**DRAFT** MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of October 11, 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, October 11, 2023 – 9:00AM**

***Note: The October 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/89283112012?pwd=_3SKKmDlOwCyq3cr6NzeGdvShd270A.2_H_gxVntths28hU>

Dial in Telephone Number: 929-436-2866 Webinar ID: 892 8311 2012

Passcode: 859685

1. **ROUTINE ITEMS**
   1. Introductions.
   2. Updates from Commissioner Robert Goldstein.
   3. Record of the Public Health Council Meeting held September 13, 2023 **(Vote)**.
2. **EMERGENCY REGULATIONS**
   1. Request to amend, on an emergency basis, 105 CMR 700.000, *Implementation of MGL c.94C* **(Vote).**
3. **INFORMATIONAL PRESENTATIONS**
   1. Massachusetts Performance Standards for Local Public Health.
   2. Bureau of Family Health and Nutrition Services and Supports for Families Experiencing Homelessness.

*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: October 11, 2023 - Start Time: 9:01am. Ending Time: 11:18 am.

| **Board Member** | **Attended** | **First Order:**  **Approval of September 13, 2023 Minutes (Vote)** | **Second Order:**  **105 CMR 700.000 Implementation of MGL c.94C**  **(Vote)** |
| --- | --- | --- | --- |
| **Commissioner Robert Goldstein** | Yes | Yes | Yes |
| **Edward Bernstein** | Yes | Yes | Yes |
| **Lissette Blondet** | Yes | Yes | Yes |
| **Kathleen Carey** | Yes | Yes | Yes |
| **Elizabeth Chen** | Yes | Yes | Yes |
| **Harold Cox** | No | Absent | Absent |
| **Alba Cruz-Davis** | No | Absent | Absent |
| **Michele David** | Yes | Yes | Yes |
| **Robert Engell** | Yes | Abstain | Yes |
| **Elizabeth Evans** | Yes | Abstain | Yes |
| **Eduardo Haddad** | Yes | Yes | Yes |
| **Joanna Lambert** | Yes | Yes | Yes |
| **Stewart Landers** | Yes | Yes | Yes |
| **Mary Moscato** | Yes | Yes | Yes |
| **Gregory Volturo** | Yes | Abstain | Yes |
| **Summary** | 13 Members Present;  2 Members Absent | 10 Members Approved;  2 Members Absent  3 Members Abstained | 13 Members Approved  2 Members Absent |

**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, October 11, 2023, by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Commissioner Robert Goldstein; Edward Bernstein, MD; Lissette Blondet; Kathleen Carey; Secretary Elizabeth Chen; Michelle David, MD; Robert Engell; Elizabeth Evans; Eduardo Haddad, MD; Joanna Lambert; Stewart Landers; Mary Moscato; Gregory Volturo, MD.

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

Commissioner Goldstein called the meeting to order at 9:01 am and made opening remarks before reviewing the docket.

Dr. Michele David arrived at 9:22 AM.

**1. ROUTINE ITEMS**

*b. Updates from Commissioner Robert Goldstein*

Commissioner Goldstein proceeded to update the council on the following:

**Domestic Violence Awareness Month**

Commissioner Goldstein acknowledged that October is National Domestic Violence Awareness month and spotlighted some of the work that DPH does to support survivors of domestic violence.

The Division of Sexual and Domestic Violence Prevention and Services within the Bureau of Community Health and Prevention funds and supports a wide range of services and prevention programs.

In FY22, DPH-funded community-based domestic violence services supported nearly 12,000 people across the Commonwealth, including domestic violence survivors, their children, and other dependents of survivors.

The Division funds services tailored to survivors from populations that are disproportionately impacted by domestic violence and face greater barriers in finding support. This includes legal services for survivors who are immigrants.

He mentioned other funded programs and thanked the dedicated staff in the Division who oversee these programs.

**Breast Cancer Awareness Month**

Commissioner Goldstein noted October is also Breast Cancer Awareness Month. He said Breast cancer has high cure rates when detected and treated early. That is why we encourage people to learn about risk factors and to talk with their doctors about breast cancer screening.

**Indigenous People Day**

Commissioner Goldstein acknowledged that we just celebrated Indigenous Peoples Day, an opportunity to honor the cultures and recognize the countless contributions of Indigenous people throughout the Commonwealth — and to also recognize all that they have endured throughout the history of this country.

Just a few weeks ago, DPH held the inaugural Massachusetts Tribal and Indigenous Health Summit, building on foundational work and relationships built over the past 10 years.

Participants embraced the opportunity to connect, learn, and share knowledge about many facets of health in Massachusetts Tribal communities, including mental health, COVID-19, public health and health care data, and substance use prevention, treatment, recovery, and harm reduction.

He thanked DPH’s Office of Health Equity staff, especially the Community Engagement Unit, and the Vaccine Equity Initiative team for making this inaugural summit happen.

**Dana Farber-Beth Israel Affiliation**

Commissioner Goldstein mentioned the recent announcement by Dana-Farber Cancer Institute and Beth Israel-Deaconess Medical Center about their intention to affiliate. Dana-Farber Cancer Institute has had a collaboration in adult cancer care with Brigham and Women’s Hospital for the past 25 years.

He said there has been interest in DPH’s regulatory role in this approval process. Based upon the description of the planned affiliation, DPH does not anticipate that it will have a role in the approval of the clinical affiliation. This type of proposal requires a material change filing, which falls under the purview of the Health Policy Commission.

However, associated with the proposed affiliation are plans to build a free-standing adult inpatient cancer hospital on the Beth Israel Deaconess Medical Center campus. DPH – and the Public Health Council – will be closely involved in this aspect of the plan. He explained that prior to building the proposed inpatient cancer center, the hospital will need to submit a Determination of Need to DPH, which will be reviewed by the Public Health Council. In addition, the new cancer center will be required to submit its architectural plans through DPH’s Plan Review process.

Pending these approvals, the cancer center would then be subject to DPH licensure requirements and would be required to submit an initial application to DPH to become a licensed hospital.

**Leominster Birthing Center Closure**

Commissioner Goldstein mentioned a second event that has been in the news and has engaged many parts of DPH - the closing of the inpatient maternity unit at HealthAlliance-Clinton Hospital in Leominster.

Last May, UMass Memorial Health, the parent group of the Leominster facility, announced its plans to close the birthing center at HealthAlliance-Clinton Hospital in Leominster on September 23, citing workforce shortages and declining numbers of births in the region and at the hospital.

This announcement triggered the essential services closure process, the mechanism by which DPH reviews any proposed closure of what are deemed essential services to assess the impact of the closure on the communities served by the healthcare facility. DPH looked closely at the availability and access to high-quality birthing care, prenatal care, and post-natal care in the region, paying particularly close attention to access for at-risk populations.

As part of the essential services closure process, UMass Memorial submitted a plan to DPH that detailed how it would continue to maintain access to maternity care – both inpatient birthing care and outpatient pre- and post-natal care. This plan included a commitment to provide 24/7 transportation from the Leominster area to other maternal health facilities in the region and ongoing engagement with the communities surrounding the healthcare facility.

UMass Memorial informed DPH that after September 23, it would not have the necessary staff to operate the Leominster maternity unit safely.

Commissioner Goldstein explained that while DPH cannot mandate that hospital services remain open, we do have a responsibility for the safety, health, and well-being of the public. We cannot – and will not – allow patients to be put at risk unnecessarily. Our focus, therefore, is now on monitoring and enforcing UMass Memorial’s ongoing access plan and community engagement strategy.

He said we understand that the closing of this birthing center is a sad and difficult event for the community. We take seriously our obligation to make sure those in the Leominster area have ongoing access to high-quality, safe care.

This closing prompted Governor Healey to ask the Executive Office of Health and Human Services and DPH to conduct a review, looking at access to all essential health services in the Northern Worcester County area.

In addition, she asked us to review prenatal, postpartum, and birthing services across the Commonwealth, with a particular focus on rural and underserved areas and communities. He said DPH has begun that work and has committed to the Governor that we will share our report and plans with her and her office by November 15.

**Overdose Prevention Helpline**

Commissioner Goldstein said last month, the Healey-Driscoll administration announced a partnership with Boston Medical Center and RIZE Massachusetts to fund and expand the Massachusetts Overdose Prevention Helpline – making Massachusetts the first state in the nation to fund an overdose prevention helpline, an easily accessible and life-saving overdose detection resource for people who use drugs.

DPH data from 2021 show that 92% of all overdose deaths occurred in private settings, and that the drug use of the person who died was entirely unwitnessed 90% of the time. Through these services, trained helpline operators stay on the line while people use, alerting authorities if the caller becomes unresponsive. Previously a volunteer effort, this investment will enable the helpline to hire paid staff, resulting in stronger statewide coverage and shorter wait times.

The funding will also support promotional efforts to increase awareness of the helpline’s services among individuals at risk of overdose.

This investment has come to fruition through a collaboration with RIZE MA, Boston Medical Center, and the BSAS Harm Reduction Team, and was done with feedback from DPH’s Harm Reduction Advisory Council.

The Commissioner thanked the DPH Overdose Surveillance Inter-Bureau Workgroup, the BSAS Harm Reduction Team, and BSAS leadership for all their hard work on this important initiative.

**Update on Emergency Assistance**

Commissioner Goldstein provided an update on our emergency assistance efforts for families experiencing homelessness, a developing effort that we have discussed over the last few months.

He said Dr. Elaine Fitzgerald Lewis, Director of the Bureau of Family Health and Nutrition and State Title V Maternal and Child Health Director, will give an informational presentation on the bureau’s services and support for families experiencing homelessness, including an overview of the numbers of families in the state living in emergency assistance housing.

As he mentioned last month, DPH has contracted with several local organizations to create vaccination profiles, perform tuberculosis and lead screening, and administer vaccines to expedite vaccination and testing efforts, especially as children enter school this fall. Many children newly arriving to Massachusetts may have received immunizations in the country where they previously lived.

Between September 22, 2023, and October 6, 2023:

* More than 600 children had their immunization records updated in the Massachusetts Immunization Information System (MIIS),
* More than 250 children have been vaccinated, and
* More than 350 children have been tested for TB.

He said DPH continues to engage in cross-agency and cross-Secretariat efforts to establish and leverage data platforms to capture information that will equip agencies with key information to best support these families.

**Respiratory Illness Season**

Commissioner Goldstein mentioned last month, the Department is ramping up our response to respiratory viruses, and last week we launched a series of online dashboards on viral respiratory illnesses, with a focus on influenza, COVID-19, and RSV.

Through this new respiratory illness data hub, you can explore several things, including:

(1) overall respiratory disease indicators, including the percentage of emergency departments visits that are due to acute respiratory disease, the current severity of flu and COVID-19, and current percentage of people who have gotten the current season’s flu vaccine and the percentage who have gotten the updated COVID-19 vaccine; (2) a new respiratory illness dashboard that uses data from emergency departments to track visits and hospital admissions associated with acute respiratory disease, COVID-19, flu and RSV, with demographic breakdowns and comparisons with other recent seasons; (3) an updated COVID-19 dashboard that includes information about trends in reported cases and deaths associated with COVID-19; and (4) an updated flu dashboard that includes flu activity levels, activity by region, lab testing, and flu-related hospital visits, as well as deaths from flu, and the existing COVID-19 wastewater dashboard.

On a related note, the Department has also launched a new communications campaign to help stop the spread of respiratory illnesses this season. The campaign will run for six months and will appear on television, in malls and grocery stores, and on billboards, public transit, a wide variety of websites, and social media.

There will also be direct mail to communities historically most impacted by COVID-19, with specific information about vaccine clinics. Residents throughout the Commonwealth will be able to learn tips to protect themselves, their families, and their communities.

He said, the primary message throughout this campaign is to get vaccinated, against COVID-19, flu, and for those who are eligible, against RSV.

The updated COVID vaccine is available in clinics, at pharmacies, and through local boards of health, and you can find a location near you at Vaccines.gov. The vaccine is covered by insurance providers and the Department continues to partner with the Federal government on a bridge program to make the vaccine available, free of charge, to those who are un- and under-insured.

He joined Dr. Mandy Cohen, Director of the Centers for Disease Control and Prevention, at the Whittier Street Health Center in Roxbury to kick off the fall vaccination campaign at that facility. Dr. Cohen is traveling to a number of cities and towns across the country to encourage vaccination as the best way to prevent respiratory illness.

Finally, he mentioned that since PHC members last met, the Biden administration has announced that it is reviving its program of offering Americans free COVID tests through the mail. Residents can receive four free at-home tests by visiting CovidTests.gov.

He encouraged everyone to take advantage of all of the tools available this year – including testing, vaccination, and early treatment if you do get sick – to help manage this respiratory illness season.

Commissioner Goldstein asked if there were any questions.

Ms. Moscato, referring to the facility closures, added her concern over the number of nursing home closures in Southeast Mass and the Cape.

Commissioner Goldstein said the Department is aware of the closures or intent to close, and the Department makes sure that the Bureau of Health Care Safety and Quality is involved, and although the Department cannot mandate the facilities to stay open, it can make sure that information is shared and that there is transparency for the public while continuing to protect the healthcare and safety of individuals in the Commonwealth.

Ms. Blondet had concerns regarding the unwelcoming attitude toward immigrant families being placed in hotels across the state. She asked what type of roles DPH has regarding the safety of these families.

Commissioner Goldstein emphasized that there is no place for hate in the Commonwealth. He said Elaine Fitzgerald Lewis will present later in the meeting, DPH’s role in supporting these families. He said DPH has activated its incident command structure and the DPH structure is focused on this emergency.

Mr. Landers mentioned that East Boston Neighborhood Clinic had discontinued their COVID -19 vaccination program. He asked if community health centers across the state are discontinuing their vaccination programs.

Commissioner Goldstein responded that he had not heard anything specific about East Boston Neighborhood Health not providing vaccine and said they could certainly reach out. He noted that there may be an issue of vaccine logistics, rather than supply, that may have prevented the clinic from vaccinating.

Mr. Landers mentioned that he was guided to use CVS or Walgreen’s for vaccination and was concerned that some uninsured may not be able to pay for a vaccination from these sources.

Commissioner Goldstein emphasized that those that are insured will have no co-pay associated with their vaccination and those uninsured or under-insured can utilize a federal “bridge” program which provides vaccination at no cost. This includes the major pharmacies as well.

Dr. Bernstein thanked the Department for their work and asked if within the campaign to combat RSV, if there was space to discuss mitigating measures such as hand washing, distancing, and masking. He felt these are critical in a program of public education.

Commissioner Goldstein said that the campaign does discuss mitigating measures to help stop the spread of all respiratory diseases. He emphasized the importance of vaccination and the Commonwealth’s past success rate with its high percentage of vaccinated citizens.

Dr. Bernstein asked if the Commonwealth could include an ED vaccination program so vaccines are available in emergency rooms.

Commissioner Goldstein said that he would bring it back to the team to discuss the best way to engage the hospitals. In the past, he said vaccination was offered upon discharge from the emergency room.

Mr. Engell mentioned last month’s PHC update on regulations regarding accessibility to immunizations. He said in the long-term care industry it was stated that the vaccine would be provided at no cost to the individual. He asked the Commissioner if the insurance of those working in long term care will be billed for vaccination, or would the industry pay for this with no cost to the patient or their insurance.

Commissioner Goldstein referred to General Counsel, Beth McLaughlin to confirm his understanding that the regulation stated that the vaccine must be offered in long-term care settings for personnel but does not preclude the industry from billing insurance.

Ms. McLaughlin confirmed the Commissioner’s interpretation.

Dr. Volturo mentioned that emergency rooms are offering both the COVID vaccine and RSV vaccine. He said the RSV vaccine is regularly accepted but not so much with the COVID vaccine.

Commissioner Goldstein said that the COVID vaccine can still be regarded a “new” vaccine and it takes continued messaging to emphasize the importance of it.

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

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

*c. September 13, 2023 Minutes* ***(Vote)***

Commissioner Goldstein asked if there were any changes to the September 13, 2023, minutes. There were none.

Commissioner Goldstein asked if there was a motion to approve the September 13, 2023, minutes.

Mr. Landers made the motion, which was seconded by Ms. Blondet. Dr. Evans, Mr. Engell, and Dr. Volturo abstained. All other present members approved.

**2. REGULATIONS**

1. *Request to amend, on an emergency basis, 105 CMR 700.000, Implementation of MGL c.94C* ***(Vote)****:*

Commissioner Goldstein invited Dave Johnson, Director for the Drug Control Program within our Bureau of Health Professions Licensure, to present a request to amend, on an emergency basis, the Department’s regulations regarding implementation of the Controlled Substances Act.

Upon the conclusion of the presentation, Mr. Johnson asked the members if there were any questions.

Ms. Blondet asked if there was a method in place to inform the general public of these proposed changes.

Mr. Johnson asked if she was referring to a media campaign.

Ms. Blondet said yes, but also to include community health workers with this information because they are the critical link between this information and the patient.

Mr. Johnson said that he would reach out to those engaging in the messaging to provide this outreach.

Ms. Blondet said that when the final proposal comes before the members, she will look forward to hearing how this messaging expands to the general public and specifically to the new residents of Massachusetts.

Mr. Engell asked if the department will maintain a registry of pharmacists that have entered the program as a way of gathering community data.

Mr. Johnson said that because the pharmacist must pass a board approved training program, they will know the geographical locations of participating pharmacists and will be able to identify under-served areas.

Dr. Carey pointed out reasons why this proposed amendment is so important. She noted that the CDC has identified hormonal contraception as among the top ten public health achievements of the 20th century and many other states have approved similar regulations. She said in the last few years following the Dobbs decision, the conversation has focused more on access to medication abortion. Abortion at any stage she said, is something we would like to avoid, making better and timely access to hormonal contraception an important goal.

Commissioner Goldstein said that the Department agrees that hormonal contraception is an important public health intervention as is comprehensive reproductive health care, which is a goal of DPH.

Dr. Eduardo Haddad thought that a concern of the participating pharmacists may be liability should the rare occurrence of a side effect take place. He asked if there were any efforts to minimize the concern of liability.

Mr. Johnson asked Michelle Chan, Quality Assurance Pharmacist, to reply to Dr. Haddad’s question. Ms. Chan said that most pharmacists carry their own malpractice insurance, and that as the risks of hormonal contraception are so minimal, we do not expect pharmacists to need to increase that coverage.

Dr. Bernstein asked if the contraception would be cost prohibitive for some people.

Mr. Johnson stated that there is no cost difference from person to person.

Ms. Chan stated that the pharmacist may be able to charge a small consultative fee.

Dr. Bernstein asked if this would be covered by insurance and if the fee for the under-insured would be supplemented.

Commissioner Goldstein said that this would be covered for those on MassHealth. He also said those that are not insured can be helped through programs that exist throughout the state to make sure there is access through the Bureau of Community Health and Prevention, which provides resources to community programs.

Dr. Bernstein added his support for informational outreach to communities but also to include economic issues.

Mr. Landers expressed concern that pharmacies, especially larger chains whose turn-over rate of pharmacists is higher, may not always have a certain number of pharmacists on staff that have passed the board approved program, to be able to provide prescription for hormonal contraception.

Mr. Johnson said that those pharmacists that have prescription privileges, continue to have them if they move to a different pharmacy. He said it is a minimal burden to a pharmacy to encourage board approval for prescription privileges, but there is no regulatory requirement for it.

Jaclyn Gagne, DPH Counsel, clarified the question of whether pharmacists that have been board approved can be tracked geographically. She said that although this is a board approved course, it is not created by the board, so it may be possible to track who has the certification and where they are in the state, but it is not clear yet if that is the case.

With no further questions, Commissioner Goldstein asked if there was a motion to approve the request to amend, on an emergency basis, 105 CMR 700.000, Implementation of MGL c.94C.

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

1. **INFORMATIONAL PRESENTATIONS**
2. *Massachusetts Performance Standards for Local Public Health*

Commissioner Goldstein invited Sam Wong, Director of the Office of Local and Regional Health, to give an informational presentation on Massachusetts’ performance standards for local public health. He was joined by Rachael Cain, Deputy Director, and Aimee Petrosky, Director of Performance Standards.

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

Dr. David asked what was in place to guarantee diversity in the local health workforce.

Mr. Wong answered that their workforce survey includes race and ethnicity data. They are sending those data sets back to the shared services arrangement to let them know how they fare in terms of diversity within the workforce. They also provide racial equity training for all the local health workforce, to help them understand how diversity is not only important in health equity but in the workforce. They are also working with partners in academia to help with the pipeline issue to help diversify the workforce.

Secretary Chen asked them to speak more about shared services between municipalities.

Mr. Wong shared that this is a vision of DPH and the special commission to improve efficiency and the economy of scale, by pooling resources, which especially benefits smaller communities. He said they provide technical support for smaller and rural communities to group together and create a shared service system. This has enabled many smaller communities to engage in their shared services grant program, helping them with technical assistance and funding to form their group, build capacity and training to provide public health services. This also helps them to reduce reliance on the municipal budgets and to still expand.

Secretary Chen asked for an example or two of shared services that have already been organized.

Mr. Wong offered the example working with the Franklin County Regional Council of Governments, which provides services to thirteen participating rural communities which are now able to partake in funding from the shared services grant and pool their resources across communities.

Mr. Engell asked if they had contemplated an implementation of a public awareness campaign to combat the negative press received during the COVID crisis which affected the morale of public health workers, as well as awakening communities to the value of the local public health services.

Mr. Wong agreed with the importance of this awareness to restore the public’s confidence in the public health system. He said that morale within local public health is low, and people have left due to the pandemic, but is optimistic about a younger generation of workers to fill these vacancies. He said their program will help train these new employees in a structured system.

Mr. Engell asked about capacity and vacancy rates and if there is anything being done in the area of recruitment.

Mr. Wong said that along with the outreach to create a recruitment pipeline, they are launching a dedicated portal, which includes a job posting board for local public health. Public health professions information, contacts for mentorship in the field, and training will be sourced through this portal with the focus on retention.

Ms. Blondet asked about the funding that will support these new public health workers through shared services grants and how do the communities feel about these new workers being part of their teams.

Mr. Wong said their current funding through different shared services arrangements - through the Public Health Excellence grant program - is the primary way to fund local health and does not limit the type of professional health workers that they hire. The funding guidelines state that the staffing utilizing this funding has to address areas of improvement that was identified within the capacity assessment. He said that the value to communities of the community health worker is indispensable and used the example of a homeless family that has a community health worker to rely upon to connect with needed services.

Dr. Bernstein asked how well are the public health schools aligned with the needs of the community, in regard to their curriculum linking graduates into the workforce.

Mr. Wong said public health schools provide fundamental public health education that is exceedingly useful for anyone going into any areas of public health. It’s also important to help graduates have professional development opportunities after graduation, giving them the ability to be useful in the workforce immediately.

Dr. Bernstein stated the importance of working together with public health schools to guarantee a curriculum that is not only useful but practical in prepared graduating students to go directly into the workforce.

With no further questions, the Commissioner moved to the next presentation.

1. **INFORMATIONAL PRESENTATIONS**
2. *Bureau of Family Health and Nutrition Services and Supports for Families Experiencing Homelessness*

Commissioner Goldstein invited Dr. Elaine Fitzgerald-Lewis, Director of the Bureau of Family Health and Nutrition, and the State Title V Maternal and Child Health Director to give an informational presentation on the bureau’s services and supports for families experiencing homelessness. She was joined by Melissa Marlow, Program Director of FOR Families, from the Division of Pregnancy, Infancy, and Early Childhood, Rachel Colchamiro, Director of the Nutrition Division, and Touria Hafsi, Community Support Line Program Director.

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

Ms. Blondet said this presentation demonstrates the need to engage the over 6,000 community health workers across the state. She said DPH is doing a fine job but can only imagine what resources are at hand with the community health workers that are stationed in health centers and facilities across the state.

Dr. Fitzgerald-Lewis agreed.

Dr. Evans commented on women with opioid or other substance use disorders who have higher rates of homelessness and higher barriers of access to resources. She asked if they could be addressed, knowing they are a vulnerable and under-served population.

Dr. Fitzgerald-Lewis said they have strong collaboration with the Bureau of Substance Use and Addiction, as well as a program within the BFHN - a home visiting program called First Steps Together, which is specifically designated to support families, people with substance use disorder and getting them the services that they need.

Ms. Colchamiro said WIC is a program that can benefit women with substance use disorder, but it is unclear as to how many are using the program.

Dr. Evans suggested that the justice system itself, which is an access point for health care, could be utilized to connect people upon release to services for which they are eligible.

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, November 8, 2023, at 9 AM.

Commissioner Goldstein asked if there was a motion to adjourn.

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

The meeting was adjourned at 11:18 am.