

June 18, 2025
Meeting Packet

June 18, 2025
Meeting Agenda

**Community Benefits Advisory Committee (CBAC) Meeting
Beth Israel Deaconess Medical Center (BIDMC)
Wednesday, June 18, 2025
5:00 pm – 7:00 pm
Virtually via Zoom**

I. 5 minutes	Welcome and Introductions
II. 10 minutes	Dana-Farber Cancer Institute Collaboration Update
III. 90 minutes	Community Development Corporation Presentations and Discussion
IV. 10 minutes	FY25 Community Health Needs Assessment and FY26-28 Implementation Strategy Updates
V. 5 minutes	Next Steps and Adjourn

Next Meeting: September 17, 2025 (Annual – In-Person at BIDMC)

Meeting Slides

Beth Israel Deaconess Medical Center Community Benefits Advisory Committee Meeting

Nancy Kasen, Vice President, Community Benefits & Community Relations (CBCR),
BILH/BIDMC

Anna Spier, Manager, CBCR, BIDMC

Emmanuella René, Program Administrator, CBCR, BIDMC

June 18, 2025

Beth Israel Lahey Health 
Beth Israel Deaconess Medical Center

Welcome

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Content

- Welcome
- Dana-Farber Cancer Institute Collaboration Update
- Community Development Corporation Presentations and Discussion
- FY25 Community Health Needs Assessment and FY26-28 Implementation Strategy Updates
- Next Steps

Thank You!



Barry Keppard



Richard Rouse



Mission Driven Community Outreach

Community Health's Mission:

We advance Dana-Farber Cancer Institute's mission by reaching beyond our walls to support diverse communities with a continuum of our expert, compassionate and equitable cancer care. Our work is grounded in equity and social justice.

To achieve our mission, Community Health applies a health equity lens to:

- Expand access to our measurable, evidence-based programs in early detection, screening, and cancer prevention and education – to reach at-risk, historically marginalized, and diverse populations
- Partner with community health centers, community-based organizations, and government entities to assess, enhance, and improve the overall health and well-being of the members of our communities

- Educate about cancer risk, prevention, early detection & screening tools.

- Provide cancer screenings including breast, lung, and skin cancer screening to community residents.

- Community Partnerships & Investments



Building a Healthy Future for the Community

The new cancer hospital will:

- Include **enhancements to the visual appeal of the street.**
- Have **state-of-the-art technology; patient-centric design.**
- Proposed hospital on the site of Joslin Diabetes Center, corner of **Brookline Ave. and Joslin Place.**
- Provide an estimated **400+ construction jobs over the next seven years** with a commitment to inclusive hiring and procurement for the construction.



Creating the Best Environment for Future Inpatient Cancer Care

- **Diversifying our workforce**
- Commitment to train the next generation of **culturally competent clinicians.**
- **Commitment to expanding access** to care and promoting cancer education in underserved communities.
- Expand the opportunities that **our programs provide to residents and students in our local communities.**
- Comprehensive **supplier diversity**; open DFCI to small business owners.

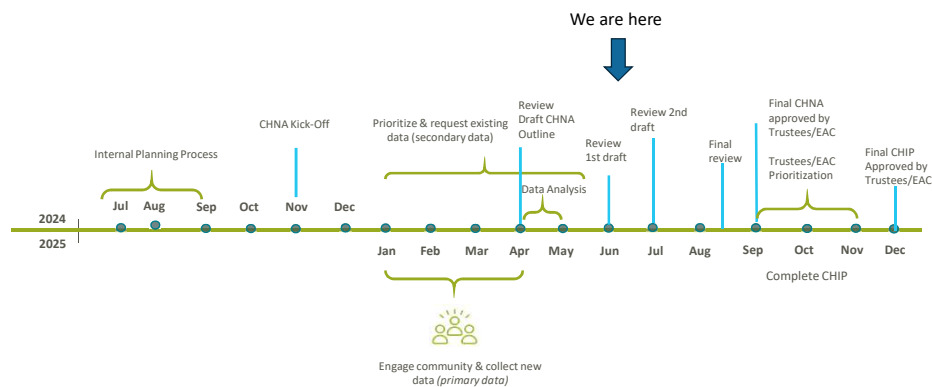


Breakdown of Community Health Initiative (“CHI”) Monies in Project Application

The breakdown of Community Health Initiative (“CHI”) monies for Dana-Farber Cancer Institute’s (“the Applicant”) Proposed Project is as follows:

\$1,675,700,000	Maximum Capital Expenditure
\$83,785,000	Community Health Initiative (5% of Maximum Capital Expenditure)
\$1,675,700	CHI Administrative Fee to be retained (2% of the CHI monies)
\$82,109,300	CHI Money – less the Administrative Fee
\$20,527,325	CHI Funding for Statewide Initiative (25% of CHI monies – less the administrative fee)
\$61,581,975	CHI Local Funding (75% of CHI monies – less the administrative fee)

Dana-Farber 2025 Cancer CHNA-CHIP Timeline



Community Development Corporation Presentations

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

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Allston Brighton Community Development Corporation ***279-283 N. Harvard St. Allston, MA***

Caitlin Robillard, Director of Real Estate
Sean Tatar, Director of Resource Development & Communication
John Woods, Executive Director

June 18, 2025

Beth Israel Lahey Health 
Beth Israel Deaconess Medical Center

Application Summary (1 of 2)

Allston Senior Housing at The Hill

- **Units:** 49 Units
 - (47) 1-bedroom units
 - (2) 2-bedroom units
- **Affordability:** <60% AMI
 - 13 units @30% AMI
 - 9 units @50% AMI
 - 27 units @60% AMI
- **Population:** Elderly (62+) Affordable Housing
 - Church adaptive reuse
 - Elderly social services



Application Summary (2 of 2)

- **Project Timeline:**
 - Phase 1: October 2025 – May 2026
 - Phase 2: Fall 2026 – Summer 2028
- **CITC Credits:**
 - ABCDC has not yet received our CITC award for 2025
 - 175,000 credits (\$350,000 in fundraising potential)
 - 25,000 credits carried over from 2024



Rendering (1 of 2)



Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

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Renderings (2 of 2)

• ADA Features

- 7 units: fully accessible
- 4 units: accessible for individuals with sensory impairments
- Remaining 42 units meet accessibility requirement of 521 Group 1 Dwelling Units
- Central elevator
- All common spaces will be fully accessible
- 2 handicap accessible parking spots



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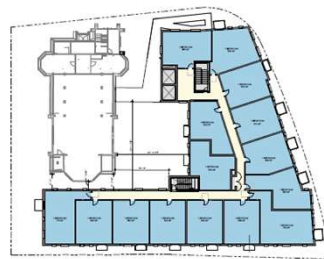
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What Else Should The CBAC Know?

- Partnering with Brighton Allston Elderly Housing (BAEH), team behind the McNamara Senior Living Community on design and programming
- Boston Planning Agency (BPA) and Zoning Board of Approvals (ZBA) approvals
- Harvard-Allston Partnership Fund: Research on older adult population in Allston/Brighton
- Pursuing Passive House / other sustainability certifications and standards
- Awarded Funds
 - Mayor's Office of Housing and Neighborhood Housing Trust
 - 49 Faircloth to RAD BHA Housing Vouchers
 - Enterprise Section 4
- Pursuing several funding sources
 - Massachusetts Historical Rehabilitation Tax Credits
 - Federal Low-Income Housing Tax Credits
 - City of Boston Community Preservation Act Funds

Q&A

Please let us know if you have any questions!



Floor 2



Asian Community Development Corporation (ACDC)
64 Beach Street
Boston, MA 02111

Müge Ündemir, Director of Real Estate

June 18, 2025

Beth Israel Lahey Health 
 Beth Israel Deaconess Medical Center

Application Summary

64 Beach Street is a naturally occurring affordable housing (NOAH) development that ACDC acquired in 2023 to protect Chinatown's affordable housing. We are seeking funds to address required facade improvements to strengthen the structural integrity of the building. There is little funding available for this type of capital improvement compared to energy efficiency projects.

Building Scope:

- 1-BR (366 sq. ft.): 5 units
- 2-BR (481 sq.ft.): 3 units
- 3-BR (894 sq.ft.): 6 units
- Affordability: 30% AMI – 2 units; 60% AMI = 7 units; 80% AMI = 5 units

Application Summary

- Focus population: Low-income households, with several 2 and 3-bedroom units suited for multigenerational families
- Building was acquired in 2023, already occupied.
- We have already conducted a facade study and received a quote for this work, which we hope to implement by 2026.
- ACDC has applied for \$150,000 credits this year and has about \$18,000 credits rolled over from past years. DHCD also told us it's likely we can apply for a second round of credits in the fall.
- We are also flexible and welcome a multi-year CITC gift for 2025 and 2026 to support this and other upcoming building updates next year.

64 Beach Images

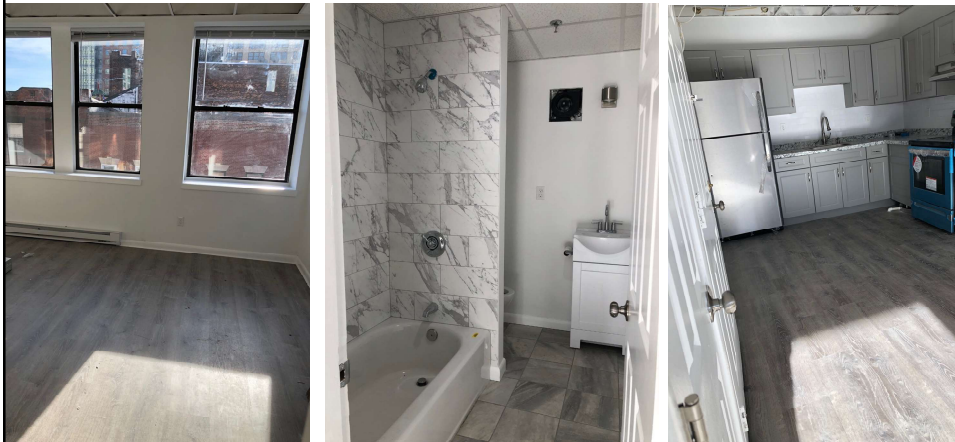
- With this funding, because it would support the façade work, completing this update allows ACDC to move forward with updating other interior and accessibility features such as installing a new elevator and energy-efficient renovations.



Before:



After:



What Else Should The CBAC Know?



64 Beach Street is one of the few remaining naturally occurring affordable housing buildings in Chinatown. ACDC has been able to maintain its affordability for its residents, many of whom work in hospitality and restaurant jobs, while also improving building conditions.



Since acquisition, we have also kept rent affordable for New Golden Gate, a local restaurant that has been at this location for many years, during a time when many small businesses also face eviction and displacement from Chinatown.



The building is half a block from the Chinatown Gate, which serves as a gathering place for many Chinatown residents. It is also transit-oriented, located very close to Orange Line, Red, Line, Green Line, and Silver Line stops.



Support from BIDMC would be highly impactful for this small project compared to a large project that already has diverse financing sources.

Q&A – 5 Min



Madison Park Development Corporation 639 Warren Street, Boston

Josh McLinden, Project Manager

with

Intiya Ambrogio-Isaza, Vice President of Real Estate

Meghan Higgins, Director of Community Action Grants and Evaluation

June 18, 2025

Beth Israel Lahey Health 
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Application Summary

- **Unit mix, affordability, and size:** See table to the right
- Top table describes project as permitted (ZBA/Article 80 approvals as of this spring)
- Changes in funding are forcing a conversion to all-rental program (see bottom table)
- Permitting attorneys & city staff have indicated that adjustments for revised program will be minor and administrative

639 Warren Street - Madison Park Development Corporation							
Unit Mix as Permitted (March 2025):							
Unit Type	SF	30% AMI*	50% AMI*	60% AMI	80% AMI	100% AMI	Totals
1 BR - Rental	669	3	4	6	4	-	17
2 BR - Rental	919	9	6	8	7	-	30
3 BR - Rental	1094	2	1	2	2	-	7
Rental Subtotal	-	14	11	16	13	-	54
1 BR - HO	651	-	-	-	2	1	3
2 BR - HO	853	-	-	-	0	0	0
3 BR - HO	1124	-	-	-	3	3	6
HO Subtotal	-	-	-	-	5	4	9
Res. Total	-	14	11	16	18	4	63

*All 30% AMI units will be rental-assisted; six 50% AMI units will be rental-assisted

Anticipated Rental-Only Program (June 2025):							
Unit Type	SF	30% AMI*	50% AMI	60% AMI	80% AMI	100% AMI	Totals
1 BR - Rental	669	5	5	7	7	-	24
2 BR - Rental	919	6	5	5	7	-	23
3 BR - Rental	1094	3	3	4	6	-	16
Res. Total	-	14	13	16	20	0	63

*All 30% AMI units will be rental-assisted

Application Summary

- **Focus population(s)/set asides:**

- 10% of units will be set aside for formerly homeless households
- Additionally, the project may incorporate additional special population(s) with associated service provision. Focus populations may include:
 - Re-entry population
 - DV survivor population

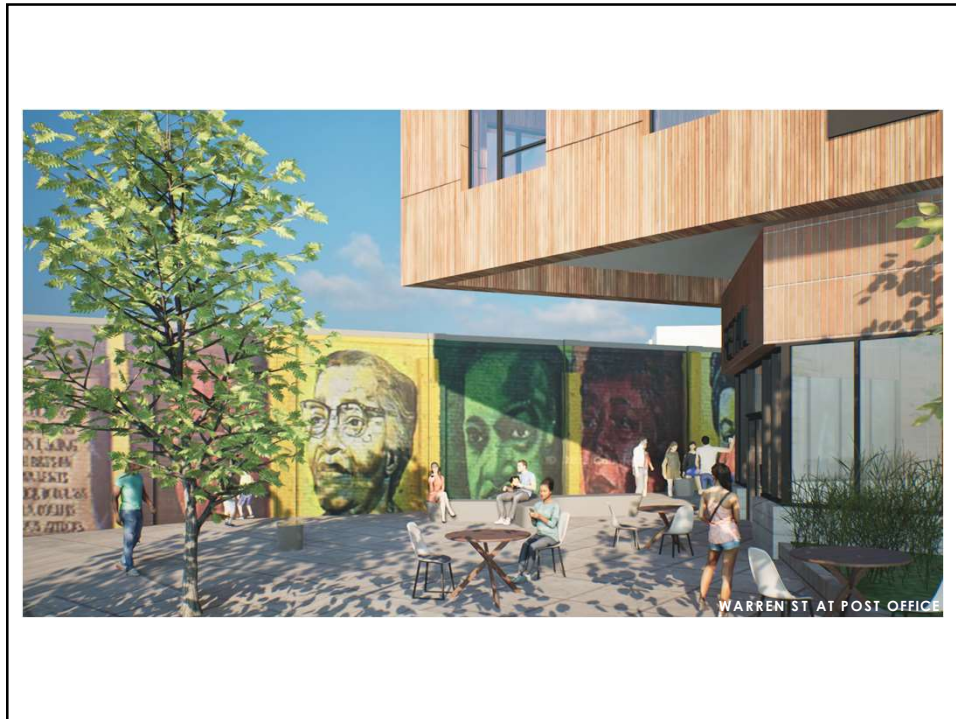
- **Anticipated Open Date:** August 2028 (Estimate, based on funding cycles and construction schedule)

- **CITC Availability:** Still pending 2025 request of \$175,000 in credits; this will be in addition to approximately \$190,000 in rollover credits from prior years, which together exceeds expected credit usage in 2025

- We anticipate full credit availability were MPDC to receive a funding award

Rendering(s)





Activation of Site & Extensive Community Engagement



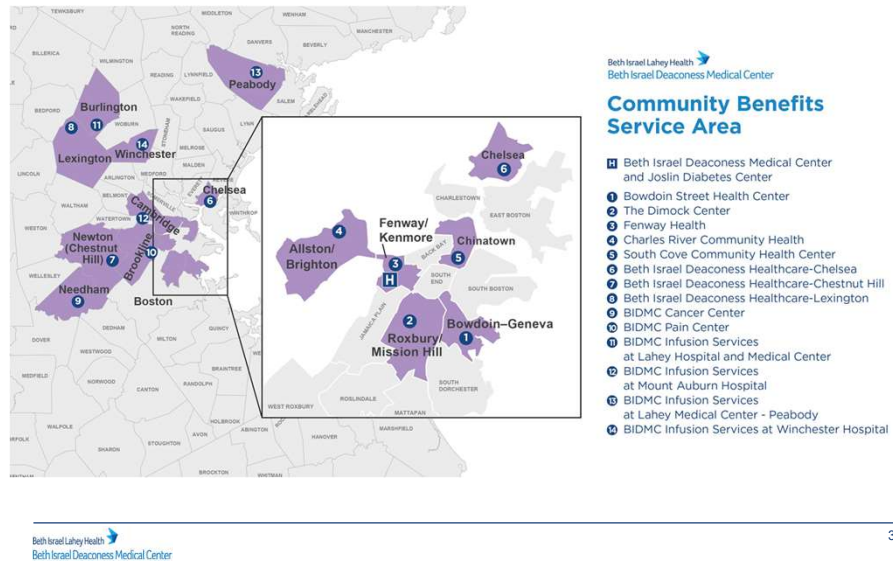
Organizations	# Meetings	Dates	# Attendees
Garrison Trotter Neighborhood Association	7	2/12/2023	31
		7/9/2023	15
		8/8/2023	15
		3/10/2024	37
		7/14/2024	20
		9/8/2024	20
		11/10/2024	20
Crawford, Howland, Ruthven, Wenonah, Waumbeck Block Watch Association	6	2/14/2023	23
		5/9/2023	15
		6/13/2023	16
		8/10/2023	16
		3/12/2024	16
		8/13/2024	19
Greater Grove Hall Main Streets	1	2/15/2023	5
Freedom House	1	3/13/2023	3
Grove Hall NDC	1	6/2/2023	4
Corcoran Jennison (owners of 14 Crawford)	1	6/27/2023	5
Roxbury Collaborative Group	1	6/1/2023	7
Boston Liberation Center	1	1/4/2024	4
Casa Myrna Vasquez	1	1/29/2024	5
Community Advisory Committee	6	1/23/2024	14
		2/21/2024	11
		3/27/2024	8
		6/4/2024	9
		7/29/2024	6
		4/7/2025	8
Virtual Info Session	1	2/1/2024	8
Community Workshop (Grove Hall Library)	1	2/3/2024	12
Impact Advisory Group (IAG)	1	10/17/2024	6
Article 80 Public Meeting	1	11/13/2024	28
TOTALS	30		406

Discussion and Voting

FY25 Community Health Needs Assessment and FY26-28 Implementation Strategy Updates

FY25 CHNA and FY26-28 Implementation Strategy

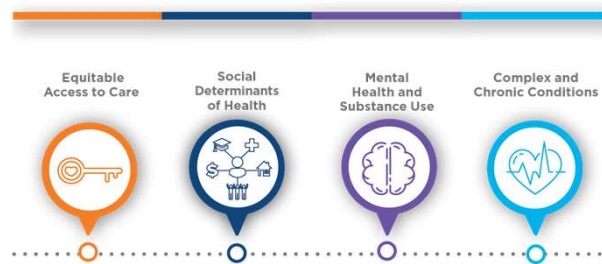
FY25 CBSA Map



FY25 CHNA and FY26-28 Implementation Strategy

FY26-28 Community Health Priorities and Cohorts

HEALTH EQUITY



FY26-28 Priority Cohorts



FY25 CHNA and FY26-28 Implementation Strategy

Finalizing CHNA and IS

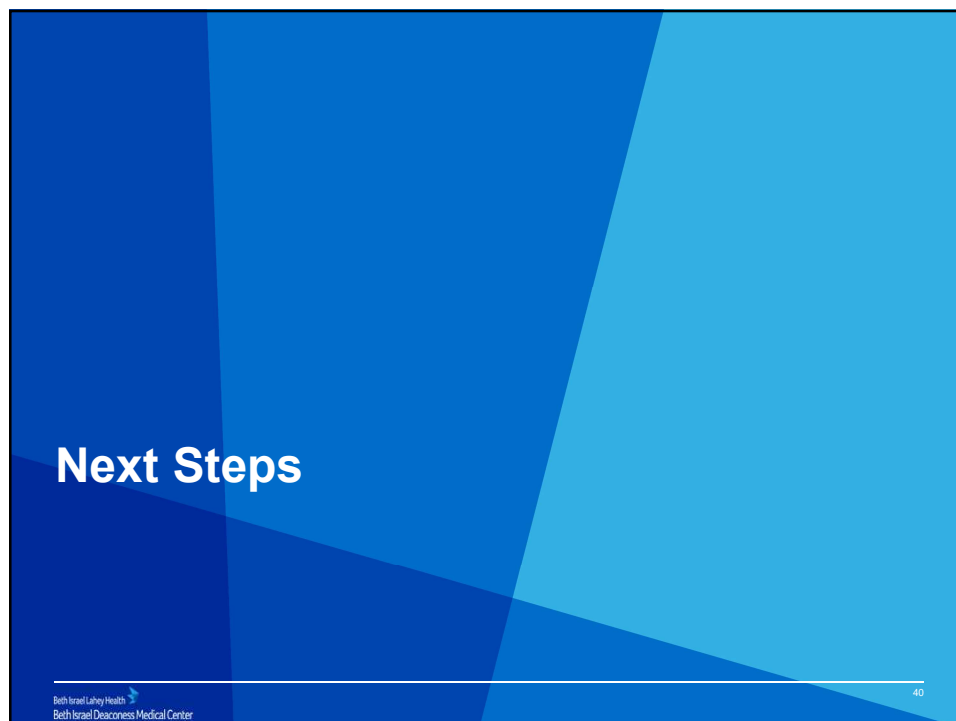
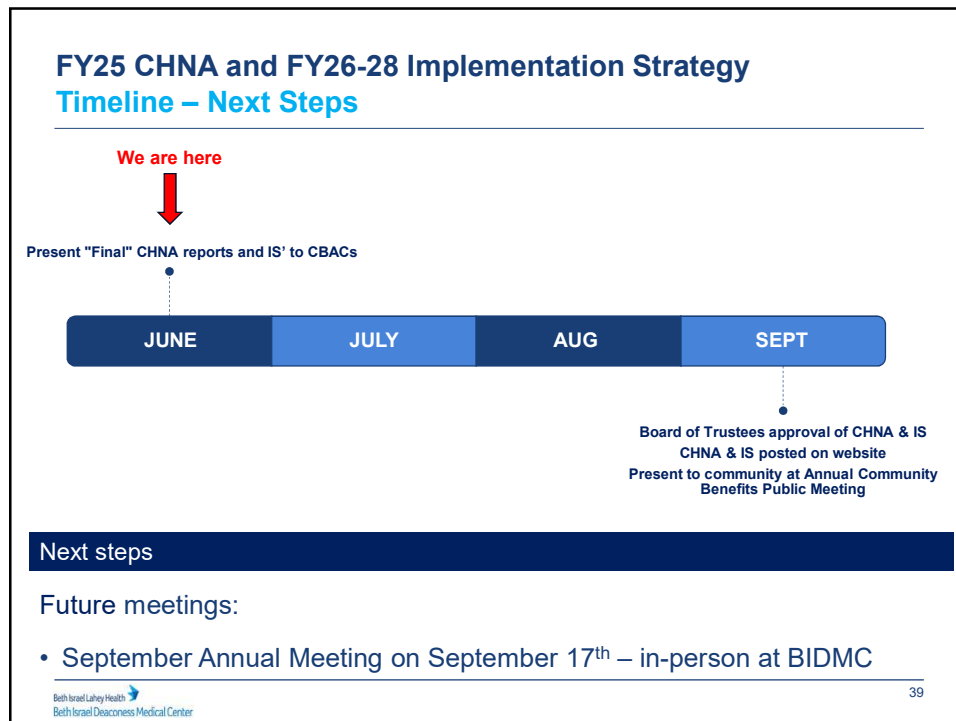
Community Benefits and Community Relations worked with the hospital leadership, program leads, and community collaborators to refine the strategies we will use to achieve the following goals:

Priority Area	Goals
Social Determinants of Health	Enhance the built, social, and economic environments where people live, work, play, and learn in order to improve health and quality-of-life outcomes.
Equitable Access to Care	Expand and enhance access to health care services by strengthening existing service capacity and connecting patients to health insurance, essential medications, and financial counseling.
Mental Health and Substance Use	Promote social and emotional wellness by fostering resilient communities and building equitable, accessible, and supportive systems of care to address mental health and substance use.
Chronic and Complex Conditions	Support education, prevention, and evidence-based chronic disease treatment and self-management support programs for individuals at risk for or living with complex and chronic conditions and/or their caregivers.

FY25 CHNA and FY26-28 Implementation Strategy

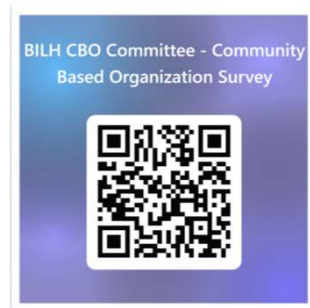
Final Strategies – Highlighted Changes

Change	Rationale
Broadened strategies to include more Community Benefits activities; streamlined language to improve clarity and reduce redundancy	Maximize Community Benefits capture, maintain flexibility and community focus, while meeting regulatory obligations
Aligned priorities and strategies across Beth Israel Lahey Health	Achieve economies, leverage evidence-base, and maximize community impact
Integrated any anticipated program changes	Adjust for programs that are planning to expand or change
Changed and standardized metrics	Improve alignment and data aggregation among collaborators



Help Strengthen Our Community Partnerships! BILH Community-Based Organization (CBO) Survey

Take the Survey Today!



Survey Link: <https://forms.office.com/r/k4jX8pG6Dc>

Quick & Confidential: Most responses take just 10–15 minutes.

Access: Scan the QR code or click the link above to get started.

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

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FAQs

WHY are we conducting this survey? Your input will help us understand your organization's strengths, experiences, and priorities.

WHO should complete the survey? CBO leadership

HOW will information be used?

- To identify opportunities for partnership, collaboration, and shared learning as we explore the potential for a BILH Community Care Network.
- Your voice is valued for collaboration, not evaluation

We will share aggregated, de-identified survey themes with survey respondents and during meetings that include CBO representation.

Please complete by June 30th!

Next Steps

- BIDMC team will proceed with next steps to notify CDC applicants of the decision and finalize award(s)
- Help spread the word about two BILH open funding opportunities:
 - Behavioral Health Navigation (Chelsea and Lowell)
 - Evaluator for Community Health Initiative
- Take the CBO survey by **June 30**
- Next meeting is the Community Benefits Annual Meeting on September 17th
 - This meeting will be **in-person** at BIDMC

Thank You!

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

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December 10,
2024 Meeting
Minutes

Community Benefits Advisory Committee (CBAC)
Meeting Minutes
Tuesday, December 10, 2024, 5:00 PM - 7:00 PM
Held Virtually Via Zoom

Present: Elizabeth (Liz) Browne, Lynne Courtney, Shondell Davis, Pamela Everhart, Lauren Gabovitch, Nancy Kasen, Angie Liou, Kelly McCarthy, Jean McClurken, Amy Nishman, Sandy Novack, Alex Oliver-Dávila, Emmanuella René, Richard Rouse, Leo Ruiz Sanchez, Anna Spier, Samantha Taylor, LaShonda Walker-Robinson, Fred Wang, Anna Welland

Absent: Flor Amaya, Alexandra Chéry Dorrelus, Pat Folcarelli, Shantel Gooden, Barry Keppard, Kelina (Kelly) Orlando, Triniese Polk

Guests: Madison MacLean, John Snow Inc.; Kristin Mikolowsky, Health Resources in Action (HRiA), Jarrod Dore, BIDMC

Welcome

Nancy Kasen, Vice President, Community Benefits and Community Relations (CBCR), Beth Israel Lahey Health (BILH), welcomed everyone to the meeting and thanked them for joining.

Nancy then reviewed the agenda. She thanked Richard Giordano for his service on the Community Benefits Advisory Committee (CBAC) and welcomed Leo Ruiz Sanchez to the CBAC. She then thanked Liz Browne for her service and welcomed Anna Welland to the CBAC. She also shared that Robert Torres recently transitioned to a new role at BILH and that Anna Spier, BIDMC Community Benefits and Community Relations Manager joined the CBAC. The minutes from the June 25, 2024 CBAC meeting were reviewed and accepted.

Public Comment Period

There were no oral or written public comments shared during this meeting.

Dana-Farber Cancer Institute Collaboration Update

Jarrod Dore, Vice President of Capital Facilities and Engineering at BIDMC, provided an update on the development of the proposed new Dana-Farber Cancer Institute building and collaboration with BIDMC. He shared a timeline of recent and upcoming land-use regulatory milestones and the proposed location of the future cancer hospital in relation to existing structures. He shared renderings of different views of the building and answered questions from CBAC members.

Community-based Health Initiative Housing Investment

Nancy Kasen provided an overview of the Community Investment Tax Credit (CITC) program that allows Community Development Corporations (CDCs) and Community Support Organizations to receive an allocation of tax credits in exchange for investments made to CDCs. She shared that the Massachusetts Department of Public Health Division of Community Health Planning and Engagement has authorized BIDMC to invest approximately \$400,000 of excess Community-based Health Initiative evaluation budget back into the community.

Nancy explained that BIDMC recommended addressing housing affordability by making grant(s) to CDCs participating in the CITC program in order to further leverage these investment dollars. After providing a reminder about the CBAC's Conflict of Interest policy and disclosing member conflicts, Nancy opened the topic for discussion and asked for CBAC members to weigh in on the criteria that

BIDMC should consider for such grant(s). CBAC members agreed with BIDMC's recommendation for funding housing and leveraging these funds via the CITC. CBAC members offered considerations such as prioritizing projects with deeply affordable units and housing for older adults and those individuals living with disabilities.

FY25 Community Health Needs Assessment (CHNA)

Anna Spier, Manager of Community Benefits and Community Relations at BIDMC, shared the Community Benefits Service Area (CBSA) map and provided an update on the Community Health Needs Assessment (CHNA) process from April to December 2024. She highlighted the intentional efforts to reach historically underserved cohorts through interviews, focus groups and a Community Health Survey. She then presented preliminary data from the Community Health Survey, emphasizing responses by different demographic characteristics and the collaborations with the Boston Community Health Collaborative, North Suffolk Public Health Collaborative, Tufts Medical Center and Cambridge Health Alliance.

Next, Anna summarized preliminary priorities, key themes and considerations for triangulating data from different sources. She reviewed community strengths and the preliminary priority areas identified in the assessment: Social Determinants of Health, Equitable Access to Care, Mental Health and Substance Use and Complex and Chronic Conditions. She noted that community health concerns had largely remained consistent between FY22 and FY25. For each priority area, Anna shared information and data on the primary concerns as well as representative quotes from interviewees.

Madison MacLean from John Snow, Inc. then introduced a real-time polling tool known as Menti to help facilitate discussion and prioritization of the preliminary CHNA results. Robust discussion followed for each category to determine if the sub-priorities resonated with the CBAC and whether any additional sub-priorities should be added. CBAC members then ranked each of the preliminary sub-priorities and priority cohorts. Madison explained that the polling results would not necessarily represent the final sub-priorities and cohorts, yet represent an important data point in the prioritization process.

CBAC Survey

Kristin Mikolowsky from Health Resources in Action (HRiA) shared a link for CBAC members to complete a survey about their experience as members.

Next Steps and Regulatory Reminders

Anna reminded attendees that the Community Representative Feedback Form from the Attorney General's Office (AGO) is completed annually by the hospital's CBAC members and community partners to assess community engagement. She reviewed the form's contents and reviewed next steps, including the CBAC member survey, submission of Conflict of Interest Forms, and the CHNA community listening session.

Adjourn

Anna thanked the attendees for joining the meeting and reminded everyone that the next scheduled meeting would be in-person on Wednesday, March 26, 2025, from 5-7 p.m.

March 26,
2025
Meeting
Minutes

Community Benefits Advisory Committee (CBAC)
Meeting Minutes
Wednesday, March 26, 2025, 5:00 PM - 7:00 PM
BIDMC West Campus
Klarman Building, 3rd Floor Conference Room

Present: Lynne Courtney, Shondell Davis, Alexandra Chery Dorrelus, Pat Folcarelli, Nancy Kasen, Angie Liou, Amy Nishman, Sandy Novack, Emmanuella René, Richard Rouse, Leo Ruiz Sanchez, Anna Spier, Samantha Taylor

Absent: Flor Amaya, Pamela Everhart, Lauren Gabovitch, Barry Keppard, Jean McClurken, Alex Oliver-Davila, Triniese Polk, LaShonda Walker-Robinson, Fred Wang

Guests: Joanne Lau, Health Resources in Action (HRiA) and Alec McKinney, John Snow, Inc. (JSI). One member of the public was also in attendance.

Welcome

Nancy Kasen, Vice President, Community Benefits and Community Relations (CBCR), Beth Israel Lahey Health (BILH) welcomed everyone to the meeting and thanked them for joining.

Nancy thanked Shantel Gooden, Kelina Orlando and Anna Welland for their service on the Community Benefits Advisory Committee (CBAC). Nancy then reviewed the agenda.

Public Comment Period

There were no oral or written public comments shared during this meeting.

FY23-25 Implementation Strategy

Anna Spier, Manager of Community Benefits and Community Relations at Beth Israel Deaconess Medical Center (BIDMC), presented an overview of the annual regulatory reports that BIDMC files with the Internal Revenue Service (IRS), Massachusetts Attorney General's Office (AGO), and the City of Boston. Anna reminded the Committee that BIDMC's FY24 Community Benefits Report for Non-Profit Hospitals for the Massachusetts AGO was sent to the CBAC in advance of the meeting. She asked if anyone had any questions about the regulatory reporting requirements or the report.

Anna then provided an overview of the community health priorities outlined in the FY23-25 Implementation Strategy (IS). For each priority area, she reviewed the goals and shared updates on select strategies and metrics for FY24. She also reviewed the draft FY24 Community Benefits expenditures and offered examples of programs in each of the priority areas. Anna then highlighted a few of the programs that BIDMC is focusing on in FY25.

FY25 Community Health Needs Assessment (CHNA) and FY26-28 Implementation Strategy (IS) Updates

Anna began by reviewing the guiding principles for the department of Community Benefits and Community Relations. She then provided an overview of the timeline for the FY25 CHNA and FY26-28 IS, emphasizing the contributors and community engagement efforts throughout the process.

Anna then outlined how BIDMC's IS will balance several key considerations, including community needs, available resources, regulatory requirements, and system strategic priorities. She explained that the

focus would be on impactful, upstream investments, particularly in areas where there is alignment and synergy across hospitals. Anna noted that the overarching priority areas would remain unchanged from the FY22 CHNA and FY23-25 IS. Next, she reviewed the seven priority cohorts under consideration for the FY26-28 IS and opened a discussion. Committee members shared their thoughts and considerations for how to prioritize among the priority cohorts.

Next, Anna reviewed the top priorities shared at the December CBAC meeting and Community Listening Session, highlighting where there were differences. She provided an overview of the proposed goals and strategies for the FY25 CHNA and FY26-28 Implementation Strategy and asked Committee members whether the proposed strategies resonated with them and members provided input and asked questions.

Community-based Health Initiative Updates

Nancy reminded the CBAC that the Massachusetts Department of Public Health Division of Community Health Planning and Engagement authorized BIDMC to invest back into the community the unspent evaluation budget of approximately \$400,000 from the Community-based Health Initiative. She reviewed the discussion from the December CBAC meeting and shared the proposed process for selecting the Community Development Corporation(s) to fund.

Alec McKinney, Senior Project Director at JSI, and independent facilitator, then initiated a robust discussion about other potential criteria and weighting to guide the selection process. Committee members shared their thoughts, emphasizing the importance of deep affordability (defined as 30% of Area Median Income), housing for families, housing reserved for older adults and/or individuals living with disabilities and physical accessibility.

Next Steps and Adjourn

Anna briefly shared the remaining steps for the FY25 CHNA and FY26-28 Implementation Strategy. She thanked the attendees for joining the meeting and reminded everyone that the next meeting would be held virtually on June 18, 2025, from 5-7 p.m.