

**CAPE COD REGIONAL GOVERNMENT - ASSEMBLY OF DELEGATES  
CHAMBER OF THE ASSEMBLY OF DELEGATES  
FIRST DISTRICT COURTHOUSE @ 4:00 P.M.  
ROUTE 6A, BARNSTABLE, MA 02630**

**Journal of Proceedings - October 18, 2017**

**Call to Order**

Speaker MCAULIFFE: It is 4 o'clock and I'll call the meeting to order. This is the Cape Cod Regional Government, Assembly of Delegates. It's Wednesday, October 18, 2017, at 4 p.m.

Before we have a moment of silence, is anyone recording? Okay. Thank you.

I would like to start with a moment of silence to honor our troops who have died in service to our country and all those serving our country in the Armed Forces.

(Moment of silence.)

Speaker MCAULIFFE: Thank you. Please rise for the Pledge of Allegiance.

(Pledge of Allegiance.)

Speaker MCAULIFFE: Will the Clerk please call the roll.

**Roll Call**

**Roll Call Attendance (89.01%): Ronald Bergstrom (2.84% - Chatham), Mary Chaffee (4.55% - Brewster), Christopher Kanaga (2.73% - Orleans), James Killion (9.58% - Sandwich), E. Suzanne McAuliffe (11.02% - Yarmouth), Edward McManus (5.67% - Harwich), Susan Moran (14.61% - Falmouth), John Ohman (6.58% - Dennis), Brian O'Malley (1.36% - Provincetown), Patrick Princi (20.92% - Barnstable), Linda Zuern (9.15% - Bourne).  
**Absent (4.50%): Edward Atwood (2.30% - Eastham), Lilli-Ann Green - (1.27% - Wellfleet), Deborah McCutcheon (0.93% - Truro).  
**Arrived Late (6.49%): Thomas O'Hara (6.49% - Mashpee - @ 4:20 P.M.).******

Clerk O'CONNELL: Madam Speaker, we have a quorum with 89.01 percent of the Delegates present; 10.99 percent absent.

**Approval of the Calendar of Business**

Speaker MCAULIFFE: Thank you. Do we have a motion to approve the calendar of business?

Mr. BERGSTROM: So moved.

Ms. MORAN: Second.

Speaker MCAULIFFE: Any discussion? All those in favor? Aye. Any opposed? All right. The calendar is approved.

**Approval of the Journal of Proceedings for October 4, 2017**

**Speaker MCAULIFFE: Now the Journal of October 4<sup>th</sup>, 2017.**

**Is there a motion?** Yes, Brian.

Mr. O'MALLEY: Madam Speaker, there are two very trivial corrections to the minutes. On page 8, Mr. Bergstrom's speaking, and he says, "I was kind of disappointed, too, with the numbers." It's spelled "to"; it should be, obviously, "too."

And then on page 30, Delegate McManus is discussing in the third paragraph from the bottom and makes reference to Canada and the Province of -- its spelled "Pavilion" in Spain that's Catalonia, and I've checked that with Mr. McManus.

Speaker MCAULIFFE: Okay. Thank you.

**Mr. O'MALLEY: Other than that, I move approval with those corrections.**

Speaker MCAULIFFE: Any other corrections? Thank you for being so diligent.

Is everyone ready to vote --

**Mr. BERGSTROM: Yes.**

Speaker MCAULIFFE: -- on the calendar of business as amended? All those in favor? Aye.

Mr. O'MALLEY: Journal, the Journal as amended.

**Speaker MCAULIFFE: Excuse me, the Journal. The Journal of October 4<sup>th</sup> as amended; all those in favor? Aye. Any opposed? Okay.**

**Reading of the Massachusetts Senate Adjournment Order in Honor of the Late Mary Lou Pettit**

Speaker MCAULIFFE: Our next item is an honorary item for our Dean of the Assembly, Mr. John Ohman. And Mary Lou Petitt, who had been a former Assembly member, okay -- this is a letter from Julian Cyr and this will introduce the topic.

"Like many of you, I was sad to hear of Mary Lou Petitt's passing. Today, which is September 14, the Senate adjourned in her honor. And enclosed is a copy of the adjournment order we passed."

So, I have asked John Ohman, who is the Dean of the Assembly, who I also believe served with Mary Lou and knew her well, to read this into our record.

Mr. OHMAN: Thank you, Madam Speaker. Yes, I did know Mary Lou very well, and she was quite an advocate. And several of you have served with her, and she's just quite an advocate.

One of the things that her daughter said about her, before I read this, which I think encapsulates Mary Lou very well is, remember, she lived in Eastham, so she always held a very low percentage vote, but she always got many things passed. And what her daughter said, I think as well, encapsulates Mary Lou's spirit.

“I thought about the oyster shell. The oyster produces a beautiful pearl but not until a great irritant is introduced,” said the daughter of Mary Lou, Julia Quigley. “She was the irritant that caused change and caused something great to happen.” I think that encapsulates Mary Lou’s spirit. And the reason that someone even with a very small vote to carry the weight of the Assembly in many occasions.

Anyway, I’ll read this verbatim from the Journal of the Senate. It is just a special acknowledgment for the career of Mary Lou Petitt in her public advocacy.

“The Senator from the Cape and Islands, Mr. Cyr, moves that when the Senate adjourns today, it does so in the memory of Mary Lou Petitt of Eastham. Mrs. Petitt passed away on July 31, 2017. She was 90 years old.

Ms. Petitt began her life in public service when she attended the 1963 March on Washington and heard Reverend Martin Luther King Jr.’s call to action of ‘The fierce urgency of now.’

A longtime activist, she worked on housing issues and was a 50-year member of the League of Women Voters serving both in New Jersey and Cape Cod. She was a dedicated community organizer and founding member of Habitat for Humanity of Cape Cod, Community Development Partnership/CDP, Homeless Prevention Council, Cape Cod Children’s Place, Lower Outer-Cape Community Coalition, and the Flex Bus.

Ms. Petitt also served for five years on the Eastham Housing Authority Board and 14 years as Eastham’s Representative to the Barnstable County Assembly of Delegates. She was also the recipient of several awards:

The CDP’s Gwen Pelletier Award,  
The Presbrey Public Service Award,  
The 2014 Mercy Otis Warren Woman of the Year award.

She was dedicated to the lives of the homeless, elderly, minorities and continued to be involved in her community even during her last year of her life.

Ms. Petitt’s passions included travel, the theater, books, family, friends, faith, and community service. She is predeceased by her late husband William Petitt but is survived by her three children: Stephen Petitt and his wife Yulia of Cotuit, Mass.; James Petitt of Brewster, Mass.; Julia Quigley and husband John of Orleans, Mass, as well as four grandchildren: Katie Petitt-Quigley and James Quigley of Orleans, Mass., Michael Quigley of South Boston, and Lindsey Petitt of Chicago, Illinois.

May we reflect on Ms. Petitt’s commitment to her friends, family, and community. Accordingly, as a mark of respect in memory of Mary Lou Petitt, at 25 minutes past eleven o’clock a.m., on motion of Mr. Tarr, the Senate adjourned to meet again on Tuesday next at 11 o’clock a.m.”

For those of you who served with Mary Lou, you’ll know that her advocacy -- because we can all learn a lesson from what can be done from the position of Mary Lou’s authority.

Thank you.

Speaker MCAULIFFE: One woman but a very strong committed woman. Thank you.

**Summary: Communications from the Board of Regional Commissioners**

- Commissioner Cakounes recapped for the Assembly, actions and discussions of the October 11<sup>th</sup> and 18<sup>th</sup> board meetings.
- Commissioners approved Ordinance 17-11: CCC Amend Section 11 of GIZ Regulations.
- Commissioners holding special meetings on a re-write of the economic development ordinance.
- New dredge named Sand Shifter.
- Commissioner Cakounes updated the Delegates on the status of the new and old dredge.

**Details**

Speaker MCAULIFFE: Communications from the County Commissioners. We have the Chair up here.

Commissioner CAKOUNES: Thank you, Madam Speaker. I'm here to report to you on two meetings. I'll start with the October 11<sup>th</sup> meeting first. Not a lot's going on right now, so this is going to be a pretty quick report.

We approved regular session minutes. We adopted the Ordinance 17-11, which if you remember was previously adopted by this board a week before. This ordinance is the one that amends Chapter G of the Growth Incentive Zone regulations. So that now is on the books.

We had a brief discussion on the hiring of new staff for the new dredge, and I will inform you what came out of the meeting and the discussion is that any new hires for even the new dredge, even though the fact that we anticipated it and the budget has money in it allocated for it, we are still going to require that the new hires go through the "New Hire Policy," which was adopted by the Board of Commissioners, I believe, two weeks prior to the 11<sup>th</sup>, so four weeks ago.

And I've heard today that they are working on that and will be coming forward with a proposal for, in fact, those new hires. I'm not sure if it will be on next week's agenda but certainly the week after.

The other things we did was under "Commissioners' Actions," just a number of contracts. Peterson Oil, Inception Technologies, and we authorized Jack Yunits' timesheet.

I do want to mention that we have been holding -- the Commissioners have been holding special meetings, workshops if you will, and they are two members of the Assembly have been attending; the County Commissioners have been attending; members from the Cape Cod Commission, and members from the EDC.

And the purposes of those special workshop meetings is to aid the Commissioners in rewriting a new ordinance for the Economic Development Council, which now is -- looks like it's leaning towards a new name, which is going to be the "Barnstable County Economic Development Council."

And we actually had a meeting today also. We are moving forward. There is a lot of give and take and a lot of good discussion, and I believe the next time we meet we'll be having a draft agreement that will be brought to the Assembly officially, if you will, for your input and your review by your fellow

Assembly members that have been attending those meetings.

Today, that brings us to today's meeting, which is October 18<sup>th</sup>. Again, simple business. The regular session minutes of our meeting of October 11<sup>th</sup> were approved. We did have a fun discussion today and some action on the naming of the new dredge. It is official; the new dredge does have a new name and it is "Sand Shifter."

There was a lot of input from the community on this, and we had it on the website. We had a mechanism for people to vote. Unfortunately, it wasn't, how do I say this, it wasn't a really trackable method. It was more reasons to just get in some input from people but it didn't prohibit people from sitting there and voting multiple times, if you will, as opposed to just giving a general consensus and one vote/one person.

So, the County Commissioners decided to take all the names that were on there and look at the votes that were tallied, and we had a brief discussion and decided on the "Sand Shifter" as the official name.

To give you a brief update on the dredge, it has been delivered. It is still over in New Bedford. We have not taken legal possession of it yet, but we anticipate that will be done relatively soon. And we did get today a dredge schedule, and in that dredge schedule is incorporated jobs that will be performed by the new dredge.

So that was not discussed at our meeting, only the naming of it, but I did want to let you know that we are planning and the dredge staff is planning for implementing the new dredge as soon as we get a hold of it.

We also did under "General Business" the authorization approval of, again, timesheets for Jack Yunits. We did a number of Cooperative Extension agreements. One of them was for \$88,000 which was to perform dredge work.

We also incorporated and executed a contract with the University of Amherst for the County Health Lab in the tune of about \$40,000. And this is to do with water testing for the school systems in regards to lead. I believe it's all metals, but I think it's just lead in the public school systems. So, we'll be performing those duties here at our Health Lab.

We had an authorization, again, of another agreement through the Cape Cod Commission to expend monies out of the mitigation funds which is collected by, in this case, specifically the town of Harwich in the amount of \$175,658 and that was to provide some transportation improvements along Route 28 in West Harwich. There's a pretty big undergoing there in that part of Harwich. So, these funds are going to aid them to move forward with some of the things they want to do.

We also had another authorization of a Memorandum of Understanding on the Massachusetts Alternative Septic System Test Site. We will be researching and developing a nutrient sensor, and we entered into a contract or a Memorandum of Understanding that we will be taking the next 18 months to test the sensor before it gets actually implemented out into the real world and proof that it, in fact, works.

So, with that, that's pretty much winds it up.

Speaker MCAULIFFE: Have you approved the budget message or

is that still in --

Commissioner CAKOUNES: Yes. We approved the budget message. I reported that to you. We actually voted it on September 27<sup>th</sup>. I take full responsibility and apologize; I thought I had already forwarded the last version of it to Owen to distribute. I was told today when your Clerk asked for it that Owen had not received it. Complete oversight on my part. It has been sent out. Janice, I think, received it 20 minutes ago, so you guys will get it. The copy that you will get is not signed, but I assure you it is the final version that we voted on the 27th.

Clerk O'CONNELL: Yes. It says the word "Draft" on it, but I did forward it to the Delegates.

Commissioner CAKOUNES: Oh, I forgot to remove the word "Draft." Sorry. Those are the edits that I thought someone else was doing, but I guess I was supposed to do them, so I did them today.

Speaker MCAULIFFE: Thank you.

Commissioner CAKOUNES: So thank you for mentioning that. Yes, I will go back and remove the word "Draft" because that is the final document so.

Speaker MCAULIFFE: Any other questions?

Yes, John.

Commissioner CAKOUNES: No? Got off easy.

Speaker MCAULIFFE: No. John. Not so fast.

Commissioner CAKOUNES: Oh God. I tried.

Mr. OHMAN: Seconds away from a clean getaway. No, it's actually an easy question. How do we get to know the details of the new dredge and its capabilities? I know every town, with maybe the exception of Brewster, is interested in the dredge and what capacity it does have and if it has any new capabilities that we have not had with the Cod Fish? And can Wayne come or can we --

Speaker MCAULIFFE: Sure.

Mr. OHMAN: Can we get some information on that?

Commissioner CAKOUNES: I suggest that you attend the ceremony that we're going to be holding, actually on the dredge, where we're going to -- launching the dredge, I think, is how we're terming it, and it will be fun because you'll actually be able to walk on it and see and ask questions about it.

If you would rather just have either Wayne or even Steve now, because Steve is actually in his duties as the Assistant Administrator has taken over the contractual duties for the dredge anyhow, not the physical way it pumps sand or not. But, certainly, Steve can bring with him the correct person to answer those technical questions on regards to how it works.

Mr. OHMAN: Very good. And, lastly, what is the future of the Cod Fish?

Commissioner CAKOUNES: A fillet. Is that what you wanted me to call it, a fillet? It's not a piece of the Cod Fish. It's an entirely new much better dredge.

Mr. OHMAN: No, no. We now have two dredges. What is the future of the whole --

Commissioner CAKOUNES: Oh future; I thought you said what's a piece of the Cod Fish. I'm like, wow, he's really putting me on the spot.

I'm sorry, John. You ask what's the future of the first dredge, the one that we currently own? We're going to work it until it drops, basically. We have enough work right now. The Revolving Fund or I should say the Enterprise Fund that it is funded out of has been working excellently. We are looking to increase some of our costs a little bit to recoup some of -- especially the moving costs because that was a little bit of an oversight in the past. You guys will hear about that because the Assembly does set the rates so there will be a request in front of you as we move forward. But it is the full intentions of the Commissioners to operate both dredges.

One of the good things is the older dredge if it does go down, we now have backup and we'll be able to at least continue to work and do things in the narrow windows that we have. Because you've got to remember with dredging, it's a very narrow-permitted window to do work.

So, if one goes down and you only own one, sometimes it just pushes you way, way back. This way operating the both of them will certainly alleviate that.

And Jack just brought up to me the dredge projects. I can certainly - I'll hand these out to you guys, if you'd like. Looks like there's enough copies.

Speaker MCAULIFFE: Yes. And --

Commissioner CAKOUNES: So that will give you an idea. There's two sections here and the two sections up because now we have two dredges. So, you'll understand it when you see it.

Speaker MCAULIFFE: And we'll put it on the agenda so that everyone has --

Commissioner CAKOUNES: Yes, I'm sure Mr. Tebo will be very happy to come in and at least explain to you contractual parts, what it entails to send the dredge out. But, again, if you want more specifics on the operation of the equipment itself, he'll be very happy to bring the right person because I don't know what I'm looking at, pipes and pumps as far as I'm concerned.

Speaker MCAULIFFE: Great. Thank you. Any other questions for the Commissioner?

Thank you.

Commissioner CAKOUNES: Okay. Thank you.

### **Summary: Communications from Cape Cod Commission**

- Proposed Ordinance 17-13: proposed (DCPC) District of Critical Planning Concern for Eastham submitted to Assembly.

### **Details**

Speaker MCAULIFFE: We have from the Cape Cod Commission the Chief Planner Sharon Rooney. And this is in regards to a Proposed Ordinance for Eastham for their District of Critical Planning Concerns. So, it's a DCPC, District of Critical Planning Concern.

And this will be on our agenda at our next meeting. It will be,

because it's an ordinance, it will be a hearing within our meeting. But this is just being submitted today so, like we did the last time with the last submission, a little introduction, give you time to mull it over, and then we will have our discussion at the next meeting.

Sharon.

Ms. SHARON ROONEY: Yes. Thank you, Madam Speaker, and members of the Assembly. My name is Sharon Rooney. I'm Chief Planner for the Cape Cod Commission. And, yes, I'm here to formally submit a Proposed Ordinance to establish a District of Critical Planning Concern pursuant to the Cape Cod Commission Act in Eastham, Massachusetts.

The Proposed Ordinance was submitted to the Clerk on October 12<sup>th</sup>, and it was a result of a positive vote, a unanimous vote by the full Commission to recommend designation on October 12<sup>th</sup> also.

The Eastham Board of Selectmen, just for a little bit of background, nominated the proposed DCPC on August 24<sup>th</sup>, and the Commission held a meeting to consider the proposed nomination on August 31<sup>st</sup>.

We had a Public Hearing in the town of Eastham on the proposed nomination on October 3<sup>rd</sup>, and then it went to the full Commission for a recommendation on October 12<sup>th</sup>.

So, it's been a very speedy process and has great support in the town. We haven't had any negative or opposition testimony, so the town really supports it. And I'll be back on November 1 for a Public Hearing.

So, I have the Proposed Ordinance, unless you have any questions.

Speaker MCAULIFFE: Thank you.

Ms. SHARON ROONEY: Thank you.

Speaker MCAULIFFE: So the Ordinance will be in our packet for informational purposes as well.

**Summary: Communications from Human Services Department regarding efforts to address substance abuse on Cape Cod**

- Update on the county's Regional Substance Use Council related to drugs and alcohol use Cape-wide.
- Background information and program highlights related to the county MOAPC and SAPC Grants.

**Details**

Speaker MCAULIFFE: Our next item is communication from Beth Albert. She's our Director of Human Services. And the topics I thought that were sort of timely to talk about today are some of the homelessness issues that the Human Services has made in the news about and also the opioid crisis on Cape Cod, which is an ongoing and it seems like an increasing problem every month as opposed to something we're getting our arms around.

Ms. BETH ALBERT: Right.

Speaker MCAULIFFE: So welcome to Beth Albert.

Ms. BETH ALBERT: Thank you. Thank you for having me here today. I am here with one my staff, Melissa Janiszewski. Melissa is our MOAPC

Coordinator, and I'll tell you what that means in a little bit.

I did leave you all some gifts, a bag with some resources in it and a little backpack that you may want to give to somebody in your life, a child, a grandchild or yourself.

I also left you some handouts. One is a copy of the PowerPoint presentation, which is now a beautiful shade of -- the right shade; it was green for a very long time. And then Melissa's going to do part of the presentation.

So, I'm just going to dig right in. So, about the Department of Human Services; so, the Department's mission is to plan, develop, and implement programs which enhance the overall delivery of human services in Barnstable County and promote the health and social well-being of County residents through regional efforts that improve coordination of services.

The four areas we're currently working in are Health Promotion, Aging and Disability, Behavioral Health, and Housing and Homelessness. So, I'm here today to talk to you about two areas that we have some programming around and that's homelessness and substance use.

So, I'm going to start with "Substance Use." In 2015, the Department with member of our Health and Human Services Advisory Council established a Barnstable County Regional Substance Use Council, and we did that for a couple reasons. There were a lot of disparate efforts going on in the Cape around substance use, prevention; people were really trying to grapple with it, and there were groups popping up.

So, on the advice of our advisory council, we pulled together a Regional Substance Use Council. I did give you a list of the Regional Substance Use Council members; it's in your packet. You'll see it's a robust group with representation across the board from providers to the chamber to our Health and Environment Office, the tribe, Alcohol Control Commission, peer recovery centers. We have quite a broad representation.

And the purpose really is so that we have a regional approach to substance use by addressing it from a public health perspective. So, we look at it from prevention, harm reduction, treatment, and recovery. You have to address this in multiple ways.

We have established a communication infrastructure across the towns; providers, organizations, and individuals on Cape Cod related to substance use, and we work to identify and address gaps and disparities in the system. Maximize intra-agency collaboration and maximize funding and resource opportunities.

And one of the primary reasons and one of our successes and that were organized is that we have been able to apply for and receive funding from the state to work with town coalitions in a couple areas, what I'm going to talk to you about in a second.

So just some of our core functions is that we establish and maintain a Cape-wide Regional Substance Use Council, that we have four workgroups that are convened; one around prevention, harm reduction, treatment, and recovery. We facilitate funding in support of identified priorities. We support promising practices and evidence-based programming, and we provide surveillance,

information management, and technical assistance.

When we started our work, we undertook a very large scale assessment. We looked at epidemiological data. We did a cost analysis and an environmental scan. And that provided us, and many of you have probably seen that publication because I know I've given it out to you previously; if you haven't seen it and you'd like to see it, it's still very relevant. We have updated the data since when we put it out but it's still very, very good information.

So, we did a three-pronged approach looking at prevalence and incidence of substance use and associated mortality. We did a cost analysis; how much is this costing our region? And we also did an environmental scan. This baseline assessment has really informed our work on the RSAC and has really been work that has tied everything together. So, it was a really important step, not a small undertaking.

Just to highlight some of the data that we got out of that report, and you'll see this was updated in 2016. About 8 percent of Cape residents are addicted to alcohol. About 1.3 percent are addicted to opioids, Cape residents age 12 and over; 59 percent of all substance use disorder-related deaths are attributable to alcohol; 34 percent are to heroin, opioids, and 7 percent to other drugs.

And I say that because the work that we did -- that we were doing on the Regional Substance Use Council isn't just focused on opioids. We have equal focus on other substances including alcohol. And this is what you mentioned earlier, deaths from heroin and prescription opioid abuse have more than tripled since 2012. So, there were 20 deaths on the Cape in 2012; there were 78 deaths in 2016.

And this is not this spike of opioid overdose, and this is Melissa's area so she's going to talk you a little bit more about that. It's not limited to Cape Cod. It's happening everywhere.

Like I said, one of the primary reasons we organized as a region was so that we could bring resources to the Cape. If we weren't going to be organized, we weren't going to be able to access some of the grants that were coming out through the Bureau of Substance Use Services.

So, in May of 2015, we were awarded a seven-year SAPC Grant, which is a Substance Use Prevention Collaborative Grant. We have Kim Slade as our SAPC Coordinator; she was not able to be here today, but we have information about what she's working on.

The focus of the SAPC Grant is to help prevent underage drinking and other drug use. So SAPC is really focused on youth, underage drinking, and other drug use.

MOAPC, which was our first grant was awarded in January 2015. It's a five-year grant, and that provides staff and funding to implement local policy practice systems and environmental change to prevent the misuse and abuse of opioids and reduce the number of unintentional overdoses.

And so Melissa works on MOAPC full-time. I'm going to just show you the map. Hopefully, you'll be able to see it. It's in your packet too.

So, when we first got the MOAPC and SAPC Grants, we had to work with particular communities. For MOAPC, we had to work with the four

towns that had the highest rates of overdose. So that was Barnstable, Yarmouth, Bourne, and Falmouth. And then we also opened it up to other towns who were interested in participating.

And the same for SAPC; SAPC is a little bit more open. We worked with the towns who were interested and had active coalitions, and those are the towns that are most involved with SAPC. I will tell you the Regional Substance Use Council is Cape-wide. And even though it's not indicated on this map, we do quite a bit of work with the Nauset School District with their Substance Use Task Force, and they're very, very involved in our RSAC Prevention Workgroup and some of the other workgroups as well.

So, this map's not quite accurate other than to represent that we are working with the entire region. I will say that we don't have a lot of representation on the Regional Substance Use Council from the Outer-Cape. And so if you represent a town on the Outer-Cape and you'd like to get more involved, we certainly would welcome that.

So, I'm just going to run through some of our SAPC activities. Again, this is alcohol and drug prevention among youth. In your packet of materials -- actually, they're in your little backpack, I just gave you a sampling of some of our materials, but this is the second year we're putting on a parent summit. It's an afternoon in November called, "My Choice Matters, Building Parent Muscle," and this is the second time we've done it. Last year we had about 250 parents come for an afternoon. It's for parents and caregivers of children of all ages. And this is really -- the focus this year is "Growing Grit and Resiliency." I'm sure you've all heard the word "resiliency" a lot lately because that's what everyone's talking about. How do you do upstream prevention? You work with children on improving their resiliency.

And then "The Secret Life of Teens," which it should be a very interesting workshop. These are really practical strategies. We have great presenters, and we're hoping for a very successful day. And so this Cape-wide annual parent summit is something that we do under our SAPC Grant.

We also have launched something called "My Choice Matters." It's a broad media public relations campaign. I left a bunch of posters there, so if you have a place where you might want to take some of those posters and put it up, we are trying to infiltrate, you know, get them up everywhere. We have several school districts that are putting them up. The Hyannis Youth and Community Center. They also have radio advertising, and we actually just got a grant from Cape Cod Healthcare to do a whole year of radio ads on iHeartMedia. So, we've got that covered for the next year.

This -- oh, I'm getting -- you're going -- you're going with it, very good. I'm not. So, you'll see, I mean, they're really high quality ads, and we're very proud of that. We just did two new ads; one from a physician's perspective talking about how hereditary -- how important it is to talk to your patients about a family history of substance use.

And the idea really behind "My Choice Matters" is that all of our choices matter. Everything we do mattered, and it doesn't matter if you're a doctor; it doesn't matter if you're a child, a parent, there is something that you can do

around substance use, so everybody's choice matters.

This summer we piloted an evidence-based program with the Yarmouth Recreation Department. It's what they call "Train the Trainer Model." So, Kim Slade who runs, you know, is the SAPC Prevention Specialist trained five of the staff at the rec department and then, in turn, trained 120 to 130 youth counselors. So, these are summer staff and camp counselors. And we will continue that and the work is around a sports prevention plus wellness program. So, it's an evidence-based approved program for reducing alcohol, tobacco, and marijuana use, increases healthy behaviors, self-control. This was something that Kim had worked on in one of her other positions. She's here. Her husband's in the Coast Guard, and they were up in Kodiak, Alaska, and she was doing this work up here. And so now we've benefited down here on the Cape by having her -- they're stationed here. And she's got a wealth of information and experience doing programming, prevention programming for youth.

So, she piloted this program at the Yarmouth Rec Department this summer. That will continue in Yarmouth next summer, and we hope to add other rec departments to it.

One final SAPC activity I wanted to highlight -- well, there's two more actually; we were approached by the Alcohol Beverage Control Commission. They wanted to start an Alcohol Coalition on the Cape. And so we kind of brought them into the Regional Substance Use Council under our umbrella, and we are working with staff from the Alcohol Beverage Control Commission. It's a new group and working in three areas; responsible beverage server training, underage drinking prevention, and license holder education. So, this is exciting. This is new work, and we're partnering with the Alcohol Beverage Control Commission on that. So more to come on that.

And, finally, one of the other highlights of the SAPC Grant is we talked a lot about evidence-based and promising practices. Life Skills is a curriculum that is being used in schools. It's one of the two curriculums that the Governor identified for schools to adopt. It's an evidence-based primary prevention curriculum. So last year we provided materials to expand Life Skill programs in three school districts: Sandwich, Barnstable, and Monomoy.

In addition, we are the first in the state to be doing the Life Skills Parents Program. So, Kim right now is working with schools in Barnstable, Falmouth, Sandwich, Monomoy, and D-Y to start this parent program. So, it will be -- it's a companion piece for what's happening with the kids during the school during the day. So that's very exciting work.

And now I'm going to turn it over to Melissa to talk about what she does with MOAPC. Do you want to switch?

Ms. MELISSA JANISZEWSKI: Let's switch, yes.

Ms. BETH ALBERT: All right.

Ms. MELISSA JANISZEWSKI: Thank you for having us. So, like Beth mentioned, I am the MOAPC Coordinator for Barnstable County. And what that really means to everyone else is that I'm an Opioid Overdose Prevention Coordinator, and I work across towns through coalitions and task force to really build the capacity and the knowledge base among anyone who participates in these

groups across Cape Cod.

So, some of the things that we did this year, which is really great, is the County developed an Opioid Overdose Prevention Training Core, which really means that in May we train 10 individuals to be deployed across Cape Cod to provide education to anyone who wants to learn about opioid overdoses or Narcan. Our next step is to really focus on employers, and I'll get into that later on.

The second thing is I participate on the Mashpee Substance Use Task Force, and we are going to be hosting a forum for employers in December. We're really inviting anyone who has employees to come learn about substance use in the workplace and what they can do to not only protect their business but the employees who work for them. We're inviting attorneys to come down and talk about employment law, about what you can ask and what you can't ask. We're also going to talk about workplace injury, injury prevention and pain management. So that, you know, people are equipped with the tools that they need to talk about that.

The third piece is the Harm Reduction Workgroup that Beth mentioned earlier, I happen to staff this group. We've been very busy creating a PSA around a Good Samaritan Law. So, we really want people to know how to recognize and respond to an overdose. We want them to call 911. So, this PSA, we have two versions. One is a minute and a half and the other is 30 seconds that we're posting on our website and our social media. We worked with a mother who lost her son to an overdose, and the point of this is to call 911.

The second thing is we created an overdose rack card, and it should be in your gift bag. It's how to recognize and respond to an overdose. We also printed out bathroom hangers and, in the future, we're going to try to work with local employers and businesses to see if we could post these in places that we know people are overdosing.

And the last thing is we conducted a Death Analysis Research Project at the County. I guess, oh, you're following me.

Ms. BETH ALBERT: I did.

Ms. MELISSA JANISZEWSKI: Great. So, our department conducted an analysis. We looked at death records from 2004 to 2014. And what we did was we wanted to know who was dying from an opioid overdose. We also compiled data from other substances, but this main analysis is focusing on opioid death.

And what we discovered is that there were 281 deaths from 2004 to 2014, that 81 percent of these deaths were male; 69 percent of these individuals had a high school education or less, which means that they may have dropped out; they may have a GED or a high school diploma, and that 65 percent were employed in the service and trade industries.

We even broke that data down even further, and we looked at who these individuals were. Where were they working in the trades and service industry? And as you can see, construction workers were the hardest hit representing 25 percent of the opioid deaths on Cape Cod.

And so we, also, after this analysis, we did a qualitative and quantitative analysis. And really we went out into the community and we broke down into focus groups and key-informant interviews to really learn more about

these individuals and what we could do.

So, we publicized a report that is on our website, and we shared that with the Regional Substance Use Council I want to say a week ago. And now we're having conversations with all of the coalitions and task force and the partners that we work with to really address this issue.

Before I pass this on to Beth, do any of you have any questions on what I reported or what I said?

Speaker MCAULIFFE: Yes, Susan.

Ms. MORAN: I'm just wondering if you have an integration, a program for first responders? So, both, you know, police or fire that deliver Narcan or are first on the scene?

Ms. MELISSA JANISZEWSKI: That's a great question. So, we work with the towns across Cape Cod. First responders are a part of the coalitions and the task force that I belong to. So, what they do when they come to the meetings is they report on how many overdoses they responded to in their town for that month. They all carry Narcan. They also report if Narcan was used when they came to a scene. And they also do follow-up calls. So, they partner with Gosnold, and they have a coordinator that goes out and they do follow-up calls.

So, today, I was at the task force meeting in Mashpee, and we got a report back from the police officers that work on this issue, and they gave us the report. So, we do get those numbers, and we do hear back on the challenges and what they need and what they're doing around Narcan.

Yes.

Speaker MCAULIFFE: That took -- okay. I'm going to go to Brian and then Linda.

Mr. O'MALLEY: Right. So last week at the Cape Cod Councilors - - Selectmen and Councilors' Association, we heard a presentation that talked about with the increasing availability of Fentanyl cut into the opiates that first responders are finding that multiple doses of Narcan -- we heard as many as seven or eight doses are being required.

Ms. MELISSA JANISZEWSKI: Yes.

Mr. O'MALLEY: Which, obviously, poses a very difficult issue for those first responders.

Ms. MELISSA JANISZEWSKI: Right.

Mr. O'MALLEY: Number 1, after three or four doses, hmm, maybe we're on the wrong track here. This may not be a narcotic OD. And Number 2, how many -- where do we go? Tell me how that conversation is developing, if you could?

Ms. MELISSA JANISZEWSKI: So part of the training core program that we developed, we have monthly learning calls with our trainers to keep them up-to-date about what's happening on Cape Cod. One of the main areas of focus is the changing of landscape of drugs. You know, we're now seeing Fentanyl is in everything. You know, when someone is overdosing, most likely Fentanyl is in their system. And so that means that we really have to change the way that we respond.

So, the first thing that we want people to do is to call 911. The

second thing is you can keep someone alive by breathing for them; so that's the second thing. The third thing is to make sure that people who need Narcan have access to it and it's affordable and available. So, we're working with pharmacies across Cape Cod to make sure that pharmacists are educated that -- CVS and Walgreens, they have a standing order. So, anyone who needs Narcan can walk into a pharmacy and ask for it. If they're on Mass. Health, it's free. If they have a private insurance, there may be a co-pay. We want to make sure that those co-pays are consistent and affordable.

So, these are some of the things that we're working on. It's required by our training core members that they go and build relationships with pharmacists so that when they're doing trainings in a town, let's say Dennis, that they can say, you know, I've been working with the CVS in Yarmouth, that's the closest place. And if you talk to one of the pharmacists there, they can definitely help you and get you Narcan.

So, we're working with pharmacists; we're working with our trainers, and we're also working with first responders. So, we hear their feedback and we know it's a critical time and timing is everything. So being able to call 911 immediately is the most important thing.

Mr. O'MALLEY: Thank you.

Speaker MCAULIFFE: Linda.

Ms. ZUERN: I've gone to a couple of workshops on opioids and drug addiction. Vivitrol was mentioned and you haven't mentioned that. Do you really push that as a drug to stop addiction? Because I've heard that that can work within 90 days; whereas, things like methadone you have to take forever.

Ms. MELISSA JANISZEWSKI: So we don't push any type of medication. We really work with Narcan because it's a life-saving drug that's non-addictive, and the only sole purpose is to reverse an opioid overdose.

However, we do work with partners such as the correctional facility that have -- they have a Vivitrol program. We work -- some of our partners in our working groups are treatment facilities, and so they have different treatment programs, that they use different medications. So, we do support our partners. They're a little bit more knowledgeable about those types of programs than I am, but Vivitrol is something that we do talk about.

Ms. BETH ALBERT: Can I? I just want to add to that too, Linda.

Speaker MCAULIFFE: Beth, just use the microphone so people can hear.

Ms. BETH ALBERT: Sorry.

Speaker MCAULIFFE: That's all right.

Ms. BETH ALBERT: I'll bring up another chair because I want to make sure we're responding to the questions. So, one of the things that we learn, I mean, I'm not an expert; I don't pretend to be an expert, but the people that are on our Regional Substance Use Council really are.

And what we have learned and what one of the principal things that we adopted as a Regional Substance Use Council is that there's multiple pathways to recovery. So, it's one of our values is that Medical-Assisted Treatment has a place in helping someone move through their addiction, through treatment, and then

sustain them in their recovery.

Not everyone has to go through a particular prescribed path through treatment and recovery, but what we like to say is there's multiple pathways to recovery. One of those pathways very well may be on the three that I know of Medical-Assistant Treatments, outpatient therapy may be part of it, recovery coaching may be part of it, maybe a combination.

So, yes, we support all evidence-based treatments and MAT is one of them. So, I just wanted to make sure that we were clear, but it's definitely a value of our Regional Substance Use Council.

Ms. ZUERN: Can I just make a comment on that too? The methadone, as I understand it, is not really something that treats; it's just a substitute and you have to be on it for the rest of your life. So, it's not really helping the person recover.

Ms. BETH ALBERT: So, yeah, you know, this raises -- we could have a whole afternoon or a whole day talking about that because people have different standpoints on this.

I think the way that we like to look at it and how we encourage people to look at it is that addiction is a chronic recurring disease, and you have to look at it similar to you would look at someone that has diabetes and that they may be on insulin the rest of their life. And so that's how we need to look at any of the MATs, you know, methadone, Suboxone, Vivitrol is that it may be something that someone needs to take for a very long time, similar to someone taking insulin for a very long time.

I know Brian might have something to add to that, but it is -- that's what it is. That's our stance.

Ms. ZUERN: Can I just ask her one more question?

Speaker MCAULIFFE: Quick.

Ms. ZUERN: I sort of disagree with that.

Ms. BETH ALBERT: Yes.

Ms. ZUERN: But I have another question about the ballot question concerning recreational marijuana. Are you involved in that at all in getting that out to the public and saying this is not a good thing for our kids?

Ms. BETH ALBERT: So, I'm a public official, you know, I'm a public employee, right? I'm a public servant, and so there's very clear guidelines about what we can and cannot do regarding political activity, and a ballot question is political activity.

I did actually check in with the lawyers at the Ethics Commission -- would that be -- I've had a very long day so far. But, anyways, I wanted to know exactly what we, as a Regional Substance Use Commission/Council could do because that came up. And we had people that were on both sides of that. And we can take a position as to educate about the impact of marijuana on youth, for example, but we could not take a position that said, you know, we don't support ballot measure X, Y, Z on anything.

But our job really is to -- we can take a policy position, and we can educate the public, and that's what we're bound to do. I'm not an elected official, so I can't take that next step. It's about education.

Speaker MCAULIFFE: Ron.

Mr. BERGSTROM: Yes, you guys do great work and it certainly is an issue but there's --

Speaker MCAULIFFE: Is your microphone on?

Mr. BERGSTROM: Yes, it's on but I'm just not using it. You know, I turn on the TV and I see commercials now for private organizations that are offering rehab services, you know, I'm sure at a price. And I'm just curious -- and so it crossed my mind is that, and, also, you know, everybody has a friend of a friend who lost somebody on the Cape. Recently, information came to me that this summer someone -- a child of someone had died actually in a safe house. So, I call it a sober house.

Ms. BETH ALBERT: Sober house, yes.

Mr. BERGSTROM: And then you hear they're supposedly recovering.

Ms. BETH ALBERT: Right.

Mr. BERGSTROM: So is there any, you know, we've been through this now for about half a dozen years; I wonder if there's any objective analysis looking at these programs and saying, okay, here's a hundred addicts that didn't go through rehab, and here's a hundred addicts that went for rehab and to compare the two groups to see whether it's affected the death rate, the numbers of people who died and the number of people who rehabbed. Is there any -- I mean that's a big question.

Ms. BETH ALBERT: You're talking about the efficacy of treatment modalities.

Mr. BERGSTROM: Yes.

Ms. BETH ALBERT: And I --

Speaker MCAULIFFE: In four sentences.

Mr. BERGSTROM: I was going to say efficacy of treatment modality.

Ms. BETH ALBERT: Sorry.

Mr. BERGSTROM: But, you know, that's fine.

Ms. BETH ALBERT: No, because I was really listening. I'm like where's he going with this one? Where's he going with this one?

Speaker MCAULIFFE: In a nutshell.

Ms. BETH ALBERT: But in a nutshell, that's what you're asking, right?

Mr. BERGSTROM: Yes.

Ms. BETH ALBERT: Has anybody -- and I don't know the answer to that because things are evolving, the treatment modalities dealing with opiates are very different than what was in place for alcohol. So, things are moving very, very quickly.

And I'm sure there's been some data being collected and being analyzed but that's a really good question and it's something, I think, the treatment workgroup is kind of poised and ready to look at. But locally, no, we have not done that.

Mr. BERGSTROM: I'm not suggesting you should have a handle

on that, but I think it's important going forward for people to know because they're in desperate situations. They have children or so on and that they want to go into these rehabs; some are expensive, some are state-sponsored.

Ms. BETH ALBERT: I know.

Mr. BERGSTROM: And we really want to know is this going to work because some people that want intervention to be if they come out of rehab and they relapse, they're in a dangerous position where they can easily die.

Ms. MELISSA JANISZEWSKI: Absolutely.

Ms. BETH ALBERT: So --

Mr. BERGSTROM: The other question is, you know, quite a -- 10-15 years ago they started needle exchange programs because people were getting AIDS and hepatitis from used needles. And it was a great idea but there was pushback from people who said, "Oh, you're just empowering; you're enabling."

Ms. BETH ALBERT: Right.

Mr. BERGSTROM: And I noticed the same pushback from the Narcan and them saying, "Oh well, you're just reviving the people, and now they're going to be more confident in their drug because they know you're going to revive them."

Have you, personally, or has the group experienced to that or has anybody approached saying that's a bad idea, the Narcan? No?

Ms. MELISSA JANISZEWSKI: Not in my experience, no.

Mr. BERGSTROM: Okay.

Ms. BETH ALBERT: I think --

Ms. MELISSA JANISZEWSKI: But I hear what you're saying.

Ms. BETH ALBERT: I think one of the things, again, you know, pulling together this Regional Substance Use Council, we really wanted to be clear about where we stood on things. And that's why, you know, we want to support evidence-based programming. We want multiple pathways to recovery.

We are looking at this from a public health harm-reduction approach. So that is we talk about that all the time. And so does everybody agree with us? No. I'm sure there's plenty of people who have similar sentiments.

But the people that we're working with that are involved with the Regional Substance Use Council are working at it from a public health harm-reduction approach.

Speaker MCAULIFFE: Yes, Tom.

Mr. O'HARA: Yes. With the legalization of marijuana at our doorstep, a lot of decisions are being made locally. What are your concerns regarding marijuana; is it a gateway drug? And if it is, and I'd like to know what you're feeling is on the legalization of marijuana. We're move -- our towns, I think all of our towns, are in the position of making these decisions.

Ms. BETH ALBERT: So.

Speaker MCAULIFFE: It's puts you in a tough spot.

Mr. O'HARA: I did and I did it purposely.

Ms. BETH ALBERT: Yes.

Speaker MCAULIFFE: I mean, and not to deflect, but I think one of the reasons I really like working with Beth's department is it isn't -- it is a global

overreaching. She keeps saying “evidence-based” so they do data collection. They evaluate; they do that. So, I’d be very comfortable with them presenting something in terms of what they know about the data.

I don’t know if you want to be put on the spot for a personal opinion, but I think it would be very good if they could perhaps give a, you know, the data shows it is or it isn’t a gateway drug kind of thing; is that acceptable?

Mr. O’HARA: I am. That’s what I’m looking for.

Ms. BETH ALBERT: Yes.

Mr. O’HARA: It could be an opinion. It could be what --

Ms. BETH ALBERT: Well, I’m not going to give you an opinion.

Mr. O’HARA: -- you’ve seen. You’ve been to seminars probably more than I have.

Ms. BETH ALBERT: Yes. So, I think the best way forward with this is this is an area that Kim Slade is working on. We finished one issue brief and we’re doing another issue brief that’s looking at now that marijuana is legalized.

From a prevention standpoint, we want to be educating -- I mean the acceptance of marijuana is overwhelming. I mean people have a lot of attitudes about use and parents may be using it but don’t want their children to use it.

One of the new ad campaigns that we’re just launching -- it’s just finishing up literally today is what the data shows us is that if you are a parent and you don’t want your child to smoke marijuana, you need to tell them. You need to literally be that explicit and tell them that you don’t want them to smoke marijuana. Parental approval, hope I’m not saying this the wrong way, but parental approval or perception of parental approval, there’s been shown to be a correlation between how a child perceives what their parent thinks and what the child does.

So, a very simple thing that everybody can do is really let your child know that you don’t want them to smoke marijuana. Tell them.

So, I am going to deflect a little bit. I would be more comfortable having Kim come back and actually do a presentation on that because I don’t want to wing it and I don’t want to give you my opinion.

Mr. O’HARA: And I’m fine with that. What’s happened is we were at the Selectmen meeting last Friday, it was contradictory studies.

Ms. BETH ALBERT: Yes, there is.

Mr. O’HARA: One was saying that the use of marijuana in Colorado between teenagers was up, and the other one says there was no --

Ms. BETH ALBERT: Right.

Mr. O’HARA: And it’s like so you’re trying to make a decision based on --

Ms. BETH ALBERT: Hence my hesitation, yes.

Mr. O’HARA: It’s just all over the place and somebody’s got to come up with actual -- of actual factual numbers. I mean it’s a difficult position to be in.

Speaker MCAULIFFE: No, you guys -- it’s important. I mean we have a ballot question that towns are being now required to address and implement and accept or decline. I know Dennis keeps declining to have, you know, to participate in terms of distribution.

But I think we will definitely book Kim because I think it would help inform us with someone who is actually working with you. And perhaps we could get a little bit more of this, you know, does the data show it is a gateway? Does the data show, you know, as you said you hear both sides; it keeps them off opioids. You know, what does the data show?

Before I go to you, Ron, Linda and then --

Ms. ZUERN: I just wanted to say I'll give you the pushback against the Narcan. I've heard of parents who have it on hand constantly, even in the car in case their kids are in the backseat are needing, you know, Narcan to stay alive.

To me, if you use that once that's one too many times. So, anybody who has to use it once needs serious help, counseling or something until they are well.

So, I don't think that giving a kid Narcan after Narcan after Narcan does that person any good at all, and a lot of those kids end up dying anyway. You know, they just -- they can just do it so many times.

So, I think, you know, you have to do something that's going to keep the kids from going on drugs in the first place. But if they are on it, you have to get them off as soon as possible.

Ms. BETH ALBERT: Yes, so I'm not going to respond too much other than to say one of the most -- early on in this work and, again, substance use is not -- I am not an expert in this but I've talked to enough parents and I've heard enough things.

One of the first young men I met at, I think it was the Yarmouth Town Substance Use Council, had been Narcaned I think 15 times, and he was now in recovery.

So, personally, I don't think you can quantify that because if somebody is revived from an opioid overdose and they live and they go on through treatment -- so I am going to give you a little personal feeling on that one.

Speaker MCAULIFFE: And before I go to Ron, with the federal government on the cusp -- on the cusp, literally, of declaring opioid abuse a national emergency, that in some ways should be a huge infusion of perhaps funding and resources.

So, I think in terms of where the County is, you are very well-positioned because of the work that you've done not only with assessing your baseline and coordinating your networks and getting -- but you're sort of tee'd up for where I think the country wants to be. And Barnstable County may, in fact, be a model or some of the other areas in the country that are struggling with this once the federal government -- it's a very complex thing. But I heard today that they're working on declaring it a national emergency.

Ms. BETH ALBERT: Yes.

Speaker MCAULIFFE: So that means then that you potentially have more resources.

Ms. BETH ALBERT: I think we are well-poised if things are coming down the pike.

Speaker MCAULIFFE: Yes, to be a model.

Yes, Ron.

Mr. BERGSTROM: Well, I agree with you on the Narcan thing. I think of it just like an Epi-pen. Some people, you know, they eat some lobster or something, they could die. You know, you see they're in anaphylactic shock and you can --

And so, in follow up, if somebody asks me if I'm going to open up "Ron's Rehab" in my basement, what is the regulatory environment that I have to go through? Does the state comes down and say you have to do this; you have to do that. You have to have so many clinicians on staff. You have to have a doctor at all times.

Is there somebody out there who's regulating these people who are coming up now and saying, "I can take care of your kid." Do you know that?

Ms. BETH ALBERT: I know that the Department of Public Health, Bureau of Substance Use does do that work for treatment facilities that are accredited or vetted by BSAS and receive funding from BSAS.

I don't know the answer to the other questions, but I will get that answer for you.

Mr. BERGSTROM: So, in other words, if you want to be accredited, you have to follow certain guidelines.

Ms. BETH ALBERT: Yes.

Mr. BERGSTROM: But as far as --

Ms. BETH ALBERT: Again, this is kind of out of -- I would have to get some additional information and bring it back to you because I don't want to misspeak. I don't really know the names of all of the different accrediting agencies for treatment providers; I'm sorry. I don't.

Mr. BERGSTROM: Neither do I so.

Ms. BETH ALBERT: Okay. But it's a good question.

Speaker MCAULIFFE: Jim.

Mr. KILLION: Thank you, Madam Speaker. A couple of questions; I'm just wondering how these numbers compare to alcohol addiction, which you mentioned earlier which affects a far greater number of people?

And, also, do you know the numbers of people that are addicted that had come through some sort of professional pain management program that led to that addiction?

Ms. BETH ALBERT: So the first question is have we done a comparable analysis of alcohol deaths looking at it from this perspective?

Mr. KILLION: Exactly.

Ms. BETH ALBERT: No, we have not.

Ms. MELISSA JANISZEWSKI: Well, when we compiled death records, we did look at alcohol but --

Ms. BETH ALBERT: We haven't done this level of analysis.

Ms. MELISSA JANISZEWSKI: -- it's not at this level. We're still - - this was the first priority and then we're going to start going through the other substances that we found on death records.

Ms. BETH ALBERT: And what was your second question?

Mr. KILLION: Regarding the number of people who are addicted and how many of them or what percentage came through some type of professional

pain management program?

Ms. MELISSA JANISZEWSKI: So this is a great question. So, one of the things that we're working on just based off of this analysis, talking to folks in the community when we're doing focus groups is that we really need to know more. So that is a really good question that we're trying to answer ourselves.

You know, we don't know what came first. Did someone start using opioids after they injured themselves on a job or were they using beforehand? There are a lot of questions that we just don't know yet. And that's one of the reasons we're targeting employers because we know that workplace injury is preventable. And so that if employers can offer education to their employees, maybe, you know, we can approach it that way but there are a lot of other things that we need to find out. And we plan on reaching out to employers and those working in the trade and service industries to learn more.

Speaker MCAULIFFE: Pat.

Mr. KILLION: So just a quick follow-up to that.

Speaker MCAULIFFE: Oh, I'm sorry.

Mr. KILLION: So as part of your analysis of what you're doing now when you speak to people, is that part of the assessment of how they get to where they are?

Ms. MELISSA JANISZEWSKI: So our focus groups are over. But when we are educating employers, we do -- there are several things that we do know that, again, workplace injury is preventable; the way that you can educate your employees, there are different approaches to that, and to really think about who's working for you. A lot of individuals who are working also are caring for someone with substance use disorder. So, it's not just thinking about the person who has substance use disorder but their family.

So, we do educate but there's so much more to learn. This was just like the first initial analysis of trying to find out who is dying from an opioid overdose.

Ms. BETH ALBERT: But part of that additional information-gathering is going to be talking to individuals in the trades to try to get at some of that. Because of when we did the qualitative work, it was right at the beginning of the summer season. So, we weren't able to interview or get qualitative information from that particular cohort of folks. So that is part of -- that is one of the things; we have some next steps, that's one of them.

Mr. KILLION: So you have not been able to compare this data against any other regions to see how we compare?

Ms. BETH ALBERT: I don't think we've done that yet.

Ms. MELISSA JANISZEWSKI: The only other -- what I can tell you is that this analysis was inspired through our -- a colleague of mine in Medford who is doing a similar analysis of death records, and they're focusing purely on trades and service industries and the employers.

Right now, through the focus groups, a lot of the stories are anecdotal. It varies, you know. It really depends on that person and what got them to this certain spot. And so there's really a lot to learn.

And I'm sure it will be, you know, it's going to just vary across, you

know, service and trade industry or who we're speaking with.

Mr. KILLION: Thank you.

Speaker MCAULIFFE: Patrick.

Mr. PRINCI: Thank you, Madam Speaker. You've done, obviously, a great job with reaching out to the communities. I've seen Beth at a few events in Barnstable and gathering statistics and information.

Now with that information that you're gathering and the statistics you're gathering and also the teachings that you're doing and the education components out in the community, are you, I'm sure you are, but do you happen to have any type of break down as far as what monies are being spent for, for instance, flyers for the schools and educating people at the rec department?

And with that information, are you putting together any sort of -- and coupled with the statistics that you've gathered, are you trying to compile any type of measurement to see is what we're doing working?

Ms. BETH ALBERT: Yes.

Mr. PRINCI: Are we making an impact? Are these numbers starting to go down. If they are, why? If they're not, why not?

So I think as our Speaker had mentioned too with it's all over the national news what's going on, it isn't just here on Cape Cod where people are having issues with drugs and alcohol. I think with those types of measurements put in place to kind of see what's working and what isn't might be beneficial to the County as we move forward and look for more grants.

Ms. BETH ALBERT: Yes. So, one of the things -- you're absolutely right. You want to evaluate the effectiveness. So, for prevention, for example, it's very difficult to measure prevention. So, if you're doing primary prevention, you're providing education to a group of folks, the kids, for example, who you don't know, you know, 10 years from now, 15 years from now, that's how long you're going to have to study these things to see if your primary prevention is having an impact. And that's why we don't want to wait that long. That's why anything that we're doing around prevention, primary prevention, we're using evidence-based materials, curriculum, social -- all of these, the posters and the "My Choice Matters," that's all based on a social norming, a social norming science. It's a way of advertising so we're providing -- instead of saying, you know, 75 percent of kids smoke cigarettes, and I just made that up so that's not that accurate, you say, you know 25 -- did you know that 25 percent of your friends, you know, have never smoked anything in their life? And, again, those percentages aren't right.

So, everything that we do and everything we strive to do around prevention is based using evidence-based things so that have been evaluated, that have been tested and true, so that we are pretty confident that what we're doing is going to have an impact based on work that's been done over the years.

But it's an excellent point, and we're constantly trying to think about that evaluation piece up front, not only counting how many posters are we putting up but, you know, is it having the desired outcome? It's a huge important question.

Speaker MCAULIFFE: Brian.

Ms. BETH ALBERT: Very important question.

Speaker MCAULIFFE: Brian.

Mr. O'MALLEY: Yes. I wanted to address the question that was posed by the Delegate from Sandwich which was about the incidents of opiate-addicted patients who have come through pain management programs.

Because if I'm understanding the question correctly, there's a concern that these programs may be responsible, and I wanted to lay out a realistic scenario.

Number 1, I will say this, I have never seen anyone who became habituated for opiates having come through a pain management program. The natural course of events that brings an awful lot of people into trouble is that they're injured; they see their primary care physician, and they get opiates. They get some Percocet's, you know, they get some Oxycodone.

Within a couple weeks, within a couple of weeks, and we're talking short number of weeks, that person has already developed a habituation and a tolerance. Pain management referrals are rather difficult; they're overwhelmed, Number 1. They are overwhelmed there. They are very reluctant to prescribe opiates for their patients. Their specialty is in using non-drug approaches or nonnarcotic approaches, I should say, more accurately.

Because of that, what is almost invariably the case is that the only people who get into pain management programs are people who are really chronically using medical -- medically-prescribed opiates. And their physician is looking for some -- a primary care physician, as I was, who finds themselves in the position of this is going on too long, this is really going on too long; I can't get this person off the Percocet, that's when the referral gets made. Nobody gets into a pain management program right after the injury. It simply doesn't happen.

So I would like to give some reassurance that it's not the pain management programs, and I've had very, very close association and worked with the pain management specialists at both hospitals through my work as Chair of the Prescription Opioid Management Committee at Cape Cod Healthcare.

So I can give you some reassurance on that one.

Speaker MCAULIFFE: I'm going to go to Tom and then, Ed, you had a comment.

Okay. Tom.

Mr. O'HARA: Thank you. What Mr. Princi had brought up was I thought was an excellent point, and I was thinking about it at the time, using the information just on this sheet here, you have 69 percent of the opioid overdose has a high school education or less, below that is 65 percent is our trade workers.

And, yet, here we are, one of the largest decisions that 12 of these -- our communities are going to make within the next couple of weeks in regards to the Voc Tech and the house.

Ms. BETH ALBERT: Yes, they are.

Mr. O'HARA: It seems to me like for the biggest bang for the buck, it seems like we ought to be having a mandatory training class in that school. I mean, clearly, your stats are showing that. With the budget such as they have for the building, there should be an addiction or an abuse program as part of the curriculum. And maybe that's something that you could bring forward.

Ms. BETH ALBERT: Thank you for that. Yes, that's a really good

suggestion.

**Summary: Communications form Human Services Department regarding Homelessness on Cape Cod**

- Clarification of the county's role and involvement in homelessness on Cape Cod.
- Background and program update on the Regional Network on Homelessness and related grants.

**Details**

Speaker MCAULIFFE: Okay. So, let's move on to homelessness. I know this is a topic, as you say, could take all day, but especially since you have so many layers of data.

And the reason I wanted this is this is not a non-sequitur. It's because Human Services was meeting on homelessness, and there was some press about some of the issues about the County and their involvement in homelessness, and I think it might've been a lack of understanding what the County's role is in homelessness. Just like one of the reasons I want them to speak to you on any topic is so that you understand what the role for Human Services is because it's not necessarily the service provider; it's more the data, the networking, the big picture aspect, not the actual necessarily hands-on kind of things.

So, Beth, I wanted you to address the homelessness just so that people understand that.

Ms. BETH ALBERT: Thank you. So, I did, in your packet, and I'm not going to read through this whole thing, I did give you a copy of a briefing. I updated it a little bit. It was a briefing I had given to the County Commissioners last month on this issue. So, it really goes into depth about the role that we play, and I'll go through it. So, we're on there. All right.

So, the Regional Network on Homelessness -- so the Regional Network on Homelessness or the Regional Network, as we call it, was created in 2009. Prior to that, it was called the Leadership Council to End Homelessness. Some of you may remember that.

So, the Regional Network is a broad public/private partnership of nonprofit agencies, municipal leaders, state departments, philanthropy business. If you look at the makeup of the Regional Substance Use Council, it's similarly organized as our Regional Network on Homelessness, it's the same kind of sectors represented, although the focus is on homelessness.

So, the Regional Network, the primary purpose is really coordination of stakeholders, systems, and resources to address homelessness. We provide training, planning and coordination of efforts, sharing of information, and improving access to available resources.

It also provides, and this is really an important thing to understand because when people say, "Well, why do you need a Regional Network on Homelessness," not only does it play that kind of coordinating sharing of information training purpose, it also provides the structure that's required by HUD for the Continuum of Care Program, which allows the region to apply for federal

homelessness assistance programs.

So, if we didn't have the Regional Network structure, even if it was called something else, we would not be able to avail -- the region would not -- we would not be able to apply for HUD's Continuum of Care program.

As an approved continuum, which we are, the region is eligible to apply for U.S. Department of Housing and Urban Development for HUD Continuum of Care McKinney-Vento Funds for homelessness, services, and programs.

The Cape has been receiving these funds since the early 90s, and over 26 million in HUD McKinney-Vento Funds have been awarded to the region. So that the Regional Network Policy Board plays a really important -- is the structure, the policymaking structure that allows us to have the structure in place to receive these HUD funds.

Let's see. So, just, I mean I don't want to get into too much detail because some of it is HUD speak, but some of our major responsibilities, key responsibilities are: Performance Targets and Monitoring. You can skip to the next slide. The Coordinated Entry System; this is something that we -- this is something that's required now by HUD in order to receive CoC funds. Coordinated Entry has been -- it's been a huge lift. Paula Schnepf, who is our Regional Network Coordinator has been the lead on that. We did just get a HUD grant to help us with Coordinated Entry, but it is really good concept and it really is where we want to go as a region.

Right now, we're working with CoC-funded grantees, so that's, for our region, that's the Department of Mental Health, it's HAC, it's Vinfen, Duffy, Barnstable Housing Authority, Falmouth Housing Authority all received grants to work and house people who are homeless.

And so what Coordinated Entry does is any resource that's available we actually have someone who if there's a vacancy, we're aware of the vacancy and we're matching people who are the most vulnerable with those housing resources.

We're starting with CoC-funded entities, but our hope for the region would be that we would move towards a regional Coordinated Entry system. Right now, we only have -- we have a carrot, I guess, but the only folks that we can mandate/participate in Coordinated Entry are those that get these federal funds. But it's a place to start, and it's -- we have our policies and procedures. It's flowing. We've got the referral system; we've got the HUD; we've got the data base. So, we've done a lot of work over the past year to get this Coordinated Entry system off the ground, and you'll be hearing more about that.

We piloted it last -- two summers ago. We've been building it, and we have to have the system fully in place by January. And so we're well on our way to meeting that.

We established standards and what that means is that, you know, as federal dollars for homelessness, I don't want to say shrink, but they're becoming, yes, more competitive; they are shrinking. HUD is really wanting us to assure that the most vulnerable individuals are being matched with those federal resources.

Homelessness Management Information System, really important, we're collecting data. We're working with our HMIS provider right now, which is

HAC. They're the HMIS league for the region. We are working with them to enhance our data not collection so much but integration and reporting that's been something that has needed to have a little attention. So, we're working on that.

And we also, obviously, do a lot of planning and work around submitting this consolidated application for the HUD Continuum of Care program.

So, our role is we act as the Convening Agency, so we do the planning, the project management, administrative and logistical support, and we're also the Collaborative Applicant. So, we are the eligible entity designated to submit the annual CoC application on behalf of our Regional Network.

I just came from a meeting in Worcester earlier today, and so we're meeting with everyone across the state. We've been meeting for about six months on a monthly -- a quarterly basis, I'm sorry, with all of the CoCs. And there's just so many ways we can leverage these resources and really work as a region to reduce barriers so that folks can access the resources we have. And that's -- we just can't work on that enough. It's constant, you know, we're finding that there's vacancies here, and we want to make sure that we're getting people to the resources that we have. It's bad enough that we don't have enough resources, but we really are working hard on performance and utilization of resources we have. Not just CoC resources but all available affordable housing units for this population. Again, we play these two roles; the Convening Agency and the Collaborative Applicant.

The staffing, I just hired for the first-time ever with a hundred percent grant funds from HUD, a CoC Program Manager. We've been kind of cobbling it together with consultants and my time and it just was not a sustainable way to move forward. And so we just hired Martha Taylor. She's on week number two.

So, I just, very small, but just a couple examples of some of the impact of this Regional Network on Homelessness that allows us to bring these federal dollars.

We just finished up a funding round. We submitted a consolidated application at the end of September for 1.7 million and change. Last year, we were awarded the 1.74 million, and that supports about 145 permanent supportive housing beds across the region from Bourne to P-town.

As I said, we established this Coordinated Entry System and that will be growing. We've reestablished -- I mean one of the things, you know, meetings, meetings, meetings. I go to a lot of meetings. But there are -- there's always requests that people that are working with particular populations have an opportunity to get together and work on those barriers and reducing barriers and, you know, establish and enhance communication.

So, we just reestablished the Family Homelessness Prevention Committee. We will be working more closely with the Homeless Liaisons, which every school district has a McKinney-Vento Homeless Liaison working with homeless families in their district. So, we're enhancing and strengthening that linkage to make sure that those schools and those families are connected with our resources.

And, also, we're working much more closely with the groups that work around Veterans. So those are kind of a re -- we've tried this before without

too much success, but we have reinvigorated our Family Homelessness Prevention Committee and our Veterans Committee.

We supported a Homeless Youth Initiative -- new Homeless Youth Initiative out at the Homeless Prevention Council. We secured some funding from DHCD for them to conduct an Unaccompanied Youth Survey.

Like I said, we're currently engaged in planning to improve our HMIS or Homeless Management Information System capacity and data reporting capabilities.

Just our Regional Network Policy Board members where several of them were involved in all of the discussions that happened in the town of Barnstable about the Transitional Living Center, which ultimately led to the transfer of the individual shelter provider from HAC to Catholic Social Services. So, we're working closely with Catholic Social Services as part of our regional network.

Again, the Regional Network Policy Board members were involved in the creation of the Falmouth Seasonal Shelter and funding for the Homeless Coordinator in Falmouth. And Regional Policy Board Members are also involved in the coordination of all the various homeless outreach workers.

So, you know, it's a lot of coordination. It's a lot of bringing folks together, making sure we're providing a table where some of these conversations can happen.

Again, I think a really important role for the County as part of this regional network structure is that we're able to bring those resources into the region.

So that wraps up my presentation. I'd be happy, like I said, there's a much more in-depth memo here that, a briefing that really goes into detail about a little bit more about the regional network and the Continuum of Care.

Speaker MCAULIFFE: Susan.

Ms. MORAN: Just a quick question. There are a lot of faith-based organizations that are pointing at some resources to make, you know, they have a wish to make homelessness less prevalent -- more prevalent -- less prevalent rather.

Ms. BETH ALBERT: Yes, right.

Ms. MORAN: So I'm wondering what do we tell those folks about getting on the right track? Refer them to you or what makes sense?

Ms. BETH ALBERT: So, yes, we would be happy to talk with them. Edye Nesmith from the Council on Churches sits on our Regional Network Policy Board. So that's one kind of organization that's representing some of the faith-based groups. But, yeah, certainly. I know that there are efforts on Martha's Vineyard. Faith groups are getting together wanting to do some work. They often don't want to -- often the federal funding comes with too many strings attached and that's also -- there's some tension there, not in a bad way, but it may not be how they want to operate. And so because when you receive federal dollars --

Ms. MORAN: Reporting, right.

Ms. BETH ALBERT: -- there's reporting and there's Coordinated Entry and stuff. But certainly from a connection point of view, we'd be happy to have conversations with whoever.

Ms. MORAN: Thank you.

Ms. BETH ALBERT: You're welcome.

Speaker MCAULIFFE: Chris.

Mr. KANAGA: Hi Beth.

Ms. BETH ALBERT: Hi.

Mr. KANAGA: Thanks for being here. This is just information.

Ms. BETH ALBERT: Sure.

Mr. KANAGA: Permanent supportive housing bed; what services go with that?

Ms. BETH ALBERT: Sure.

Mr. KANAGA: Is that meals? Is it job training? What's the sort of scope?

Ms. BETH ALBERT: So the permanent supportive housing, the idea is that it comes with support services. So, if an organization like a Barnstable Housing Authority has some of these permanent supportive housing, they are partnering with a support agency, like an AIDS support group or DMH. So, the case management services, you can't force someone to take them, but you're trying to make sure that they're connected to main stream benefits, that they're connected to their healthcare. If employment is something they're interested in -- so it's looking at the whole person. Many of these folks are -- most of them are disabled and may be on SSI or SSDI so the employment -- but if there is an opportunity for employment, the support service agency should certainly be looking at that.

Mr. KANAGA: Thank you.

Speaker MCAULIFFE: Linda.

Ms. ZUERN: I just wanted to ask if all of the applicants or the people who are accepted into these programs are legal U.S. citizens?

Ms. BETH ALBERT: Are all of the people accepted -- so at my level, we don't ask for documentation of immigration status. There may be requirements if like, say, for example, if it's at Barnstable Housing Authority, they maybe, as part of their application process, ask for that documentation of citizenship. But at the level I work at with Coordinated Entry, no, we don't ask that question. We're assessing their vulnerability, you know, have they been in the hospital recently either substance use, mental health, episodes of homelessness, where are they living.

Ms. ZUERN: Okay. I ask that because I was told even many years ago that some of these programs there are illegal immigrants in some of the facilities that we have even on the Cape here.

Ms. BETH ALBERT: Yes.

Ms. ZUERN: So I would think that if this is all taxpayer money then the people who are in these programs should be legal citizens.

Ms. BETH ALBERT: So, again, I think when it gets to the, for example, the Housing Authority or they're applying for a voucher, there are additional questions about immigration status that are asked at that time as they're moving through the process.

Ms. ZUERN: Thank you.

Speaker MCAULIFFE: Patrick.

Mr. PRINCI: Thanks, Beth. As representing Barnstable, we often

feel that, especially the city of Hyannis, that we more or less bear the brunt of all of the human services for the entire region.

Ms. BETH ALBERT: Yes.

Mr. PRINCI: The town's made great efforts to distribute affordable housing in the various villages in the town to get them up to the 10 percent. However, it seems as if still because of the affordability of homes and so forth in the Hyannis area that we/they continue to get the influx of services along with the affordable units, and in addition to that, the homelessness. When it's broad-based, people are homeless from other towns that migrate to Hyannis.

And I did review information from the meeting that you held with some municipal leaders in Barnstable in August. Unfortunately, I didn't see your group's follow-up minutes for September.

But I would just respectfully request that since it's a Regional Network on Homeless and it's looking to include stakeholders and municipal leaders, I would request if you could please extend the arm of the Regional Network to the elected officials in Barnstable and allow them to have someone participate in your meetings that you hold regularly. More so, just to get an understanding as to what's going on, what the group's doing because I've looked through it. It's a tremendous group of nonprofit leaders that are all doing some great things.

Ms. BETH ALBERT: Yes.

Mr. PRINCI: But I really think that the communication would be much better if Barnstable's elected leaders or, in turn, stakeholders because we're bearing the brunt of a lot of these problems have a seat at the table.

Ms. BETH ALBERT: So, Patrick, Barnstable has had a seat at the table since 2009. The town of Barnstable, Tom Lynch, Mark Ells, right now I think they've appointed one of the police officers. She's on the CIT. Her name escapes me right now.

So, the town of Barnstable, I mean from the very beginning, has had a seat on the Regional Network on Homelessness. So, I think where this came up because that's how it got in the papers that I had been invited to go to the town of Barnstable Homeless Committee, and I think there was some misinformation or miscommunication, but, yeah, the town has had a seat, and we welcome their participation because we realize, I mean, they're very involved. But if it had a lot of resources, and I will tell -- I will say, too, we are trying to highlight some of the other -- across the region other efforts that towns are making to address this issue. We had the town of Yarmouth present last month about all of things they're doing within the town of Yarmouth for affordable housing, for homelessness.

We're going to invite the town of Falmouth to come to our next meeting because there's a lot of things happening in the town of Falmouth.

Homeless Prevention Council, which serves pretty much their catchment areas, the eight towns of the lower Outer-Cape. They are very involved in at the table. So, yeah, no, it's really important that Barnstable be there.

Speaker MCAULIFFE: Thank you, very much.

Ms. BETH ALBERT: You're very welcome. Thank you for having me.

Speaker MCAULIFFE: Yes.

Ms. BETH ALBERT: And I would be happy to come back and do a special presentation on the marijuana legalization issue.

Speaker MCAULIFFE: Well, I am going to, I guess, either give Kim a heads up, and I'll have Janice contact her to come back and get into a little bit more in depth so that it might help us get our heads around --

Ms. BETH ALBERT: Yes.

Speaker MCAULIFFE: -- some of these policies that everyone's trying to plan.

Ms. BETH ALBERT: Very good. Thank you.

Speaker MCAULIFFE: Thank you. And at the beginning, you know, you saw the four quadrants of what they do. This is only two of the quadrants. So, they're a very busy department.

Speaker MCAULIFFE: Are there any communications from public officials? No.

Speaker MCAULIFFE: Any communications from members of the public? No.

### Assembly Convenes

#### Summary: Proposed Resolution 17-07 – Appointment by Speaker of Interim Deputy Speaker

- Assembly votes to adopt Proposed Resolution 17-07 becoming Resolution 17-05 (to be submitted to the County Commissioners for approval or rejection).

#### Proposed Resolution 17-07:

**Whereas, the Barnstable County Home Rule Charter contains a provision creating the position of Deputy Speaker in Article 2, Section 2-2 (c);**

**Whereas, the Barnstable County Charter defines the duties of the "Deputy Speaker" as follows:**

**The deputy speaker shall serve as speaker during the absence or disability of the speaker and shall have such other powers, duties and responsibilities as may be provided by this charter, by ordinance or by other vote of the assembly of delegates;**

**Whereas, the provisions of the Charter establish that the Assembly of Delegates requires the position of Deputy Speaker;**

**Whereas, there are circumstances in which the Deputy Speaker might be absent from the proceedings of the Assembly of Delegates;**

**Whereas, the members of the Assembly of Delegates are authorized by the Charter under Section 2-8 (b) to adopt a Resolution for "...the adoption of rules governing the conduct of its own business" and Section 2-8 (b) (iii) for "...the election,.... of such officers ..as the assembly of delegates is permitted by this Charter." (Section 2-8 (b)(vi)).**

***NOW THEREFORE,***

***BE IT HEREBY RESOLVED*** that the Assembly of Delegates, pursuant to Section 2-8 (b) of the Barnstable County Home Rule Charter, hereby resolves as follows:

**In the absence of the Deputy Speaker, the Speaker of the Assembly of Delegates shall be authorized to appoint a Member of the Assembly of Delegates as the Interim Deputy Speaker of the Assembly of Delegates.**

**Details**

**Speaker MCAULIFFE: The Assembly now convenes. Our first item of business is the proposed resolution that I will move. Is there a second?  
Ms. MORAN: Second.**

Speaker MCAULIFFE: And this Resolution is that the Assembly of Delegates pursuant to Section 2-8(b) of the Barnstable County Home Rule Charter resolves as follows:

“In the absence of the Deputy Speaker, the Speaker of the Assembly of Delegates shall be authorized to appoint a member of the Assembly of Delegates as an Interim Deputy Speaker of the Assembly of Delegates.”

And as I stated, this is an interim basis and it’s to make sure that the Assembly can convene and meet if for some reason I can’t make it and the Deputy Speaker is not available.

So, if this passes, I will be appointing Ron Bergstrom, and he will be our failsafe or our safety net, so that if Deb McCutcheon or I can’t make a meeting then the rest of the Assembly can meet.

Yes, Ron.

Mr. BERGSTROM: Two things. First of all, I found out from the Clerk today that our current Deputy Speaker is in rehab in Chatham. So, I popped in there to say hello to her.

Speaker MCAULIFFE: Rehab for shoulder surgery.

Mr. BERGSTROM: Shoulder surgery.

Speaker MCAULIFFE: I’m sorry, Deborah, if I gave away your medical information.

Mr. BERGSTROM: So it’s not like she -- when I had knee surgery, I couldn’t walk so, but she can get up and around. She seemed to be doing pretty well.

Speaker MCAULIFFE: Right.

Mr. BERGSTROM: They’re going to keep her in there for another week, and who knows how long after that.

Speaker MCAULIFFE: Yes.

Mr. BERGSTROM: The other thing is that, you know, Suzanne asked me to do this and I was agreeable, but it really should be an appointment made by the Assembly. So, I mean, it’s sort of a dual thing. I mean if you want me to do it, then vote for this --

Speaker MCAULIFFE: I was just making it a simple.

Mr. BERGSTROM: If you want to have a Deputy Speaker and you don’t want me to do it, then vote against it, okay?

Speaker MCAULIFFE: I actually mentioned you rather than give me open-ended powers because I thought you would be someone that people would be willing to support and --

Mr. BERGSTROM: Oh, don't be surprised. You'd be surprised.

Speaker MCAULIFFE: Maybe because you are not only unknown but it's something that, you know, that people will be comfortable with.

Any discussion on this? Yes, Jim.

Mr. KILLION: So, just so I understand this, this would allow you to appoint anyone?

Speaker MCAULIFFE: Yes.

Mr. KILLION: In the case Mr. Bergstrom wasn't here either, someone could be appointed just so we could run a meeting, essentially?

Speaker MCAULIFFE: Well --

Mr. KILLION: We don't need a designated fallback? I don't think we do.

Mr. KILLION: So, just so people understand we're not designating it so --

Speaker MCAULIFFE: Okay. No, I'm not. I just said that so the people would feel comfortable. But you're right, I could designate, if Ron weren't available, I could then designate someone else to run the meeting if that --

Mr. KILLION: So the point of this is just so the meeting could continue if either the Speaker or Deputy Speaker was not here?

Ms. MORAN: Right.

Speaker MCAULIFFE: Yes, so. Okay.

Mr. KILLION: Thank you.

Speaker MCAULIFFE: All those in favor --

Clerk O'CONNELL: Oh, I've got to do a roll call.

Speaker MCAULIFFE: It's a resolution?

Clerk O'CONNELL: Yes.

Speaker MCAULIFFE: Yes, okay.

Clerk O'CONNELL: I was told that everything that the Assembly does when they convene needs to be done by roll call.

Speaker MCAULIFFE: All right.

**Roll Call vote on Proposed Resolution 17-07:**

**Voting "Yes" (95.50):** Ronald Bergstrom (2.84% - Chatham), Mary Chaffee (4.55% - Brewster), Christopher Kanaga (2.73% - Orleans), James Killion (9.58% - Sandwich), E. Suzanne McAuliffe (11.02% - Yarmouth), Edward McManus (5.67% - Harwich), Susan Moran (14.61% - Falmouth), Thomas O'Hara (6.49% - Mashpee), John Ohman (6.58% - Dennis), Brian O'Malley (1.36% - Provincetown), Patrick Princi (20.92% - Barnstable), Linda Zuern (9.15% - Bourne).

**Absent (4.50%):** Edward Atwood (2.30% - Eastham), Lilli-Ann Green - (1.27% - Wellfleet), Deborah McCutcheon (0.93% - Truro).

**Clerk O'CONNELL: Madam Speaker, Proposed Resolution 17-**

07 passes with 95.50 percent of the Delegates voting yes; 4.50 percent are absent, now known as Resolution 17-05.

**Resolution 17-05:**

Whereas, the Barnstable County Home Rule Charter contains a provision creating the position of Deputy Speaker in Article 2, Section 2-2 (c);

Whereas, the Barnstable County Charter defines the duties of the “Deputy Speaker” as follows:

The deputy speaker shall serve as speaker during the absence or disability of the speaker and shall have such other powers, duties and responsibilities as may be provided by this charter, by ordinance or by other vote of the assembly of delegates;

Whereas, the provisions of the Charter establish that the Assembly of Delegates requires the position of Deputy Speaker;

Whereas, there are circumstances in which the Deputy Speaker might be absent from the proceedings of the Assembly of Delegates;

Whereas, the members of the Assembly of Delegates are authorized by the Charter under Section 2-8 (b) to adopt a Resolution for "...the adoption of rules governing the conduct of its own business" and Section 2-8 (b) (iii) for "...the election,.... of such officers ..as the assembly of delegates is permitted by this Charter." (Section 2-8 (b)(vi)).

*NOW THEREFORE,*

*BE IT HEREBY RESOLVED* that the Assembly of Delegates, pursuant to Section 2-8 (b) of the Barnstable County Home Rule Charter, hereby resolves as follows:

In the absence of the Deputy Speaker, the Speaker of the Assembly of Delegates shall be authorized to appoint a Member of the Assembly of Delegates as the Interim Deputy Speaker of the Assembly of Delegates.

Speaker MCAULIFFE: Okay. I don't believe we have committee reports. I don't think any committees have met.

**Summary: Report from the Clerk**

- Business items updated and included Holiday Gathering, MMA Conference Registration, Trial Court Open House Invitation, OML Receipt, and business cards.

**Details**

Speaker MCAULIFFE: A report from the Clerk.

Clerk O'CONNELL: Good afternoon, everyone, and, yes, I have several items to report on today.

The first thing I want to let you know is that I did send a copy of an email to you regarding the Massachusetts Trial Court's invitation to attend their open house, and that's going to be on Wednesday, November 8. I think you got that information. It's here from 12 to 2:00 p.m.

And they've asked to send an RSVP if you would like to attend.

And I would think you would just respond to the email that I sent you that I received from -- this is your Court Organizing Group. So, just an FYI on that.

The second item is in your folder I did place a blank copy of Certificate of Receipt of Open Meeting Law materials. Now, I have not been asked to formally request that you complete this, but I think it's a good idea and being that you would be dating it after the 6<sup>th</sup> of October, that is when the new rules came into effect. So, I would think that if you are completing this and dating it and returning it to me, it's going to presumably mean that you have looked at the new materials and understand them.

If you go to the Attorney General's website, I think that they've got a webinar or two scheduled, if that's something that is of interest, or you can review the materials on your own. The versions are available that highlight the changes and educate yourself that way in that regard.

The next item is with regards to business cards. I've been putting this off because I've been waiting for us to have a new established location, and it's, apparently, going to take a little bit longer.

So, with that in mind, I decided that the business card itself, for anyone who needs a business card, will simply state the address of the County complex because I don't think we're going anywhere else other than the County complex and that should take care of that.

But if you do not have business cards and you want business cards, send me an email, let me know because I need to take a look at the budget and start to determine when I can do that and how many I can accommodate in this budget cycle.

The next item is with regards to the MMA conference. You may have already heard about it, the advertising is certainly out there for it. The brochure's available online and registrations have started.

The conference will be in January of 2018 on the 19th and 20th of January, obviously, and I am starting now to process registrations for anyone who wants to commit at this point. Understand that the budget that was put together in FY18 reflected a set number of Delegates that we presumed would probably want to attend based on a three-year average, so I know not everyone chooses to attend. But the sooner that you can provide me with your application and your decision as to whether or not you're going to attend, I can get that processed.

If you wait until the end of December, you may not get a hotel room. You may be limited to a one-night stay, because then I have to start to look at the budget and see what is available for funds to finish that process.

It's very important in this cycle that you get back to me because I'm going to need to be out on medical leave and not at the Assembly meetings after the 17<sup>th</sup> of November. It could possibly be through the month of December. I'm hoping not. I want to be back at least for mid-December, maybe sooner, but I've been told that I need to plan for the worst-case scenario and that's six weeks. There, there it is. It's out there, six weeks possibly.

I hope not, but the sooner you can commit to this, I can get these processed because it's a process here at the County. It's getting permission and allowance to prepay these things, creating the purchase order, getting it through AP.

I can tell you that if I start tomorrow, its three weeks before the check is cut. That's how long it's going to take. So, I'm trying to get that done for your benefit so that doors don't start to shut in late December when, oh, you know, the registration is too late or it starts to cost more money when you're doing it in January.

And I did put a copy of the registration in everyone's folder. And as soon as you decide and get back to me, that would be great.

And last, but not least, I also put a very bright colored, highlighted piece of paper presuming that you wanted to do this again this year, the holiday gathering. It can be undone as quickly as it was done. So, at this point, I'm kind of done with my report, and I'm going to turn it over to the Speaker and she can maybe elaborate or talk to you about --

Speaker MCAULIFFE: In terms of the holiday gathering, I guess I would like to have a general idea of interest if people would let Janice know to see - - I guess I'm not interested necessarily in having a very low turnout or having it be a lot of work for Janice. I know she is very supportive of the party and doesn't think it would be work. But this will be collecting and reservations and everything could be up till December 18.

So, I don't know if there's a general idea if people will be coming or not coming. If the consensus is that people do want to continue and continue to have the holiday gathering, let Janice know. And if people are not interested or just want to decline for whatever reason, if you could let Janice know tentatively as early as you can so that we can know whether we're going to go forward or not with our holiday gathering.

### **Summary: Other Business**

- Special Counsel James Lampke status update.

#### **Details**

Speaker MCAULIFFE: A letter was sent to Attorney Lampke with the two questions and the idea that a certain amount had been approved for his work on answering the two questions that Troy had posed. So that is out and done.

And that's all I have. Does anybody else have -- I'll take a motion.

**Mr. BERGSTROM: Motion to adjourn.**

**Speaker MCAULIFFE: We are adjourned.**

**Whereupon, it was moved and seconded to adjourn the  
Assembly of Delegates at 5:45 p.m.**

**Submitted by:**

**Janice O’Connell, Clerk  
Assembly of Delegates**

List of materials used and submitted at the meeting:

- Business Calendar of 10/18/17
- Unapproved Journal of Proceedings of 10/4/17
- Massachusetts Senate Adjournment Order: Mary Lou Pettit
- County Dredge Schedule
- Proposed Ordinance 17-13 submitted by the Cape Cod Commission
- Department of Human Services power point presentation on Substance Abuse and Homelessness
- Proposed Resolution 17-07
- Trial Court Open House Invitation
- Assembly Holiday Gathering Notice
- MMA Conference registration form