

;;;BCC B 2PM- 5PM 180517
>>> MY NAME IS MARK CIOMMO, THE
CHAIRMAN OF WAYS AND MEANS.
TODAY IS THURSDAY, MAY 17th.
WE ARE HERE AGAIN WITH FRIENDS
FROM THE BOSTON PUBLIC HEALTH
COMMISSION.
TODAY'S TOPICS OF -- THIS
AFTERNOON'S TOPICS OF DISCUSSION
ARE -- I'M SORRY -- CHILD AND
FAMILY HEALTH, INFECTIOUS
DISEASE, AND COMMUNITY
INITIATIVES AS THEY PERTAIN TO
DOCKETS 0559 THROUGH 0563.
ORDERS FOR THE FISCAL YEAR 19
OPERATING BUDGET, INCLUDING
ANNUAL APPROPRIATIONS FOR
DEPARTMENTAL OPERATIONS, ANNUAL
APPROPRIATIONS FOR THE SCHOOL
DEPARTMENT, AND APPROPRIATIONS
FOR OTHER POSTEMPLOYMENT
BENEFITS, APPROPRIATION FOR
CERTAIN TRANSPORTATION AND
PUBLIC REALM IMPROVEMENTS, AND
APPROPRIATION FOR CERTAIN PARK
IMPROVEMENTS AS WELL AS DOCKETS
0564 AND 0565, CAPITAL BUDGET
APPROPRIATIONS, INCLUDING LOAN
ORDERS AND LEASE AND PURCHASE
AGREEMENTS.
I'D LIKE TO REMIND FOLKS IN THE
CHAMBER THAT THIS IS A PUBLIC
HEARING BOTH BEING BROADCAST
LIVE AND RECORDED ON RCN 82,
COMCAST CHANNEL 8, AND VERIZON
1964, AND STREAMED ON
BOSTON.GOV/CITY-COUNCIL-TV.
I'D ASK THAT YOU SILENCE ANY
ELECTRONIC DEVICES.
AT THE CONCLUSION AT THE
PRESENTATION AND QUESTIONS FROM
MY COLLEAGUES, WE'LL TAKE PUBLIC
TESTIMONY.
THERE IS A SIGN-IN SHEET OFF TO
MY LEFT.
WE ASK THAT YOU STATE YOUR NAME,
AFFILIATION, RESIDENCE, AND
PLEASE CHECK THE BOX, YES, IF
YOU DO WISH TO TESTIFY PUBLICLY.
I'D LIKE TO INTRODUCE MY
COLLEAGUES IN ORDER OF THEIR
ARRIVAL.

TO MY FAR LEFT, COUNCILOR ED FLYNN, COUNCILOR TIM McCARTHY, COUNCILOR JOSH, AND COUNCILOR MICHELLE WU HAVE ALSO JOINED US. MONICA, I WOULD JUST LIKE TO HAND IT OVER TO YOU FOR YOUR PRESENTATION.

>> GREAT.

THANK YOU, CHAIRMAN CIOMMO, AND ALL THE COUNCILORS FOR HOSTING US FOR PART 2 OF OUR HEARING WITH YOU THIS AFTERNOON.

AGAIN, MY NAME IS MONICA VALDEZ. I'M THE EXECUTIVE DIRECTOR OF THE BOSTON PUBLIC HEALTH COMMISSION.

I'M JOINED THIS AFTERNOON BY GRACE CONNELLY, WHO IS OUR DIRECTOR OF ADMINISTRATION AND FINANCE.

THANK YOU FOR THE OPPORTUNITY TO HIGHLIGHT ALL THE IMPORTANT WORK THAT'S BEING DONE AT THE COMMISSION, AND IN PARTICULAR THESE THREE BUREAUS THIS AFTERNOON.

WE'RE PROUD OF THE BUDGET THAT'S BEING PROPOSED BEFORE YOU TODAY. WE'VE BEEN WORKING DILIGENTLY AROUND OUR SPENDING AND MANAGING OUR RESOURCES IN ACCORDANCE WITH MAYORAL AND ORGANIZATIONAL PRIORITIES.

ONE OF THE THINGS THAT'S NOT DIRECTLY RELATED TO OUR BUDGET PROCESS BUT WHICH HAS BEEN ONE OF OUR KEY ACCOMPLISHMENTS THIS YEAR IS THE FACT WE HAVE RECEIVED PUBLIC HEALTH ACRED

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ACCREDITATION FROM THE PUBLIC HEALTH ACCREDITATION BOARD. WHAT I WOULD LIKE TO LEAVE ALL OF YOU WITH IN TERMS OF A KEY TAKEAWAY FOLLOWING OUR PRESENTATION AND DISCUSSION THIS AFTERNOON IS THAT THESE THREE BUREAUS IN PARTICULAR AND OVERALL THE COMMISSION, BUT THESE THREE IN PARTICULAR WORK VERY HARD TO BUILD HEALTHY COMMUNITIES.

THE THINGS THAT WE'LL HIGHLIGHT WILL BE A SNAPSHOT OF YOUTH

ENGAGEMENT, COMMUNITY
ENGAGEMENT, AND COMMITMENT TO
SUPPORTING SAFE AND RESILIENT
COMMUNITIES.

OUR CAHD BRUR WORKS TO ADDRESS
THE NEEDS OF OUR CHILDREN,
YOUTH, AND FAMILIES.

BY COLLABORATING WITH DIFFERENT
PROGRAMS AT THE COMMISSION AND
WITH EXTERNAL PARTNERS, WE
PROVIDE PUBLIC HEALTH EDUCATION,
TRAINING, AND PROFESSIONAL
DEVELOPMENT FOR WORKERS AND
YOUNG PEOPLE TO INCREASE THEIR
COMPETENCIES AND SKILLS.

WE WORK HARD TO MAKE SURE THE
PROGRAMS REFLECT A YOUTH
DEVELOPMENT MODEL INCORPORATING
YOUTH DEVELOPMENT PRINCIPLES AND
PUBLIC HEALTH STANDARDS OF
PRACTICE.

OUR PROGRAMS OPERATE ON A
PRINCIPLE THAT OUR YOUTH AND OUR
STUDENTS ARE LEADERS IN OUR
COMMUNITY.

THEY HELP DRIVE ACTION IN THESE
PROGRAMS AND THROUGHOUT THE
COMMISSION.

BECAUSE OF THEIR LEADERSHIP,
THEY'RE IDEAL MESSAGES OF THE
PUBLIC HEALTH INFORMATION THAT
WE'RE TRYING TO PUSH OUT AMONG
THEIR CLASSMATES AND THEIR
PEERS.

IN THE SLIDE, YOU CAN SEE SOME
OF OUR YOUTH AT A CHILD AND
ADOLESCENT HEALTH DIVISION EVENT
WHERE THEY HOSTED THE BOSTON
YOUTH HEALTH FAIR.

THE YOUTH DEVELOPMENT NETWORK
COMPLETED ITS FOURTH YEAR OF
SUMMER YOUTH EMPLOYMENT PROGRAMS
FOR HIGH SCHOOL STUDENTS THAT
REQUIRES SUMMER TERM CLASSES.
THROUGH THE NETWORK, WE'VE BEEN
ABLE TO HIRE 18 YOUTH WHO
COMPLETED THEIR SUMMER
COURSEWORK AND LIFE SKILLS
TRAINING.

THESE STUDENTS HAVE ENGAGED MORE
SUCCESSFULLY IN THIS ACADEMIC
YEAR BECAUSE OF THEIR
INVOLVEMENT IN THIS PROGRAM.
THE NETWORK CONTINUES TO ADDRESS

CHRONIC ABSENTEEISM IN OUR HIGH SCHOOLS THROUGH CASE MANAGEMENT AND MENTORING THROUGHOUT THE YEAR.

IN THIS SLIDE, WE HAVE SOME HIGHLIGHTS OF THE WORK -- FROM THE WORK THAT OUR NEIGHBORHOOD TRAUMA TEAMS ARE DOING THROUGHOUT THE CITY, AND I KNOW SEVERAL OF YOU HAVE MET WITH OR ARE FAMILIAR WITH THIS NETWORK OF PROVIDERS.

THROUGH THIS INITIATIVE, WE'RE ABLE TO OFFER CRITICAL SERVICES FOR INDIVIDUALS, FAMILIES, AND COMMUNITIES THAT HAVE BEEN IMPACTED BY VIOLENCE.

WE WORK WITH COMMUNITY HEALTH CENTERS AND COMMUNITY-BASED ORGANIZATIONS AND HAVE A MOBILE TEAM WHERE WE'RE ABLE TO PROVIDE CRISIS RESPONSE SERVICES TO ANY INDIVIDUALS THAT HAVE BEEN IMPACTED BY COMMUNITY VIOLENCE. CONNECTIONS TO COMMUNITY SUPPORT, SUPPORT FOR INDIVIDUALS AND FAMILIES DURING COMMUNITY EVENTS THAT INCLUDE VIGILS, MEMORIALS, AND FUNERAL SERVICES, AND MOST IMPORTANTLY OR AS IMPORTANT, REFERRALS TO ONGOING BEHAVIOR HEALTH SERVICES FOR INDIVIDUALS AND FAMILIES WHO NEED ONGOING SUPPORT AND RECOVERY SERVICES FOR THE TRAUMA THAT THEY'VE EXPERIENCED. THANKS TO THE INVESTMENTS INCLUDED IN MAYOR WALSH'S BUDGET, WE'LL BE ABLE TO EXPAND THE NEIGHBORHOOD TRAUMA TEAMS NETWORK TO FIVE TO SIX NEIGHBORHOOD TEAMS WITH ONE ADDITIONAL TEAM IN DORCHESTER PENDING FINAL APPROVAL OF FUNDING.

THE GOALS FOR FY 19 INCLUDE IMPLEMENTING A TRAUMA RESPONSE AND RECOVERY LEARNING COMMUNITY, OFFERING EVIDENCE-BASED TREATMENT TRAINING, AND INCREASING THE CAPACITY TO DEMONSTRATE THE EFFECTIVENESS OF THE PROGRAM BY CREATING A STRONGER DATA COLLECTION AND

ANALYSIS OF THE WORK THAT OUR TEAMS DO.

THROUGH THIS BUREAU, WE ALSO OPERATE SCHOOL-BASED HEALTH CENTERS.

THROUGH THE HEALTH CENTERS, WE'RE ABLE TO DELIVER HEALTH EDUCATION AND HEALTH CARE TO STUDENTS IN EIGHT PUBLIC SCHOOLS.

SOME OF THE SERVICES INCLUDE PRIMARY MEDICAL CARE AS WELL AS MENTAL HEALTH AND REPRODUCTIVE HEALTH EDUCATION AND CARE. THEY'RE ABLE TO, WITH THE TEAM OF STAFF THERE, PROVIDE ACCESSIBLE, CULTURALLY AND LINGUISTICALLY COMPETENT SERVICES FOR YOUTH IN THEIR SCHOOLS.

THE CENTERS IMPLEMENTED SEVERAL INITIATIVES TO IMPROVE BUILDING AND OPERATIONS MORE EFFECTIVELY DELIVER HEALTH SERVICES.

CLINICIANS HAVE BEEN TRAINED ON HOW TO USE THE HOSPITAL'S ELECTRONIC MEDICAL RECORDS SYSTEM AND BILLING SYSTEM. MENTAL HEALTH BILLING FOR SERVICES STARTED ON A PILOT BASIS IN ONE SCHOOL-BASED HEALTH CENTER IN APRIL TO ASSESS LOGISTICAL ISSUES.

THE CURRENT PLAN IS TO EXPAND TO THREE MORE SITES BY NEXT MONTH. IN FY 19, THERE IS AN INVESTMENT FROM MAYOR WALSH TO SUPPORT EFFORTS OF THE COMMISSION IN DEVELOPING A MARIJUANA COMMUNICATIONS CAMPAIGN, PARTICULARLY AFTER THE LAWS AROUND RECREATIONAL MARIJUANA ARE ROLLED OUT.

WE KNOW BY TALKING WITH OTHER COLLEAGUES AND OTHER CITIES AND STATES THAT YOUNG PEOPLE ARE VULNERABLE AS ACCESS IS OPENED UP, SO WE'LL BE WORKING WITH OTHER PARTNERS AND OTHER DEPARTMENTS TO ENSURE THAT THE INFORMATION THAT WE DEVELOP IS COMPREHENSIVE AND MEETING THE NEEDS OF OUR YOUNG ADULTS. SHIFTING TO COMMUNITY

INITIATIVES BUREAU, IN THIS PARTICULAR AREA OF THE COMMISSION, THEY WORK TO ADDRESS HEALTH ISSUES AFFECTING BOSTON THROUGH COMMUNITY AND HOME-BASED SERVICES.

THE BUREAU SUPPORTS OUR COMMITMENT TO COMMUNITY ENGAGEMENT AND MENTAL HEALTH CONCERNS, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND ENFORCEMENT OF CITYWIDE HEALTH REGULATIONS.

THE MAYOR'S HEALTH LINE, TOBACCO CONTROL, AND CHRONIC DISEASE PREVENTION WORK HARD TO DELIVER DIRECT SERVICES TO RESIDENTS. WE'RE REALLY EXCITED WE'LL BE WORKING WITH COMMISSIONER COOKS IN OUR PARKS AND REC DEPARTMENT AGAIN THIS YEAR TO LAUNCH THE SUMMER FITNESS SERIES.

THAT'S ON MAY 31th.

WE HOPE YOU'LL ALL JOIN US. IN THIS SLIDE, IT LOOKS A LITTLE BUSY, BUT WANTED TO SHOW YOU SOME NUMBERS IN TERMS OF THE BUREAU IN ACTION.

YOU CAN SEE THAT WE HAVE ENVIRONMENTAL HEALTH INSPECTORS WHO ARE OUT IN THE FIELD RESPONDING TO ENVIRONMENTAL HEALTH HAZARDS, INSPECTING BUSINESSES, ISSUING PERMITS, AND DOING A LOT OF TRAINING AND TECHNICAL ASSISTANCE TO THE BUSINESS COMMUNITIES THAT WE REGULATE.

THERE'S ALSO INFORMATION ABOUT OUR SAFE SHOPS PROGRAM, AND SO THIS IS JUST ANOTHER WAY OF LOOKING AT THE WORK THAT THEY DO IN THE COMMUNITY.

FOR FY 19, SOME OF THE ACTIVITIES WE WANTED TO HIGHLIGHT INCLUDE THAT WE'LL BE WORKING TO DEVELOP PROSTATE HEALTH CAMPAIGN, ALSO WORKING ON THROUGH THE OFFICE OF FOOD INITIATIVE ON THE FARM FRESH BOSTON CAMPAIGN.

WE'RE ALSO GOING TO BE ROLLING OUT A NEW ONLINE APP AND PAYMENT PROCESS FOR THE PERMITS THAT WE

ISSUE THROUGH THIS BUREAU IN FY 19.

ROUNDING OUT THE GROUP ARE SOME HIGHLIGHTS FROM OUR INFECTIOUS DISEASE BUREAU.

THIS PARTICULAR BUREAU WORKS WITH DIVERSE COMMUNITIES IN BOSTON TO REDUCE THE IMPACT OF INFECTIOUS DISEASES, PREVENT MORBIDITY OR SICKNESS WITH THESE DISEASES, AND CREATE HEALTHIER LIVES FOR OUR RESIDENTS.

OUR STAFF WORKS REALLY HARD TO ENSURE THAT BOSTON RESIDENTS HAVE LINGUISTICALLY AND CULTURELY COMPETENT INFORMATION TO KNOW THAT THEY CAN DO TO PROTECT THEMSELVES FROM COMMUNICABLE DISEASES.

THE BUREAU PROVIDES FUNDING AND TECHNICAL ASSISTANCE GRANTS TO COMMUNITY-BASED PROJECTS IN THE CITY TO DELIVER COMMUNITY-BASED EDUCATION, MOSTLY AIMED AT COMMUNITY AWARENESS ABOUT HOW TO PREVENT AND LOWER INFECTION RATES.

FUNDING IS ALSO TARGETED TO CULTURALLY AND LINGUISTICALLY COMPETENT SERVICE PROVIDERS. OUR COMMUNICABLE DISEASE CONTROL DIVISION INVESTIGATED OVER 9,000 REPORTS OF COMMUNICABLE DISEASES IN THE CITY.

THEY RESPONDED TO OVER 100 EXPOSURES, CLUSTERS, AND OUTBREAKS.

THE DIVISION ALSO DEVELOPED AN ELECTRONIC DATA ANALYTIC AND VISUALIZATION PLATFORM TO PROVIDE NEAR REALTIME INFORMATION.

IN FY 19, THE BUREAU PLANS TO CONTINUE TO WORK TO REDUCE CHLAMYDIA RATES.

THEY'LL ALSO BE WORKING WITH OUR COLLEAGUES FROM THE RECOVERY SERVICES BUREAU TO REDUCE HEPATITIS C AND HIV RATES AMONG PEOPLE WHO INJECT DRUGS BY INCREASING AWARENESS OF SAFER INJECTION PRACTICES AND TESTING. THEY ALSO PLAN ON COMPLETELY ROLLING OUT THEIR DATA

VISUALIZATION PLATFORM IN 2019.
I WANT TO THANK MAYOR WALSH, OUR
COLLEAGUES AT THE OFFICE OF
BUDGET MANAGEMENT FOR THEIR
SUPPORT AND SERVICE.

I ALSO WANT TO THANK OUR BOARD
MEMBERS, THE BOARD OF HEALTH FOR
THEIR CONTINUING GUIDANCE AND
LEADERSHIP THROUGH THIS BUDGET
PROCESS.

WE'VE WORKED CLOSELY WITH OUR
BOARD MEMBERS IN TERMS OF
PREPARING OUR BUDGET SUBMISSION
AND WANT TO THANK ALL OF YOU FOR
YOUR SUPPORT THROUGHOUT THE
YEAR.

AT THIS POINT, I'M GOING TO TURN
IT OVER TO DIRECTOR, GRACE
CONNELLY.

>> THANK YOU, MONICA.

JUST A BRIEF OVERVIEW OF THESE
THREE BUREAUS.

COMBINED, THERE ARE \$21.5
MILLION FOR NEXT YEAR, WHICH IS
ABOUT A QUARTER OF THE PUBLIC
HEALTH APPROPRIATION.

168 FTEs AND THAT'S ABOUT 18%.
THERE ARE NO CAPITAL PROJECTS
SPECIFICALLY DEDICATED TO THESE
BUREAUS, BUT THEY WILL BENEFIT
FROM THE \$1.5 MILLION THAT IS
PROPOSED FOR I.T.
INFRASTRUCTURE.

THAT WILL HELP EVERYONE.
AND I THINK WE WENT THROUGH THE
MEMBERS EARLIER TODAY, SO I'M
GOING TO GO OVER THEM AGAIN WITH
YOU.

>> IT'S THE SAME PRACTICE OF
BUDGET INFORMATION ASSOCIATED.
I'M GOING TO RECOGNIZE COUNCILOR
ED FLYNN FOR FIRST LINE OF
QUESTIONS.

>> THANK YOU, COUNCILOR.
THANK YOU FOR BEING WITH US
TODAY.

I NOTICED IN ONE OF YOUR CHARTS
THERE WAS ABOUT 40 CASES OF
TUBERCULOSIS IN THE CITY.
I KNOW YEARS AGO THAT USED TO BE
A COMMON DISEASE WITH
IMMIGRANTS.

MY GRANDFATHER HAD TUBERCULOSIS,
BUT WHY AND HOW ARE PEOPLE

GET
ING TUBERCULOSIS TODAY AND
WHAT'S BEING DONE TO HELP THEM?
>> THANKS FOR YOUR QUESTION.
WE ACTUALLY -- WE WORK WITH
BOSTON MEDICAL CENTER WHERE WE
OPERATE OUR T.B. CLINIC.
WHAT WE SEE IN THE BOSTON IS
ACTUALLY VERY DIFFERENT THAN
WHAT OTHER CITIES SEE.
IN TERMS OF ACTIVE CASES, WE
ACTUALLY HAVE FEWER ACTIVE
CASES.
IN FY 18 WE HAD 42 CONFIRMED
CASES.
WHAT WE DO SEE IN THE CLINIC ARE
MORE CASES OF WHAT THEY CALL
SLEEPING T.B.

AS YOU'RE ALREADY APPROPRIATELY
POINTED OUT, GIVEN YOUR
GRANDPARENT EXPERIENCING T.B.,
MANY OF OUR PATIENTS OUR
FIRST-GENERATION IMMIGRANTS AND
HAVE PROBABLY CONTRACTED T.B.
OVERSEAS AND THEN MOVE HERE TO
BOSTON, SO IT IS A DISEASE THAT
IS PREDOMINANTLY AMONG
IMMIGRANTS IN THAT CLINIC.
>> THANK YOU.
AND I WAS JUST WAITING FOR OTHER
CHARTS.
IN MY COMMUNITY IN SOUTH BOSTON,
THERE'S A HIGH NUMBER OF CASES
OF ASTHMA, SCOLEDERMA.
ARE YOU SEEING THAT THROUGHOUT
THE CITY INCREASING?
>> I WOULD HAVE TO GET BACK TO
YOU ON THE SECOND CONDITION,
SCLODERMA.
IN TERMS OF ASTHMA, WE HAVE SEEN
DECREASES.
THIS IS ONE OF THOSE WHEN I WAS
THINKING ABOUT PROGRESS SINCE
THE LAST TIME WE VISITED YOU ALL
FOR THE BUDGET HEARING THAT WE
ACTUALLY HAVE SEEN PROGRESS IN
TERMS OF A DECREASE IN THE RALT

-- RATES OF OUR ASTHMA CASES.
CERTAINLY, WHEN YOU LOOK AT THE
CHARTS, THERE ARE DISPARITIES IN
CERTAIN NEIGHBORHOODS.
ASTHMA CONTINUES TO BE ONE OF

THOSE ISSUES THAT WE SEE IN SOME OF THE NEIGHBORHOODS WHERE -- VERY DIVERSE NEIGHBORHOODS. OFTENTIMES, THERE ARE TRIGGERS IN THE HOME.

WE HAVE ENVIRONMENTAL HEALTH STAFF AND HOME VISITORS THAT DO HOME VISITS THAT TRY TO HELP OUR CLIENTS AND CONNECT THEM TO PROGRAMS LIKE THE BREATHE EASY AT HOME PROGRAM AT BMC.

>> THIS IS MY FINAL QUESTION FOR THIS ROUND.

I JUST WANT TO THANK YOU FOR AGREEING TO WORK WITH ME ON DEVELOPING AND PURSUING A COMPREHENSIVE PUBLIC HEALTH STUDY FOR THE RESIDENTS OF CHINATOWN.

THAT'S SOMETHING THAT'S IMPORTANT TO THE COMMUNITY, AND I KNOW IT'S IMPORTANT TO MY FELLOW COUNCILORS AS WELL, SO WE JUST WANT TO THANK YOU FOR YOUR COMMITMENT ON THAT AS WELL.

>> AND I APPRECIATE YOUR COMMITMENT AND YOUR ELEVATING ISSUES FOR ASIAN-AMERICANS, PARTICULARLY AS AN ASIAN-AMERICAN MYSELF.

I'M REALLY IMPRESSED THAT YOU'VE TAKEN THIS CAUSE AS ONE OF YOUR PRIORITIES.

YES, WE LOOK FORWARD TO WORKING WITH YOU, AND I'VE ALREADY REACHED OUT TO OUR COLLEAGUES AT TUFTS.

SHE DIRECTS THE COMMUNITY BENEFITS COMMUNITY PROGRAMS. HAPPY TO WORK WITH YOU TO LOOK AT WHAT AN ASSESSMENT MIGHT LOOK LIKE FOR THE HEALTH OF CHINATOWN RESIDENTS.

>> THANK YOU.

>> THANK YOU, COUNCILOR FLYNN.

WE'VE SINCE BEEN JOINED BY COUNCILOR EESABEE-GEORGE.

>> I WOULD LIKE TO SAY THANKS TO ROBERTO SANCHEZ.

HE'S BEEN OUTSTANDING.

I ALWAYS LIKE TO GIVE HIM A SHOUT-OUT.

THE MARIJUANA COMMUNICATIONS

CAMPAIGN, I'M VERY INTERESTED IN THIS.

A BUNCH OF US WENT OUT TO DENVER.

THEY DIDN'T GET AHEAD OF IT CLEARLY.

THERE WAS AN ARTICLE.

I WANT TO SAY IT WAS IN THE WASHINGTON GAZETTE.

I DO HAVE IT.

IT IS THE FIFTH-YEAR ANNIVERSARY OF THE DENVER SOCIAL EXPERIMENT I LIKE TO CALL IT AND HOW IT HASN'T BEEN A GOOD EXPERIMENT FOR DENVER.

DROP OUTS ARE HIGHER, PREGNANCIES HIGHER, BIRTHRATES AND DEFECTS HIGHER, ACCIDENTS DUE TO MARIJUANA CONSUMPTION WHILE DRIVING IS HIGHER.

THERE'S A LOT OF POINTS THAT MAKE ME VERY CONCERNED.

THAT'S WHY I WAS NO ON THAT QUESTION FROM THE GET-GO, BUT THAT HORSE IS OUT OF THE BARN AS WE KNOW.

IT IS REALLY IMPORTANT AS WE'RE STARTING TO SEE ALREADY ON CLEAR CHANNEL BILLBOARDS, WHETHER IT IS -- THERE'S A BUNCH OF THEM.

ALREADY ADVERTISEMENTS MISLEADING STATISTICS REGARDING WHAT POT DOES TO A SOCIETY. HOW MUCH MONEY ARE WE SPENDING ON MARIJUANA COMMUNICATIONS CAMPAIGN?

WHEN DOES IT LAUNCH?

AND HOW CAN WE, AS A COUNCIL, MAKE THIS ROLLOUT AS BIG AS WE CAN POSSIBLY MAKE IT, BECAUSE I THINK IT IS THAT IMPORTANT?

>> THANK YOU FOR THAT QUESTION.

AND I KNOW THAT WE WERE ANTICIPATING THAT WE WOULD BE IN THIS PLACE AT ABOUT THIS TIME AFTER THE BALLOT INITIATIVE AND THE LAW WAS PASSED.

WE HELD A VIRTUAL MEETING WITH OUR COLLEAGUES AT THE STATE HEALTH DEPARTMENT IN COLORADO. THEY DID GIVE US SOME GOOD ADVICE.

THIS WAS LAST SPRING, I THINK,

WHEN WE INVITED THEM TO PRESENT BEFORE OUR BOARD AS WE WERE ANTICIPATING WHAT OUR ROLE MIGHT BE.

CLEARLY, I WOULD SAY THAT THERE ARE TWO KEY ROLES THAT WE PLAY IN THIS SPACE -- PREVENTION AND MESSAGING AROUND IT IS ONE OF THEM.

THE SECOND IS AROUND SURVEILLANCE AND DATA. OUR COLLEAGUES IN COLORADO, ONE OF THEIR TIPS TO US WAS MAKE SURE YOU HAVE GOOD BASELINE DATA.

I CAN SHARE WITH YOU IN OUR HEALTH OF BOSTON REPORT THROUGH A SURVEY WE DO CALLED BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY AND THEN IN PARTNERSHIP WITH BOSTON PUBLIC SCHOOLS, THEY RUN A SIMILAR SURVEY FOR YOUTH, WE'VE GOT GOOD BASELINE DATA ALREADY ON PRE-RECREATIONAL IMPLEMENTATION IN TERMS OF USE. THE AMOUNT THAT HAS BEEN PROPOSED IN FY 19 IS \$75,000 TO DEVELOP THAT CAMPAIGN, AND I WANTED TO ALSO HIGHLIGHT IN FY 19 THE RESULTS OF FUNDING TO SUPPORT TWO FTEs THAT WERE FOCUSED ON PREVENTION.

I BELIEVE ONE WAS RELATED TO THE WORK THAT JEN TRACY IN OUR MAYOR'S OFFICE IS LEADING RELATED TO HER PREVENTION REPORT THAT WILL BE RELEASED.

THEN THE SECOND POSITION PREVENTION WILL SIT WITHIN OUR BUREAU OF RECOVERY SERVICES, BUT ACROSS THE BUREAU AND ORGANIZATION IT IS ALL HANDS ON DECK IN TERMS OF THE CAMPAIGN. IN TERMS OF SUPPORT, WE WOULD LOVE TO WORK WITH THE CITY COUNCIL IN GETTING YOUR FEEDBACK FROM YOUR CONSTITUENTS. WE HAVEN'T REALLY PLANNED IT OUT YET.

WE'VE BEEN HAVING DISCUSSIONS INTERNALLY JUST LOOKING AT HOW OTHER CITIES AND STATES HAVE DESIGNED THE DIFFERENT MATERIALS, BUT I IMAGINE WE'LL

BEGIN PLANNING IT, THINKING ABOUT FOCUS GROUPS, COMMUNITY MEETINGS, AND WOULD REALLY WELCOME THE OPPORTUNITY TO PARTNER WITH ALL OF YOU ON HOW TO CRAFT A MESSAGE AND THEN LAUNCH THE CAMPAIGN.

>> YEAH, THERE'S SOME GREAT PARTNERS IN THIS BUILDING. I SEE CHIEF MARTINEZ UP THERE. ALL THE COMMUNITY-BASED ORGANIZATIONS THAT WE WORK WITH DURING THE SUMMERTIME IS 162 CBOs.

YOU ALSO HAVE THE FAITH-BASED ORGANIZATIONS.

I THINK THIS IS ONE OF THOSE ISSUES THAT REALLY NEEDS TO BE AN ALL HANDS ON DECK WHERE BOSTON PUBLIC SCHOOLS GET INVOLVED AS WELL AS PAROCHIAL AND PRIVATE SCHOOLS.

I THINK IT IS IMPORTANT.

I THINK SOME OF THE CLEAR CHANNELS OF THE WORLD, THIS IS WHERE THEY NEED TO STEP UP AND HELP US OUT WITH THE PSAs AND STUFF LIKE THAT.

I KNOW THAT MY OFFICE WILL CERTAINLY BE -- WITH TWO BOYS MYSELF, I THINK THAT TEENAGERS NEED ANOTHER OPTION FOR A VICE LIKE THEY NEED A HOLE IN THE HEAD.

THIS IS ANOTHER OPTION, SO WE NEED TO GET AHEAD OF IT.

I APPRECIATE ALL THE EFFORTS. WHEN YOU START CRANKING THIS UP, I WOULD LOVE TO BE A PART OF IT.

>> THANK YOU, MR. CHAIRMAN.

>> COUNCILOR ESABBI-GEORGE.

>> THANK YOU FOR BEING HERE FOR ROUND TWO.

JUST A FOLLOW-UP TO COUNCILOR McCARTHY'S QUESTIONS ON THE MARIJUANA USE AND THE WORK WITH BPS.

AS FAR AS I WAS AWARE, THE RISK DATA THAT THEY WERE COLLECTING WASN'T SEPARATING MARIJUANA USE AS SPECIFICALLY.

>> THERE ARE SOME QUESTIONS AROUND MARIJUANA.

IF YOU WOULD LIKE, I CAN REFER

TO SOME OF THOSE QUESTIONS.
>> YEAH, THAT WOULD BE GREAT.
>> IN THEIR SURVEY, THEY
ACTUALLY HAVE A QUESTION FOR THE
HIGH SCHOOL STUDENTS AROUND
MARIJUANA USE IN THE PAST 30
DAYS.

WE HAVE DATA THAT SHOW THAT IN
THE PAST 30 DAYS THAT THE RATE
HAS INCREASED OVERALL FROM 2003
TO 2017.

THE INCREASE IS DRIVEN BY AN
INCREASE IN LATINO STUDENTS WHO
REPORTED USING MARIJUANA IN THE
PAST 30 DAYS.

WHEN WE LOOKED AT OTHER ETHNIC
BREAK UP, THERE WASN'T A
SIGNIFICANT CHANGE WHEN YOU
LOOKED AT ASIAN, BLACK, OR WHITE
STUDENTS.

THIS IS DATA, RIGHT, BUT JUST TO
GIVE YOU A SENSE --

>> BASELINE IS SO IMPORTANT TO
KNOW.

>> LET'S SEE.

FOR BOTH 2003 TO 2009 AND THEN
2011 TO 2017, THE PERCENTAGE OF
ASIAN STUDENTS REPORTED USING
MARIJUANA IN THE LAST 30 DAYS
WAS LOWER THAN BLACK STUDENTS
AND WHITE STUDENTS.

THIS IS CERTAINLY INFORMATION
THAT WE CAN WORK WITH THE
SUPERINTENDENT AND JOE CLARK IN
PACKAGING FOR YOU SO THAT YOU
HAVE THAT.

>> AND ALSO THE PERCEPTION OF
RISK, SO IT IS MARIJUANA USE BUT
ALSO MEASURING WHAT THEY THINK
IS OR WHAT THEY PERCEIVE THE
RISK OF MARIJUANA USE IS.

WHEN WE WENT TO DENVER, I MET
WITH A COUNTERPART.

ONE OF THEIR CONCERNS WAS NOT
HAVING THE PERCEPTION OF RISK
DATA AS WELL.

THEY WERE SEEING OVER A SHORT
PERIOD OF TIME A DROP IN THE
PERCEPTION OF RISK, WHICH IS NOT
A GOOD THING.

>> I THINK THAT IS ACTUALLY A
REMINDER.

BECAUSE YOU'VE GOT MEDICAL AND
NOW RECREATIONAL THROUGHOUT THE

COUNTRY, IT BECOMES NORMALIZED
IN TERMS OF PERCEPTION.
I WOULD HAVE TO GO BACK AND
DOUBLE CHECK ON WHETHER WE HAVE
A SPECIFIC QUESTIONS.
>> REGARDING MARIJUANA, I SEE
THAT THERE'S AN INCREASE IN
PUBLIC CONSUMPTION.
ARE WE INVOLVED AT ALL IN SOME
AWARENESS AS OPPOSED TO TICKET
WRITING, BUT JUST SOME GENERAL
AWARENESS ABOUT PUBLIC USE?
>> I DON'T SPECIFICALLY -- THAT
DOESN'T SPECIFICALLY FALL UNDER
THE COMMISSION, BUT WE CAN
CERTAINLY FIND OUT.
I BELIEVE IT PROBABLY IS
DEFERRED TO COMMISSIONER EVANS
IN TERMS OF ENFORCEMENT, BUT WE
CAN DOUBLE CHECK.
>> I DON'T KNOW WHETHER THAT CAN
BE INCORPORATED AT ALL INTO YOUR
CAMPAIGN.
>> IN TERMS OF PUBLIC USE AND
THE WAY WE WOULD GET INVOLVED
WOULD BE AROUND ENFORCING OUR
SMOKE-FREE WORKPLACE.
THAT'S WHERE WE WOULD BE
INVOLVED IN TAILORING THE
MESSAGES.
>> GREAT.
THANK YOU.
I HAVE SOME QUESTIONS ABOUT THE
SCHOOL-BASED HEALTH CENTERS.
WHAT IS YOUR RELATIONSHIP -- THE
COMMISSION'S RELATIONSHIP WITH
THE HEALTH CENTERS THAT DO
OPERATE IN OUR SCHOOLS?
>> THERE IS A NETWORK OF
SCHOOL-BASED HEALTH CENTERS, AND
WE WORK REALLY CLOSELY.
I'M TRYING TO FIND THE LIST.
WE'RE NOT IN ALL THE HIGH
SCHOOLS.
ON THE SLIDES, WE LISTED WHICH
ONES WE'RE IN.
WE ACTUALLY DO WORK REALLY
CLOSELY WITH THE SCHOOL OPERATED
HEALTH CENTERS ON WELLNESS
POLICIES.
WE OFTEN WORK COLLABORATIVELY
WITH THEM AROUND ENSURING THAT
WE'RE ALIGNED IN TERMS OF THE
RESOURCES AND MATERIALS THAT

WE'RE DEVELOPING, BUT WE DO WORK CLOSELY WITH BPS.

>> IS THERE A WAY TO HAVE A GREATER PRESENCE, ESPECIALLY THINKING ABOUT MENTAL HEALTH SERVICES, IN OUR SCHOOLS THROUGH THE COMMISSION?

BECAUSE WE OFTEN HAVE IN MANY OF OUR SCHOOLS THE MENTAL HEALTH AND BEHAVIORAL HEALTH SPECIALISTS THAT ARE OFTEN WORKING WITH A FIFTH SERVICE MODEL, SO THEY'RE NOT NECESSARILY ABLE TO SEE EVERY STUDENT.

I DON'T KNOW WHETHER OR NOT THE COMMISSION CAN GET MORE INVOLVED IN THAT WORK.

>> I THINK WE HAVE PROVIDED SOME ADDITIONAL CAPACITY WHEN NEEDED IF THERE'S BEEN A PARTICULAR INCIDENT OR EVENT AT THE SCHOOL BECAUSE YOU'RE RIGHT.

EVEN IN OUR OWN SCHOOL-BASED HEALTH CENTERS, I BELIEVE THE TOP TWO PRIMARY REASONS FOR THE VISITS ARE RELATED TO BEHAVIORAL HEALTH AND THEN FAMILY PLANNING. I CAN CHECK BACK WITH STAFF TO CONFIRM WHAT TYPES OF FORMAL PROCESSES WE HAVE IN PLACE AROUND CONNECTING OUR BEHAVIORAL HEALTH.

WE HAVE SEVERAL SOCIAL WORKERS WHO WORK ACROSS THE SCHOOL-BASED HEALTH CENTERS, SO I CAN DOUBLE CHECK ON THAT FOR YOU AS WELL.

>> THANK YOU.

I APPRECIATE THAT.

I THINK IT IS A REAL OPPORTUNITY TO MAKE SURE THAT OUR KIDS ARE GETTING SUPPORT SERVICES PRIOR TO AN INCIDENT AS WELL.

WE CAN BE VERY REDUNDANT WHEN IT COMES TO MENTAL AND BEHAVIORAL HEALTH.

I THINK THAT'S A GOOD THING. YOU ALSO HAVE A PROGRAM CALLED PROJECT LAUNCH, WHICH WORKS SPECIFICALLY TO EARLY CHILDHOOD MENTAL HEALTH.

IT LOOKS LIKE THERE'S BEEN MAYBE AN INCREASE WITH YOUR WORK.

IT LOOKS LIKE IT IS IN

PARTNERSHIP WITH BPS.

I DON'T KNOW IF YOU'RE FAMILIAR AT ALL WITH IT.

>> I AM FAMILIAR WITH PROJECT LAUNCH AND THE WORK THAT THEY DO AROUND EARLY CHILDHOOD DEVELOPMENT.

THAT IS WITHIN OUR CHILD AND FAMILY HEALTH WELLNESS BUREAU, BUT I DON'T HAVE ANY SPECIFIC INFORMATION ABOUT THOSE UPDATED ACTIVITIES, BUT WAS THERE A SPECIFIC PART OF THE INITIATIVE --

>> I'M TRYING TO UNDERSTAND THE FULL IMPACT IT COULD HAVE WITH THE INVESTMENT THAT WE MAKE BOTH INTERNALLY AND EXTERNALLY AND UNDERSTANDING THE PARTNERSHIP BETWEEN BPS AND HOW MANY KIDS WERE ACCESSING.

IS THAT QUESTION MORE APPROPRIATE FOR BPS?

>> I CAN FOLLOW UP AND CHECK. WE'VE BEEN WORKING WITH THE 0 TO 5 POPULATION.

BPS AND BPHC WERE INVOLVED IN ADVISORY CAPACITIES TO CHILDREN'S HOSPITAL BOSTON AS THEY WERE DEVELOPING THEIR DETERMINATION OF NEED FUNDING. IF YOU RECALL UNDER THE STATE DOM PROCESS, CHILDREN'S HOSPITAL HAD ABOUT \$53 MILLION IN COMMUNITY HEALTH INITIATIVES THEY WERE GOING TO DISTRIBUTE. THE REQUEST FOR PROPOSAL IS ACTUALLY OUT ON THE STREET NOW, AND THERE IS A CATEGORY OF FUNDING THAT IS AVAILABLE FOR 0 TO 5.

A LOT OF EVIDENCE SHOWS THAT'S BEEN -- AND YOU KNOW THIS FROM YOUR EDUCATIONAL BACKGROUND. COUNCILOR, FOCUSING ON THOSE EARLY CHILDHOOD YEARS ARE CRITICAL FOR LONG-TERM SUCCESS, ESPECIALLY WHEN WE HAVE SO MANY CHILDREN THAT EXPERIENCE ADVERSE CHILDHOOD EVENTS THAT IMPACT LEARNING AND ABILITY TO SUCCEED. I DO KNOW THAT WE WORK CLOSELY WITH THEM ON THAT.

I APOLOGIZE THAT I DON'T HAVE

THE PROJECT LAUNCH INFO IN FRONT OF ME.

>> THAT'S IT FOR THIS ROUND.

>> THANK YOU.

>> THANK YOU.

>> COUNCILOR PRESSLEY HAS JOINED US AND HAS THE FLOOR, IF SHE SO CHOOSES.

>> THANK YOU, MR. CHAIRMAN.

I'M GOING OVER A COUPLE OF THINGS.

I'M NOT SURE IF YOU CAN ANSWER THIS OR NOT.

I WAS VERY APPRECIATIVE OF CHIEF MARTINEZ PARTICIPATING AND LEADING MY ANNUAL HEALTHY BOSTON BRIEFING FOR MY COLLEAGUES AND REALLY LOVE THE NEW REPORTING COMPREHENSIVE, INTERACTIVE.

LOVE THE INFOGRAPHIC.

IS THAT THE GREAT TERMINOLOGY?

>> YES.

>> SORT OF ELUCIDATED SOME GAINS THAT I WAS NOT AWARE OF, BUT ONE OF THE THINGS THAT WAS UNFORTUNATE AND DISTURBING IS THAT WE HAVE VERY LITTLE ASIAN DATA, IF ANY AT ALL.

WHAT THE CHIEF HAS SHARED IS THAT THERE HASN'T BEEN ENOUGH -- YOU SAID IT.

THERE'S NOT A BIG ENOUGH SAMPLE UNIVERSE.

I JUST WANTED TO REVISIT THAT TO THINK ABOUT HOW WE MIGHT ADDRESS THAT BECAUSE WE DON'T WANT TO FEEL THAT AN ENTIRE SEGMENT OF THE CITY IS NOT BEING REPRESENTED IN OUR DATA.

>> AND I THINK ONE OF US

PROBABLY SAID THAT.

I REMEMBER THAT QUESTION.

I THINK YOU'RE RIGHT.

SOME OF IT WAS SAMPLE SIZE.

AND I BELIEVE OUR DIRECTOR OF EVALUATION AND RESEARCH HAS MENTIONED THAT IN THIS NEXT ROUND, THAT WE KNEW THAT THAT WAS A GAP IN THE LAST REPORT WE ISSUED.

IN THIS NEXT ROUND, I CAN CONFIRM, BUT I THINK HE HAD MENTIONED THAT WE'RE ACTUALLY DOING OVERSAMPLING SO WE CAN

GENERATE MORE ASIAN-SPECIFIC
DATA TO ADDRESS THE ISSUES
AROUND THE SMALL SAMPLE SIZES.
I BELIEVE THAT WAS AN
IMPROVEMENT THAT WE WERE
IMPLEMENTING IN THIS NEXT ROUND
OF THE REPORT.
I CAN CONFIRM THAT.

>> OKAY.

AND THEN ALSO I DON'T KNOW IF
YOU HAVE IT WITH YOU -- IF YOU
DON'T, I CAN SHARE IT WITH MY
COLLEAGUES LATER, BUT I ASKED
DURING THAT BRIEFING ABOUT YOUR
ABILITY TO GET DATA AND RESEARCH
IN REALTIME FROM THE STATE.
AT ONE POINT, YOU'RE LOOKING AT
LEGISLATION TO MAKE SURE YOU'RE
GETTING THAT DATA MORE QUICKLY.
I WONDER IF YOU CAN SPEAK TO
THAT BECAUSE CERTAINLY THAT
INFORMS WHAT INVESTMENTS WE
MAKE.

ALSO, COULD YOU SPEAK TO WHAT WE
SPOKE ABOUT AT THE BRIEFING
RELATIVE TO HOW MANY DEDICATED
RESEARCHERS YOU HAVE COMMISERATE
AND IN COMPARISON TO OTHER
CITIES IN POPULATION?

>> WE SPEND A LOT OF TIME
WORKING WITH OUR STATE
COLLEAGUES ON TRYING TO GET MORE
REALTIME ACCESS.

IN OUR INFECTIOUS DISEASE BUREAU
WE'RE ABLE TO USE ONE PLATFORM
TO MORE RAPIDLY ACCESS INFECTION
DISEASE RELATED IN REALTIME.
WE'RE WORKING WITH THEM NOW ON
SOME OF THE DATA CHALLENGES
AROUND TRACKING AND THE WAY WE
LOOK AT OUR OPIOID OVERDOSE
DATA, SO IT HAS BEEN
COLLABORATIVE.

I THINK HAVING WORKED AT THE
STATE I HAVE THIS APPRECIATION
FOR THE KIND OF DATA CLEANING
AND SCRUBBING THAT THEY DO, BUT
I THINK I CAN ALSO SPEAK ON
BEHALF OF ALL THE LOCAL HEALTH
DEPARTMENTS THAT WHEN WE'RE
TRYING TO GENERATE COMMUNITY
HEALTH NEEDS ASSESSMENTS AND
PROVIDE THAT DATA WHEN ELECTED
OFFICIALS ASK FOR IT, HAVING A

FIVE, TEN-YEAR DATA LAG IS NOT HELPFUL.

SOME OF THE DATA, 2015, THEY HAVE BEEN SHARING, AND IT HAS BEEN IMPROVING IN TERMS OF SHARING.

>> THE IMPROVEMENT ABOUT TECHNOLOGICAL INVESTMENTS AND UPGRADES.

IS IT ABOUT IMPROVED COORDINATION OR ABOUT --

>> IT IS REALLY ABOUT DOING WHAT THEY NEED TO DO ON THE STATE SIDE TO BE SURE THE SAMPLE SIDE IS SET AND FINAL BEFORE THEY SHARE IT WITH US AND THEN ON THE COORDINATION PIECE, BEFORE WE DO ANY PUBLICATIONS OR REPORTS, DOING A GOOD JOB OF COORDINATING AND COMMUNICATING WITH THEM BEFORE WE DO THAT, ESPECIALLY IF THE DATA SETS AREN'T CLOSE.

BUT WE'RE HAPPY TO DO ANOTHER FOLLOW-UP DISCUSSION SO WE CAN ACCURATELY SHARE HOW THAT WORKS BECAUSE IT IS REALLY DIFFERENT DEPENDING ON THE DATA SETS.

>> WE JUST WANT TO MAKE SURE WE'RE BEING PARTNERS WITH YOU BECAUSE THAT DATA IS SO CRITICAL.

IF WE NEED TO DO ANYTHING ON OUR END OR IF THERE WAS SOMETHING THAT NEEDED TO HAPPEN PROCEDURALLY OR LEGISLATIVELY, THAT'S SOMETHING WE WOULD LOOK TO.

YOU HAVE NINE DEDICATED RESEARCHERS IN COMPARISON TO NEW YORK WHERE EPIDEMIOLOGY MIGHT HAVE AS MANY AS 300?

>> I CAN'T REMEMBER WHAT DAN SAID.

NEW YORK CITY IS HUGE. THAT'S NOT COMPARABLE.

I THINK A COMPARABLE CITY I PUT OUT THERE IS SEATTLE, AND I BELIEVE THEY HAVE TWICE AS MANY INDIVIDUALS WHO SPECIFICALLY ARE DOING RESEARCH IN EPIDEMIOLOGY. WE'RE MORE COMPARABLE TO A SEATTLE COUNTY HEALTH DEPARTMENT.

THAT'S NOT IN DAN'S UNIT.

WE ALSO HAVE EPIDEMIOLOGISTS IN
INFECTIOUS DISEASE BUREAU AND
CHILD AND ADOLESCENT FAMILY
HEALTH.

WHEN CHECKING THOSE NUMBERS, IT
MIGHT BE HIGHER.

>> ANYTHING YOU CAN WALK US
THROUGH ON THE TRAUMA SUPPORT
SIDE IN TERMS OF THE ROLE THAT
THE HEALTH COMMISSION IS PLAYING
WITH THAT?

I KNOW THAT WORK IS ACROSS
AGENCIES, AND WE'VE BEEN WORKING
DILIGENTLY TO IMPROVE
COMMUNICATION COORDINATION TO
MAKE SURE THAT WE'RE SUPPORTING
FAMILIES IN THE CITY.

WHAT IS THE ROLE THAT THE
COMMISSION IS PLAYING?

>> YEAH, I WANTED TO THANK YOU.
WHEN I FIRST ARRIVED, I KNOW I
WAS IN THE EDUCATING MYSELF
MODE.

CLEARLY, YOU'VE BEEN IN A LEADER
IN THIS WORK IN THE CITY, SO I
WANTED TO THANK YOU BECAUSE I'M
REALLY PROUD OF THE INITIAL WORK
THAT WE'VE BEEN ABLE TO DO WITH
THE BOSTON NEIGHBORHOOD TRAUMA
RESPONSE TEAM.

I HAD THE OPPORTUNITY TO
ACTUALLY SIT WITH THE TEAMS
DURING THE AFTERMATH OF THE
DOUBLE HOMICIDE AT HEATH.
GOT TO SEE THE NEIGHBORHOOD
TRAUMA TEAMS.

NOT JUST THE ONES IN JP, BUT
REALLY THE OTHER TEAMS COME
TOGETHER TO PROVIDE ADDITIONAL
SUPPORT TO THAT TEAM.

THEY ATTENDED COMMUNITY VIGILS.
WE WERE THERE ONE EVENING DOING
A COOKOUT TO PROVIDE RESOURCES,
MATERIALS, A FEW DAYS AFTER THE
SHOOTINGS.

I GOT TO SEE HOW THAT WORKED IN
TERMS OF THE MOBILE RESPONSE
UNIT AND THEN OUR
COMMUNITY-BASED PARTNERS, FOR
EXAMPLE FROM TREE OF LIFE.
WE ALSO HAD THE UNFORTUNATE -- I
DON'T KNOW IF OPPORTUNITY -- IT
WAS ACTUALLY TERRIBLE, BUT WE
ENGAGED THE NEIGHBORHOOD TRAUMA

TEAM AFTER THE FATAL STABBING
OUTSIDE OF SOUTHAMPTON STREET.
LAST WEEK, I MADE THE CALL TO
OUR STAFF TO THE HOTLINE.
THEY WERE THERE WITHIN AN HOUR.
CAME TO THE SHELTER TO CONSOLE
AND PROVIDE SUPPORT TO STAFF WHO
WERE CLEARLY TRAUMATIZED BY
WITNESSING SOMETHING THAT NONE
OF THE STAFF AND CLIENTS HAD
EVER EXPERIENCED, SO THE
NEIGHBORHOOD TRAUMA TEAMS WERE
ACTUALLY THERE PRIOR TO THE
ARRIVAL OF OUR EAP COLLEAGUES.
THEY CONTINUE TO PROVIDE ONGOING
SUPPORT TO CLIENTS AND STAFF, SO
WE'VE WORKED REALLY HARD WITH
THE COMMUNITY HEALTH CENTERS,
THE COMMUNITY-BASED
ORGANIZATIONS, WITH COMMUNITY
PARTNERS, WITH BCYF, WITH CHIEF
MARTINEZ, WITH COLLEAGUES AT BPD
AND OTHERS TO MAKE SURE WE'RE
PROMOTING WHAT THE SERVICES LOOK
LIKE AND LINKING CLIENTS TO THE
SERVICES.

I KNOW WE'VE DONE A LOT OF WORK
TO TRY TO FIGURE OUT HOW THE
RESPONSE WORKS WHEN THAT CALL
COMES IN BECAUSE THAT WAS, I
KNOW, AN OPPORTUNITY FOR
IMPROVEMENT FOR US.

AND WE HAVE A MUCH LARGER TEAM
THAT IS HELPING WITH THE
RESPONSE, AND I KNOW THAT
THEY'RE IN THE PROCESS.

THEY HAD MENTIONED IN THE NEXT
COUPLE WEEKS THEY'VE ALREADY
BEGUN TO FIGURE OUT WAYS TO
ENGAGE 20 MORE ADDITIONAL
COMMUNITY RESPONDERS.

>> YEAH, THEY'VE BEEN A GREAT
PARTNER IN THIS.

WE HAVE MADE GREAT STRIDES WHEN
IT COMES TO TRAUMA RESPONSE.

I THINK WHAT WE'RE STILL TRYING
TO FIGURE OUT IS TRAUMA
RECOVERY, AND THAT'S HARDER
BECAUSE OBVIOUSLY TRAUMA
MANIFESTS ITSELF IN MANY
DIFFERENT WAYS.

SOME PEOPLE IT IS MORE FORWARD
PRESENTING.

OTHERS IT MAY TAKE WEEKS OR

MONTHS.

AND SO, WE'RE DOING A BETTER JOB OF BEING THERE AT THAT FIRST SORT OF CRITICAL 24 TO 72 HOURS, BUT HOW DO WE BUILD THE RESILIENCY UP IN THE COMMUNITIES SO THAT THAT SUPPORT IS THERE AFTER THE CAMERA HAVE GONE AND THE PAPERS HAVE STOPPED WRITING ABOUT IT?

>> I KNOW WHEN WE REDESIGNED THE PROGRAM, WE KNEW THAT THE COMMUNITY RESPONSE FACTOR WAS SOMETHING THAT WE HAD TO STAFF UP DESIGN.

BUT ON THE RECOVERY SIDE WITH THE COMMUNITY HEALTH CENTERS BETWEEN MARCH OF 2017 AND AUGUST 31st OF 2017, THEY WERE ABLE TO ENROLL 249 NEW CLIENTS JUST IN THAT PERIOD OF TIME.

THESE WERE NEW CLIENTS THAT HAD NOT BEEN SEEN AT THOSE COMMUNITY HEALTH CENTERS, SO THAT IS A GREAT TESTAMENT, I THINK, TO THE BRIDGING WORK THAT THIS NEW MODEL HAS BEEN ABLE TO FACILITATE BETWEEN THE COMMUNITY-BASED RESPONDERS AND THE BEHAVIORAL SUPPORT SERVICES. IF I COULD ON THE NEIGHBORHOOD TRAUMA TEAMS, WHAT WE WERE ABLE TO LEARN -- I DON'T THINK THIS IS NEWS TO THE COUNCIL MEMBERS -- THAT 74% OF THOSE NEW CLIENTS THAT WE ENGAGED REPORTED EXPERIENCING CHRONIC EXPOSURE TO VIOLENCE.

CONSIDERING THAT THESE WERE NEW CLIENTS, CARE IS IMPORTANT FOR US TO ADDRESS AND HOPEFULLY PROVIDE RECOVERY SERVICES TO HELP BREAK THE CYCLE OF VIOLENCE THAT THEY'RE EXPERIENCING.

>> THANK YOU.

THANK YOU VERY MUCH.

>> THANK YOU.

WE'VE SINCE BEEN JOINED BY COUNCILOR KIM JAMIE.

AND COUNCILOR RECOGNIZES MATT O'MALLEY.

>> THANK YOU, MR. CHAIRMAN.

I'LL CATCH UP ELSEWHERE.

IN TERMS OF THE INFECTIOUS

DISEASE -- AND I APOLOGIZE IF YOU'VE GONE OVER IT ALREADY, BUT CAN YOU TALK A LITTLE BIT ABOUT CERTAIN TRENDS THAT WE'VE SEEN IN THIS CALENDAR YEAR?

>> LET ME SEE HERE.

I CAN TELL YOU SOME OF THE TRENDS AND CHALLENGES THAT WE IDENTIFIED IN OUR HEALTH OF BOSTON REPORT, WHICH I THINK YOU-ALL RECEIVED COPIES OF. THEY REALLY LIST OUT WHAT WE AT THE HEALTH DEPARTMENT HAVE BEEN FOCUSED ON, WHICH IS HEALTH INEQUITIES.

BETWEEN 2013 AND 2015, BLACK AND LATINO RESIDENTS EXPERIENCED HIGHER RATES OF NEWLY DIAGNOSED RATES OF HIV INFECTION COMPARED TO WHITE RRESIDENTS.

WE ALSO SAW IN A REPORT THAT WE'RE ACTUALLY GOING TO BE ISSUING SHORTLY AROUND CANCER THAT ASIAN RESIDENTS EXPERIENCE HIGHER RATES OF HEPATITIS B AS FAR AS CANCER INCIDENTS COMPARED TO THEIR WHITE RESIDENTS.

THOSE ARE SOME OF THE KEY -- AND ALSO, I THINK I TALKED ABOUT NEEDING TO CONTINUE TO WORK ON THE CHLAMYDIA RATE.

THAT'S THE GOAL IN FY 19, TO INCREASE EDUCATION OUTREACH.

>> THERE WERE A NUMBER OF TUBERCULOSIS CASES IN BOSTON THIS YEAR?

>> WE HAVE 42, I THINK, THAT ARE CTIVE CASES, AND WE ALSO HAVE LATENT CASES OF T.B., BUT 42 COMPARED TO OTHER CITIES IS QUITE LOW.

>> IS THAT A DECREASE FROM PRIOR YEARS IN BOSTON?

>> I'D HAVE TO DOUBLE CHECK ON HOW THAT COMPARES TO THE PREVIOUS YEAR.

I DON'T THINK THAT WE HAVE THAT INFORMATION IN FRONT OF ME.

>> OKAY.

THAT'S HELPFUL.

WHEN I CAME IN, YOU WERE TALKING A LITTLE BIT ABOUT WHAT HAD HAPPENED AT MILDRED HAILEY TWO WEEKS AGO.

I WANT TO PUBLICLY THANK YOU AND
COMMEND YOUR FOLKS FOR BEING
THERE, THE TRAUMA RESPONSE TEAM.
IT WAS HEARTBREAKING.

IT IS ONE OF THE REASONS WHY
COUNCILOR JAMIE AND I HAVE
CALLED FOR A HEARING ON VIOLENCE
IN THE SUMMERTIME BECAUSE AS THE
THERMOMETER RISES, SO TOO DO
THESE HORRIFIC INCIDENTS.

DO YOU BELIEVE YOU HAVE ENOUGH
STAFF -- I ASSUME THE ANSWER IS
YES, BUT WHAT SUPPORT CAN THE
COUNCIL OFFER YOU PARTICULARLY
AS IT RELATES TO THE TRAUMA
RESPONSE TEAM?

>> THAT'S A GOOD QUESTION.

WE WERE PLEASED THAT WE GOT AN
ADDITIONAL INVESTMENT THAT WOULD
ALLOW US TO EXPAND THE TEAM.
WE'LL BE ABLE TO INCREASE TWO
ADDITIONAL TEAMS.

WE'LL ALSO BE ABLE TO DO A
STRONGER EVALUATION AND DATA
COLLECTION WITH THESE OF THE -- THERE'S A HEAVY
COMPONENT AROUND TRAINING AND
EDUCATION FOR THE TRAUMA
RESPONSE TEAMS AND THEY REALLY
APPRECIATE BEING TRAINED ON
TRAUMA-INFORMED CARE.

I THINK, IN TERMS OF OUR
CAPACITY WE HAVE BEEN ABLE TO DO
MORE THROUGH THE SMART TEAM.

WE WOULD LOVE TO BE ABLE TO
INCREASE CAPACITY IN TERMS OF
THE MATERIALS THAT WE DEVELOPED.
RIGHT NOW IT'S AVAILABLE IN
ENGLISH AND SPANISH AND WE HAVE
HAD REQUESTS FOR TRANSLATING AND
DEVELOPING AND WE HAVE DRAFT
MATERIALS I THINK THAT ARE BEING
DEVELOPED IN CREOLE AND --

>> THAT CULTURAL COMPETENCY:

THAT IS IMPORTANT?

>> OBVIOUSLY.

AND WE WISH THE TEAMS DIDN'T
HAVE TO EXIST, RIGHT, BUT WE
THINK THAT THIS IS -- THE
ADDITIONAL TEAM WILL MAKE A BIG
DIFFERENCE IN THE WAY THAT IT IS
STRUCTURED.

>> I AGREE.

I KNOW YOU TALKED A LITTLE BIT
IN TERMS OF THE COMMUNITY

INITIATIVE, TOBACCO CONTROL, ARE YOU STILL WORKING WITH BHA ON SMOKING CESSATION PRODUCTS FOR RESIDENTS.

>> WE ARE.

>> HOW DOES THAT WORK?

IS IT NICOTINE GUM?

IS IT THE PATCH?

IS IS IT LOSS JESS.

>> IT'S A COMBINATION OF TOBACCO CESSATION.

I DON'T HAVE IT.

I BELIEVE THE WAY THAT THEY PROVIDE -- IT'S COMPREHENSIVE SO IT'S A COMBINATION OF THE MEDICATION, GUM, AND SO IT IS A NUMBER OF DIFFERENT THINGS. AND THEN COUNSELING IS ALSO PART OF THAT.

THEY'RE PROVIDED TOBACCO CESSATION SUPPORT SERVICES.

HOW MANY PEOPLE TOOK ADVANTAGE OF THAT LAST YEAR.

>> I CAN FIND OUT HOW MANY.

IF THE QUESTION SPECIFIC TO OUR BHA RESIDENTS?

>> BOTH.

GENERALLY.

I THINK THIS IS ONE OF THE PROGRAMS THAT WE DO NOT TOUT ENOUGH, OBVIOUSLY NUMBERS WITH SMOKERS HAVE DROPPED FROM WHERE IT WAS 30, 15 YEARS AGO BUT IT IS INCREASINGLY MORE EXPENSIVE TO QUIT SMOKING AND ANYTHING THAT WE CAN DO AND THIS IS SOMETHING YOU AND YOUR TEAM DO EXCEPTIONALLY WELL, EVERY TIME I GO TO A BHA, COFFEE HOUR OR PIZZA PARTY, I REMIND RESIDENTS THERE ARE OPPORTUNITIES AND RESOURCES OUT THERE SO I WOULD BE INTERESTED TO SEE HOW MANY PEOPLE TAKE ADVANTAGE AND WHAT THE FOLLOW-UP HAS BEEN BECAUSE I THINK THE PROGRAM IS TERRIFIC AND THE COUNSELING PIECE IS KEY. I WISH WE DIDN'T INCLUDE THE CHANTIX OR WHATEVER THE DRUGS ARE, BECAUSE I DON'T THINK THAT IS A GOOD WAY TO QUIT SMOKING. THE GUM AND OTHER THINGS MAY BE BETTER TO DO THAT.

MY TIME?

>> PRETTY MUCH.
>> I WILL WAIT FOR THE NEXT ONE.
SO YES --
>> I WANT TO MAKE SURE THAT I
CONFIRM THAT CHANTIC TICKS IS
PART OF THAT AND I MIGHT BE
CONFUSING THAT WITH MY STATE
HEALTH DEPARTMENT DAYS.
BUT WE'RE REALLY PROUD OF THE
PROGRESS WE HAVE MADE.
IN TERMS OF PROGRESS WE HAVE
SEEN A DECREASE IN YOUTH
CIGARETTE SMOKING, A DREG IN THE
NUMBER OF ADULTS AND THOSE
EXPOSED TO SECONDHAND SMOKE AND
I KNOW A LOT OF THIS IS BECAUSE
OF THE REGULATIONS IN THIS PART
OF THE COUNSEL --
>> SURE.
THANK YOU.
THANK YOU, MR. CHAIRMAN.
>> THANK YOU.
COUNSELOR?
>> THANK YOU, MR. CHAIR AND
THANK YOU, AND I THINK I WILL
CONTINUE -- ON THESE QUESTIONS
AROUND SMOKING, SO GREAT TO SEE
THE DECREASE WITH YOUTH
CIGARETTE SMOKING.
I'M WONDERING IN THAT INCLUDES
THINGS LIKE THE E CIGARETTES AND
VAPING OR SOMETHING THAT PEOPLE
ARE DOING?
IS IT CALLED VAPING?
>> IT IS.
>> SO DOES THAT FIGURE THEN
INCLUDE THAT?
BECAUSE I'M ALWAYS AMAZED AS AT
THE NUMBER OF YOUNG PEOPLE I SEE
SMOKING CIGARETTES.
WHEN I WAS YOUNG CIGARETTE
SMOKING WAG CONSIDERED COOL BUT
I THINK NOW THERE'S JUST BEEN A
LOT MORE INFORMATION AND
EDUCATION ABOUT THE DANGEROUS OF
CIGARETTE SMOKE AND HOW BAD IT
IS FOR YOUR HEALTH BUT I WORRY
AT THESE ALTERNATIVES HAVE NOW
KIND OF STEPPED IN AND ARE
TAKING THE PLACE OF THAT, AND I
THINK THERE ARE STILL QUESTIONS
AS TO WHETHER THOSE ITEMS
ACTUALLY HARM FOLKS WHICH WOULD
ARGUE THAT THEY DO BUT I DON'T

KNOW WHAT THE DATA IS.

I'M ASKING YOU.

>> IN TERMS OF THE E CIGARETTE BEING HARMFUL AMONG YOUNG PEOPLE , ONE OF THE THINGS I THINK -- AND I'M SORRY I DON'T HAVE THE SPECIFIC DATA POINT IN FRONT OF ME BUT I BELIEVE IN THE HEALTH OF BOSTON FOR THE MOST RECENT YRBS WE DID HAVE DATA. AGAIN, THERE'S A LAG IN TERMS OF WHAT WE SEE THAT SHOWED THERE WAS A DECREASE IN TERMS OF YOUTH USING E CIGARETTES.

HOWEVER THAT WAS FROM 2015.

THERE'S BEEN A LOT IN THE NEWS AND WE HAVE BEEN HEARING ANECDOTE LEFROM OUR SCHOOLS IN BOSTON THAT THEN OBSERVED STUDENTS VAPING AND THIS IS SOMETHING THEY ASKED OUR RESEARCH STAFF TO HELP US UNDERSTAND MORE.

CYCLE SHARE WITH YOU -- CYCLED SHARE THAT WITH YOU.

>> I'M SEEING AN INCREASE IN THE NUMBER OF SMOKE SHOPS THAT ARE IN DIFFERENT COMMERCIAL AREAS OR NEIGHBORHOODS AND I'M NOT SURE WHETHER OR NOT THEY'RE BEING MONITORED AND WATCHED IN TERMS OF WHETHER YOUNG PEOPLE CAN ACCESS THEIR PRODUCTS. AT THESE PLACES.

BUT I WORRY THIS IS THE NEW TREND, AND BECAUSE THERE'S STILL NOT A LOT OF INFORMATION OUT THERE, THAT, YOU KNOW YOUNG PEOPLE ARE JUST OING OR ANYONE IS JUST OING FOR THE E CIGARETTE OR THE VAPING.

>> SO WE, IN 2015, PASSED A LAW FOR TOBACCO 21 THAT INCLUDED VAPORS AND THE STATE -- THE GOVERNOR IS SUPPOSED TO PASS A STATE ALLOW THAT ALLOWS ACCESS UNDER 21 TO TOBACCO.

BUT THROUGH OUR COMMUNITY INITIATIVES BUREAU WE DO HAVE MENTAL HEALTH INSPECTORS THAT DO ENFORCE THE REGULATIONS THAT WE HAVE AROUND ACCESS OF SALES OF TOBACCO TO MINORS.

SOMETIMES WE USE MINORS TO TRY

TO PURCHASE TOBACCO SO THERE'S AN ENFORCEMENT ACTIVITY THAT WE DO THROUGH THE HEALTH DEPARTMENT SO IF YOU HAVE PARTICULAR SHOPS THAT IS A YOU'RE CONCERNED ABOUT WE ARE CERTAINLY HAPPY TO FOLLOW-UP WITH UP AS WELL.

>> THAT'S GREAT.

THE LAST THING JUST ON THE TRAUMA PIECE, YOU KNOW, I WOULD THINK THAT WE CERTAINLY NEED MORE.

I'M NOT SURE IF YOU THINK IT'S ADEQUATE BUT WE HOPED TO HAVE ADDITIONAL STAFF.

YOU KNOW I WORRY ABOUT WHETHER OR NOT THERE'S A SYSTEM IN PLACE THAT REALLY LOOKS AT THE TRAUMA THAT FAMILIES AND YOUNG PEOPLE EXPERIENCE WHEN THEY ARE SUBJECTED TO THE VICTIM OF A VIOLENT SHOOTING OR CRIME.

SO, FOR EXAMPLE, AND I THINK I RAISED THE POINT WHEN I MET WITH YOU, LET'S SAY THERE IS A SHOOTING ON A PARTICULAR RESIDENTIAL STREET.

LET'S SAY A FAMILY MEMBER IS INJURED OF A PARTICULAR HOUSEHOLD, THAT PARTICULAR HOUSEHOLD, YOU KNOW, WOULD GET THE FOLLOW UP AND SUPPORT THROUGH YOUR OFFICE AND THE TRAUMA TEAM, THE POLICE, HOPEFULLY, BUT THE OTHER RESIDENTS ON THAT STREET ARE ALSO TRAUMA ADVERTISED BY THIS EVENT AND SAY THERE ARE 20 SCHOOL AGE CHILDREN THAT LIVE ON THIS STREET AND THAT THOSE 20 SCHOOL-AGE CHILDREN ARE GOING TO DOZENS OF SCHOOLS THE NEXT DAY, THERE'S NO WAY -- I DON'T SEE HOW WHETHER OR NOT THOSE SCHOOLS ARE THEN EQUIPPED TO EVEN KNOW THAT THIS HAS HAPPENED TO ONE OF

-- THAT THEIR STUDENT HAS EXPERIENCED THIS, NOT DIRECTLY BUT INDIRECTLY AND I'M WONDERING WHAT WE CAN PUT IN PLACE SO FOR THAT IMMEDIATE CHILD IN THAT HOUSEHOLD I THINK THERE'S SOME SUPPORT BUT FOR THE OTHER CHILDREN AND FAMILIES THAT ARE

IMPACTED BY THAT SITUATION IF THERE'S A WAY TO KIND OF CLOSE THOSE HOLES.

BECAUSE THE ENTIRE COMMUNITY, THE ENTIRE STREET IS IMPACTED WHEN INCIDENTS HAPPEN, NOT JUST THE IMMEDIATE FAMILY AND SO I MEAN JUST WONDERING HOW WE CAN GET THE INFORMATION OUT AND SO WE KNOW IN THIS AREA THIS HAPPENED AND THAT THESE CHILDREN ARE AFFECTED AND THEY'RE ATTENDING THESE SCHOOLS.

IS THERE SOMETHING IN PLACE NOW THAT THEN THOSE SCHOOLS ARE NOTIFIED THAT STUDENTS WHO COME TO THIS SCHOOL, LIVED IN THIS AREA AND MAY HAVE WITNESSED, MAY HAVE EXPERIENCED THIS AND THAT THE TEACHERS AND THE SCHOOL STAFF ARE THEN PREPARED TO ADDRESS THIS ISSUE AND WORK WITH THOSE YOUNG PEOPLE?

>> I REMEMBER WE TALKED ABOUT THIS.

>> AND IT'S A A GREAT QUESTION THAT YOU RAISED.

BECAUSE THE ONE THING THAT I WOULD JUST UNDERSCORE IS THAT THE NEIGHBORHOOD TRAUMA TEAMS, THEY ACTUALLY DO A LOT OF WORK WITH THE COMMUNITY KIND OF AT LARGE.

SO IF YOU -- YOU DIDN'T NECESSARILY HAVE TO BE THERE TO WITNESS THE VIOLENCE. BUT AS I SAID IF YOU'RE HEARING GUNSHOTS FIRED IN YOUR NEIGHBORHOOD THAT IS TRAUMATIC EVEN THOUGH YOU MAY NOT HAVE LOOKED OUT OF THE WINDOW AND SEEN SOMEONE HURT OR SHOT. ANYONE CAN CALL HOT LINE FOR THE NEIGHBORHOOD RESPONSE TEAMS. AND I THINK -- THE BAY I WOULD ANSWER YOUR QUESTION IS THAT THIS REPRESENTS AN OPPORTUNITY FOR US TO WORK EVEN HARDER WITH BTS AND WHEN WE WERE CONCEPTUALIZING, THEY HAD A STAFF MEETING WITH US WHEN THEY WERE REDESIGNING THE PROCESS BUT I THINK WE CAN KIND OF WORK HARDER AND THE CONCERNS THAT YOU

RAISED DID COME UP IN A RECENT SIT-DOWN THAT I HAD WITH OUR YOUNG PEOPLE THAT ARE PART OF OUR PEER LEADERSHIP INSTITUTE AND OUR YOUTH ADVISORY BOARD. THEY TALKED ABOUT -- THESE ARE YOUNG PEOPLE, HIGH SCHOOL STUDENTS, WHO GO TO SCHOOL IN THE CITY, THE EXAM SCHOOLS, CHARTER SCHOOLS, THERE WERE A COUPLE OF YOUNG PEOPLE MUCH SCHOOLS OUTSIDE OF THE CITY, ALL OF THEM.

THIS MEETING HAPPENS MAYBE TWO OR THREE MONTHS BEFORE THE MEETING THAT COMMISSIONER EVANS MENTIONED AND THEY RELIED LAID THE STRESS THEY WERE FEELING. AND SOME OF THEM AGREED AND SAID THEY HAD NOT BEEN A VICTIM PER SE, BUT, YOU KNOW, HAD -- THERE WERE HIGHWAY AWARE OF THEIR SURROUNDINGS AND REALLY FELT LIKE, YOU KNOW, SCHOOL IS SUPPOSED TO BE A SAFE SPACE AND AFTER THE SHOOTING WE DIDN'T FEEL LIKE IT WAS AN ESCAPE. AND THEY WERE CONCERNED THE VIOLENCE WAS GOING TO WRAP UP JUST LINING COUNSELOR O'MALLEY SAID.

I THINK WE CAN DO A BETTER JOB. WE CAN WORK MORE CLOSELY. WE'VE BEEN SHARING INFORMATION ABOUT THE NEIGHBORHOOD TRAUMA TEAMS BUT HAPPY TO THINK THROUGH WITH YOU AND MAYBE THE SUPERINTENDENT ABOUT HOW TO EXPAND AWARENESS OF THE DIFFERENT SERVICES AVAILABLE NOT ONLY AT THE COMMISSION BUT THROUGH BCYF AND OTHER DEPARTMENTS.

>> AND I CAN APPRECIATE THAT AND I KNOW THAT NOT EVERYONE WHO HEARS GUNSHOTS IS GOING TO FOLLOW UP AND CALL A HOTLINE. SO I GUESS MY QUESTION REALLY IS HOW DO WE ENSURE THAT THESE RECEIVING SCHOOLS KNOW THE VERY NEXT DAY THAT, YOU KNOW, STUDENTS HAVE EXPERIENCED THIS OR MAY HAVE EXPERIENCED THIS AND IF THERE'S A WAY TO KIND OF JUST

CLOSE THAT GAP.

CERTAINLY I THINK GETTING MORE AWARENESS AND MAKING SURE THAT FOLKS UNDER WHAT RESOURCES ARE AVAILABLE IS HELPFUL BUT YOU KNOW MY SENSE IS A LOT OF FOLKS DID I HE I MEAN I HAVE HEARD GUNSHOTS FROM MY HOME AND I HAVE NEVER CALLED A TRAUMA HOTLINE THOUGH IT IS VERY TRAUMATIZING AND TRAUMATICICTIC.

BUT I'M CERTAINLY CONCERNED ABOUT OUR YOUNG PEOPLE THAT HAVE TO GO TO SCHOOL THE NEXT DAY AFTER THIS AND SCHOOLS NOT BEING AWARE BECAUSE OUR CHILDREN GO TO THREE DIFFERENT TOOLS.

THAT MAYBE EXPERIENCING THINGS THROUGHOUT THE CLASSROOM THAT SCHOOL STAFF MAY NOT BE READY TO KIND OF UNDERSTAND WHAT IS HAPPENING, IF THEY'RE NOT CLEAR THAT SOMETHING HAS HAPPENED, SO I WANT ANY WE FOR A YOUNG PERSON TO BE COUNTING OWCT AND I KNOW THE SCHOOL POLICEMAN HAS DONE A LOT TO UNPACK ISSUES OF TRAUMA AND UNDERSTANDING THAT ACTING OUT IS A SYMPTOM OF SOMETHING DEEPER AND NOT NECESSARILY SOMETHING THAT WE SHOULD TRY TO PENALIZE BUT I'M JUST HOPING THAT THERE'S MORE COLLABORATION AND OPPORTUNITY TO MAKE SURE THAT WHEN YOUNG PEOPLE DO EXPERIENCE TRAUMA THAT OUR SCHOOLS ARE READY TO RESPOND.

>> AND I'M HAPPY TO FOLLOW-UP WITH TEAM THERE, TO BETTER UNDERSTAND THEIR SYSTEM NOR HAVING SITUATIONAL SAY SWAIRNS OF DIFFERENT IN BETWEEN COMMUNITIES BECAUSE OF THE ISSUES THAT YOU HAVE RAISED.

>> THANK YOU.

COUNCILMAN?

>> I KNOW IN ONE OF YOUR SLIDES YOU HIGHLIGHTED FREQUENT MARIJUANA USE MAKES IT HARD TO LEARN, PAY ATTENTION, AND MEMORY ISSUES.

ARE WE TRACKING STUDENTS IN THE PUBLIC SCHOOLS THAT MAYBE THAT ARE USING MARIJUANA?

AND IF THEY ARE USING MARIJUANA,
HOW CAN WE GET THEM MEDICAL CARE
OR ANY TYPE OF STINK KNOWING
THAT THEY'RE GOING TO EVENTUALLY
HAVE SOME OF THESE MEMORY LOSS
ISSUES.

>> I JUST ACTUAL WOULD HAVE TO
DEFER ON HOW THEY DEAL WITH
THEIR STUDENTS IF THEY KNEE THEY
MIGHT BE USING MARIJUANA OR
OTHER SUBSTANCES.

I THINK THAT THE CAMPAIGN THAT
WE WOULD BE WORKING ON IS --
WOULD BE HOPEFULLY TRYING TO GET
THE MESSAGE OUT THAT YOU JUST
SAID, WHICH IS LONG-TERM USE OF
MARIJUANA AFFECTS BRAIN
DEVELOPMENT.

THAT'S -- THE EVIDENCE IS CLEAR
ON THAT.

BUT HOW DO YOUAGE SCHOOLS DEAL
WITH THAT CHALLENGE ISSUE
SPECIFICALLY WITH THE
OPPORTUNITIES, WOULD I TO TO
DEFER TO THE SUPERINTENDENT.

>> AND I KNOW YOU MENTIONED AN
INCREASE OF MARIJUANA USE WITH
LATINO YOUTH OR PEOPLE IN THE
LATINA COMMUNITY S ITALY ANY OUT
PRISON FOR THEM TO LEARN ABOUT
THE DANGEROUS OF MARIJUANA.

>> I THINK THAT WOULD BE PART OF
THE LOOK AT THE PREVENTION
CAMPAIGN AND MAKING SURE THAT
WE'RE TAILORING IT OS SERVE AS
MANY POPULATIONS THAT HE HAD
WOULD KNEED.

>> HAVE YOU HAD AN OPPORTUNITY
TO REVISITED.

>> YES.

>> AND AT THE CENTER I KNOW THEY
HAVE GREAT PROGRAMS THERE AS
DOES SOUTH COVE.

I KNOW THAT THE ASIAN COMMUNITY
HAS A TWO-TIMES HIGHER RATE OF
DIABETES AND THERE'S A LOT OF
SUBSTANCE ABUSE ISSUES AND OTHER
ISSUES.

BUT ARE WE DOING ENOUGH FOR OUR
COMMUNITY HEALTH CENTERS ACROSS
THE CITY?

ARE WE GIVING THEM THE RIGHT
AMOUNT OF FUNDING?

IF NOT IS THERE ANY WAY TO

CONSIDER WHAT ADDITIONAL SOURCES
ARE FUNDED THAT THEY NEED.

>> GOOD QUESTION.

AND WE WORK REALLY CLOSELY WITH
OUR -- WE HAVE 355 DIFFERENT
PROGRAMS.

CAN I TALK TO YOU ABOUT FUNDING
IN A COUPLE OF WAYS.

SO THEY RECEIVE DIRECT FUNDING
THROUGH THE HEALTH COMMISSION,
AND WE CAN GIVE YOU THAT AMOUNT
IF YOU WANT.

I CAN SEE THE GRAY BINDER AND GO
BY AND GET THAT.

AND SOME OF THE HEALTH CENTERS
RECEIVE GRANTS DIRECTLY.

THERE ARE ALSO GRANTS THAT WE
ISSUE OR DISTRIBUTE THROUGH THE
APPROVAL PROCESS.

THE NEIGHBORHOOD TRAUMA TEAM, IN
ORDER TO BE ELIGIBLE TO BLY --
THERE ARE FUN INITIATIVES THAT
WE GET TO THE COMMUNITY HEALTH
CENTERS WHEN WE RECEIVE A MAYBE
IS THAT WHO IS OUR FUNDING THAT
WE RECEIVE AROUND THE STATE.

WE HAVE PART NERD WITH SEVERAL
COMMUNITY HEALTH CENTERS TO HELP
US WORK ON FALL PREVENTION,
HYPERTENSION AND PEDIATRIC
ASTHMA.

SO SOME OF THEM RECEIVE A DIRECT
GRANT.

SOME RECEIVE GRANTS BECAUSE THEY
APPLY FOR THOSE GRANTS AND THEN
SOME ARE PARTNERS WITH US ON
STATE AND FEDERAL, YOU KNOW --
OTHER TYPES OF GRANTS.

I DON'T KNOW IF WE HAVE THE
SPECIFIC -- WE CAN PROVIDE IT TO
YOU OFFLINE IF YOU LIKE.

>> THAT WOULD BE GREAT.

>> THEY WERE VISITING US
SEVERAL WEEKS AGO CAN GAVE US A
PRESENTATION ON SOME OF THE
GREAT SERVICES THAT PROVIDING
THROUGHOUT THE NEIGHBORHOODS OF
BOSTON AND THEY'RE DOING AN
EXCELLENT JOB AND WE'RE PROUD
THEM.

>> WE DO A LOT OF WORK ACTUALLY
WITH BILL, SOUTH BOSTON AND THEN
WITH BILL -- THE OTHER BILL.

>> BILL WALKER.

>> ON THE SOUTH END.
SO -- THE COMMUNITY HOST CENTER
GRANTS HAVE BEEN LEVEL FROM '18
TO '19 AND THAT'S \$3,634,532.
SO 3.6 MILLION TO THE AGENCIES.
>> OK.
I WANT TO FOLLOW-UP ON SOMETHING
COUNCILWOMAN JANEY WAS FOCUSING
ON, TRAUMA AND PEOPLE
EXPERIENCING TRAUMA OR PEOPLE
OBSERVING TRAUMA OR VIOLENCE AS
WELL.
I SERVED 25 YEARS IN THE
MILITARY, AND I KNOW A LOVE
PEOPLE IN THE MILITARY DO
EXPERIENCE TRAUMA OR VIOLENCE
AND THEY HAVE TO ALMOST STAY IN
ONGOING COUNSELING FOR THE
LONGEST PERIOD.
BUT THESE YOUNG PEOPLE THAT ARE
ALSO EXPERIENCING VIOLENCE OR
TRAUMA, THEY'RE ALSO
EXPERIENCING PTSD-RELATED
SYMPTOMS AND IT'S A LONG-TERM
RECOVERY FOR MANY PEOPLE.
ARE YOU FOCUSED ON THAT SEVERE
OF AN ISSUE IN THAT TREATMENT IS
NOT SHORT-TERM BUT IT HAS TO BE
A LONG-TERM SOLUTION?
>> YES.
AND THAT'S THROUGH THE KEY
SERVICES WE OVER TO DEAL WITH
THAT ONGOING TRAUMA RECOVERY
WORK, AND THOSE GO OUT TO THE
FIVE HEALTH CENTERS.
SO JP, EAST BOSTON, ROXBURY AND
DORCHESTER AND IN 2019 WE WILL
PLAN ON ISSUING ANOTHER GRANT
FOR DORCHESTER COMMUNITY BASED
HEALTH ORIENTATION.
YOU'RE RIGHT.
I THINK THAT IS AN MODERN PART
OF THE 296 NEW PATIENTS THAT WE
WERE ABLE TO CONNECT WITH, THE
HELP CENTERS.
>> AND MY FINAL QUESTION IS --
IT'S BEEN A LONG -- I'VE BEEN A
LONGTIME BOSTON RESIDENT AND
HAVE SEEN THE TREMENDOUS WORE OF
THE STAFF, RESPONDING TO SO MANY
DIM SITUATIONS ACROSS THE CITY,
AND BEING THERE FOR OUR RESIDENT
S, MANY DIFFICULT
ENVIRONMENTS ARE WE DOING NOW

MAKE SURE THEY HAVE THE SERVICES
THAT THEY NEED?
ARE THEY PAID ENOUGH?
TO THEY HAVE THE RIGHT TRAINING
BUT THEY'RE ACCEPTABLE AND DELD
INDICATED AND WE WANT TO MAKE
SURE THAT WE CAN PROVIDE THEM
WITH ANY TOOLS THAT WE CAN.
>> I THINK WE'RE GOING TO HAVE
THE EMS PORTION OF THIS ON
MONDAY, SO WE WILL HAVE, LIKE
JIM WILL BE HERE TO TESTIFY AND
TALK ABOUT ALL EMS ISSUES.
THANKS.
>> ARE YOU GOOD?
RUGGED.
>> THANK YOU.
>> THANK YOU AGAIN.
SOME QUESTIONS ABOUT THE -- AND
I JUST WANT TO UNDERSTAND THE
IMPACT THAT HAS HAD ON ACCESSING
SOME OF THE RESOURCES THAT OUR
RESIDENTS WOULD USE.
LET ME KNOW FIND --
>> THROUGH THE COMMUNITY
INITIATIVES BUREAU.
>> RIGHT.
>> TALK TO ME ABOUT WHAT THAT
LINE IS.
>> SO THE HEALTH LINE HAS
SEVERAL STAFF.
THEY'RE MULTI LINGUAL.
IT'S A FREE SERVICE THAT WE
OFFER.
YOU CAN CALL -- MANY OF THE
CALLS THAT WE GET ARE -- TO THE
HEALTH CARE PLANS AND THEY HELP
PEOPLE IF THEY ARE TRYING TO
FIGURE OUT HOW TO ACCESS
DIFFERENT BENEFITS THAT THEY
MIGHT HAVE, YOU KNOW, UNDERSTAND
THE BENEFITS THAT THEY HAVE.
IF THEY NEED TO ENROLL OR
RE-ENROLL, THEY HELP GUIDE THE
INDIVIDUALS WHO CALL.
SEVERAL OF THE STAFF ARE ALSO --
THERE'S ALSO A CERTIFIED PATIENT
NAVIGATORS AND THEY HAVE DONE
THIS IN TERMS OF ENROLLING
INDIVIDUALS ON TO DIFFERENT MASS
HELP PROGRAMS.
I'M TRYING TO THINK.
AS I SAID THEY'RE MULTI LINGUAL.
JUST SO YOU KNOW THERE'S AN APP

THAT THEY HAVE CREATED CALLED HEALTHY -- I THINK IT'S HEALTH STEP, WITH CHILDREN'S HOSPITAL AND WE CAN GET YOU A COPY OF THAT APP.

SO IF YOU CALLED AND --

>> WOULD YOU CALL A PARTICULAR PHONE NUMBER OR GO THROUGH THREE ONE ONE.

>> YOU CAN GO THROUGH 311 BUT THEY ALSO HAVE AN INDIVIDUAL PHONE NUMBER AND YOU CAN CALL THEM AND THEY CAN WALK YOU THROUGH HOW TO DOWNLOAD THIS APP OR YOU CAN DOWNLOAD IT ON YOUR COMPUTER.

WE WORKED WITH CHILDREN'S HOSPITAL TO CREATE THIS APP SO IF I CALLED AND I NEEDED -- YOU KNOW I'M A SINGLE MOM AND I CAME BACK FROM MY PRIMARY CARE VISIT AND NEED TO FIND A PLACE THAT I -- YOU KNOW ACCEPTS MY INSURANCE SO IT CAN EXERCISE BUT I ALSO NEED DAY CARE CLOSE TO IT , THIS APP LITERALLY YOU CAN PUT IN DIFFERENT PARAMETERS AND IT WILL GENERATE DIFFERENT OPTIONS FOR YOU.

SO IT'S USING TECHNOLOGY TO HELP INDIVIDUALS NAVIGATE CLINICAL AND COMMUNITY-BASED RESOURCES TO BE WELL.

>> SO THE LINE ITEM WHICH IS UNDER THE COMMUNITY INITIATIVES BUREAU IS THAT MOSTLY COVERING STAFF?

>> YES.

>> AND HOW MANY PEOPLE ARE ON STAFF?

>> 4.6 FTE ON CITY FUNDING.

>> AND THE REST IS THROUGH SOME GRANTS, AND --

>> YES.

>> THEY HAVE SOME SMALL GRANTS. ONE OF THEIR GRANTS HAS ENDED, BUT WE ARE ALWAYS AGGRESSIVELY WORKING ON THAT AND OUR BUREAU IS ON THE LOOKOUT FOR PARTNERSHIPS.

>> AND HOW MANY PEOPLE HAVE USED THAT LINE -- WHEN HAS IT BEEN IN EXISTENCE SINCE?

>> GOSH, IT'S BEEN -- I DON'T

HAVE THAT IN FRONT OF ME BUT IT WAS IN EXISTENCE WHEN I STARTED HERE.

>> THE MAYOR' HELP LINE.

>> YES.

>> SO HOW MANY INDIVIDUALS DID WE ASSIST THROUGH THAT HOTLINE OR HELP --

>> I CAN FIND OUT.

I CAN ACTUALLY FIND OUT OFTEN BECAUSE I ASK THEM.

IN TERMS OF FLECK QUESTIONS WE CAN GET THAT FOR YOU.

>> AND I WONDER BECAUSE IT'S ACCESSIBLE THREE 311, IF THERE WERE ANY QUESTIONS SIGNIFICANTLY ASKED OVER AND OVER AGAIN THAT ARE EASY TO ANSWER THAT 311 COULD BECOME A LITTLE BIT MORE INTERACTIVE.

I'D ALSO LIKE TO SEE -- THIS IS RELATED TO OUR EARLIER HEARING TODAY, I WOULD LOVE TOO SEE OUR NEEDLE DISPOSAL KIOSKS LISTED ON 3 IS 1 SOMEHOW.

BECAUSE WE GET A LOT OF CALLS IN OUR OFFICE ARE WHERE INDIVIDUALS CAN -- WAS ASKING ABOUT ASTHMA AND THE ASTHMA IN THE CITY WHICH IS GREAT BUT WHEN I WENT BACK AND LOOKED AT SOME OF THE DOLLAR AMOUNTS THAT WE'RE SPENDING ON ASTHMA PREVENTION AND HEALTHY HOMES, IT SEEMS LIKE THERE'S A TOTAL REDUCTION IN SPECIFIC FUNDING TOWARDS ASTHMA PREVENTION.

I'M SORRY TO JUMP TO A WHOLE NEW TOPIC SO QUICKLY.

>> ARE YOU LOOKING AT THE INTERNAL FUNDING COUNSELOR?

THE 651,000.

>> NO.

I'M NOT ACTUALLY IN THE BUDGET BOOK.

I THINK IT'S A PHOTO COPY OF THE BUDGET BOOK.

IT IS THE -- YEAH, EXTERNAL FUNDS -- THE EXTERNAL FUNDS IS UNDER MY PAPER CLIPS.

MAKE THAT'S WHAT I'M -- SO IS THAT OFF OF GRANTS?

>> YES.

>> OK.

>> I SHOULD HAVE FLATTENED MY SHEET.
I SEE THAT NOW, XEFERL FUNDS.
SO THERE ARE NO MORE GRANTS AVAILABLE, WE'RE NOT APPLYING FOR GRANTS, OR --
>> WE'RE ALWAYS APPLYING FOR GRANTS.
SOMETIMES THEY HAS BEEN SETTLEMENT FUNDING.
WE JUST SAW SOME NEW FUNDING FROM CDC BEING RELEASED AND PART OF THIS WATTS THE NEVER ENDING CONTINUING RESOLUTION.
NOW THAT THEY HAVE A PERMIT BUDGET FOR THE FISCAL YEAR WE'RE SEEING THE MONEY COME OUT SO WE ARE ACTIVELY PURSUING THAT.
SO NOW THAT I LOOK AT THE REST OF THE PAGE FOR A DIFFERENT PERSPECTIVE.
WOULD THAT BE THE CASE, TOO AND SOME OF THE REDUCTIONS WITH BLOOD-ALCOHOL SAFETY, IT LOOKS LIKE HAVE SEEN A REDUCTION IN PUBLIC HEALTH PREPAREDNESS, THE COMMUNITY INITIATIVE BUREAU AND THIS WOULD BE FOR EXTERNAL FUNDS
>> PUBLIC HEALTH PREPAREDNESS FUNDING HAS BEEN DECREASED.
THAT IS A PASS THROUGH FROM THE STATE, THE CDC AND THE ASSISTANT -- SECRETARY FOR PREPAREDNESS AND RESPONSE.
THAT FUNDING HAS DREAD AND UNDER COMMUNITY INITIATIVE, WELLNESS TRUST FUND IS SAID TO EXPIRE THIS YEAR AND THAT WAS -- THAT SUPPORTED NOT ONLY THE COMMISSION BUT A LOT OF THE COMMUNITY HEALTH CENTERS AS WELL
>> SAME WITH THE COMMUNITY PREVENTION SERVICES THAT CONSTITUTION PREVENTION.
>> THE POST OVERDOSE FOLLOW-UP -- THAT WAS AN INCREASE AND YOU'RE LOOKING AT ILL FILE.
>> THESE ARE INTERNAL FUNDS.
>> SO THESE ARE THE GRANTS?
>> THAT I THINK WAS A ONE-YEAR. THAT'S WHY IT WAS THERE.
IT WAS A PILOT THAT JEN TALKED ABOUT EARLIER TODAY.
>> OK.

>> WHICH WAS A PILOT AWARD THAT THEY RECEIVED TO PROVIDE POST OVERDOSE HOME VISITING.

>> AND THEN SPECIFICS OF THE MAYOR'S HEALTH LINE, IT LOOKS WE'RE MAYBE -- WE DON'T HAVE A REPEAT OF THE \$200,000 GRANT SO IT'S FY18 BUDGET, NOW ZERO.

>> THAT GRANT HAS ENDED AT THIS POINTED.

>> I CAN TELL YOU RIGHT NOW THAT THEY DID APPLY FOR GRANT. I'M AWARE OF THROUGH MASS HEALTH SO AS GREAT SAID OUR STAFF WAS OUR PRE-AWARD -- THEY SUSTAIN PROGRAMS THAT HAVE BEEN EFFECTIVE SO I KNOW THE MAYOR'S HEALTH LINE SUBMITTED A GRANT RECENTLY SO WE SHOULD BE FINDING OUT ABOUT THAT.

>> AND IT LOOKS LIKE THE SAME IS HAPPENING WITH SOME OF THE TRAUMATIC PREVENTION, THAT THERE ARE A NUMBER OF GRANTS THAT HAVE GONE AWAY.

>> CHILDHOOD, DETERMINE NATURAL NEAT.

DCI WAS A THREE YEAR DEPARTMENT OF JUSTICE GRANT AND SO SOME OF THOSE ARE -- AS GRACE SAID, SORT OF THE ENDING OF A GRANT CYCLE AND THEY HAVE BEEN WORKING TO LOOK AT ADDITIONAL RESOURCES WITH THE GRANT DEVELOPMENT TEAM.

>> A LOT OF THOSE GRANTS FUND POSITIONS.

BECAUSE AGAIN I'M LOOKING AT THE EXTERNAL FUND AS OPPOSED TO WHERE THERE MIGHT BE NEW REVENUE OPPORTUNITIES.

WE'RE NOT SEEING THEM HERE SO SENIOR THIS BEING PLACED ELSEWHERE?

>> I CAN SPEAK TO DCI FOR EXAMPLE, I BELIEVE THERE ARE THREE FPE'S FUNDS AND THE STAFF KNEW THAT THE GRANT WAS ENDING. I BELIEVE AT LEAST ONE HAS RESIGNED BECAUSE THEY WERE LOOKING AT OTHER OPPORTUNITIES AND SO WHAT WE DO, WE DO ENCOURAGE PEOPLE WHEN THERE ARE VACANCIES IN THE COMMISSION TO TRY TO INTERVIEW FOR OTHER

POSITIONS BY WHICH THEY'RE QUALIFIED AND THERE MIGHT BE A GOOD SKILL SET MATCH BUT WE'RE STILL TRYING TO FIND FUNDING TO CONTINUE SOME OF THE CORE ELEMENTS OF THE DCI POLICEMAN BECAUSE IT HAS BEEN HIGHLY SUCCESSFUL GRANT THAT WE HAVE DONE FOR TRAUMA PREVENTION.
>> UNFORTUNATELY WHEN GRANT GOES AWAY THE FUNDING FOR THE POSITION GOES AWAY, THE WORK OFTEN GOES AWAY TOO.
>> THAT IS THE CASE, YES UNLESS WE FIND REPLACEMENT FUNDS.
>> THANK YOU.

COUNCILMAN PRESLEY?

>> I SHOULD HAVE BEEN ASKED THIS MORNING BUT I WAS WONDERING WHAT THE TRENDS ARE WITH OVERDOSES IN NARCAN APPLICATIONS AND, YOU KNOW, JUST RECENTLY SAW THE STATE OF MASSACHUSETTS SAW A SLIGHT DECLINE IN PARTICULARLY OPIOID OVERDOSES AND I DON'T THINK IT WAS ASKED THIS MORNING AND IF YOU DON'T HAVE IT, I APOLOGIZE FOR NOT ASKING FOR IT AT THE APPROPRIATE HEARING BUT I THOUGHT IT -- YOU KNOW, LIKE TO SEE THOSE NUMBERS.

>> SURE, SO I THINK I DID -- BUT I WILL SHARE IT AGAIN.
SO THE OVERDOSE NUMBER, YOU ARE CORRECT.

AND THE LAST -- I THINK THE STATE WILL BE ISSUING THEIR NEXT CHAPTER 55 QUARTERLY REPORT. I DON'T THINK WE HAVE SEEN IT YET.

BUT IN THE LAST REPORT THEY REPORTED THAT THERE WAS A 12 PERCENT DECLINE STATEWIDE IN TERMS OF NONFATAL OVERDOSES AND THAT IS PROBABLY SCRIPT WITH WHAT WE SEE IN TERMS OF PEOPLE BEING -- WITH THE OVERDOSE REVERSALS WITH NARCAN.

WE SEE THAT THE OVERDOSE REVERSAL NUMBERS ARE ALSO CLIMBING IN BOSTON, SO IN 2017 WE TREATED MORE THAN 23,000 PEOPLE.

IN 2017, EMS, AND SHE WILL GO

FURTHER INTO THIS ON MONDAY,
THEY EXPENDED TO 3624 ON
NARCOTIC RELATED ILLNESS CASES
WHICH WAS AN INCREASE COMPARED
TO 2016 WHEN THEY RESPONDED TO
200-0879.

>> WOW.

THAT'S SIGNIFICANT.

>> BECAUSE OF WHAT WE'RE SEEING
WE DID HOLD A GATHERING IN
FEBRUARY OF THIS YEAR
SPECIFICALLY WITH HEALTH CARE,
AND WE HAD JUDGE COFFEE JOINED
US.

IT WAS A MULTI STAKEHOLDER GROUP
AND IT WAS CO-SPONSERED BY
MICHAEL BELICHICKY AND LYNN
TRACY AND THE PUBLIC HEALTH
COMMISSION, A SMALL GROUP.

BUT WE'RE ZEROED IN SPECIFICALLY
ON WHAT WE HAVE BEEN CECILING IN
BOSTON WHICH IS INCREASING TREND
IN TERMS OF OVERDOSES AND SOME
OF THE KEY THEMES THAT CAME OUT
OF THAT GATHERING WAS THERE
NEEDS TO BE A BETTER SYSTEM OF
COORDINATING ALL OF THE SERVICES
ACROSS OUR DIFFERENT SECRETAR
IERS AND RESOURCES
BECAUSE THERE'S A LOT OF ENERGY
AND DEVELOPMENT OF RESOURCES
BEING MADE AROUND THE OPIOID
EPIDEMIC, SO CHIEF MART NEZ, WHO
SPOKE HER, AND JEN WILL BE
LEADING THE QUEEN QUEENING OF
THE TASK FORCE LOOKING AT OPIOID
ABUSES.

THE TECH TEAM WILL BE LEADING
THE TEAM ON HOW DO WE USE DATA
IN MORE REAL TIME WAYS TO
ADDRESS WHAT HAPPENS AFTER A NON
FATAL OVERDOSE AND ARE THERE
OPPORTUNITIES TO INTERVENE,
RIGHT, AND PREVENT ANOTHER OVER
DOSE FOR THAT PATIENT.

MICHAEL BOTTICELLI AND THE GRAY
CON CENTER WILL BE FOCUSED
ON HOSPITAL TREATMENT AND HOW TO
ENSURE ALL OF OUR HOSPITALS IN
BOSTON ARE WORKING TOGETHER IN A
SYSTEMATIC WAY AROUND PROVIDING
TREATMENT IN E DEPARTMENT. AND
DIFFERENT HOSPITAL SETTINGS AND
THEN THE THIRD ACTION TEAM WILL

BE LED BY BARRY BACH AND DR. GAD
A AT HEALTH CARE FOR THE
HOMELESS AND THEY WILL BE
FOCUSED ON ISSUES THAT CAME UP
FOR FRONTLINE STAFF AND
WORKFORCE DEVELOPMENT SO FOR
THOSE THAT THAT MANY TIMES ALL
OF US THERE PUBLIC HEALTH AND
HEALTH CARE FOR THE HOMELESS AND
THE HOMELESS SHELTER, WE HIRE
PEOPLE WITH EXPERIENCE TO BE
RECOVERY COACHES AND NAVIGATORS
AND THE WORK TAILS ITS TOLL ON
THE STAFF AND SO HOW DO WE DO A
BETTER JOB TO PROMOTE AND CREATE
OPPORTUNITIES FOR SELF CARE.

>> SO THOSE ARE THE THINGS --
THE STEPS THAT WE'RE TAKING AS A
CITY IN PARTNERSHIP WITH THOSE
OTHER ORGANIZATIONS SPECIFIC TO
OVERDOSE.

>> AND THE OVERDOSE PROBLEM
ISN'T GOING AWAY.

IN FACT IT'S PROBABLY GETTING
WORSE WITH THE EFFECT POLITICAL
BEING ADDED TO -- WITH THE
FENTANYL BEING ADDED TO OPIOIDS
AS WELL.

I WAS JUST WONDERING AS FAR AS
OVERDOSE DEATHS, HAVE THEY GONE
UP, DOWN, STAYED THE SAME?

>> YOU KNOW IT DEPENDS ON THE
POINT IN TIME THAT WE MEASURE.
CHIEF AND I JUST MET AT THE
BEGINNING OF THIS WEEK TO LOOK
AT THE FATAL OVERDOSES.

AND YOU WILL HEAR MORE FROM
CHIEF AND HE CAN GET INTO IT BUT
WE AT NRI SYSTEM LOOK AT WEEK TO
WEEK AND AGGREGATE THROUGHOUT
THE YEAR AND WHEN YOU LOOK AT
THE YEAR, IT'S PROBABLY
COMPARABLE ON TRACK.

>> AND THAT COULD BE ASSOCIATED
WITH A SHIPMENT OF BAD DOPE.

>> RIGHT.

AND SENTINEL SEEMS TO BE IN A
LOT OF DRUGS THAT THEY'RE
RESPONDING TO, SO FOR EXAMPLE
LAST SEPTEMBER WE ISSUED A
HEALTH ADVISORY BECAUSE WE DID
SEE AN ALARMING TREND IN THE
MONTH OF SEPTEMBER THANKSGIVING
SOMEBODY SIGNIFICANTLY DIFFERENT

FROM THE PRIOR MONTH AT THAT TIME AND THEN WORKED WITH THE COMMUNITY TO PUSH OUT THE MESSAGES THROUGH OUR INTELLIGENCE CENTERS TO PROVIDERS, PEOPLE WHO TREAT AND CARE FOR PATIENTS WITH SUBSTANCE ABUSE DISORDERS AND WE WORK WITH OUR COMMUNICATIONS TEAM AND THE MAYOR'S OFFICE TO PUSH OUTDOOR AN ALERT AND AN ADVISORY TO LET PEOPLE KNOW THEY SHOULDN'T USE A LOAN, THAT SHE SHOULD HAVE SOMEONE WHO HAS NARCAN AND OBVIOUSLY ENCOURAGE PEOPLE WHO ARE READY INTO TREATMENT AND CARE AND GET ENGAGED WITH CARE. SO WHEN THERE ARE INSTANCES WHERE WE DO SEE A SPIKE OR SOMETHING THAT IS DIFFERENT THAN WHAT WE SEE IN THE PAST, WE WORK ACROSS THE TEAM.

>> THANK YOU FOR THAT.

AND JUST LASTLY, LED POISONING WHAT ARE THE TRENDS ARE YOU EXPERIENCING WITH LEAD POISONING THESE PAST FEW YEARS.

>> LEAD POISONING.

WE HAD IN TERMS OF THE SHORT LIFT PROGRESS IN BOSTON WE SHARED WE HAD BEEN SEEING A CONTINUED DECREASE IN ELEVATED BLOOD LEAD LEVELS AMONG KIDS UNDER 6.

>> GREAT.

I KNOW WE HAD A PROGRAM WITH D AND D FOR 30 YEARS AND IT SEEMS TO HOPEFULLY HAVE AN IMPACT IN THE HOUSING STOCK AND THE EFFECTS OF IT ON CHILDREN SO THAT'S GOOD NEWS.

AND THE ASTHMA TREND IS GOOD NEWS AS WELL.

>> AND JUST JUST SHARED MORE SPECIFICS, THE HOUSE INSPECTIONS, THEY DID 64 HOMES FOR LED PAINT HAZARDS WHO WERE REFERRED TO US BECAUSE THEY HAD ELEVATED BLOOD LEAD LEVELS AND DID 203 EDUCATIONAL HOME VISITS AND THEY WERE ABLE TO LET 73 CHILDREN BE SEEN AT PEDIATRIC CLINICS AND GO TO 32 COMMUNITY OUTREACH EVENTS AND DISTRIBUTE

THOUSANDS OF EDUCATIONAL
MATERIALS TO MAKE SURE PEOPLE
KNEW HOW TOLY LINK TO CARE.
>> GREAT.
>> MONICA?
>> COULD YOU JUST RECONFIRM THAT
THE HEALTH LINE IS MULTI LINGUAL
AND WHAT LANGUAGES WE PROVIDE.
>> THE HELP LINE IS MULTI
LINGUAL.
WE HAVE MULTI LINGUAL STAFF.
IT'S NOT LIKE THIS -- WE
ACTUALLY HAVE STAFF THAT SPEAK
DIFFERENT LANGUAGES.
>> SO YOU COVER THE RANGE.
>> YES.
AND I CAN GET THAT LIST TO YOU.
>> AS LONG AS IT'S HAPPENING.
THAT'S THE MAIN THING.
OK.
ALL RIGHT.
THANK YOU VERY MUCH.
>> THANK YOU.
AND THAT YOU AGAIN FOR A LONG
DAY AND THANK YOU FOR THE
INCREDIBLE PREVENTION WORK YOU
DO THAT MAKES THIS SUCH A GREAT
LIVABLE CITY AS WELL.
TO YOU, GRACE, YOUR TEAM AND ALL
OF THE FOLKS IN THE FIELD.
I THANK YOU.
AND THIS HEARING IS ADJOURNED.
>> THANK YOU.