demand** [8:25](#_bookmark6) [20:24](#_bookmark18) [21:3](#_bookmark19)

**demands** [30:15](#_bookmark28) [42:21](#_bookmark40)

**demonstrates** [26:11](#_bookmark24)

**demonstrating** [39:18](#_bookmark37)

**Dennis** [2:10,12](#_bookmark0) [6:15](#_bookmark4) [9:18](#_bookmark7) [35:21](#_bookmark33)

**dental** [7:5](#_bookmark5) [14:22,23](#_bookmark12) [21:7,8](#_bookmark19) [29:4,10,](#_bookmark27)

[12,13,19,23](#_bookmark27) [30:1,2,4,11,13,17](#_bookmark28) [34:2](#_bookmark32)

[37:16](#_bookmark35)

**dentist** [29:2,8](#_bookmark27)

**dentistry** [8:25](#_bookmark6) [29:3](#_bookmark27)

**dentists** [30:5,8,15](#_bookmark28)

**department** [2:13,18,24](#_bookmark0) [5:19,22,24](#_bookmark3)

[6:1,19](#_bookmark4) [7:9](#_bookmark5) [16:10](#_bookmark14) [18:16,21](#_bookmark16) [23:18](#_bookmark21) [31:2](#_bookmark29)

[33:11](#_bookmark31) [36:12](#_bookmark34)

**depression** [31:7](#_bookmark29)

**description** [3:14](#_bookmark1)

**designed** [8:13](#_bookmark6) [16:14](#_bookmark14) [38:20](#_bookmark36)

**desperate** [12:7](#_bookmark10)

**desperately** [7:25](#_bookmark5) [31:25](#_bookmark29)

**Determination** [2:14,17](#_bookmark0) [5:21](#_bookmark3) [14:7](#_bookmark12)

[15:22](#_bookmark13) [22:10,22](#_bookmark20) [24:21](#_bookmark22) [29:6](#_bookmark27) [31:4](#_bookmark29) [37:3](#_bookmark35)

[40:23](#_bookmark38)

**determine** [32:6](#_bookmark30)

**detriments** [42:9](#_bookmark40)

**develop** [24:7](#_bookmark22) [33:24](#_bookmark31)

**development** [40:9](#_bookmark38) [41:12](#_bookmark39)

**developmental** [8:12](#_bookmark6) [23:25](#_bookmark21) [29:13](#_bookmark27)

[32:14](#_bookmark30) [40:11](#_bookmark38)

**diagnosis** [29:17](#_bookmark27)

**difference** [16:11](#_bookmark14) [26:3](#_bookmark24)

**DILLION** [12:19](#_bookmark10)

**Dillon** [12:18,21](#_bookmark10) [36:4](#_bookmark34)

**direct** [22:25](#_bookmark20)

**directly** [11:20](#_bookmark9) [18:2,20](#_bookmark16) [27:2](#_bookmark25) [28:10](#_bookmark26)

**director** [2:14,21](#_bookmark0) [15:2,19](#_bookmark13)

**directors** [19:16](#_bookmark17) [27:15](#_bookmark25) [35:24](#_bookmark33)

**disabilities** [8:12](#_bookmark6) [17:18](#_bookmark15) [18:1](#_bookmark16) [23:25](#_bookmark21)

[29:14](#_bookmark27) [40:12](#_bookmark38)

**disability** [3:21](#_bookmark1) [17:19](#_bookmark15) [22:16](#_bookmark20) [29:11](#_bookmark27)

**discharged** [25:14](#_bookmark23)

**disconnect** [2:8](#_bookmark0) [43:23](#_bookmark41)

**discuss** [28:13](#_bookmark26)

**disorder** [29:17](#_bookmark27)

**disorders** [3:21](#_bookmark1) [17:19](#_bookmark15) [23:24](#_bookmark21) [34:12](#_bookmark32)

[39:25](#_bookmark37) [40:9](#_bookmark38)

**disparities** [27:21](#_bookmark25)

**disrupted** [23:13](#_bookmark21)

**distinctive** [8:4](#_bookmark6)

**diverse** [7:10](#_bookmark5) [34:14](#_bookmark32)

**diversity** [20:2](#_bookmark18)

**dollars** [28:8](#_bookmark26) [42:3](#_bookmark40)

**Don** [2:17](#_bookmark0) [3:3,4,7,9,12,14,25](#_bookmark1) [4:6,12,](#_bookmark2)

[15](#_bookmark2) [6:2,22](#_bookmark4) [7:24](#_bookmark5) [10:25](#_bookmark8) [17:8,16](#_bookmark15) [42:13](#_bookmark40)

**doubly** [31:22](#_bookmark29)

**dozen** [14:15](#_bookmark12)

**DPH** [2:19](#_bookmark0) [10:25](#_bookmark8) [19:2](#_bookmark17) [22:10](#_bookmark20) [36:12](#_bookmark34)

[40:22](#_bookmark38) [42:11](#_bookmark40)

**DPH's** [2:20](#_bookmark0) [27:25](#_bookmark25)

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**Drury** [36:21,23,25](#_bookmark34)

**E**

**earlier** [23:9](#_bookmark21)

**early** [22:18](#_bookmark20) [39:2](#_bookmark37)

**earning** [19:22](#_bookmark17)

**echo** [41:18](#_bookmark39)

**ED** [18:23](#_bookmark16)

**education** [7:1](#_bookmark5) [25:13](#_bookmark23) [38:19](#_bookmark36)

**educational** [23:4](#_bookmark21) [37:6,7](#_bookmark35) [39:10](#_bookmark37)

**effective** [22:19](#_bookmark20)

**effort** [4:8](#_bookmark2) [24:10](#_bookmark22)

**efforts** [11:19](#_bookmark9)

**elected** [6:7](#_bookmark4) [9:14](#_bookmark7) [11:7](#_bookmark9)

**Elizabeth** [2:21](#_bookmark0) [19:6,8](#_bookmark17) [36:4](#_bookmark34)

**email** [5:19,20](#_bookmark3)

**emergency** [8:8](#_bookmark6) [18:16,20](#_bookmark16) [31:10,14](#_bookmark29)

**emotional** [14:21](#_bookmark12) [29:11](#_bookmark27)

**emphasize** [17:20](#_bookmark15)

**employ** [7:12](#_bookmark5)

**enable** [16:20](#_bookmark14) [30:15](#_bookmark28)

**enabling** [3:9](#_bookmark1)

**end** [11:22](#_bookmark9) [18:14,15](#_bookmark16) [43:17](#_bookmark41)

**endorsement** [33:20](#_bookmark31)

**engaged** [33:17](#_bookmark31)

**engagement** [11:5](#_bookmark9)

**engaging** [3:13](#_bookmark1)

**England** [7:2](#_bookmark5) [16:19](#_bookmark14) [27:2](#_bookmark25) [29:25](#_bookmark27) [34:4](#_bookmark32)

[35:25](#_bookmark33) [37:9](#_bookmark35)

**English** [7:11](#_bookmark5) [19:25](#_bookmark17)

**enhance** [34:5](#_bookmark32) [37:15](#_bookmark35) [39:5](#_bookmark37)

**enhanced** [26:4](#_bookmark24)

**ensure** [20:19](#_bookmark18) [22:1](#_bookmark20) [28:7](#_bookmark26) [39:20](#_bookmark37) [42:3](#_bookmark40)

**ensuring** [38:17](#_bookmark36) [40:18](#_bookmark38)

**Enterprises** [40:6](#_bookmark38)

**enthusiasm** [17:6](#_bookmark15) [33:22](#_bookmark31)

**enthusiastically** [16:10](#_bookmark14)

**entire** [37:13](#_bookmark35)

**environment** [16:14](#_bookmark14) [18:11](#_bookmark16) [25:11](#_bookmark23)

[26:5](#_bookmark24) [37:19](#_bookmark35)

**environmental** [4:5](#_bookmark2)

**environmentally** [8:21](#_bookmark6)

**envision** [37:18](#_bookmark35) [39:12](#_bookmark37)

**epidemic** [27:23](#_bookmark25)

**equipment** [3:16](#_bookmark1) [16:18](#_bookmark14)

**equipped** [21:9](#_bookmark19)

**equitable** [19:14](#_bookmark17)

**equity** [34:17](#_bookmark32)

**ER** [31:19,21](#_bookmark29)

**essential** [27:6](#_bookmark25) [35:8](#_bookmark33)

**establish** [42:11](#_bookmark40)

**established** [27:25](#_bookmark25)

**ethnicity** [33:8](#_bookmark31)

**evening** [2:12,22](#_bookmark0) [6:9,15](#_bookmark4) [9:24](#_bookmark7) [15:18](#_bookmark13)

[19:8](#_bookmark17) [22:4,11](#_bookmark20) [26:22,24](#_bookmark24) [32:24](#_bookmark30) [36:23](#_bookmark34)

[43:21](#_bookmark41)

**evolved** [7:15](#_bookmark5)

**exceeds** [25:21](#_bookmark23)

**excellence** [8:4](#_bookmark6) [10:19](#_bookmark8)

**exceptional** [7:12](#_bookmark5)

**excited** [13:3,16](#_bookmark11)

**exciting** [10:20,21](#_bookmark8) [12:8,24](#_bookmark10) [41:25](#_bookmark39)

**executive** [6:10](#_bookmark4) [26:25](#_bookmark24)

**exist** [18:9](#_bookmark16) [41:24](#_bookmark39)

**existing** [7:21](#_bookmark5) [25:21](#_bookmark23) [26:1](#_bookmark24) [37:11,17,19](#_bookmark35)

**expand** [7:25](#_bookmark5) [8:6](#_bookmark6) [16:21](#_bookmark14) [20:24](#_bookmark18) [21:5,11](#_bookmark19)

**expanded** [34:14](#_bookmark32)

**expansion** [8:23](#_bookmark6) [15:8](#_bookmark13) [17:22](#_bookmark15) [18:10](#_bookmark16)

[19:1](#_bookmark17) [37:17](#_bookmark35)

**expect** [5:8](#_bookmark3) [11:3](#_bookmark9) [28:15](#_bookmark26) [40:13](#_bookmark38) [42:17](#_bookmark40)

**expectation** [42:13](#_bookmark40)

**expedited** [23:18](#_bookmark21)

**expenditure** [3:11,23](#_bookmark1) [14:8](#_bookmark12) [37:4](#_bookmark35)

**expenditures** [4:6](#_bookmark2)

**expensive** [7:20](#_bookmark5)

**experience** [4:20](#_bookmark2) [5:4,13](#_bookmark3) [16:8,16](#_bookmark14) [26:6](#_bookmark24)

[31:13](#_bookmark29)

**expert** [25:10](#_bookmark23)

**express** [15:21](#_bookmark13) [17:5,7](#_bookmark15)

**expressed** [31:13](#_bookmark29)

**extend** [30:18](#_bookmark28)

**extended-length** [25:15](#_bookmark23)

**extension** [15:6](#_bookmark13)

**extensive** [25:13](#_bookmark23) [29:13](#_bookmark27)

**extreme** [17:6](#_bookmark15)

**F**

**Fabiola** [2:19](#_bookmark0)

**face** [20:5](#_bookmark18) [27:22](#_bookmark25)

**facilities** [21:6,16](#_bookmark19) [34:16](#_bookmark32) [38:2](#_bookmark36)

**facility** [8:5,9,13,18](#_bookmark6) [22:23](#_bookmark20) [23:17](#_bookmark21)

[24:22](#_bookmark22) [25:4,6,25](#_bookmark23) [29:7](#_bookmark27) [31:12](#_bookmark29) [37:11](#_bookmark35)

[40:24](#_bookmark38)

**facing** [21:3](#_bookmark19) [37:11](#_bookmark35)

**factors** [4:6](#_bookmark2)

**fall** [31:9](#_bookmark29)

**families** [7:9,10,11,17](#_bookmark5) [8:2,21](#_bookmark6) [9:9](#_bookmark7)

[10:14](#_bookmark8) [13:6](#_bookmark11) [14:17](#_bookmark12) [16:9,12,14,18,22](#_bookmark14)

[19:13,20](#_bookmark17) [20:11](#_bookmark18) [22:20](#_bookmark20) [23:10,15](#_bookmark21) [25:12,](#_bookmark23)

[15](#_bookmark23) [26:4,6,14](#_bookmark24) [32:17](#_bookmark30) [34:3](#_bookmark32) [35:7](#_bookmark33) [39:17,](#_bookmark37)

[21](#_bookmark37) [40:15,17](#_bookmark38) [41:17](#_bookmark39)

**family** [16:13](#_bookmark14) [19:23](#_bookmark17) [27:24](#_bookmark25) [35:4](#_bookmark33) [37:10](#_bookmark35)

**family-friendly** [25:25](#_bookmark23)

**fantastic** [20:7](#_bookmark18)

**feasibility** [4:4](#_bookmark2)

**federally** [19:10](#_bookmark17)

**Federation** [15:2](#_bookmark13)

**feel** [5:18](#_bookmark3) [13:17](#_bookmark11) [14:20](#_bookmark12) [25:17](#_bookmark23)

**feeling** [25:17](#_bookmark23)

**feet** [3:16](#_bookmark1)

**felt** [22:1](#_bookmark20)

**filing** [3:5](#_bookmark1)

**fill** [32:16](#_bookmark30)

**fillings** [29:18](#_bookmark27)

**finally** [8:22](#_bookmark6) [10:6](#_bookmark8) [15:2](#_bookmark13) [21:18](#_bookmark19) [39:23](#_bookmark37)

**financial** [4:4](#_bookmark2) [20:5](#_bookmark18)

**find** [32:2](#_bookmark30)

**finding** [3:4](#_bookmark1)

**firsthand** [10:11](#_bookmark8) [27:11](#_bookmark25)

**fit** [32:3](#_bookmark30)

**fit-out** [3:15](#_bookmark1)

**floor** [5:13](#_bookmark3)

**flow** [16:15](#_bookmark14)

**flows** [16:16](#_bookmark14)

**focus** [27:20](#_bookmark25) [35:1](#_bookmark33) [36:7](#_bookmark34) [42:7](#_bookmark40)

**focusing** [11:19](#_bookmark9)

**follow** [29:18](#_bookmark27)

**fore** [20:24](#_bookmark18)

**Forest** [5:22](#_bookmark3)

**forget** [11:1](#_bookmark9)

**forgetting** [12:12](#_bookmark10)

**fortunate** [14:16](#_bookmark12)

**forward** [12:10,16](#_bookmark10) [13:22](#_bookmark11) [28:20](#_bookmark26) [36:10](#_bookmark34)

[42:22](#_bookmark40)

**founded** [6:23](#_bookmark4) [19:10](#_bookmark17) [22:13](#_bookmark20)

**founder** [40:8,10](#_bookmark38)

**founding** [7:19](#_bookmark5)

**fourth** [8:24](#_bookmark6) [30:4,14](#_bookmark28)

**Franciscan** [3:8,17](#_bookmark1) [6:11,16,23](#_bookmark4) [7:15](#_bookmark5)

[9:3,25](#_bookmark7) [10:8,11,17,20](#_bookmark8) [11:9](#_bookmark9) [12:2,9](#_bookmark10) [14:8](#_bookmark12)

[15:11,20](#_bookmark13) [16:1,20](#_bookmark14) [17:1,16](#_bookmark15) [18:10](#_bookmark16) [19:2](#_bookmark17)

[20:13](#_bookmark18) [21:2,5,11,15,18,23](#_bookmark19) [22:22](#_bookmark20) [23:3](#_bookmark21)

[24:7,19,23](#_bookmark22) [25:3,9,19,24](#_bookmark23) [26:9,13](#_bookmark24) [27:3,](#_bookmark25)

[18](#_bookmark25) [29:4,11,22](#_bookmark27) [31:4](#_bookmark29) [33:2,23](#_bookmark31) [34:5,19](#_bookmark32)

[35:8](#_bookmark33) [37:4,5,9,15](#_bookmark35) [38:6,15](#_bookmark36) [39:4,16](#_bookmark37)

[40:7,14](#_bookmark38) [41:15,19](#_bookmark39) [42:5](#_bookmark40)

**Franciscan's** [10:4,6,19](#_bookmark8) [11:16,19](#_bookmark9)

[12:13](#_bookmark10) [14:25](#_bookmark12) [16:9](#_bookmark14) [17:22](#_bookmark15) [26:11](#_bookmark24)

**frankly** [18:25](#_bookmark16) [23:13](#_bookmark21) [31:16](#_bookmark29) [32:3,9](#_bookmark30)

**free** [5:18](#_bookmark3)

**freestanding** [33:4](#_bookmark31)

**frequently** [34:23](#_bookmark32)

**friendly** [37:11](#_bookmark35)

**friends** [10:3](#_bookmark8)

**full** [5:16](#_bookmark3) [23:6](#_bookmark21) [34:8](#_bookmark32) [39:21](#_bookmark37)

**fullest** [9:6](#_bookmark7) [25:20](#_bookmark23)

**fully** [21:4](#_bookmark19)

**funding** [12:7](#_bookmark10) [21:20](#_bookmark19) [22:1](#_bookmark20)

**funds** [21:24](#_bookmark19)

**future** [8:1](#_bookmark6) [12:16](#_bookmark10) [21:17](#_bookmark19) [26:15](#_bookmark24) [40:16](#_bookmark38)

**G**

**gain** [32:11](#_bookmark30)

**games** [10:5](#_bookmark8)

**gap** [39:23](#_bookmark37)

**gaps** [38:8](#_bookmark36)

**gather** [4:8](#_bookmark2)

**general** [6:3](#_bookmark4) [31:21](#_bookmark29)

**generated** [11:24](#_bookmark9)

**generation** [37:21](#_bookmark35)

**generations** [26:15](#_bookmark24) [40:16](#_bookmark38)

**give** [5:12](#_bookmark3) [33:14](#_bookmark31)

**giving** [6:20](#_bookmark4)

**global** [8:17](#_bookmark6)

**goal** [8:2](#_bookmark6)

**goals** [8:5](#_bookmark6)

**Goldstein** [2:21](#_bookmark0)

**Gomes** [41:3,5,7,8](#_bookmark39)

**good** [2:12](#_bookmark0) [6:15](#_bookmark4) [12:25](#_bookmark10) [15:18](#_bookmark13) [18:19](#_bookmark16)

[19:8](#_bookmark17) [26:22](#_bookmark24) [32:24](#_bookmark30) [36:23](#_bookmark34) [43:21](#_bookmark41)

**governing** [3:25](#_bookmark1)

**government** [3:10](#_bookmark1)

**Grace** [24:16,18](#_bookmark22)

**Gracie** [14:13,22](#_bookmark12)

**Granada** [27:4,16](#_bookmark25) [28:11](#_bookmark26)

**great** [6:14](#_bookmark4) [12:21](#_bookmark10) [33:21](#_bookmark31) [36:25](#_bookmark34)

**greater** [10:22](#_bookmark8)

**greatest** [13:20](#_bookmark11)

**greatly** [6:1](#_bookmark4) [20:24](#_bookmark18)

**gross** [3:16](#_bookmark1)

**ground** [39:1](#_bookmark37)

**group** [7:10](#_bookmark5) [26:25](#_bookmark24) [41:9](#_bookmark39)

**groups** [11:11](#_bookmark9)

**growing** [8:25](#_bookmark6) [16:24](#_bookmark14) [26:1](#_bookmark24) [35:6](#_bookmark33) [37:12](#_bookmark35)

**grown** [7:15](#_bookmark5) [17:2](#_bookmark15)

**growth** [16:25](#_bookmark14) [38:21](#_bookmark36)

**gymnasium** [8:20](#_bookmark6)

**H**

**Hampshire** [18:4](#_bookmark16)

**Hampstead** [18:3](#_bookmark16)

**handle** [24:4](#_bookmark22)

**handled** [30:2](#_bookmark28)

**happen** [33:21](#_bookmark31)

**happy** [14:14](#_bookmark12) [28:11](#_bookmark26)

**hard** [32:2](#_bookmark30)

**healing** [38:20](#_bookmark36)

**health** [2:14,18](#_bookmark0) [3:19,20](#_bookmark1) [4:14](#_bookmark2) [5:22](#_bookmark3)

[6:20,25](#_bookmark4) [7:4](#_bookmark5) [8:6,7,17](#_bookmark6) [9:2](#_bookmark7) [11:17,21,25](#_bookmark9)

[12:4,6](#_bookmark10) [14:20](#_bookmark12) [15:5,6](#_bookmark13) [17:21](#_bookmark15) [19:9,10,17,](#_bookmark17)

[18](#_bookmark17) [20:1,6](#_bookmark18) [21:2,4,8,12,13](#_bookmark19) [22:13,14,15,](#_bookmark20)

[17](#_bookmark20) [23:1,4,12,18,23](#_bookmark21) [24:12](#_bookmark22) [26:12](#_bookmark24)

[27:19,21,25](#_bookmark25) [28:1,3,7,8](#_bookmark26) [31:2,8,12](#_bookmark29)

[32:9,13](#_bookmark30) [33:7,11,12](#_bookmark31) [34:1,9,16,22](#_bookmark32) [37:7,](#_bookmark35)

[12,20,25](#_bookmark35) [38:18,21,24](#_bookmark36) [39:6,19](#_bookmark37) [40:7,10](#_bookmark38)

[42:3,6,9](#_bookmark40)

**health-related** [13:22](#_bookmark11)

**healthcare** [10:16](#_bookmark8) [15:7,13,25](#_bookmark13) [16:22](#_bookmark14)

[19:15](#_bookmark17) [20:22](#_bookmark18) [21:8,17](#_bookmark19) [23:8](#_bookmark21) [37:6,24](#_bookmark35)

[38:3](#_bookmark36)

**healthier** [19:13](#_bookmark17)

**healthy** [9:12](#_bookmark7) [33:14](#_bookmark31)

**hear** [2:16](#_bookmark0) [4:9](#_bookmark2) [5:11](#_bookmark3) [9:16,24](#_bookmark7) [12:19](#_bookmark10)

[35:19](#_bookmark33) [36:23](#_bookmark34) [41:5,6](#_bookmark39)

**heard** [21:22](#_bookmark19)

**hearing** [2:23,24](#_bookmark0) [3:1](#_bookmark1) [4:8,17,18](#_bookmark2) [43:18,](#_bookmark41)

[21](#_bookmark41)

**hearings** [4:19](#_bookmark2)

**heart** [14:11,12](#_bookmark12)

**heavily** [28:2](#_bookmark26)

**heels** [23:14](#_bookmark21)

**helped** [10:7](#_bookmark8)

**helping** [9:4](#_bookmark7) [25:12](#_bookmark23)

**high** [38:10](#_bookmark36)

**high-quality** [9:10](#_bookmark7) [34:8](#_bookmark32) [39:21](#_bookmark37)

**higher** [42:14](#_bookmark40)

**highest** [19:25](#_bookmark17) [22:17](#_bookmark20)

**hired** [40:5](#_bookmark38)

**historically** [14:23](#_bookmark12)

**history** [9:25](#_bookmark7) [12:9](#_bookmark10) [15:10](#_bookmark13) [33:6](#_bookmark31)

**hockey** [10:5](#_bookmark8)

**hold** [10:25](#_bookmark8) [28:6](#_bookmark26) [42:2](#_bookmark40)

**holding** [2:24](#_bookmark0) [11:4](#_bookmark9)

**home** [25:14](#_bookmark23) [31:15](#_bookmark29) [32:6](#_bookmark30) [38:22](#_bookmark36) [39:14](#_bookmark37)

[42:15](#_bookmark40)

**homes** [25:15](#_bookmark23)

**Honan** [33:20](#_bookmark31)

**honor** [33:15](#_bookmark31)

**hope** [11:4,16,22](#_bookmark9) [36:9](#_bookmark34)

**hospital** [3:9,17](#_bookmark1) [6:11,17](#_bookmark4) [7:2,24](#_bookmark5) [9:25](#_bookmark7)

[10:2,12,15,17,21](#_bookmark8) [11:10,20,22](#_bookmark9) [12:3,10](#_bookmark10)

[14:8,13,24](#_bookmark12) [15:9,11](#_bookmark13) [16:23](#_bookmark14) [17:15](#_bookmark15) [18:3](#_bookmark16)

[20:10,19,20](#_bookmark18) [21:24](#_bookmark19) [23:16](#_bookmark21) [24:10](#_bookmark22) [27:3](#_bookmark25)

[28:12](#_bookmark26) [29:25](#_bookmark27) [31:3,11,16](#_bookmark29) [32:4,7](#_bookmark30) [33:2,3](#_bookmark31)

[37:2,4,23](#_bookmark35) [38:6,7](#_bookmark36) [40:5](#_bookmark38) [41:15,23](#_bookmark39)

**hospital's** [21:25](#_bookmark19) [26:10](#_bookmark24) [27:20](#_bookmark25) [39:18](#_bookmark37)

[42:7](#_bookmark40)

**hospitalization** [18:7](#_bookmark16)

**hospitalized** [32:11](#_bookmark30)

**house** [8:10](#_bookmark6) [9:21,22,23](#_bookmark7) [27:4,16](#_bookmark25) [28:11](#_bookmark26)

**housing** [12:4,18](#_bookmark10) [13:5,9,14,20](#_bookmark11) [36:4](#_bookmark34)

**huge** [18:6](#_bookmark16) [26:3](#_bookmark24)

**I**

**ideations** [38:13](#_bookmark36)

**identification** [35:2](#_bookmark33) [39:2](#_bookmark37)

**identify** [19:23](#_bookmark17)

**illness** [8:15](#_bookmark6) [38:4,12](#_bookmark36)

**imagine** [29:16](#_bookmark27)

**immigration** [20:4](#_bookmark18)

**impact** [4:5](#_bookmark2) [22:1](#_bookmark20) [26:15](#_bookmark24) [39:17](#_bookmark37) [40:16](#_bookmark38)

**impacted** [13:19](#_bookmark11)

**impacts** [27:21](#_bookmark25)

**importance** [11:19](#_bookmark9) [40:3](#_bookmark38)

**important** [11:15](#_bookmark9) [17:6](#_bookmark15) [28:20](#_bookmark26) [40:13](#_bookmark38)

[42:23](#_bookmark40)

**importantly** [30:8](#_bookmark28)

**impossible** [29:21](#_bookmark27)

**improve** [16:13,16](#_bookmark14) [26:6](#_bookmark24) [34:3](#_bookmark32)

**improved** [16:15](#_bookmark14) [35:1](#_bookmark33)

**Improvement** [41:11](#_bookmark39)

**in-person** [4:19](#_bookmark2)

**inadequate** [38:8](#_bookmark36)

**inception** [41:16](#_bookmark39)

**include** [3:17](#_bookmark1) [8:18](#_bookmark6) [38:19,23](#_bookmark36)

**includes** [3:15](#_bookmark1)

**including** [4:2](#_bookmark2) [8:11,19](#_bookmark6) [34:10](#_bookmark32) [39:13](#_bookmark37)

**income-restricted** [13:9](#_bookmark11)

**increase** [13:10](#_bookmark11) [26:7](#_bookmark24) [30:7](#_bookmark28) [34:8,15](#_bookmark32)

[38:14](#_bookmark36) [39:17](#_bookmark37)

**increased** [15:4](#_bookmark13) [16:13](#_bookmark14) [20:24](#_bookmark18) [21:13](#_bookmark19)

**increasing** [14:19](#_bookmark12) [17:1](#_bookmark15)

**increasingly** [7:16](#_bookmark5)

**incredible** [10:9](#_bookmark8)

**individualized** [25:10](#_bookmark23)

**individuals** [6:9](#_bookmark4) [13:6](#_bookmark11) [17:25](#_bookmark15) [18:9](#_bookmark16)

[19:12](#_bookmark17) [34:18](#_bookmark32)

**inequities** [20:6](#_bookmark18)

**information** [4:9,12](#_bookmark2) [6:5](#_bookmark4)

**informed** [11:11](#_bookmark9)

**initiative** [12:1](#_bookmark10) [28:4,7](#_bookmark26) [32:9](#_bookmark30) [42:3](#_bookmark40)

**injuries** [16:6](#_bookmark14)

**innovation** [39:1](#_bookmark37)

**inpatient** [7:3](#_bookmark5) [8:10](#_bookmark6) [17:24](#_bookmark15) [18:7](#_bookmark16) [23:16,](#_bookmark21)

[19](#_bookmark21) [25:2](#_bookmark23) [31:11](#_bookmark29) [32:6](#_bookmark30) [34:10](#_bookmark32) [40:1,9,11](#_bookmark38)

**inpatients** [7:8](#_bookmark5)

**institution** [23:7](#_bookmark21) [37:5](#_bookmark35) [41:22](#_bookmark39) [42:21](#_bookmark40)

**institutions** [28:1](#_bookmark26)

**insurance** [20:3](#_bookmark18)

**integral** [28:14](#_bookmark26) [42:16](#_bookmark40)

**integrate** [38:25](#_bookmark36)

**integrated** [19:14](#_bookmark17) [39:22](#_bookmark37)

**intellectual** [3:21](#_bookmark1) [8:11](#_bookmark6) [17:18](#_bookmark15) [23:24](#_bookmark21)

[29:11](#_bookmark27)

**intended** [4:10](#_bookmark2)

**intending** [3:11](#_bookmark1)

**intensive** [17:20](#_bookmark15) [18:8,13](#_bookmark16) [22:25](#_bookmark20) [40:1](#_bookmark38)

**intensively** [36:8](#_bookmark34)

**interested** [4:9](#_bookmark2)

**internationally** [15:8](#_bookmark13)

**intervention** [22:18](#_bookmark20)

**intra-disciplinary** [26:8](#_bookmark24)

**invest** [28:2](#_bookmark26)

**invested** [28:8](#_bookmark26) [42:4](#_bookmark40)

**investigator** [40:8](#_bookmark38)

**investing** [28:4](#_bookmark26)

**investment** [9:9](#_bookmark7) [16:20](#_bookmark14) [26:11,14](#_bookmark24)

[30:19](#_bookmark28) [38:5](#_bookmark36) [39:16](#_bookmark37) [40:14](#_bookmark38) [42:11,18,20](#_bookmark40)

**investments** [11:10](#_bookmark9) [22:2](#_bookmark20) [28:16,18](#_bookmark26)

[42:15](#_bookmark40)

**invite** [12:17](#_bookmark10)

**invited** [9:14](#_bookmark7)

**involved** [7:8](#_bookmark5) [11:8](#_bookmark9)

**Island** [18:3](#_bookmark16)

**issue** [18:22](#_bookmark16) [28:13](#_bookmark26) [42:23](#_bookmark40)

**issues** [13:22](#_bookmark11) [28:21](#_bookmark26)

**Italian** [39:13](#_bookmark37)

**J**

**Jewish** [12:6](#_bookmark10)

**Joe** [6:15](#_bookmark4)

**join** [40:13](#_bookmark38)

**joined** [36:3](#_bookmark34)

**Joining** [2:19](#_bookmark0)

**Joseph** [6:10,14](#_bookmark4)

**joy** [25:17](#_bookmark23)

**justification** [4:3](#_bookmark2)

**K**

**keeping** [9:11](#_bookmark7)

**Kelley** [2:21](#_bookmark0)

**Kevin** [32:22,24](#_bookmark30)

**key** [4:6](#_bookmark2)

**kid** [9:4](#_bookmark7)

**kids** [9:9](#_bookmark7) [10:4,10,16](#_bookmark8) [24:5](#_bookmark22) [29:21](#_bookmark27) [30:9](#_bookmark28)

**kind** [24:6](#_bookmark22)

**Kitchen** [12:6](#_bookmark10)

**Kyra** [15:16,18](#_bookmark13)

**L**

**lack** [7:22](#_bookmark5)

**lacking** [23:5](#_bookmark21)

**lacks** [8:17](#_bookmark6)

**landscape** [37:6](#_bookmark35)

**language** [7:12](#_bookmark5) [19:25](#_bookmark17)

**largely** [7:17](#_bookmark5)

**Larger** [16:17](#_bookmark14)

**largest** [7:2](#_bookmark5)

**lastly** [11:15](#_bookmark9)

**laying** [39:1](#_bookmark37)

**lead** [19:13](#_bookmark17)

**leader** [7:4](#_bookmark5) [9:23](#_bookmark7) [29:22](#_bookmark27)

**leaders** [26:25](#_bookmark24) [40:13](#_bookmark38)

**leadership** [8:17](#_bookmark6) [25:1](#_bookmark23) [33:21,22](#_bookmark31)

**league** [10:4,5](#_bookmark8)

**learning** [39:8](#_bookmark37) [40:10](#_bookmark38)

**leave** [32:5](#_bookmark30)

**leaving** [38:2](#_bookmark36)

**left** [5:10](#_bookmark3) [32:18](#_bookmark30)

**length** [5:18](#_bookmark3)

**lengthy** [5:15](#_bookmark3) [25:16](#_bookmark23)

**levels** [38:9,24](#_bookmark36)

**licensed** [3:17](#_bookmark1) [27:12](#_bookmark25)

**life** [25:7,20](#_bookmark23) [41:13](#_bookmark39)

**limit** [5:9](#_bookmark3) [20:23](#_bookmark18)

**limited** [4:3](#_bookmark2)

**limits** [7:21](#_bookmark5)

**linguistic** [20:5](#_bookmark18)

**listen-only** [2:4](#_bookmark0)

**live** [9:6](#_bookmark7) [13:6,11](#_bookmark11) [14:6,16](#_bookmark12) [19:16,22](#_bookmark17)

[25:19](#_bookmark23) [33:8](#_bookmark31)

**lives** [9:6](#_bookmark7) [19:13](#_bookmark17) [26:3](#_bookmark24) [34:3](#_bookmark32)

**living** [18:23](#_bookmark16)

**local** [11:5,6,21](#_bookmark9) [34:24](#_bookmark32) [42:15](#_bookmark40)

**located** [6:17](#_bookmark4) [11:20](#_bookmark9) [27:2,5](#_bookmark25) [38:1](#_bookmark36)

**locating** [37:13](#_bookmark35)

**location** [14:24](#_bookmark12) [37:14](#_bookmark35)

**logistics** [4:18](#_bookmark2)

**long** [9:25](#_bookmark7) [10:11](#_bookmark8) [12:9](#_bookmark10) [23:5,22](#_bookmark21) [33:6](#_bookmark31)

**long-lasting** [26:15](#_bookmark24) [40:15](#_bookmark38)

**long-standing** [20:18](#_bookmark18)

**long-term** [37:24](#_bookmark35)

**longer** [18:5](#_bookmark16) [23:20](#_bookmark21) [31:15](#_bookmark29)

**longtime** [27:8](#_bookmark25)

**Longwood** [14:17](#_bookmark12)

**lose** [12:13](#_bookmark10)

**loud** [31:23](#_bookmark29)

**love** [26:9](#_bookmark24)

**Lynn** [2:20](#_bookmark0)

**M made** [4:15](#_bookmark2) [11:12](#_bookmark9) [22:2](#_bookmark20)

**mailed** [5:20](#_bookmark3)

**maintain** [7:21](#_bookmark5)

**major** [17:23](#_bookmark15)

**majority** [9:23](#_bookmark7) [19:16](#_bookmark17) [34:20](#_bookmark32)

**make** [3:11](#_bookmark1) [6:11](#_bookmark4) [13:13](#_bookmark11) [16:11](#_bookmark14) [17:23](#_bookmark15)

[26:3,5](#_bookmark24) [28:16](#_bookmark26) [31:10](#_bookmark29) [32:2,5](#_bookmark30) [36:7](#_bookmark34) [42:18](#_bookmark40)

[43:2,9,15](#_bookmark41)

**manage** [4:23](#_bookmark2)

**market** [7:4](#_bookmark5) [29:22](#_bookmark27)

**Marlborough** [5:23](#_bookmark3)

**Mass** [22:23](#_bookmark20)

**Massachusetts** [2:13](#_bookmark0) [4:13](#_bookmark2) [5:21,23](#_bookmark3)

[9:21](#_bookmark7) [14:6](#_bookmark12) [22:12](#_bookmark20) [26:13](#_bookmark24) [29:24](#_bookmark27) [30:16](#_bookmark28)

[33:5,12](#_bookmark31) [34:3](#_bookmark32) [38:10,11](#_bookmark36) [39:20](#_bookmark37)

**Masshealth** [7:7](#_bookmark5)

**matches** [8:3](#_bookmark6)

**material** [28:16](#_bookmark26) [42:18](#_bookmark40)

**matters** [19:15](#_bookmark17)

**Matthew** [40:5](#_bookmark38)

**Mauch** [22:7,9](#_bookmark20)

**maximum** [3:23](#_bookmark1)

**Mayor** [33:19](#_bookmark31)

**Mayor's** [12:18](#_bookmark10) [13:14](#_bookmark11)

**Mclaughlin** [14:3,5,6](#_bookmark12)

**meaningfully** [28:15](#_bookmark26) [42:17](#_bookmark40)

**means** [9:4](#_bookmark7)

**Medford** [14:6](#_bookmark12)

**Medicaid** [18:5](#_bookmark16) [34:21](#_bookmark32)

**Medicaid-eligible** [34:18](#_bookmark32)

**medical** [3:2,7,18](#_bookmark1) [4:1](#_bookmark2) [6:25](#_bookmark4) [7:8](#_bookmark5) [8:14](#_bookmark6)

[9:2](#_bookmark7) [10:2](#_bookmark8) [14:17](#_bookmark12) [15:22](#_bookmark13) [22:22](#_bookmark20) [23:3](#_bookmark21)

[24:19,21](#_bookmark22) [25:1,2](#_bookmark23) [26:3](#_bookmark24) [29:6,14](#_bookmark27) [33:1,7](#_bookmark31)

[34:9,21](#_bookmark32) [37:7](#_bookmark35) [40:22](#_bookmark38)

**medically** [16:24](#_bookmark14) [24:3](#_bookmark22) [25:4,14](#_bookmark23) [34:2](#_bookmark32)

**meet** [7:16](#_bookmark5) [8:1,25](#_bookmark6) [10:13](#_bookmark8) [20:12,13,24](#_bookmark18)

[21:14,16](#_bookmark19) [22:3](#_bookmark20) [23:7](#_bookmark21) [26:1](#_bookmark24) [28:11](#_bookmark26) [30:15,](#_bookmark28)

[19](#_bookmark28) [37:11](#_bookmark35) [41:20](#_bookmark39)

**meeting** [2:1](#_bookmark0) [4:23](#_bookmark2) [43:25](#_bookmark41)

**meetings** [4:16](#_bookmark2)

**Melanie** [14:3,5](#_bookmark12)

**member** [9:22](#_bookmark7) [15:3](#_bookmark13)

**members** [19:17](#_bookmark17) [27:1](#_bookmark25)

**mental** [3:19,20](#_bookmark1) [6:25](#_bookmark4) [7:4](#_bookmark5) [8:6,7](#_bookmark6) [9:2](#_bookmark7)

[21:13](#_bookmark19) [22:13,14,17](#_bookmark20) [23:3,12,18,23](#_bookmark21)

[31:8,12](#_bookmark29) [32:13](#_bookmark30) [33:7](#_bookmark31) [34:1,8,22](#_bookmark32) [37:7,20,](#_bookmark35)

[23,25](#_bookmark35) [38:2,4,12,18,24](#_bookmark36) [39:6](#_bookmark37)

**merged** [21:23](#_bookmark19)

**met** [14:17](#_bookmark12)

**Michael** [9:15,20](#_bookmark7) [41:19](#_bookmark39)

**Mihalick** [15:16,18,19](#_bookmark13)

**mile** [28:11](#_bookmark26)

**miles** [14:16](#_bookmark12)

**million** [10:8](#_bookmark8) [11:24](#_bookmark9)

**mine** [32:13](#_bookmark30)

**minimum** [42:12](#_bookmark40)

**minor** [10:4,5](#_bookmark8)

**minutes** [5:9,11](#_bookmark3) [6:5](#_bookmark4) [35:16](#_bookmark33) [43:16](#_bookmark41)

**mission** [6:21](#_bookmark4) [7:13](#_bookmark5) [12:12,14](#_bookmark10) [19:12](#_bookmark17)

[20:15](#_bookmark18) [26:10](#_bookmark24) [29:12](#_bookmark27)

**Mitchell** [6:10,12,14,15](#_bookmark4)

**mode** [2:4](#_bookmark0)

**moderated** [4:22](#_bookmark2)

**moderator** [4:22](#_bookmark2) [5:12](#_bookmark3)

**modernization** [8:22](#_bookmark6) [34:7](#_bookmark32) [35:7](#_bookmark33)

**modernize** [34:4](#_bookmark32)

**modernized** [10:12](#_bookmark8) [41:20](#_bookmark39)

**money** [13:18](#_bookmark11)

**month** [18:24](#_bookmark16) [23:21](#_bookmark21)

**months** [14:12](#_bookmark12) [30:12](#_bookmark28)

**Moran** [9:15,16,18,20](#_bookmark7) [33:20](#_bookmark31) [36:3](#_bookmark34)

**Moran's** [41:19](#_bookmark39)

**motto** [9:3](#_bookmark7)

**move** [12:16](#_bookmark10)

**much-needed** [36:10](#_bookmark34)

**multiple** [29:17](#_bookmark27)

**mute** [5:12](#_bookmark3)

**muted** [5:5](#_bookmark3)

**N**

**nation** [16:8](#_bookmark14) [40:18](#_bookmark38)

**nationally** [6:24](#_bookmark4)

**needed** [7:25](#_bookmark5) [23:6](#_bookmark21) [24:2](#_bookmark22)

**needing** [16:6,7](#_bookmark14) [25:5](#_bookmark23) [26:8](#_bookmark24)

**neighbor** [6:17](#_bookmark4)

**neighborhood** [11:18,20](#_bookmark9) [12:6](#_bookmark10) [13:5,](#_bookmark11)

[12,21](#_bookmark11) [27:11,24](#_bookmark25) [28:17](#_bookmark26) [41:11,16,17](#_bookmark39)

[42:4,19](#_bookmark40)

**neighborhoods** [37:8](#_bookmark35)

**net** [3:19,21](#_bookmark1) [7:5](#_bookmark5)

**network** [40:11](#_bookmark38)

**neurodevelopmental** [17:18,25](#_bookmark15)

[34:11](#_bookmark32) [39:25](#_bookmark37)

**neurodivergent** [32:2](#_bookmark30)

**neurological** [32:14](#_bookmark30)

**neurologist** [17:14](#_bookmark15)

**news** [21:12](#_bookmark19)

**night** [32:4](#_bookmark30)

**non-profit** [19:10](#_bookmark17) [35:25](#_bookmark33)

**non-profits** [27:5](#_bookmark25)

**Northeast** [25:4](#_bookmark23)

**notice** [5:1](#_bookmark3)

**number** [2:6](#_bookmark0) [17:23](#_bookmark15) [18:6](#_bookmark16) [43:3,8](#_bookmark41)

**nurse** [24:19,24,25](#_bookmark22) [25:2](#_bookmark23)

**NVD** [18:9](#_bookmark16)

**O**

**objections** [2:8](#_bookmark0)

**occupational** [16:2](#_bookmark14)

**October** [3:6](#_bookmark1) [23:21](#_bookmark21)

**off-campus** [13:10](#_bookmark11)

**offer** [39:8](#_bookmark37)

**offered** [34:6](#_bookmark32)

**office** [12:18](#_bookmark10) [13:13,14](#_bookmark11) [33:19](#_bookmark31)

**Officer** [6:10](#_bookmark4) [40:7](#_bookmark38)

**officials** [6:7](#_bookmark4) [9:14](#_bookmark7) [11:7](#_bookmark9)

**ongoing** [34:23](#_bookmark32)

**open** [6:3](#_bookmark4) [14:4,11](#_bookmark12) [15:17](#_bookmark13) [17:12](#_bookmark15) [19:7](#_bookmark17)

[22:8](#_bookmark20) [24:17](#_bookmark22) [26:21](#_bookmark24) [28:25](#_bookmark26) [30:25](#_bookmark28) [32:23](#_bookmark30)

[35:18](#_bookmark33) [36:22](#_bookmark34) [41:4](#_bookmark39)

**operating** [8:24](#_bookmark6) [29:25](#_bookmark27) [30:18](#_bookmark28) [37:17](#_bookmark35)

**operation** [42:1](#_bookmark40)

**Operator** [2:3](#_bookmark0) [14:2,3](#_bookmark12) [15:14,16](#_bookmark13) [17:9,](#_bookmark15)

[11](#_bookmark15) [19:4,6](#_bookmark17) [22:5,7](#_bookmark20) [24:14,16](#_bookmark22) [26:18,20](#_bookmark24)

[28:22,24](#_bookmark26) [30:22,24](#_bookmark28) [32:20,22](#_bookmark30) [35:10,12,](#_bookmark33)

[17](#_bookmark33) [36:14,16,21](#_bookmark34) [41:1,3,6](#_bookmark39) [42:24](#_bookmark40) [43:1,7,](#_bookmark41)

[14,22](#_bookmark41)

**opinions** [4:9](#_bookmark2)

**opioid** [27:23](#_bookmark25) [28:1,9](#_bookmark26)

**opportunities** [41:24](#_bookmark39)

**opportunity** [6:7,20](#_bookmark4) [15:24](#_bookmark13) [17:7](#_bookmark15) [19:3](#_bookmark17)

[22:4,11](#_bookmark20) [26:23](#_bookmark24) [29:5](#_bookmark27) [35:5](#_bookmark33) [40:17,25](#_bookmark38)

[41:7](#_bookmark39)

**orally** [5:24](#_bookmark3)

**order** [2:25](#_bookmark0) [31:11](#_bookmark29)

**organization** [15:10](#_bookmark13) [33:15](#_bookmark31) [41:12](#_bookmark39)

**organizations** [11:7](#_bookmark9) [15:25](#_bookmark13) [27:10](#_bookmark25)

**original** [7:19](#_bookmark5)

**ORS** [30:2,6](#_bookmark28)

**out-of-state** [18:5](#_bookmark16)

**outdated** [7:20](#_bookmark5)

**outline** [11:3](#_bookmark9)

**outlined** [10:18](#_bookmark8)

**outlining** [27:21](#_bookmark25)

**outpatient** [7:3](#_bookmark5) [8:10](#_bookmark6) [18:8](#_bookmark16) [40:1](#_bookmark38)

**outreach** [38:19](#_bookmark36) [39:10](#_bookmark37)

**oversee** [16:1](#_bookmark14)

**overwhelming** [14:20](#_bookmark12) [25:17](#_bookmark23)

**P**

**p.m.** [2:1](#_bookmark0) [43:25](#_bookmark41)

**pain** [30:13](#_bookmark28)

**pandemic** [14:19](#_bookmark12) [20:25](#_bookmark18) [21:1,14](#_bookmark19)

[23:13](#_bookmark21) [31:8](#_bookmark29)

**paramount** [30:19](#_bookmark28)

**parent** [33:1](#_bookmark31)

**parents** [11:7](#_bookmark9) [25:13](#_bookmark23) [39:11](#_bookmark37)

**part** [11:13,15](#_bookmark9) [25:8](#_bookmark23) [28:3,14](#_bookmark26) [29:12](#_bookmark27)

[30:3](#_bookmark28) [42:16](#_bookmark40)

**partial** [18:7](#_bookmark16)

**partial-day** [40:1](#_bookmark38)

**participants** [2:4](#_bookmark0)

**participate** [2:23](#_bookmark0)

**participating** [27:9](#_bookmark25) [43:21,23](#_bookmark41)

**participation** [6:2](#_bookmark4)

**parties** [4:9](#_bookmark2)

**partner** [19:12](#_bookmark17)

**partners** [20:9,13](#_bookmark18) [38:7](#_bookmark36)

**partnerships** [39:13](#_bookmark37)

**passed** [43:16](#_bookmark41)

**passionate** [7:13](#_bookmark5) [25:11](#_bookmark23) [26:10](#_bookmark24) [27:16](#_bookmark25)

[29:9](#_bookmark27)

**past** [9:21](#_bookmark7) [24:24](#_bookmark22) [31:7](#_bookmark29)

**pathologists** [16:3](#_bookmark14)

**patient** [7:22](#_bookmark5) [16:15](#_bookmark14) [20:4,9](#_bookmark18) [21:9](#_bookmark19) [25:9,](#_bookmark23)

[19](#_bookmark23) [26:7](#_bookmark24) [30:11](#_bookmark28) [34:23](#_bookmark32) [41:21](#_bookmark39)

**patient/family** [26:5](#_bookmark24)

**patients** [3:20](#_bookmark1) [7:7,11](#_bookmark5) [8:2,8](#_bookmark6) [16:3,4,5,6,](#_bookmark14)

[9,12,14](#_bookmark14) [17:2,5,17,21](#_bookmark15) [18:2,4,15,22,23](#_bookmark16)

[19:11,17,19,21](#_bookmark17) [20:3,20](#_bookmark18) [21:6](#_bookmark19) [23:21](#_bookmark21)

[25:15](#_bookmark23) [26:4,8](#_bookmark24) [30:6](#_bookmark28) [34:11,20](#_bookmark32) [38:10](#_bookmark36)

[39:18,20](#_bookmark37)

**pause** [5:13](#_bookmark3) [43:12](#_bookmark41)

**pay** [20:4,17](#_bookmark18)

**pays** [33:8](#_bookmark31)

**pediatric** [3:18,19,20](#_bookmark1) [6:24](#_bookmark4) [7:1,3](#_bookmark5) [8:7,](#_bookmark6)

[25](#_bookmark6) [15:6](#_bookmark13) [16:25](#_bookmark14) [20:20](#_bookmark18) [21:11](#_bookmark19) [29:2,3,23,](#_bookmark27)

[25](#_bookmark27) [30:5,11,17](#_bookmark28) [33:5](#_bookmark31) [34:1,11](#_bookmark32) [39:22](#_bookmark37)

**people** [5:10](#_bookmark3) [22:16](#_bookmark20) [23:19,23](#_bookmark21) [24:4](#_bookmark22)

[25:11](#_bookmark23) [33:12](#_bookmark31) [36:5](#_bookmark34) [40:11](#_bookmark38)

**percent** [7:6](#_bookmark5) [11:24](#_bookmark9) [13:10](#_bookmark11) [16:24](#_bookmark14) [19:19,](#_bookmark17)

[21,23,24](#_bookmark17) [23:22,24,25](#_bookmark21) [24:2,3,5](#_bookmark22) [29:23](#_bookmark27)

[42:12](#_bookmark40)

**percentage** [42:14](#_bookmark40)

**period** [36:19](#_bookmark34) [43:5,16](#_bookmark41)

**periods** [23:22](#_bookmark21)

**permitted** [4:11](#_bookmark2)

**perpetuating** [38:3](#_bookmark36)

**persistent** [38:3](#_bookmark36)

**person** [3:10](#_bookmark1)

**phone** [2:7](#_bookmark0) [5:5](#_bookmark3) [36:18](#_bookmark34) [43:3](#_bookmark41)

**physical** [15:20](#_bookmark13) [16:2](#_bookmark14) [29:10](#_bookmark27) [38:18](#_bookmark36)

**pillar** [41:16](#_bookmark39)

**place** [18:17,18](#_bookmark16) [31:17,21](#_bookmark29) [32:17](#_bookmark30) [38:20](#_bookmark36)

**placement** [31:12,25](#_bookmark29) [32:6](#_bookmark30)

**placements** [17:21](#_bookmark15)

**places** [21:1](#_bookmark19) [38:1](#_bookmark36)

**plan** [4:21](#_bookmark2) [8:22](#_bookmark6) [21:5](#_bookmark19) [22:24](#_bookmark20) [30:3](#_bookmark28) [34:7,](#_bookmark32)

[13](#_bookmark32) [35:5,8](#_bookmark33)

**planned** [18:10](#_bookmark16) [38:15](#_bookmark36)

**planning** [4:4](#_bookmark2) [24:7](#_bookmark22)

**plans** [38:23](#_bookmark36)

**plate** [28:16](#_bookmark26) [42:18](#_bookmark40)

**pleasure** [24:23](#_bookmark22)

**poignant** [23:10](#_bookmark21)

**point** [35:3,14](#_bookmark33) [36:19](#_bookmark34)

**points** [17:23](#_bookmark15)

**political** [27:10](#_bookmark25)

**population** [16:23](#_bookmark14) [18:13](#_bookmark16) [20:5](#_bookmark18) [21:9](#_bookmark19)

[34:20,23](#_bookmark32) [40:2](#_bookmark38)

**populations** [8:11](#_bookmark6)

**portfolio** [39:1](#_bookmark37)

**portion** [2:5](#_bookmark0)

**position** [16:1](#_bookmark14) [25:1](#_bookmark23)

**positive** [36:9](#_bookmark34)

**post-acute** [25:3](#_bookmark23) [34:9](#_bookmark32)

**postal** [5:19](#_bookmark3)

**postoperative** [16:6](#_bookmark14)

**potential** [9:6](#_bookmark7) [12:23](#_bookmark10) [25:20](#_bookmark23)

**poverty** [19:22](#_bookmark17)

**practically** [18:23](#_bookmark16)

**practice** [18:23](#_bookmark16)

**practicing** [29:8](#_bookmark27)

**practitioners** [31:20](#_bookmark29)

**pre-pandemic** [23:14](#_bookmark21)

**precludes** [42:13](#_bookmark40)

**prefer** [12:3](#_bookmark10)

**preparing** [4:13](#_bookmark2)

**present** [5:15](#_bookmark3) [6:5](#_bookmark4) [35:15](#_bookmark33)

**presentation** [6:6](#_bookmark4)

**Presente** [39:14](#_bookmark37)

**presented** [5:24](#_bookmark3)

**presenter** [43:6](#_bookmark41)

**president** [6:10,16](#_bookmark4) [22:12](#_bookmark20) [29:4](#_bookmark27) [32:25](#_bookmark30)

**press** [2:6](#_bookmark0) [4:24](#_bookmark2) [14:1](#_bookmark12) [43:3,8](#_bookmark41)

**pressure** [13:6,12](#_bookmark11)

**preventing** [22:15](#_bookmark20)

**prevention** [22:18](#_bookmark20) [34:15](#_bookmark32) [35:1](#_bookmark33) [39:2](#_bookmark37)

**preventive** [20:25](#_bookmark18)

**Previously** [18:2](#_bookmark16)

**prices** [13:7](#_bookmark11)

**primary** [8:5](#_bookmark6) [19:15](#_bookmark17) [20:12](#_bookmark18) [27:20](#_bookmark25) [42:7](#_bookmark40)

**principal** [40:8](#_bookmark38)

**principals** [39:10](#_bookmark37)

**prior** [32:10](#_bookmark30)

**priorities** [28:9](#_bookmark26)

**priority** [22:17](#_bookmark20) [28:1](#_bookmark26)

**private** [7:23](#_bookmark5) [8:20](#_bookmark6) [16:12](#_bookmark14) [26:4](#_bookmark24)

**privilege** [9:20](#_bookmark7)

**privileged** [32:25](#_bookmark30)

**problem** [4:20](#_bookmark2)

**process** [3:25](#_bookmark1) [4:4,19](#_bookmark2) [6:2](#_bookmark4) [10:25](#_bookmark8) [11:9,](#_bookmark9)

[14,23](#_bookmark9) [12:10](#_bookmark10) [28:6](#_bookmark26) [36:7,12](#_bookmark34) [42:1](#_bookmark40)

**professional** [30:17](#_bookmark28)

**profile** [31:18](#_bookmark29) [32:2](#_bookmark30)

**profiles** [32:15](#_bookmark30)

**program** [2:15,17](#_bookmark0) [3:10,25](#_bookmark1) [4:6,12](#_bookmark2) [8:6](#_bookmark6)

[18:1](#_bookmark16) [22:10](#_bookmark20) [27:5,25](#_bookmark25) [31:20](#_bookmark29) [34:21](#_bookmark32)

**programs** [8:10](#_bookmark6) [16:19](#_bookmark14) [17:24](#_bookmark15) [18:4,8,](#_bookmark16)

[20](#_bookmark16) [34:5,15](#_bookmark32) [38:20,23](#_bookmark36) [39:7,13](#_bookmark37) [40:1,2](#_bookmark38)

**project** [3:8,13,14,15,22](#_bookmark1) [4:4,10,15](#_bookmark2) [6:6](#_bookmark4)

[11:11,24](#_bookmark9) [12:24](#_bookmark10) [13:16](#_bookmark11) [15:2,23](#_bookmark13) [17:6](#_bookmark15)

[21:21](#_bookmark19) [28:19](#_bookmark26) [32:15](#_bookmark30) [34:15](#_bookmark32) [36:10](#_bookmark34) [37:9](#_bookmark35)

[39:20,23](#_bookmark37) [40:13](#_bookmark38) [42:10,15,21,23](#_bookmark40)

**project's** [42:12](#_bookmark40)

**projects** [12:5](#_bookmark10) [21:21](#_bookmark19) [25:24](#_bookmark23)

**promise** [28:7](#_bookmark26)

**promises** [42:2](#_bookmark40)

**promote** [2:25](#_bookmark0) [33:11](#_bookmark31) [34:16](#_bookmark32)

**promoting** [22:14](#_bookmark20)

**prompt** [2:7](#_bookmark0)

**proposal** [33:18](#_bookmark31)

**propose** [8:6,12](#_bookmark6)

**proposed** [3:8,15,22](#_bookmark1) [4:10,15](#_bookmark2) [6:6,12](#_bookmark4)

[8:5,9](#_bookmark6) [9:8](#_bookmark7) [16:20](#_bookmark14) [18:1](#_bookmark16) [25:24](#_bookmark23) [26:11](#_bookmark24) [30:3](#_bookmark28)

[37:9](#_bookmark35) [38:23](#_bookmark36) [39:16](#_bookmark37) [40:3](#_bookmark38)

**proud** [25:7](#_bookmark23)

**provide** [3:14](#_bookmark1) [6:7,21](#_bookmark4) [10:9](#_bookmark8) [16:3,12](#_bookmark14)

[17:22](#_bookmark15) [20:2,10](#_bookmark18) [22:4](#_bookmark20) [25:12,18](#_bookmark23) [27:5](#_bookmark25)

[35:2](#_bookmark33)

**provided** [36:3](#_bookmark34)

**provider** [6:24](#_bookmark4) [7:6](#_bookmark5) [15:9](#_bookmark13) [17:17](#_bookmark15) [20:12](#_bookmark18)

**providers** [7:3](#_bookmark5) [18:20](#_bookmark16) [21:14](#_bookmark19) [31:13](#_bookmark29)

[37:21](#_bookmark35) [38:9,24](#_bookmark36)

**providing** [7:4](#_bookmark5) [8:4](#_bookmark6) [19:11](#_bookmark17) [20:15](#_bookmark18) [27:7,](#_bookmark25)

[17](#_bookmark25) [29:23](#_bookmark27) [34:10](#_bookmark32) [37:19](#_bookmark35)

**psychiatric** [23:18](#_bookmark21)

**Psychiatrist** [37:22](#_bookmark35)

**Psychiatry** [37:1](#_bookmark35)

**public** [2:5,6,13,18,25](#_bookmark0) [4:8,14,16](#_bookmark2) [5:22](#_bookmark3)

[6:3,20](#_bookmark4) [31:2](#_bookmark29) [33:11](#_bookmark31) [35:13](#_bookmark33) [36:17,18](#_bookmark34)

[43:2,4,8,9,15,18,21](#_bookmark41)

**pursuant** [3:1](#_bookmark1)

**pursuing** [7:24](#_bookmark5)

**put** [4:25](#_bookmark2)

**putting** [13:12](#_bookmark11)

**Q**

**qualified** [19:10](#_bookmark17) [24:8](#_bookmark22)

**quality** [29:10](#_bookmark27) [41:13](#_bookmark39)

**question** [4:11](#_bookmark2)

**questions** [4:11](#_bookmark2)

**queue** [2:5](#_bookmark0) [4:23,25](#_bookmark2) [5:1](#_bookmark3) [35:12,13,17](#_bookmark33)

[36:16,17,18](#_bookmark34) [43:1,3,8,10,14,17](#_bookmark41)

**quickly** [12:23](#_bookmark10)

**R**

**race** [33:8](#_bookmark31) [40:19](#_bookmark38)

**range** [16:5](#_bookmark14) [18:6](#_bookmark16) [39:21](#_bookmark37)

**rapidly** [17:1](#_bookmark15)

**rate** [19:25](#_bookmark17)

**rates** [38:9,12](#_bookmark36)

**rationale** [6:22](#_bookmark4)

**ravaged** [27:23](#_bookmark25)

**reach** [16:21](#_bookmark14) [39:17](#_bookmark37)

**read** [21:12](#_bookmark19)

**real** [11:13](#_bookmark9) [28:10,18](#_bookmark26) [42:20](#_bookmark40)

**reasonableness** [4:5](#_bookmark2)

**receipt** [3:2](#_bookmark1)

**receive** [9:5,8](#_bookmark7) [20:20](#_bookmark18) [32:10,18](#_bookmark30)

**received** [10:2](#_bookmark8)

**receives** [25:10](#_bookmark23)

**receiving** [29:20](#_bookmark27)

**recent** [11:16](#_bookmark9)

**recently** [40:5](#_bookmark38)

**recognition** [38:17](#_bookmark36)

**recognize** [41:23](#_bookmark39)

**recognized** [6:24](#_bookmark4)

**Recognizes** [11:19](#_bookmark9)

**recommendation** [4:13](#_bookmark2)

**record** [2:7](#_bookmark0) [5:7](#_bookmark3) [13:23](#_bookmark11)

**recorded** [2:8](#_bookmark0) [4:24](#_bookmark2)

**recovery** [16:6](#_bookmark14) [27:4](#_bookmark25) [38:21](#_bookmark36)

**recruitment** [40:12](#_bookmark38)

**recruitments** [40:4](#_bookmark38)

**reduce** [8:8](#_bookmark6)

**refer** [2:16](#_bookmark0)

**reflects** [20:1](#_bookmark18)

**region** [25:4](#_bookmark23) [37:9](#_bookmark35)

**registered** [24:24](#_bookmark22)

**regulation** [3:5,12](#_bookmark1)

**regulations** [3:24](#_bookmark1)

**rehab** [16:4,21](#_bookmark14) [17:5](#_bookmark15)

**rehabilitation** [7:2](#_bookmark5) [8:13,19](#_bookmark6) [10:13](#_bookmark8)

[16:19](#_bookmark14) [34:9](#_bookmark32)

**rehabilitative** [3:18](#_bookmark1) [15:19](#_bookmark13) [16:25](#_bookmark14) [25:5](#_bookmark23)

[26:2](#_bookmark24) [34:1](#_bookmark32) [37:13](#_bookmark35)

**related** [17:19](#_bookmark15)

**relationship** [15:10](#_bookmark13)

**relevant** [4:12](#_bookmark2)

**relief** [15:12](#_bookmark13)

**rely** [20:12](#_bookmark18) [41:18](#_bookmark39)

**remain** [27:14](#_bookmark25)

**remained** [7:17](#_bookmark5)

**remarks** [5:16,18](#_bookmark3) [22:4](#_bookmark20) [33:10](#_bookmark31)

**remember** [11:23](#_bookmark9)

**reminder** [13:25](#_bookmark11) [43:7,19](#_bookmark41)

**remote** [14:24](#_bookmark12)

**Renaud** [2:10,12,13](#_bookmark0) [9:13,17](#_bookmark7) [12:17,20](#_bookmark10)

[13:25](#_bookmark11) [15:14](#_bookmark13) [17:9](#_bookmark15) [19:4](#_bookmark17) [22:5](#_bookmark20) [24:14](#_bookmark22)

[26:18,23](#_bookmark24) [28:22](#_bookmark26) [30:22](#_bookmark28) [32:20](#_bookmark30) [35:10,14,](#_bookmark33)

[20](#_bookmark33) [36:14,19,24](#_bookmark34) [41:1](#_bookmark39) [42:24](#_bookmark40) [43:5,16](#_bookmark41)

**renovate** [21:5](#_bookmark19)

**renowned** [15:8](#_bookmark13)

**rent** [13:7](#_bookmark11)

**repaired** [14:13](#_bookmark12)

**represent** [2:13](#_bookmark0)

**representative** [6:4](#_bookmark4) [9:15,19](#_bookmark7) [10:7](#_bookmark8)

[12:25](#_bookmark10) [36:3](#_bookmark34)

**Representatives** [33:20](#_bookmark31)

**representing** [9:21](#_bookmark7) [26:24](#_bookmark24) [41:9](#_bookmark39)

**reputation** [8:3](#_bookmark6)

**request** [6:9](#_bookmark4)

**require** [26:2](#_bookmark24) [30:20](#_bookmark28) [37:16](#_bookmark35)

**required** [9:1](#_bookmark7)

**requirements** [42:11](#_bookmark40)

**requires** [3:10](#_bookmark1) [25:10](#_bookmark23) [34:23](#_bookmark32)

**requiring** [14:11](#_bookmark12) [37:12](#_bookmark35)

**research** [22:19](#_bookmark20) [34:15](#_bookmark32) [38:25](#_bookmark36) [39:2](#_bookmark37)

[40:9](#_bookmark38)

**residence** [5:6](#_bookmark3)

**resident** [27:8](#_bookmark25) [35:22](#_bookmark33) [41:8](#_bookmark39)

**residential** [27:4](#_bookmark25)

**residents** [13:19,20](#_bookmark11) [27:22](#_bookmark25) [28:17](#_bookmark26) [41:9](#_bookmark39)

[42:9,19](#_bookmark40)

**resolve** [4:20](#_bookmark2)

**resources** [8:17](#_bookmark6) [13:1,3,4](#_bookmark11) [24:11](#_bookmark22)

**respective** [33:24](#_bookmark31)

**respond** [23:6](#_bookmark21) [24:11](#_bookmark22)

**responding** [27:25](#_bookmark25)

**response** [5:21](#_bookmark3) [22:25](#_bookmark20) [41:21](#_bookmark39)

**responsibility** [10:22](#_bookmark8)

**restrict** [34:17](#_bookmark32)

**result** [11:10](#_bookmark9)

**resulting** [3:21](#_bookmark1)

**retiring** [27:14](#_bookmark25)

**revenue** [10:8](#_bookmark8)

**review** [4:19](#_bookmark2)

**reviewed** [3:3](#_bookmark1)

**reviewing** [41:12](#_bookmark39)

**revitalize** [22:23](#_bookmark20) [24:22](#_bookmark22) [29:7](#_bookmark27) [30:3](#_bookmark28)

[40:24](#_bookmark38)

**Rhode** [18:3](#_bookmark16)

**rich** [20:2](#_bookmark18)

**Richard** [35:17,18,22](#_bookmark33)

**rising** [30:19](#_bookmark28)

**risk** [23:15](#_bookmark21)

**River** [19:9,18](#_bookmark17) [20:8,14,18](#_bookmark18) [21:2,4](#_bookmark19)

**Robert** [2:21](#_bookmark0)

**robust** [11:6](#_bookmark9) [18:18](#_bookmark16)

**room** [8:24](#_bookmark6) [30:18](#_bookmark28) [31:10,14](#_bookmark29) [37:17](#_bookmark35)

**rooms** [7:23](#_bookmark5) [8:8,20](#_bookmark6) [16:12](#_bookmark14) [26:4](#_bookmark24) [30:1](#_bookmark28)

**Rouse** [35:17,19,21,22](#_bookmark33)

**S**

**sadly** [18:10](#_bookmark16)

**safe** [9:10,12](#_bookmark7) [31:15](#_bookmark29)

**safety** [7:5](#_bookmark5) [18:22](#_bookmark16)

**sales** [13:7](#_bookmark11)

**Sarah** [17:11,13](#_bookmark15)

**scary** [31:23](#_bookmark29)

**school** [15:3](#_bookmark13) [34:25](#_bookmark32) [41:18](#_bookmark39)

**school-based** [7:3](#_bookmark5) [34:14](#_bookmark32) [39:6,9](#_bookmark37)

**schools** [39:7](#_bookmark37)

**Sciences** [37:1](#_bookmark35)

**seconds** [5:10](#_bookmark3)

**seek** [16:18](#_bookmark14) [28:2](#_bookmark26)

**send** [18:2](#_bookmark16)

**Senior** [15:19](#_bookmark13)

**sensory** [31:24](#_bookmark29)

**serve** [7:9](#_bookmark5) [9:23](#_bookmark7) [16:4](#_bookmark14) [17:4](#_bookmark15) [19:20](#_bookmark17) [21:6,9](#_bookmark19)

[25:9](#_bookmark23) [29:13](#_bookmark27) [32:25](#_bookmark30) [35:6,23](#_bookmark33) [39:7](#_bookmark37) [41:10](#_bookmark39)

**served** [10:6](#_bookmark8) [11:18](#_bookmark9) [19:18](#_bookmark17) [36:6](#_bookmark34) [41:16](#_bookmark39)

**serves** [23:3](#_bookmark21) [34:19](#_bookmark32) [41:12](#_bookmark39)

**service** [5:19](#_bookmark3) [21:25](#_bookmark19) [27:20](#_bookmark25) [42:7](#_bookmark40)

**services** [6:21](#_bookmark4) [7:4](#_bookmark5) [8:1](#_bookmark6) [10:9](#_bookmark8) [16:21](#_bookmark14)

[18:6,12,13](#_bookmark16) [19:24](#_bookmark17) [20:9](#_bookmark18) [21:7](#_bookmark19) [22:24](#_bookmark20)

[25:5](#_bookmark23) [27:6,7,10,17](#_bookmark25) [29:4](#_bookmark27) [30:9,14,20](#_bookmark28)

[32:8,9,11,13,18](#_bookmark30) [34:1,6,17](#_bookmark32) [36:3](#_bookmark34) [37:16,](#_bookmark35)

[19](#_bookmark35) [38:8](#_bookmark36) [39:6,22](#_bookmark37)

**serving** [9:20](#_bookmark7) [25:4](#_bookmark23) [33:6](#_bookmark31) [37:6](#_bookmark35) [40:11](#_bookmark38)

**session** [4:11](#_bookmark2)

**set** [4:2](#_bookmark2) [32:9](#_bookmark30)

**setting** [29:19](#_bookmark27)

**Seventy** [7:6](#_bookmark5)

**severe** [30:12](#_bookmark28)

**severely** [7:20](#_bookmark5) [23:13](#_bookmark21)

**shape** [13:17](#_bookmark11)

**share** [21:22](#_bookmark19) [35:5](#_bookmark33)

**Sheila** [36:4](#_bookmark34)

**Shelia** [12:18](#_bookmark10)

**short** [5:4](#_bookmark3) [37:24](#_bookmark35)

**shortage** [18:11](#_bookmark16)

**shows** [42:8](#_bookmark40)

**Siegel** [40:5,8](#_bookmark38)

**signal** [38:16](#_bookmark36)

**signature** [8:13](#_bookmark6)

**significant** [13:21](#_bookmark11) [18:22](#_bookmark16) [20:5,11](#_bookmark18)

[38:5,11](#_bookmark36) [39:12](#_bookmark37)

**significantly** [7:21](#_bookmark5) [8:6](#_bookmark6)

**silence** [5:4](#_bookmark3)

**similar** [20:15](#_bookmark18)

**simple** [29:18](#_bookmark27)

**simply** [24:1](#_bookmark22)

**single** [31:12](#_bookmark29)

**Siobhian** [28:24](#_bookmark26) [29:2](#_bookmark27)

**sister** [7:24](#_bookmark5)

**sit** [29:18](#_bookmark27)

**situation** [18:21](#_bookmark16)

**situational** [29:14](#_bookmark27)

**skillfully** [23:5](#_bookmark21)

**skills** [40:20](#_bookmark38)

**slight** [5:13](#_bookmark3)

**social** [14:21](#_bookmark12) [27:10,12](#_bookmark25) [34:22](#_bookmark32) [42:9](#_bookmark40)

**social-emotional** [38:21](#_bookmark36)

**solely** [30:1](#_bookmark28)

**solutions** [37:24](#_bookmark35)

**soon-to-be** [14:14](#_bookmark12)

**sound** [5:11](#_bookmark3)

**Sounds** [29:21](#_bookmark27)

**space** [38:23](#_bookmark36)

**spaces** [8:19](#_bookmark6) [16:13](#_bookmark14) [26:5](#_bookmark24)

**sparing** [27:24](#_bookmark25)

**speak** [5:7](#_bookmark3) [6:9,20](#_bookmark4) [7:11](#_bookmark5) [12:18](#_bookmark10) [22:11,21](#_bookmark20)

[27:11](#_bookmark25) [29:5](#_bookmark27) [37:2](#_bookmark35)

**speaker** [5:3,4,13](#_bookmark3) [9:14](#_bookmark7) [14:2,3](#_bookmark12) [15:15](#_bookmark13)

[17:10,11](#_bookmark15) [19:5,6](#_bookmark17) [22:6,7](#_bookmark20) [24:15,16](#_bookmark22)

[26:19,20](#_bookmark24) [28:23,24](#_bookmark26) [30:23,24](#_bookmark28) [32:21,22](#_bookmark30)

[35:11](#_bookmark33) [36:15](#_bookmark34) [41:2,3](#_bookmark39) [42:25](#_bookmark40) [43:17](#_bookmark41)

**speakers** [5:8,9,14](#_bookmark3) [35:12,15](#_bookmark33) [36:20](#_bookmark34)

**speaking** [4:23](#_bookmark2) [17:15](#_bookmark15)

**special** [6:25](#_bookmark4) [15:3](#_bookmark13) [21:8](#_bookmark19) [30:11](#_bookmark28)

**specialized** [9:5](#_bookmark7) [25:18](#_bookmark23) [26:2](#_bookmark24) [33:25](#_bookmark31)

[34:10](#_bookmark32)

**specialties** [38:1](#_bookmark36)

**specialty** [6:16](#_bookmark4) [8:10](#_bookmark6) [20:10,20](#_bookmark18) [23:9](#_bookmark21)

[24:2,6](#_bookmark22)

**specifically** [27:20](#_bookmark25) [42:7](#_bookmark40)

**spectrum** [17:14](#_bookmark15) [23:24](#_bookmark21) [29:17](#_bookmark27) [31:6,22](#_bookmark29)

[32:14](#_bookmark30)

**speech** [16:3](#_bookmark14)

**Spence** [17:11,13](#_bookmark15)

**spent** [12:1,3](#_bookmark10) [27:13](#_bookmark25) [31:24](#_bookmark29)

**spinal** [16:5](#_bookmark14)

**Sprott** [28:24](#_bookmark26) [29:1,2](#_bookmark27)

**square** [3:16](#_bookmark1)

**Stacy** [36:21,25](#_bookmark34)

**staff** [3:3](#_bookmark1) [7:12](#_bookmark5) [16:9,16](#_bookmark14) [17:5](#_bookmark15) [18:19,21,](#_bookmark16)

[22](#_bookmark16) [19:2](#_bookmark17) [20:7](#_bookmark18) [22:9](#_bookmark20) [24:25](#_bookmark22) [26:6](#_bookmark24) [40:25](#_bookmark38)

**standards** [4:2](#_bookmark2)

**standing** [2:3](#_bookmark0)

**star** [2:6](#_bookmark0) [4:24](#_bookmark2) [14:1](#_bookmark12) [35:13](#_bookmark33) [36:17](#_bookmark34) [43:2,3,](#_bookmark41)

[7,9,15](#_bookmark41)

**start** [6:12](#_bookmark4) [33:14](#_bookmark31)

**state** [8:9](#_bookmark6) [9:15](#_bookmark7) [10:7,8](#_bookmark8) [18:2](#_bookmark16) [23:17,20](#_bookmark21)

[30:5](#_bookmark28) [33:6](#_bookmark31) [34:24](#_bookmark32) [37:8](#_bookmark35) [38:6,16](#_bookmark36)

**state-of-the-art** [8:3,19](#_bookmark6) [16:18](#_bookmark14) [17:3](#_bookmark15)

[25:25](#_bookmark23) [37:10,18](#_bookmark35) [38:22](#_bookmark36)

**statement** [6:11](#_bookmark4)

**States** [30:10](#_bookmark28)

**stating** [5:6](#_bookmark3)

**status** [20:4](#_bookmark18)

**statute** [3:4,9,24](#_bookmark1)

**stay** [13:18](#_bookmark11)

**staying** [13:2](#_bookmark11)

**steadily** [17:2](#_bookmark15)

**steer** [10:7](#_bookmark8)

**step** [28:15](#_bookmark26) [42:17](#_bookmark40)

**stepping** [24:10](#_bookmark22)

**stigmatization** [38:4](#_bookmark36)

**strains** [13:20](#_bookmark11)

**strawberry** [14:12](#_bookmark12)

**street** [5:22](#_bookmark3) [27:2,3,24](#_bookmark25) [28:10](#_bookmark26) [35:25](#_bookmark33)

**strengthening** [39:12](#_bookmark37)

**strengths** [33:24](#_bookmark31) [38:25](#_bookmark36)

**stretched** [20:23](#_bookmark18)

**strong** [17:16](#_bookmark15) [37:2](#_bookmark35)

**strongly** [17:20](#_bookmark15) [19:1](#_bookmark17) [21:19](#_bookmark19)

**struggle** [38:11](#_bookmark36)

**struggled** [31:7](#_bookmark29)

**students** [13:11](#_bookmark11)

**submit** [5:16,18](#_bookmark3)

**submitted** [3:1](#_bookmark1)

**subsequent** [14:15](#_bookmark12)

**substance** [27:22](#_bookmark25)

**substantial** [3:11](#_bookmark1) [8:16](#_bookmark6) [14:8](#_bookmark12) [24:10](#_bookmark22)

[37:3](#_bookmark35) [38:8](#_bookmark36) [39:23](#_bookmark37)

**suffered** [8:15](#_bookmark6)

**suggest** [5:15](#_bookmark3)

**suicidal** [38:13](#_bookmark36)

**suicide** [38:13](#_bookmark36)

**suite** [5:22](#_bookmark3) [8:23](#_bookmark6)

**summary** [5:16](#_bookmark3)

**support** [14:7,20](#_bookmark12) [15:21](#_bookmark13) [17:7,16](#_bookmark15) [18:14](#_bookmark16)

[19:1](#_bookmark17) [22:21](#_bookmark20) [24:20](#_bookmark22) [28:5](#_bookmark26) [29:5](#_bookmark27) [31:3](#_bookmark29) [32:7](#_bookmark30)

[33:22](#_bookmark31) [37:2](#_bookmark35) [41:21](#_bookmark39) [42:1](#_bookmark40)

**supporter** [32:15](#_bookmark30)

**supporters** [27:1](#_bookmark25)

**supports** [15:5,6](#_bookmark13) [21:4](#_bookmark19)

**surgeries** [14:15](#_bookmark12) [30:1,2](#_bookmark28)

**surgery** [7:5](#_bookmark5) [14:11,23](#_bookmark12) [29:12,23,24](#_bookmark27)

[37:16](#_bookmark35)

**surgical** [8:23](#_bookmark6)

**surrounding** [27:6](#_bookmark25)

**sustainable** [8:21](#_bookmark6)

**symptoms** [38:12](#_bookmark36)

**syndrome** [14:10](#_bookmark12)

**synergistically** [39:5](#_bookmark37)

**system** [20:22](#_bookmark18) [23:8](#_bookmark21) [24:4](#_bookmark22) [33:5](#_bookmark31) [35:1,6](#_bookmark33)

**systems** [34:25](#_bookmark32)

**systems'** [39:6](#_bookmark37)

**T**

**taking** [2:22](#_bookmark0) [9:13,19](#_bookmark7) [10:4](#_bookmark8) [12:15,22](#_bookmark10)

[18:4](#_bookmark16)

**talented** [16:2](#_bookmark14)

**targeted** [34:7](#_bookmark32)

**teachers** [11:7](#_bookmark9) [39:10](#_bookmark37)

**team** [16:2](#_bookmark14) [41:18](#_bookmark39)

**technology** [16:15](#_bookmark14)

**terrible** [31:21,22](#_bookmark29)

**testifiers** [36:2](#_bookmark34)

**testifies** [41:13](#_bookmark39)

**testify** [4:25](#_bookmark2) [5:2,3](#_bookmark3) [14:1](#_bookmark12) [19:3](#_bookmark17) [26:23](#_bookmark24)

[40:25](#_bookmark38) [41:8](#_bookmark39)

**testifying** [15:21](#_bookmark13)

**testimony** [5:15](#_bookmark3)

**text** [5:16](#_bookmark3)

**thanking** [6:19](#_bookmark4) [33:10](#_bookmark31)

**therapeutic** [8:20](#_bookmark6) [16:13](#_bookmark14) [18:12](#_bookmark16)

**therapies** [17:1](#_bookmark15)

**therapist** [15:20](#_bookmark13)

**therapists** [16:2](#_bookmark14)

**therapy** [8:20](#_bookmark6) [15:20](#_bookmark13) [16:10](#_bookmark14)

**thing** [11:16](#_bookmark9)

**things** [11:3](#_bookmark9) [18:7](#_bookmark16) [33:21](#_bookmark31)

**thought** [40:12](#_bookmark38)

**thoughts** [13:24](#_bookmark11)

**three-minute** [5:16](#_bookmark3)

**thrive** [19:13](#_bookmark17) [38:17](#_bookmark36) [40:20](#_bookmark38)

**Tim** [36:4](#_bookmark34)

**time** [2:4,9,22](#_bookmark0) [5:12](#_bookmark3) [9:11](#_bookmark7) [10:20](#_bookmark8) [12:8](#_bookmark10)

[16:22](#_bookmark14) [20:23](#_bookmark18) [23:5,22](#_bookmark21) [26:16](#_bookmark24) [28:12,19](#_bookmark26)

[30:21](#_bookmark28) [32:4](#_bookmark30) [36:20](#_bookmark34) [42:22](#_bookmark40) [43:5,10,15,23](#_bookmark41)

**timely** [17:6](#_bookmark15)

**times** [10:3,21](#_bookmark8) [30:16](#_bookmark28)

**timing** [5:10](#_bookmark3)

**Timothy** [26:20,24](#_bookmark24)

**today** [2:19](#_bookmark0) [4:20,21](#_bookmark2) [8:16](#_bookmark6) [14:13](#_bookmark12) [28:5](#_bookmark26)

[31:3](#_bookmark29)

**today's** [2:5](#_bookmark0) [10:14](#_bookmark8) [41:20](#_bookmark39) [43:22](#_bookmark41)

**told** [5:1,3](#_bookmark3)

**tonight** [22:21](#_bookmark20) [24:20](#_bookmark22) [40:25](#_bookmark38)

**tools** [40:20](#_bookmark38)

**top** [23:16](#_bookmark21)

**total** [3:22](#_bookmark1) [42:12](#_bookmark40)

**town** [5:6](#_bookmark3)

**traditional** [29:19](#_bookmark27)

**training** [15:21](#_bookmark13) [18:19](#_bookmark16) [25:16](#_bookmark23) [37:18](#_bookmark35)

[38:19,24](#_bookmark36)

**transcribed** [4:24](#_bookmark2)

**transcriber** [5:7](#_bookmark3)

**transformation** [40:4](#_bookmark38)

**transformative** [39:2](#_bookmark37)

**traumatized** [19:1](#_bookmark17)

**traveled** [14:18](#_bookmark12)

**treatment** [12:5](#_bookmark10) [16:17](#_bookmark14) [22:19](#_bookmark20) [23:1](#_bookmark21)

[27:1,14,15](#_bookmark25) [35:2,24](#_bookmark33) [37:25](#_bookmark35) [39:3](#_bookmark37)

**tremendous** [16:11](#_bookmark14)

**true** [18:17](#_bookmark16)

**trust** [31:17](#_bookmark29)

**turn** [2:10](#_bookmark0) [5:2](#_bookmark3) [9:19](#_bookmark7) [12:15,22](#_bookmark10)

**types** [20:25](#_bookmark18)

**U**

**unable** [29:18](#_bookmark27) [32:10](#_bookmark30)

**unchanged** [7:18](#_bookmark5)

**underserved** [34:20](#_bookmark32)

**unique** [6:21](#_bookmark4) [12:13](#_bookmark10) [30:9](#_bookmark28) [32:15](#_bookmark30)

**uniquely** [24:8](#_bookmark22)

**unit** [24:19](#_bookmark22) [25:2](#_bookmark23)

**United** [30:10](#_bookmark28)

**units** [26:3](#_bookmark24) [40:11](#_bookmark38)

**unmet** [22:25](#_bookmark20) [23:7,14](#_bookmark21) [24:11](#_bookmark22)

**unmute** [5:5](#_bookmark3)

**unprecedented** [21:3](#_bookmark19) [40:17](#_bookmark38)

**upcoming** [4:16](#_bookmark2)

**updated** [10:12](#_bookmark8) [38:2](#_bookmark36) [41:20](#_bookmark39)

**uphold** [33:16](#_bookmark31)

**utilize** [16:17](#_bookmark14)

**utilizing** [30:6](#_bookmark28)

**V**

**vacated** [38:1](#_bookmark36)

**valuable** [20:18](#_bookmark18)

**values** [6:1](#_bookmark4) [26:10](#_bookmark24)

**variances** [41:13](#_bookmark39)

**ventilators** [16:7](#_bookmark14) [25:7](#_bookmark23)

**vice** [29:3](#_bookmark27)

**Villages** [39:14](#_bookmark37)

**virtual** [4:18](#_bookmark2)

**virtually** [2:24](#_bookmark0)

**vision** [10:18](#_bookmark8)

**Visitors** [10:6](#_bookmark8)

**vital** [21:15](#_bookmark19)

**volunteered** [10:3](#_bookmark8)

**vulnerable** [15:1](#_bookmark13) [19:21](#_bookmark17) [34:18,19](#_bookmark32) [40:2](#_bookmark38)

**W**

**wait** [23:15](#_bookmark21) [30:10,16](#_bookmark28) [35:14](#_bookmark33) [36:19](#_bookmark34) [43:5](#_bookmark41)

**waiting** [23:19,21](#_bookmark21) [24:1,5](#_bookmark22) [31:25](#_bookmark29)

**waitlist** [25:21](#_bookmark23)

**war** [22:24](#_bookmark20)

**Warren** [27:2](#_bookmark25) [35:25](#_bookmark33)

**wean** [16:7](#_bookmark14)

**weather** [32:19](#_bookmark30)

**weeks** [18:24](#_bookmark16) [31:25](#_bookmark29)

**welcoming** [33:18](#_bookmark31)

**wellbeing** [22:15](#_bookmark20) [23:12](#_bookmark21) [26:12](#_bookmark24) [33:12](#_bookmark31)

[39:19](#_bookmark37)

**wholeheartedly** [41:21](#_bookmark39)

**wholly** [24:20](#_bookmark22)

**wider** [21:25](#_bookmark19)

**witnessed** [15:4](#_bookmark13)

**woman** [14:14](#_bookmark12)

**words** [11:23](#_bookmark9) [41:19](#_bookmark39)

**work** [4:20](#_bookmark2) [13:9,15](#_bookmark11) [15:24](#_bookmark13) [16:16](#_bookmark14) [18:20](#_bookmark16)

[19:16](#_bookmark17) [20:7](#_bookmark18) [25:7](#_bookmark23) [33:11,18](#_bookmark31) [36:12](#_bookmark34) [39:1](#_bookmark37)

**worker** [27:12](#_bookmark25)

**workforce** [34:14](#_bookmark32) [37:19](#_bookmark35)

**working** [12:16](#_bookmark10) [13:22](#_bookmark11) [16:9](#_bookmark14) [24:23](#_bookmark22)

[28:20](#_bookmark26) [36:10](#_bookmark34) [42:22](#_bookmark40)

**workplace** [40:4](#_bookmark38)

**works** [20:8](#_bookmark18) [33:15](#_bookmark31)

**world** [10:16](#_bookmark8) [14:18](#_bookmark12) [40:21](#_bookmark38)

**world-class** [8:2](#_bookmark6) [10:15,18,22](#_bookmark8) [41:22,](#_bookmark39)

[25](#_bookmark39)

**worst** [18:17](#_bookmark16)

**wraparound** [32:8](#_bookmark30)

**writing** [5:17,25](#_bookmark3)

**written** [4:16](#_bookmark2) [5:17](#_bookmark3) [43:19](#_bookmark41)

**Wu's** [33:19](#_bookmark31)

**Y**

**year** [10:3](#_bookmark8) [13:11](#_bookmark11) [19:23](#_bookmark17) [30:2](#_bookmark28) [32:10](#_bookmark30)

**years** [7:19](#_bookmark5) [9:22](#_bookmark7) [10:1,5](#_bookmark8) [14:14](#_bookmark12) [17:2](#_bookmark15)

[19:12](#_bookmark17) [21:19](#_bookmark19) [23:16](#_bookmark21) [24:24](#_bookmark22) [26:16](#_bookmark24) [27:8,](#_bookmark25)

[13,18](#_bookmark25) [29:8](#_bookmark27) [31:7](#_bookmark29) [42:5](#_bookmark40)

**young** [14:14](#_bookmark12) [23:22](#_bookmark21)

**youth** [15:5,12](#_bookmark13) [38:11](#_bookmark36) [39:14](#_bookmark37)

**Z**

**zoning** [41:10,13,14](#_bookmark39)