

Special Commission on State Institutions

Meeting Minutes December 12, 2024 3:00 PM - 5:00 PM

Date of meeting: Thursday, December 12, 2024

Start time: 3:07PM

End time: 5:00PM

Location: Virtual Meeting (Zoom)

Member Name / Seat	Vote 1*	Vote 2
Alex Green – The Arc of Massachusetts, designee	X	X
Andrew Levrault – Disabled Persons Protection Commission (DPPC)	X	X
Anne Fracht – Department of Developmental Services (DDS), designee	X	X
Bill Henning – Boston Center for Independent Living (BCIL)	-	-
Brenda Rankin – Wrentham Developmental Center	X	-
Elise Aronne – Wrentham Developmental Center	X	-
Evelyn Mateo – Department of Mental Health (DMH)	-	-
James Cooney – Department of Mental Health (DMH)	-	X
Kate Benson –(co-chair) DMH, designee	-	-
Laurie Medeiros – MassFamilies	X	X
Mary Mahon McCauley – Massachusetts Office on Disability (MOD)	X**	X
Matthew Millett (co-chair) – DDS	X	X
Reggie Clark – Massachusetts Advocates Standing Strong (MASS)	X	-
Samuel Edwards – Secretary of State, Archives Division	X	X
Sister Linda Bessom – Hogan Developmental Center, family member	-	-
Vesper Moore – Kiva Centers	X	X

* (X) Voted in favor; (O) Opposed; (A) Abstained from vote; (-) Absent from meeting or during vote

** Mary Mahon McCauley was represented in the first part of the meeting by Julia O’Leary, MOD General Counsel

Proceedings

Mr. Millett, Commission Co-chair, called the meeting of the Special Commission on State Institutions to order at 3:07 PM. He welcomed members and reminded them that full Commission meetings are subject to Open Meeting Law and any votes taken are conducted via rollcall. He requested that participants stay muted as they listen, use the “raise hand” feature when they want to speak, and state their name before speaking. He also reminded everyone that any questions posted in the Zoom Q&A forum would be reviewed and addressed by CDDER towards the end of the meeting and that there would be a break midway through today’s two-hour meeting. Mr. Millett also added that CART services would be available during the meeting, and the recording and minutes would be posted on the Commission's mass.gov website.

After reviewing the meeting “housekeeping” items, Mr. Millett mentioned that the Commission’s co-chair, Kate Benson, was ill and unable to attend today’s meeting.

Next, Mr. Millett introduced Dr. Emily Lauer from The Center for Developmental Disabilities Evaluation and Research (CDDER) from UMass Chan Medical School to provide a recap of what was talked about during the last Commission meeting held on November 14th, 2024. Dr. Lauer's recap included the following:

1. **Commission Leadership Role Changes:**
 - a. The Commission discussed some additional leadership roles, and conducted two votes: First, to approve a secretary position and to appoint Mr. Alex Green to that position, and the second was to approve the role of Vice Chair to the Commission.
2. **Updates from the Three Working Groups:**
 - a. It was announced that the workgroups have completed the tasks they were charged with.
 - b. From the Records and Records Access workgroup, there was a discussion on the original letter from Secretary Walsh, and the drafting of a response; there was a vote to approve sending the draft reply to Secretary Walsh. There was also a discussion of a tool in development for gathering information about records from DMH and DDS. This tool is to help identify the types of records that exist from these agencies, their storage conditions, and whether any records had been approved for destruction.
 - c. The Burials and Burial Location workgroup discussed several areas, including veterans buried in state cemeteries; National Register of Historic Places, including areas of burial related to former institutions; public access trails and cemeteries that co-exist; as well as some questions from Commissioners.
 - d. The Framework for Remembrance workgroup discussed a presentation by Pat Deegan and Debra Anderson in September, and a presentation from Alex Green on the MetFern Cemetery in November.
3. **Summary of Draft Report Continued:**
 - a. There was then a discussion with the Commission of the burials, burial location, additional areas for research; and there was a summary presentation of the next section of the draft report on records and records access. This was shared with the Commission as prepared by CDDER, summarizing facts from history and from recent days on the timeline of different governing bodies of state institutions and other information related to the charge of the Commission

Vote 1 to approve the 11/14/2024 meeting minutes: Mr. Millette requested a motion to approve the minutes from the Commission's last meeting on November 14, 2024. Mr. Alex Green introduced the motion, which was seconded by Mr. Andrew Levrault and approved by roll-call vote (see record of votes above).

Next topic of discussion: Discussion of New Leadership Roles

1. **Two New Leadership Roles:**
 - a. Mr. Millet opened the discussion by saying that at the last meeting of the Commission, there was a vote to approve the new roles of Secretary and Vice Chair, and that Alex Green was voted in as Secretary of the Special Commission.
 - b. He reported that the role of Vice Chair has still not been filled.

2. Discussion:

- a. Mr. Millett explained that it would be helpful to have someone to step in if either of the Co-Chairs was unable to attend a meeting. He then opened the floor for any discussion, or volunteers.
- b. Ms. Lauri Medeiros asked how much time might be expected in the role, and Mr. Millett answered that while he wasn't sure of exactly how much time would be involved, that it would not be as much time as the Co-Chair roles require.
- c. After no further discussion, and no volunteers, the topic was tabled until the next meeting.

Next topic: 2025 Meeting Schedule

3. Discussion:

- a. Mr. Millett remarked that the Commission's review of the draft report needs to be completed soon so that CDDER can finish the report and send it to the Commission on January 15. This is so the Commission has time to make its own recommendations and a final report for the state legislature that is due on June 1st.
- b. Mr. Alex Green mentioned that in terms of scheduling, he thinks the Commission should meet monthly starting in 2025, as there is still a lot of work to do in finalizing the report. He detailed that once the Commission receives the finalized report from CDDER in January, the Commission will need to draft their recommendations, which then have to be reviewed and approved, then both the report and recommendations based on the Commission's summary of findings will be submitted to the legislature.
- c. Mr. Millett confirmed that this is the case, and that the recommendations will be sent to the Senate, House, Joint Commissioners, among other parties. He also laid out a timeline that would have the Secretary able to put together those recommendations by late May, so that the Commission would have a final opportunity to look it over before it is sent to the legislature.
- d. It was agreed that CDDER would coordinate the meeting times for 2025 by email and/or online poll.

4. Next Topic: Report Review Working Group

Mr. Millett opened the discussion by reminding everyone that at the September meeting of the Commission, it was voted to approve the Report Review Work Group. The purpose of this workgroup is to collect feedback, comments, and edits on the CDDER draft report.

- a. Mr. Millett invited members of the Commission to volunteer for the Report Review Workgroup, noting that members could email CDDER if they were interested in serving on this workgroup.
 1. Mr. James Cooney expressed his interest in serving on this workgroup and Mr. Millett asked him to please email CDDER.

Next topic of discussion: Presentation on the Draft Report on Burials and Burial Locations and Records and Records Access in Massachusetts by Jennifer Fuglestad of CDDER

As part of the Commission's scope of research, CDDER continued its delivery of a short presentation on topics related to institutional burial practices and burial locations and records and records access in Massachusetts. Before today's meeting, CDDER sent a draft copy of these sections of the report to the Commissioners. Commissioners had the opportunity to ask questions throughout the presentation.

As we have done in the past, prior to this presentation, there was a warning issued due to the potential offensive nature of some of the words and phrases used historically to refer to people with disabilities.

- **Evolution of Governing Bodies of State Institutions:**
 - **Massachusetts Commission on Mental Diseases:** Chapter 285 of the Acts of 1916 established the Massachusetts Commission on Mental Diseases, which replaced the Board of Insanity. This was a new Commission that was tasked with overseeing mental health services and managing the transfer of records, books, and property from the Board of Insanity. Their 1st annual report in 1916 highlighted the importance of scientific research at the School for the Feeble-Minded in Waltham. An Act to Provide for the Establishment of Free Clinics, and a Registry for the Feeble-Minded was also set up. These free clinics were run by doctors who worked at the state schools.
 - **Department of Mental Diseases:** In 1919 the Commission on Mental Diseases was replaced by the Department of Mental Diseases. By 1920, major changes in the Massachusetts public welfare system included the consolidation of over 100 state departments to just 20. In 1923, two new divisions of the Department of Mental Diseases were introduced: The Division of Mental Hygiene and the Division for the Feeble-Minded, which was renamed to the Division of Mental Deficiency in 1926.

- **Patient Records Examples (Past vs. Present):**
 - **Type of Information Collected:**

Patient records included demographic information, such as marital status, birthplace, diagnosis, number of previous commitments, as well as method of commitment; Patient registration numbers (each patient was assigned a unique number for record-keeping purposes.). Patient records also often contained correspondence between the institution and the family, and sometimes discharge papers or death certificates.

Annual reports from the institutions included details and statistics on the institution's finances, admissions, transfers, releases, and deaths. Each department head would provide reports of the work of their department (for example, the chaplain would write a report each year as well as the social work department, etc.) There would also be reports on the conditions of the buildings, as well as requests for funds to improve or expand the institution. These annual reports would also describe the type of care people received, and the general mental and/or physical health of the people living at the institution.
 - **Record Preservation and Storage (late 1800's – early 1900's):** MA General Law mandated that government entities must provide fire-resistant and fireproof rooms,

safes, or vaults for safeguarding public records since the late 1800s. There is evidence found in the annual report requesting funds to comply with record storage requirements. For example, in 1916 Grafton State Hospital's Superintendent requested \$900 to create a fireproof room for storing records, and in 1923 the Belchertown State School's Superintendent requested funds for an administration building with a fireproof vault.

- **Special Committee of Superintendents for Uniform Records (1918 – 1919):** In 1918, a special committee of superintendents was formed to standardize record-keeping across state institutions. By 1919, there were several improvements in records. For example: The Boston Psychopathic Hospital detailed clinical histories, and it made sure that records were easy to access; Worcester State Hospital held clinical meetings to review patient summaries, physical and mental health findings, and social service reports; Grafton State Hospital kept typewritten pathology records, which were organized into volumes; and Boston State Hospital, where patient records were maintained chronologically, including all patient history and actions taken.
- **Record-Keeping Practices (Past vs. Present):** In researching the types of practices that were in place for recordkeeping, the book *A Brief History of the Taunton Lunatic Hospital 1854 - 2016* by Joseph Langlois, a former employee of the Taunton State Hospital provided an informal analysis of the medical records stored at Taunton State Hospital. Most importantly, it illustrated a gradual improvement in the quality and thoroughness of medical records, shifting from brief, sparse documentation to more detailed, structured records, and also contains a chapter that provides an in-depth look at the evolution of the medical records there. CDDER also conducted interviews with key informants and learned that DMH keeps old inpatient admission cards in alphabetical order by patient name and the year they were admitted, and that these records also include information about the patient's death, if they died while in the institution. However, it is unclear how long the records are kept, or the specific periods they cover. It is known that some of the records from Taunton and Foxborough are securely stored at Taunton State Hospital.
- **MA Public Record Law & Related Governing Bodies**
 - **MA Public Record Law:**
 - **Right to Access:** In Massachusetts, everyone has the right to see public records held by state and local government offices. You can look at, copy, or get copies of these records for a reasonable fee.
 - **Definition of Public Records:** Public records include many types of materials made or received by government offices. This can be books, papers, maps, photos, financial records, and other documents.
 - **Presumption of Public Access:** Most records held by the government are open to the public unless there is a special reason not to share them. This helps people see how the government is working.
 - **Some Exemptions:**

- Personal Identifying Information (PII): Personal details like names, Social Security numbers or private addresses are kept private to protect people's privacy.
 - Juvenile Delinquency Records: These records are kept private and not available to the public.
 - Criminal Offender Record Information (CORI): Criminal records are not available to the public unless allowed by law.
 - Personnel and Medical Files: Personnel and medical records that could harm privacy are kept private.
 - Exemption for Institutional Records: The law specifically exempts records related to individuals from certain state institutions.
 - **Who Oversees Public Records?** Public Records are managed under the Secretary of the Commonwealth.
 - The Records Conservation Board (RCB) maintains the Statewide Records Retention Schedule (SRRS) and agencies need RCB's permission to destroy records or to move them to the Massachusetts State Archives. Some records from closed institutions have been destroyed during times when the policy allowed it.
 - The Supervisor of Records decides if a government record should be made public or if it is exempt from being shared under the Public Records Law. The Supervisor of Records also oversees the appeal process to decide if access should be granted.
 - The Records Management Unit (RMU) ensures proper storage and preservation of government records, assists state agencies in managing and securing their records, and provides guidance on various record-keeping issues.
 - The Records Access Officers (RAO) manage requests for records made to their agency. Both DDS and DMH have Records Access Officers.
 - **Request Process for Public Records:** Requests can be made to a Records Access Officer in person or by mail, fax, or email. RAOs have 10 business days to reply. The RAO must provide an explanation if they either don't have certain records, or they are unable to share those records. The RAO must provide information about the requestor's Right of Appeals; appeals are made to the Supervisor of Records.
- **Regulations Governing Access to Patient Records**
 - **Access Rules for Institutional Patient Records**
 - Privacy of Patient Records:
 - Require records to be kept private and secure, with some exceptions: A court order, permission from a Legally Authorized Representative, request from a patient or attorney of a patient, if the

best interest of the patient is served by release, or where otherwise required by law.

- Retention of Medical Records:
 - A 20-year retention period is mandated for medical records under state law.
 - Records cannot be destroyed or transferred to the Massachusetts State Archives without prior approval from the RCB.
- **Current DMH and DDS Regulations on Records**
 - DDS and DMH's most recent regulations on records include DDS Regulation 115 CMR 4.00 (last updated in 2009), and DMH Regulation 104 CMR 27.00 (last updated in 2021).
 - These outline the requirements for patient records to ensure comprehensive, accessible, and accountable record-keeping for people receiving services.
 - They establish quality standards for record-keeping, including privacy and confidentiality of patient records.
- **Record Request for Former or Current Service Recipients**
 - These processes are outlined on both DMH and DDS webpages.
 - Requests may be denied or partially redacted (blacked out) based on legal restrictions when the records include sensitive personal or medical information.
 - DMH's Restrictions: Until a court order or valid Personal Representative authorization is provided, DMH cannot:
 - Release any medical records
 - Confirm if a person was ever served by DMH
 - Confirm whether records are still under DMH's custody or control
- **Record Collections held by Secretary of the Commonwealth**
 - The Secretary of State manages many records from state institutions. One of the key resources that CDDER has used for accessing these records is the Public Document Series.
 - The Public Document Series is a collection of government publications that include both old and new documents.
 - Contains annual reports from state hospitals and asylums, vital statistics, boards of charity, health, and insanity, among others.
 - Provide insights into how these institutions were run in the past
 - Are available online through the library's digital collection:
<https://archives.lib.state.ma.us/home>
 - The Human Services Collection
 - Lists the institutional records from DMH and DDS such as:
 - Medical records (restricted)
 - Registration information (restricted)

- Business records
- Death records
- Cemetery/Burial records
- Access to Human Services Collection: The policy allows access to most records typically after a 75-year waiting period, however this timeline is not explicitly set in Massachusetts General Law and may vary depending on the type of record and any associated restrictions.
- Collections Held at the Massachusetts State Archives:
 - Boston State Hospital: 1856-1985
 - Bridgewater State Hospital: 1887-1967
 - Danvers State Hospital: 1878-1980
 - Fernald State School: 1852-1969
 - Grafton State Hospital: 1877-1955
 - Medfield State Hospital: 1869-1948
 - Metropolitan State Hospital: 1930-1992
 - Northampton State Hospital: 1858-1993
 - Tewksbury State: 1860-1896
 - Westborough State Hospital: 1886-1960, 1970-1977

There was a pause here for questions, and Ms. Mary Mahon McCauley asked for some clarification on the restriction of death records/certificates. Dr. Emily Lauer clarified by stating that while, yes, death records and vital statistics are public records that you can obtain by going to city/town hall, you would need to know the person's name, and a range of time, either for a birth or death date, in order to access that single certificate. So you do need to have some information about a person to obtain their death record/certificate. But that death records associated with institution records also reveal information that they were treated for a mental health condition, which is protected information. Mr. Green added that people who died in state institutions often had their mental health condition and/or developmental disability listed on their death certificate as a secondary or contributing cause of death, whereas the cemetery registers often just have the name (often misspelled), the burial location and death or burial date – Not much else.

- **Record held by DMH and DDS**
 - Storage Locations and Conditions: We have learned that records from closed institutions are stored in various locations, including:
 - Active DDS and DMH facilities
 - Area and Central offices of each agency
 - Old buildings on institutional campuses still open
 - Some of these storage conditions lack important safeguards, like sprinkler, heating and ventilation systems
 - Most records are in paper form, which makes them more likely to get damaged by things like humidity, light, and age.

- There was also a question of storage space at the Massachusetts State Archives, however it has been learned that there is plenty of space there to store the records from closed institutions.
 - DDS and DMH Facility Storage Examples:
 - Medfield State Hospital: Records likely stored in unsafe buildings; can't enter
 - SCSJ has asked EOHHS when the buildings will be inspected
 - Fernald State School: Records with PII found in old campus buildings in 2024
 - DDS has taken action to retrieve records found in unsecured buildings
 - Wrentham Developmental Center: In 2024 someone trespassed and broke into a closed building and found old records from another state school stored there
 - DDS has taken extra security measures, but challenges remain.
 - Paul A Dever State School (2014): Records from the 1960's were found and left unsecured in an old campus building
 - Similar discoveries made at other closed state hospitals by urban explorers
 - Foxborough State Hospital (2000): Patient records not stored at the State Archives, and some are Taunton State Hospital
 - Many records are presumed to be missing

****FIVE-MINUTE BREAK****

- **Private Collections of Institutional Records** – It was decided that, in the interest of time, and in order to cover the more important topic of personal experiences, the section on Private Collections would be very brief, with a suggestion for folks to take a look at the presentation for more details.
- **Personal Experiences – Attempts to Access Institutional Records**
 - This information was collected by conducting four key informant interviews with family members of former residents of state institutions who had been in the middle of trying to access the records of their deceased family member. CDDER also used a couple of books as a resource: Two local authors documented their experiences accessing records from the different institutions when they were researching their family history.
 - Key Themes from Interviews:
 - Barriers to Accessing Records
 - Complex legal requirements to access records, such as the need for court orders from the Probate Court, or different types of specific permissions needed, as well as bureaucratic inefficiencies all contributed to these barriers. Some key informants also reported

the process to be costly and complicated, and in at least one case, the records received were heavily redacted (blacked out)

- **Problems with Record Keeping**
 - Some of the families we interviewed found that the records were poorly maintained, and some had been destroyed over time. In other cases, records had been transferred to other institutions or archived on microfilm. Still others were unsure whether records even still existed, especially in light of the fact these records were often scattered, inaccessible, or even in danger of being destroyed.
- **Desire to Understand Family History**
 - A lot of times, in talking with these families, we found that the searches were not just about finding information, rather, the family members described a deep, emotional need to understand the lives of their family members who had been separated from them because of their disabilities.
- **Advocacy for Change**
 - Another common theme that we found was that the key informants called for more transparency and accountability in the records access process. Specifically, there was criticism of the system, which was perceived as prioritizing staff privacy over that of the former residents. Others advocated for the creation of funds to help families navigate the probate process, and some called for public acknowledgement of the history of the institutions, like Fernald, as well as a public apology for the mishandling of records.
- **Areas for Additional Research**
 - Continuing the evolution of governing bodies of state institutions, all the way up through the present day
 - Looking at statewide record retention requirements, and how those have changed over time
 - Talking more about how we can collect some information from the DDS and DMH facilities and offices about the records stored at those locations, and try to come up with a summary of records destroyed over time
 - Currently researching all the different types of state institution records that are available online – Some registrations for different hospitals are available on FamilySearch, or the US census records for example.
 - We are also digging into researcher access to records – We are hoping to get our analysis from the legal students at Harvard who are looking at comparative standards from other states as far as records access, and also HIPAA and how it relates to death and/or cemetery records.
- **Framework of Remembrance**
 - Over the past year, we've done some presentations with a number of organizations that have created memorials or different types of framework for memorials. These included:

- The Belchertown State School Friends Association
 - They are working to create a memorial and museum at the former Belchertown State School. This memorial will share the history of special education, institutional care, and disability rights. The groups also wants to preserve the school’s administration building and create a space for learning and reflection. They are working with the Belchertown Historic Commission and the Belchertown Cultural Alliance on projects such as a walking trail, museum and other improvements to the campus. The intent of the memorial is to teach people about the school’s history and honor those who lived there.
- Danvers State Memorial Committee
 - The Memorial Committee worked to restore and honor the cemeteries at Danvers State Hospital. The group was made up of former patients and community members that focused on the restoration and proper memorialization (namely, replacing the simple markers with headstones that contain the names of the people who died there. The group has also worked to make sure that when the land where the institution was located was sold, that the money would be used to create housing for people with mental health needs. They were also successful in having perpetual care of the cemetery included in the sale of the property, so that those cemeteries will always be maintained by the owner of the property. The groups’ efforts were motivated by a desire to honor the past while fostering a more inclusive future.
- California Memorial Project
 - Was created to remember former patients of state hospitals and care centers in California. It was started in 2002 through Senate Bill 1448. The Project has been working on fixing up the cemeteries across California, and they also hold yearly remembrance events at the different state hospitals. The Project is led by peer advocates, and they are working to honor those who passed away in these institutions, and also give voice to the people who still live there. Their remembrance events help people reflect on the history of these institutions, and are held on the third Monday of September each year. They are also collecting oral histories or former patients of institutions, and those are being posted on their website, in addition to recordings of some of the remembrance ceremonies.
- Willowbrook Mile Walking Trail
 - The trail is a place to remember the Willowbrook State School in Staten Island, New York. There are 12 stops along the trail that tell the history of the school, as well as the challenges and experiences the people who lived there faced. It is designed with accessibility in mind, so that everyone, no matter their abilities, can learn about what happened at Willowbrook and the history there. It aims to

preserve the site's history, while also honoring the current efforts for social justice.

- Key Takeaways
 - Collaboration with Stakeholders. Each project emphasized the importance of working with various stakeholders, whether former residents, their families, advocates or allies – including people from different government agencies and community organization – in order to have the design of the memorial be welcoming, engaging, and accessible for diverse groups of people.
 - A focus on education and reflection was also important to these groups. Providing educational opportunities with museums, trails, and interpretive materials can help the visitors learn more about the institution and what it was about.
 - Community engagement and advocacy: Several of the memorials, such as the California Memorial Project, are not only about remembering the past, but continuing to advocate for systemic change and improved care for people with disabilities that currently live in institutions.
- Lessons Learned from other Memorial Projects
 - Knowing your stakeholders, not just including them but really knowing them. Memorial planning should include input from former residents and from their families so that the memorial will reflect a broad spectrum of perspectives.
 - Create a shared vision, so that stakeholders can come together and emphasize inclusivity and community engagement.
 - Take time to plan: The projects long durations required careful planning. Sometimes that meant managing real estate transactions or securing funding and ensuring the design that reflected the memorial's values. It was also important for the groups to be flexible. Sometimes unexpected challenges would come up, and plans would have to be adjusted.
 - Safeguarding your message. Stay true to the mission, and don't let outside pressures distract you from your main goal.
 - Be ready for a long ride. For example, the Willowbrook project took over 17 years to complete. So, it is important to have patience and perseverance and to manage expectations throughout the process.
- Lessons Learned: Supporting People with Lived Experience
 - Another important area that we learned more about from these different groups is how to engage and support people with lived experiences. These projects taught us some important ways to support and honor people with mental health and developmental disabilities. For example:
 - Organizing meetings with clear agendas to help everyone stay on track
 - Focusing on a respectful atmosphere, where everyone feels heard and respected, even if opinions differ

- Leveling the playing field. Encouraging open communication by treating everyone equally helps people feel comfortable sharing their ideas
 - Recognizing leadership styles. Understanding that not all leaders are the same. Some lead by listening, some lead by organizing. Leave room to appreciate all kinds of leadership.
 - Cultivate leadership skills. Give members the chance to practice leadership, like public speaking, to they can develop more confidence.
 - Engage the general membership. Keep members involved by having regular events, and encourage people to share thoughts, ideas, and memories of the institution.
 - Finally, invite participation in public forums. Encourage members to attend public meetings where they can share their views and help shape decisions.
- **Work in Progress**
 - CDDER is working on writing up a summary of the presentation Mr. Alex Green gave on the MetFern Cemetery restoration, and also collecting information about the various annual memorial ceremonies at the DDS cemeteries. CDDER is also hoping to talk with representatives from the Westborough Cemetery Project, which is working on memorials for Westborough State Hospital.

Next topic of discussion: Any questions or comments?

- Ms. Mary Mahon McCauley announced that she will be retiring from the Commonwealth effective February 28.
- Ms. Medeiros asked about scheduling future meetings, and Mr. Millett confirmed that CDDER will coordinate the time and date of future meetings over email.

Vote 2: Adjourn meeting: After confirming that there were no other questions or comments, Mr. Millett asked if there was a motion to adjourn. Ms. Mahon McCauley introduced the motion, which was seconded by Ms. Anne Fracht, and approved by roll-call vote (see record of votes above).

Meeting Materials

1. SCSJ meeting presentation
2. SCSJ meeting minutes from November 14, 2024