MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of April 19, 2023

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

**PUBLIC HEALTH COUNCIL MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

**Henry I. Bowditch Public Health Council Room, 2nd Floor 250 Washington Street, Boston MA**

**Docket: \*\*\*REMOTE MEETING\*\*\* Wednesday, April 19, 2023 – 9:00AM**

***Note: The April Public Health Council meeting will be held remotely as a video conference consistent with St. 2021, c. 20, s. 20, which provides for certain modifications to the Massachusetts Open Meeting Law.***

Members of the public may listen to the meeting proceedings by using the information below:

Join by Web:

<https://us06web.zoom.us/j/83110642401?pwd=V1Jud1ZUSkhzNVFnSDFpSFRrN0ttQT09>

Dial in Telephone Number: 312-626-6799 Webinar ID: 831 1064 2401

Passcode: 346042

1. **ROUTINE ITEMS**
   1. Introductions.
   2. Updates from Commissioner Robert Goldstein.
   3. Record of the Public Health Council Meeting held March 8, 2023 **(Vote)**.
2. **OTHER ITEMS**
   1. Letter to the public health workforce from the Council **(Vote).**
3. **DETERMINATIONS OF NEED**
   1. Request by Excel Surgery Center, LLC for a substantial change in service **(Vote).**
   2. Request by Navigator Homes of Martha’s Vineyard for a substantial capital expenditure **(Vote).**
4. **INFORMATIONAL PRESENTATIONS**
   1. Update on the 988 Suicide & Crisis Lifeline

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

Attendance and Summary of Votes:

Presented below is a summary of the meeting, including timekeeping, attendance and votes cast.

Date of Meeting: April 19, 2023

Start Time: 9:05 am Ending Time:11:35 am

| **Board Member** | **Attended** | **First Order: Approval of March 8, 2023 Meeting Minutes (Vote)** | **Second Order:**  **Approval of Letter from Council to Local Public Health Workforce (Vote)** | **Third Order:**  **DoN**  **Request by Excel Surgery Center, LLC for a Substantial Change in Service**  **(Vote)** | **Fourth Order:**  **DoN**  **Request by Navigator Homes of Martha’s Vineyard for a Substantial Capital Expenditure**  **(Vote)** |
| --- | --- | --- | --- | --- | --- |
| **Commissioner Robert Goldstein** | Yes | Abstain | Yes | Yes | Yes |
| **Edward Bernstein** | Yes | Yes | Yes | Yes | Yes |
| **Lissette Blondet** | No | Absent | Absent | Absent | Absent |
| **Kathleen Carey** | Yes | Abstain | Yes | Yes | Yes |
| **Secretary Elizabeth Chen** | Yes | Yes | Yes | Yes | Yes |
| **Harold Cox** | Yes | Yes | Yes | Yes | Yes |
| **Alba Cruz-Davis** | Yes | Yes | Yes | Yes | Yes |
| **Michele David** | No | Absent | Absent | Absent | Absent |
| **Elizabeth Evans** | Yes | Yes | Yes | Yes | Yes |
| **Eduardo Haddad** | Yes | Yes | Yes | Yes | Yes |
| **Joanna Lambert** | No | Absent | Absent | Absent | Absent |
| **Stewart Landers** | Yes | Yes | Yes | Yes | Yes |
| **Mary Moscato** | Yes | Yes | Yes | Yes | Recused |
| **Secretary Jon Santiago** | Yes | Yes | Yes | Yes | Yes |
| **Gregory Volturo** | Yes | Yes | Yes | Yes | Yes |
| **Summary** | 12 Members Present;  3 Members Absent | 10 Members Approved;  2 Abstained  3 Absent | 12 Members Approved;  3 Absent | 12 Members Approved;  3 Absent | 11 Members Approved:  3 Absent  1 Recused |

**PROCEEDINGS**

A regular meeting of the Massachusetts Department of Public Health’s Public Health Council (M.G.L. c. 17, §§ 1, 3) was held on Wednesday, April 19, 2023, by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Commissioner Robert Goldstein; Edward Bernstein, MD; Kathleen Carey, PhD; Secretary Elizabeth Chen, PhD; Dean Harold Cox; Alba Cruz-Davis, PhD; Elizabeth Evans, PhD; Eduardo Haddad, MD; Stewart Landers; Mary Moscato; Secretary Jon Santiago, and Gregory Volturo, MD.

Also in attendance was Beth McLaughlin, Acting General Counsel at the Massachusetts Department of Public Health.

Commissioner Goldstein called the meeting to order at 9:05 am and made opening remarks before reviewing the docket.

**1. ROUTINE ITEMS**

*b. Updates from Commissioner Robert Goldstein*

Commissioner Goldstein proceeded to update the council on the following:

**Commissioner Introduction**

Commissioner Goldstein introduced himself to Council members and provided a brief overview of his career.

**Thank you, Commissioner Cooke**

Commissioner Goldstein thanked former Commissioner Margret Cooke for her nearly 25 years of public service, her leadership, and commitment to public health.

**General Counsel Update**

Next, Commissioner Goldstein acknowledged that former General Counsel Rebecca Rodman has left DPH to pursue an opportunity in private practice, and that DPH staff and Council members are so grateful for her legal expertise, management skills, and commitment to public health.

Commissioner Goldstein welcomed Beth McLaughlin as Acting General Counsel.

**End of the Massachusetts Public Health Emergency**

Commissioner Goldstein shared some updates from the Department saying that last month, the Healey-Driscoll Administration announced that the state’s COVID-19 public health emergency will end on May 11, 2023, to align with the planned end of the federal public health emergency.

Since this announcement, Governor Healey has also signed legislation extending key flexibilities provided by the public health emergency, particularly around staffing for the health care industry and emergency medical services.

Staff throughout the Department have also been working behind the scenes over the last few months to prepare all of our programs to incorporate many other flexibilities into ongoing operations, as needed.

He added that it is thanks to the hard work of public health workers, health care providers, and communities across the Commonwealth, that we are now in the position where many of these measures are no longer needed.

He added that our work will continue to make sure those in the Commonwealth have what they need to protect themselves from and manage COVID-19 going forward.

**Xylazine Update**

Commissioner Goldstein said that last week, the White House Office of National Drug Control Policy declared the powerful synthetic opioid fentanyl combined with xylazine – an animal tranquilizer – as an “emerging drug threat” to the United States.

This move marks the first time in history that any administration has declared a substance to be an emerging threat to the country, and this formal designation requires the administration to develop strategies to enhance law enforcement efforts, health interventions, and data collection related to xylazine within 90 days.

On the same day of the White House announcement, the Department’s Bureau of Substance Addiction Services released a Clinical Advisory to all Massachusetts clinical providers to provide an update on the presence of xylazine in the street drug supply in Massachusetts, to educate providers on clinical considerations related to this development, and to offer resources to those in health care and the community.

Notably, it is important to remember that while xylazine is not an opioid, it is often mixed with opioids, so those responding to a person experiencing an overdose should still continue to administer naloxone.

**Narcan Update**

Related, Commissioner Goldstein highlighted a release that came from FDA a few weeks ago approving Narcan nasal spray for over the counter, nonprescription use – this is the first naloxone product approved for use without a prescription.

This action paved the way for a life-saving medication that reverses opioid overdose to be sold directly to consumers over the counter in places like drug stores, convenience stores, grocery stores, and gas stations, as well as online.

While the timeline for the availability - and price - of this product will be determined by the manufacturer, we are very excited about this important development.

**Reproductive Health – Mifepristone**

Finally, Commissioner Goldstein highlighted that last week, following a federal court ruling in Texas that called into question FDA approval of the abortion medication mifepristone, Governor Healey announced bold steps to protect access to reproductive care in the Commonwealth.

At the Governor’s request, the University of Massachusetts and other health care providers throughout the Commonwealth have taken action to stockpile doses of mifepristone, and the Governor issued an Executive Order confirming protections for medication abortion under existing state law.

The Healey-Driscoll Administration has also dedicated $1 million to support providers contracted with DPH to pay for these doses.

At the same time, the Department released guidance implementing this Executive Order – this guidance reaffirms that licensees of the DPH Professional Boards and the Board of Registration in Medicine, as well as licensed health care facilities, including hospitals and clinics, may continue using, prescribing, dispensing, and administering both mifepristone and misoprostol, without fear of state action.

We at the Department join the Governor and Lieutenant Governor in gratitude for the partnership of UMass and of health care providers across the state who agreed to take this urgent action to protect access to care.

Since these announcements, the Justice Department has asked the Supreme Court to stay the lower court’s ruling. A decision by the Court is imminent and we are prepared to respond as-needed.

Commissioner Goldstein affirmed that the Commonwealth of Massachusetts, and the Department of Public Health, continue to recognize access to abortion as a fundamental right and basic healthcare service. And we will continue to work to make sure that all who need access to these services and all those who provide these services have the protection and resources they need.

Upon conclusion of the updates, Commissioner Goldstein asked if the members had any questions.

Dean Cox thanked both former Commissioner Cooke and former General Counsel, Rebecca Rodman for their accomplishments and service.

Mr. Landers asked about the legal implications of stockpiling Mifepristone noting the future court rulings deciding its legality.

Commissioner Goldstein replied that at Governor Healey’s request, UMass Amherst purchased roughly 15,000 doses to have on hand to confirm sufficient doses for the residents of Massachusetts for more than a year. Other health care providers in Massachusetts have also agreed to purchase more doses to make it available.

Acting General Counsel Beth McLaughlin joined by saying that a decision from the Supreme Court is expected by day’s end. Massachusetts is committed to protecting women’s right to reproductive health and its access.

With no further questions, Commissioner Goldstein turned to the docket.

**1****. ROUTINE ITEMS**

*c. March 8, 2023 Minutes* ***(Vote)***

Commissioner Goldstein asked if there were any changes to the March 8, 2023, minutes. There were none.

Commissioner Goldstein asked if there was a motion to approve the March 8, 2023, minutes.

Secretary Chen made the motion, which was seconded by Ms. Moscato. Dr. Carey and Commissioner Goldstein abstained. All other present members approved.

**2. OTHER ITEMS**

1. *Approval of Letter from Public Health Council to Local Public Health Workforce (****Vote****)*

Commissioner Goldstein invited Dean Cox to read the drafted letter.

At the conclusion of the letter, Commissioner Goldstein asked if the members had any questions.

With no questions, Commissioner Goldstein asked for a motion to vote the approval of the Letter from the Council to the Public Health Workforce.

Dr. Bernstein made the motion, which was seconded by Ms. Moscato. All members present approved.

**3. DETERMINATION OF NEED**

1. *Request by Excel Surgery Center, LLC for a Substantial Change in Service (****Vote****)*

Commissioner Goldstein invited Dennis Renaud, Director of the Determination of Need Program, to review the staff recommendation for Excel Surgery Center, LLC’s request for a substantial change in service.

Upon the conclusion of the presentation, Commissioner Goldstein asked the council members if there were any questions or comments.

Ms. Moscato asked the applicant about the planned additional physician and practical nurse mentioned in the proposal, if they are full time and if they, or any additional support staff are pulled from Lawrence General Hospital.

Dr. Rami Rustum, President, Excel Surgery Center, LLC answered that the staffing would be full time, adding one physician trained in pain management and one nurse practitioner. Any additional nursing and support staff would transfer from the current clinic.

Secretary Chen asked the applicant if they will be the first ASC dedicated to pain management.

Dr. Rustum answered that roughly 75% of practicing physicians practice general pain management, i.e., medications and simple injections, and 25% of practitioners who bring pain management to the next level offering the patient more advanced procedures and techniques. This means the same success rate using less invasive procedures for the patient while working collaboratively with the surgeon and orthopedic.

Secretary Chen asked what is in place for any potential adverse events and how this is managed with patients that may be coming from different systems, in this unique ASC setting.

Dr. Rustum said the minimally invasive procedures they offer are low risk and present in the room are a physiologist and practical nurse responsible for monitoring the patient and their vital signs, but the surgery center is prepared for any unforeseen emergency, and in an extreme case, the ASC is situated between two hospitals if transfer is necessary. He said follow-up for patients coming from other systems are sent to the clinic next door and fall under his care.

Dr. Carey said that the application argues that the ASC setting is less costly than HOPDs, and this has been shown to be true, but asked what portion of procedures demonstrate this cost benefit. Also, she asked unlike other ASCs that provide services for established procedures like colonoscopies that are age recommended, pain management holds a subjective factor and understanding that ASCs are physician owned, there is the question of the demand and where it stems from. She pointed out that 30 to 40% of Excel Surgery’s patients are Medicare. She said that the Medicare Payment Advisory Commission is concerned about the growth of pain management ASCs, the largest ASC specialty growth, saying of the 20 most common procedures in ASCs for Medicare beneficiaries, 7 of them are for pain management. She asked again, what portion are cost saving as opposed to more expensive, also are there guidelines for when a surgical procedure is needed.

Dr. Rustum said that when they propose a procedure to a patient, it is after a consultation with a surgeon where it is determined they are not a good candidate for traditional surgery. Working collaboratively with the surgeon, they do not offer procedures if it is determined the traditional surgery is the best alternative. Also, recommended procedures must be within insurance guidelines, and they must acquire approval. Regarding the question of cost, as submitted in the application, the Medicare fee schedule demonstrates that for most procedures the cost, is less in the ASC setting. For common procedures like cortisone shots, these are done in the pain clinic, and not the pain surgery, adding even more cost benefit to the patient.

Ms. Evans commented that the application stated that patients waiting for more traditional surgeries are often placed on opiates for pain management, while the ASC, with its potentially alternative procedures, avoids the initiation of opiates. She asked Dr. Rustum to comment on that and if data tracking will follow to demonstrate this.

Dr. Rustum replied that referrals to their surgery center come from surgeons and general practitioners. In many cases the patient has already been initiated on a narcotic, and elects to stay with that instead of alternative pain remedies. Monitoring the use of the narcotics falls upon the follow-up in the clinic setting, and not the surgery center.

Dr. Bernstein commented his appreciation for the applicant’s commitment to equity and their appreciation in recognizing the strong Hispanic community. Based upon this, he asked about the percentage of Hispanic patients, and how the applicant will maintain Spanish speaking staff and manage interpretation for that community.

Dr. Rustum said that approximately 30 – 35% of their patients are Hispanic. For reasons of communication, 50% of the staff are Spanish-speaking Hispanic. In cases needing interpretation with another language, for a patient that may come from another community, they have reached out to AT&T for translation.

Dr. Bernstein mentioned the importance of congruence between staff and patients, which helps to improve care and outcomes. He noted the importance of a clear understanding of procedures when, as the patient, you are making decisions about your pain management. He then asked how the patient care is integrated with behavioral health.

Dr. Rustum said that the model he hopes to build is a multidisciplinary model working in hand with the patients’ GP, surgeon, orthopedic, and behavioral health professional. When it is noted that a patient is suffering from a behavioral or mental illness, he reaches out to that provider. Also, if a patient is prescribed narcotics, they are sent for evaluations every six months to monitor any potential behavioral changes due to the prescription.

Dr. Bernstein asked Dr. Rustum to comment on the principle of equity and quality.

Dr. Rustum said the quality of their future work will be measured in part by their well-trained staff who are oriented in pain management. He said monthly meetings are held to review cases and determine where needs could have been better met.

With no further questions, Commissioner Goldstein asked for a motion to approve the request by Excel Surgery Center, LLC for a substantial change in service

Dr. Bernstein made the motion, which was seconded by Dr. Haddad. All members present approved.

**3. DETERMINATION OF NEED**

1. *Request by Navigator Homes of Martha’s Vineyard for a Substantial Capital Expenditure (****Vote****)*

Commissioner Goldstein once again invited, Dennis Renaud, Director of the Determination of Need Program to review the staff recommendation for a request by Navigator Homes of Martha’s Vineyard (NHMV) for a substantial capital expenditure.

Ms. Moscato recused herself.

Upon the conclusion of the presentation, Commissioner Goldstein invited Senator Julian Cyr to address the council.

Senator Cyr expressed his support of the Navigator’s Homes’ request.

Upon the conclusion of comments by Senator Cyr, Commissioner Goldstein asked the council members if there were any questions or comments.

Mr. Landers asked how much staff will need housing and how much of the housing will be dedicated to the staff?

David Roush, Vice Chairman of NHMV, answered that 48 units will be built, consisting mostly of one- and two-bedroom units, with a few larger. The program will be run by the hospital and 30 of the units will be dedicated to key staff at Navigator. By subsidizing the cost of the housing, it will create continuity of services by maintaining staff.

Mr. Landers said he would be interested in hearing the details of this innovation as it evolves.

Mr. Roush said the council can be assured that they will be keeping them informed of the progress because it is a very important innovation.

Secretary Chen asked if these apartments will be leased and how is it determined who gets an apartment.

Mr. Roush replied it is a program that will be owned and operated by the hospital and subject to local housing authority oversight. Navigator has access to 30 of the units, with a plan to create subsidization for them. It is up to Navigator to determine who will be awarded a unit. At this time, it is too early to provide details about who will get the housing, but he wanted to ensure the council that there is the intention of subsidization and financial support in terms of the affordability of the housing. The driving force will be the importance of the positions of staff.

Secretary Chen stated that the proposed “greenhouse model” is not only a built environment but a philosophy of operations that depends on the consistency of staffing, particularly for nursing aids. She asked how they plan to adapt the working norms of aids at Windemere to this future state with the universal worker model.

Paddy Moore, Board Member NHMV said the core of the greenhouse model is a real home, a meaningful life, and an empowered staff. The staff will have a very purposeful engagement with elders. They are cross-trained, self-motivated, they make decisions about the allocation of work on any given day, there is a shared commitment to decision making and problem solving. It is not a traditional hierarchal model. They have begun training at Windemere with existing staff and they are excited to utilize the new model.

She continued saying that there are many certified nursing assistants (CNA) on the island who have not been working as CNAs because they do not find the traditional models respectful, or those with special talent feel they are not being utilized. She said they believe that they will be able to recruit more people because of the greenhouse type of work that they will be doing.

Secretary Chen said she sees a very large gap between the median income on the island of $85,000 to what a CNA earns. She was concerned about future staffing with units available for only 30 staff members, and no clear model of housing/staff assignment. She would prefer to see the housing dedicated to CNAs because it will be the hardest for them to find housing and they will be the most needed of staff.

Ms. Moore followed up saying that though it is not officially written down, that is the intention for the housing for all the reasons that Secretary Chen mentioned.

Secretary Chen stated that 85% of the residents at Windemere currently are insured by MassHealth.

Mr. Roush agreed and said it may be higher. All the residents at Windemere have first choice to move to the new Navigator facility.

Secretary Chen asked in their financial model if they intend to keep such a high percentage of MassHealth.

Mr. Roush said that an Independent Feasibility Study determined that over time in a period of years the percentage would be less. He said what the payer mix and composition would be different at the facility. The intention of the facility is to be a destination with compelling services that are open to private pay residents. Under the financial model the MassHealth component will still be a large percentage, but over time there will be an increase in private pay. He said it is projected that MassHealth payers will be 30%.

Secretary Chen said that only 30% is a large gap. She then asked about the ownership structure.

Mr. Roush said that Navigator is the licensee, and the manager of Windemere is the prior owner, Martha’s Vineyard Hospital. Moving to the new facility, Navigator will be the licensee and the owner, and the board will be accountable for governance, and Hebrew Senior Life will be the manager.

Crystal Bloom, counsel for Navigator, said she wanted to address some of Secretary Chen’s concerns around the MassHealth population. She said the current nursing facility is unsustainable with a high MassHealth population. To make the Navigator facility viable, there must be a shift in the payer mix. She corrected the data from Mr. Roush stating that it will not be 30%, but will be 30 people of 70 beds, which is more than 30%. She addressed the workforce housing saying that the program will be run the Dukes County Housing authority. Doing that there will be income thresholds and it will be determined by Dukes to review applications awarding housing subsidies based on income.

Secretary Chen said she is aware of nursing homes that are over 90% Medicare run and they are doing fine. She stated that the idea that a facility cannot be viable with a large MassHealth population is simply not true.

Dr. Carey said she shared Secretary Chen’s concerns around MassHealth but added that she was happy to see the greenhouse model applied.

Dr. Cruz-Davis wanted to echo Secretary Chen’s and Dr. Carey’s concerns regarding the MassHealth patients. She would like to see a projection or confirmation that the percentage of MassHealth patients will remain. She also is happy to see the greenhouse model applied.

Ms. Moore said that they have not discussed the annual $2.5 million loss that the hospital has been supporting the last three years. She regretted that MassHealth was not represented at the council. The board shares the same concerns she said, but she also understands the costs of the island are nearly 20% more than those of Boston. She said they will be happy to share data in the future and if there are better ways to accommodate the MassHealth population, they are committed to doing that.

Mr. Roush wanted to emphasize that one of the homes that they will have will be focused on rehab care, transitional care with Medicare and managed care as the chief payer. But there will be a large number of families and individuals on MassHealth who will be beneficiaries of those programs. In a typical month, at least 30 people will be helped to go from a medical crisis at a hospital and will be able to get safely back home.

Mr. Landers wanted to clarify that the application stated that 28 beds will be Medicaid/MassHealth beds. He asked if that is out of the overall 70 beds, or from the 56 long-term beds.

Mr. Roush said that the 28 beds would be out of the 56 long-term beds.

Mr. Renaud added that one of the proposed conditions the DoN program required is the applicant must demonstrate that island residents are prioritized over off-island residents. They are required to provide monthly reports. They must also submit an annual report differentiating short term admissions and long-term admissions, broken down by payer while showing those who were on island prior to admission, and those who were off-island.

With no further questions, Commissioner Goldstein asked for a motion to approve the request by Navigator Homes of Martha’s Vineyard (NHMV) for a substantial capital expenditure.

Dr. Haddad made the motion, which was seconded by Mr. Landers. All members present approved.

Mary Moscato retuned to the meeting.

1. **INFORMATIONAL PRESENTATIONS**
2. *Update on the 988 Suicide and Crisis Lifeline.*

Commissioner Goldstein invited Kelley Cunningham, Director for the Division of Violence & Injury Prevention, and Danielle Bolduc, Acting Director for the Department’s Suicide Prevention Program, to provide an update on the 988 Suicide Crisis Lifeline.

Upon the conclusion of the presentation, Commissioner Goldstein asked the council members if there were any questions or comments.

Dr. Haddad commented on the volume of calls and questioned how the calls were triaged. He asked if they work hand in hand with the new behavioral health lifelines.

Ms. Cunningham said they are working closely with the Department of Mental Health (DMH). Callers will receive help if they call the Behavioral Help Line or 988. The 988 line operates for non-clinical support. If it is determined during the call that the caller needs clinical support, they will be able to pass off to the behavioral health hotline, or now, a warm hand-off to mobile crisis.

Ms. Bolduc added that 988 represents a safety net for people to call under any circumstance and often there is a satisfactory resolution.

Dr. Bernstein asked for demographic data from the calls.

Ms. Bolduc said because it is an anonymous and confidential service, there is no data that the caller is required to report.

Dr. Bernstein asked about their outreach to communities and where the information for 988 is found.

Ms. Bolduc said there was a marketing campaign based around misinformation from the original launch of 988. That also included some research around certain populations like LGBTQ+ individuals, inquiring about their awareness of the line and likeliness to use it.

Secretary Chen asked about the language line and if they have considered working with community organizations that are linguistically or culturally focused and could potentially be a helpful resource.

Ms. Bolduc agreed the language barrier is a challenge, but 988 is part of a national network so cultural competency is an important piece. 988 does have a prompt for help in Spanish which leads to Spanish speaking staff.

Secretary Chen said she was speaking specifically of the Cambodian population which suffered great trauma. She asked if they could give thought to working with local organizations that are competent in different cultures with speakers of their language.

Ms. Bolduc agreed with Secretary Chen that this is something to be considered.

Dean Cox said when you start to provide a service like this you start to identify other service needs. He asked if they were collecting that data and if they have begun to identify services to be able to refer people to.

Ms. Bolduc said they worked during implementation with the 5 crisis centers, and they have a list of resources that they share with the centers across the state. These are based on social-determinants, or health needs that may exist. If they do not have the resource because of unique circumstances, they leverage their relationship with Mass 211 and the informational referral experts for the state. Through the year they have identified gaps and added resources to the centers’ list.

With no further questions, Commissioner Goldstein stated that this concluded the final agenda item for the day and reminded the council that the next meeting is scheduled for Wednesday, May 17, 2023, at 9 AM.

Commissioner Goldstein asked if there was a motion to adjourn.

Dr. Haddad made the motion which was seconded by Dr. Volturo. All present members approved.

The meeting was adjourned at 11:35 am.